

# Occupational Medicine

## Specialty Specific Guidance (SSG)

This guidance is to help doctors who are applying for entry onto the Specialist Register via the Portfolio pathway in Occupational Medicine. You will also need to read the [CCT curriculum in Occupational Medicine](#).

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## Introduction

You can [contact us](#) and ask to speak to the GMC Specialist Applications team for advice before you apply. You are strongly advised to contact the Faculty of Occupational Medicine for guidance **before** you submit your application. The Faculty of Occupational Medicine can be contacted at [training@fom.ac.uk](mailto:training@fom.ac.uk)

### Standard of assessment

#### Specialty Learning Outcomes

1. Professional values and behaviours
  - The requirements of this domain are that, along with the professional values and behaviours of all doctors outlined in Good Medical Practice<sup>1</sup>, Occupational Medicine Portfolio Pathway candidates will develop their behaviour in line with current legislation and ethical codes of practice relating to occupational medicine. The domain also sets the expectation that the Occupational Medicine Portfolio Pathway candidate will work towards a self-regulatory approach expected of an independent specialist occupational physician
2. Professional skills and knowledge: communication
  - This domain sets the expectation that Occupational Medicine Portfolio Pathway candidates develop a range of communication skills across a complex range of Occupational Health settings. High level communication skills are required by Occupational Medicine practitioners as the complexities of Occupational Medicine are varied and multifarious. They must learn to communicate effectively not only with healthcare colleagues, but those stakeholders within the workforce. Communication in all forms will be vital to be achieved at a high level. Spoken forms and written communication, including the use of digital technology are included. Along with these high-level skills the Occupational Medicine Portfolio Pathway candidate, while working towards independent practice, must ensure respect and professionalism
3. Professional skills and knowledge: clinical practice
  - To meet the demands of this domain Occupational Medicine Portfolio Pathway candidates must develop a high level of skill in the management of workplace healthcare. They are working towards expertise in workplace health management across a range of workplace settings.
4. Workplace risk

Not only do specialist Occupational Physicians manage workplace ill health, they also act in a preventive way by exploring risks to workers, employers and sometimes the public in general. This approach to risk management requires highly effective interpersonal skills and the ability to work across a range of healthcare and workplace.

#### 5. Health promotion and illness prevention

- This domain requires the Occupational Medicine Portfolio Pathway candidate to develop skills required in the prevention of ill health, public health and global international health. As Occupational Medicine Portfolio Pathway candidates work toward independent practice, they must consider all these elements in the management of workplace health. Along with an emphasis on global health, the specialist Occupational Physician should consider the impact of sustainable healthcare.

#### 6. Leadership and team working

- This domain requires Occupational Medicine Portfolio Pathway candidates to develop high level leadership skills. They will lead across the occupational workplace and across multi professional teams. Leadership skills will include negotiating, delegating, critical decision making and service development. These skills are not only to be considered in the later stages of development, but developed from day one. Occupational Medicine Portfolio Pathway candidates will require the ability to work across a range of teams, and leadership skills will be essential to promote workplace wellbeing. They will learn to value the contribution of others, but lead in advocating for workplace health.

## 7. Patient (worker) safety

- Throughout their careers all doctors must ensure that worker safety is prioritised. For the specialist Occupational Physician, this extends to include workers, employers, the workplace and public safety.

## 8. Quality improvement

- Doctors at all stages of their career should aim to improve not only worker outcomes, but worker experiences and service delivery. This domain includes the skills of review and evaluation. The Occupational Medicine Portfolio Pathway candidate will identify quality improvement initiatives and where possible action these.

## 9. Safeguarding

- This domain requires doctors to consider safeguarding in all aspects of Occupational Medicine practice. It is important that they understand how to escalate concerns.

## 10. Education and training

- Occupational Medicine Portfolio Pathway candidates will demonstrate the ability to provide highly effective teaching and learning events in the Occupational Health setting. This will include supervision, mentorship and assessment. They will be able to evaluate the impact of their own and others' teaching and make any needed adjustments accordingly.

## 11. Research

- The research domain requires Occupational Medicine Portfolio Pathway candidates to be able to demonstrate research skills that enable them to critique and use evidenced-based practice.

### **Currency of evidence**

In general, you should provide evidence from your last six years of clinical practice (Whole time equivalent or WTE) - these do not need to be consecutive). Certain items can, however, be older than this. These include:

- Exam passes
- Postgraduate diplomas

- Evidence of attainment of Common Professional Capabilities in Core Training
- ARCP outcomes from Core Training
- Other evidence from Core Training as indicated in the section on Core Training below
- References from Core Training
- Research, including peer-reviewed publications
- A high quality project which demonstrates several specialty learning outcomes well
- A presentation or poster given at a regional, national or international conference

The following examples may also be older, but more recent evidence of each is also required:

- One workplace visit (one of at least four )
- One environmental impact assessment (one of two)
- One example of teaching (one of at least four )
- One audit (one of at least two) if relevant to Occupational Medicine practice
- CPD of relevance to Occupational Medicine practice
- Clinical governance work relevant to Occupational Medicine practice e.g. related to relevant legislation or to the management and/or provision of Occupational Health services
- Evidence of management practice

## Submitting your evidence

Do not submit original documents. You must provide your evidence electronically – it's important that you follow the structure in our [user guide](#) when doing so.

All your copies, other than qualifications you're getting authenticated **must** be accompanied by a pro-forma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to do this in our [important notice about evidence](#).

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our [translation requirements](#).

Your evidence **must** be accurate, and may be verified at source should we have any queries or justifiable doubts about the accuracy of your evidence. All evidence submitted will be cross checked against the rest of your application and documents.

### Anonymising your evidence

It is important that you anonymise your evidence before you submit it to us. You must remove:

- All patient/worker identifying details
- Details of patients'/workers' relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted.
- This includes:
  - Names (first and last)
  - Addresses
  - Contact details such as phone numbers or email addresses
  - NHS numbers
  - Other individual patient numbers

- GMC numbers

The following details don't need to be anonymised:

- Gender
- Date of birth

It is important that you read and follow our [guidance](#). If your evidence does not meet these requirements, it may not be included in your application.

## How much evidence to submit

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated capabilities.

Your evidence **must** cover the knowledge, skills and qualifications to demonstrate the required learning outcomes and capabilities in all areas of the [Occupational Medicine CCT curriculum](#). If evidence is missing from any area of the curriculum, the application may fail.

Some of the suggested evidence can be relevant in more than one area of the curriculum. If you have an item of evidence that is relevant to more than one area, do not include multiple copies in your evidence. Instead, provide one copy and list it in your application under each relevant area, stating that the document is located elsewhere, and you would like to cross-reference it. The following table indicates where certain types of evidence may be relevant to more than one learning outcome:

Item of evidence required	Learning Outcomes	Minimum numbers
Workplace-based assessments	1, 2, 3, 5, 6, 9	Mini-CEX – 12 CBDs – 24



		DOPs – 14 SAIL OH 1 – 4 SAIL OH 2 – 4 Please see note below
CPD	1, 3, 5, 6, 8, 9, 10, 11	See note below
Reports to management	1, 2, 3, 4, 5, 7, 8, 9	44, but please see note below
Teaching and presentations	5, 6, 7, 10, 11	4
Case histories	1, 2, 3	See note below
Multi-source feedback	1, 2, 6, 10	4
Workplace visit reports	4, 7	4
Audit	4, 8	2
Teamwork	2, 6	See note below

Note: CPD, teaching and presentations may be specific to certain learning outcomes, thus in these cases, examples may need to be included under more than one learning outcome.

**Case-based discussions (CBDs)** must include examples of various types of case, including complex cases (at least 4 cases), long-term absence (at least 3), short-term absence (at least 3), mental ill health (at least 3), musculo-skeletal conditions (at least 3), pre-employment cases (at least 2) and ill health retirement cases (at least 2). *Please note that more than one of these situations can be covered in any CBD, although you should still aim to submit at least 24 CBDs.*

**Directly observed procedural skills (DOPS)** must include examples of practical procedures, including both spirometry and audiometry as well as communications procedures such as case conferences (at least 2 of the latter)

**Reports to management** must include cases of long-term sickness absence (at least 8 cases), short-term sickness absence (at least 8), ill health retirement (at least 6), pre-employment (at least 4), occupational diseases or conditions (at least 4), mental ill health including stress (at least 4), significant workplace risks such as from chemical or physical hazards (at least 2) and cases where health promotion advice has been given (at least 4). You should also aim to include cases where advice relating to travel overseas has been given (at least 4). *Please note that more than one of these situations can be covered in any report, thus the total number of reports to be submitted may well be less than 44.*

**Case histories** may be submitted as alternatives to reports to management, although should still include evidence of the advice given to management. At least 8 would be expected, covering the range of situations indicated in the above paragraph covering reports to management.

**CPD** does not need to meet any specific numerical requirement – quality rather than quantity is important – but it is recommended that GMC standards for this are met.

**Teamwork** likewise does not need to be demonstrated in numbers, but rather types of activity as stated in the relevant learning outcomes below.

Overall, it is recommended that you should be assessing at least 400 cases per year as an absolute minimum (including if you work less than full time).

Note that additional recommendations about quantity of evidence are included in the learning outcomes detailed below.

It will help us to deal with your application more quickly if you make sure that you send us only evidence that is directly relevant.

As a general guide, we would not expect more than 1,200 pages of evidence.

**You must ensure you follow our [guidance](#) on how to present and group your evidence in the online application**

## Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You should submit your evidence electronically under the correct section of your online application. [If you submit any hard copy evidence, you will need to create your own dividers to confirm which section of the application the hard copy evidence relates to and clearly indicate this within your online application.]

You should also submit the evidence requested about your training, qualifications and employment history and your CV in the format set out in the GMC's [CV guidance](#).

### **Structured reports**

The GMC Specialist Applications team will give you advice on gathering structured referee reports to support your application. Three structured reports are required. At least two must be from Consultants in Occupational Medicine, while one can be from a Nurse Manager or another senior professional such as an HR Director, Health and Safety Manager or Director, or a senior healthcare practitioner who has worked with you. We also strongly recommend that your referees are able to provide detailed support for your capabilities across all or most areas, and understand the requirements for specialist training in Occupational Medicine and Specialist Registration in the UK.

**Where we ask in our guidance, please group your evidence together** to keep the number of individual electronic uploads manageable. This will need to be done prior to uploading on the GMC application. There are many software solutions widely available that can be used for converting documents/excel sheets/PowerPoint presentations and images to PDFs and combining PDF documents. Please see Annex C for more information about how to upload your evidence.

It is important to note that you will not be able to compensate for shortfalls in your evidence of training and experience in a particular area of the curriculum by providing extra evidence in other areas.

The amount of evidence needed for each domain will vary, according to the documentation required to cover each capability.

1. Professional values and behaviours
2. Professional skills and knowledge: communication
3. Professional skills and knowledge: clinical practice
4. Workplace risk
5. Health promotion and illness prevention

6. Leadership and team working

7. Patient (worker) safety

8. Quality improvement

9. Safeguarding

10. Education and training

11. Research

## Advice from your evaluators

Your chances of making a successful application are likely to be increased if you make use of the following tips:

- Gather your evidence “as you go” rather than trying to recover it at the time when you make your application
- Identify gaps in your evidence
- Make a plan
- Keep your existing evidence under review to ensure you will submit the best examples in your application
- Make sure you are covering the whole range of the training curriculum and are undertaking substantial clinical and other relevant work during all your years of working towards your application
- Keep your application balanced with appropriate amounts of evidence for each area – remember “a lot doesn’t compensate for a lack”
- Consider the use of templates where appropriate
- Seek advice e.g. from FOM, SOM support groups (consider joining the latter) and websites including FOM and GMC
- Identify a supervisor or mentor with whom you can check the quality and quantity of your evidence, preferably at various time points during your work towards your application
- Refer constantly to this document and other written guidance and make sure you are using the most up to date versions
- Take as much time as you need to prepare for your application

- Before applying, check and re-check everything you have
- Ensure your evidence is well organised

## Unsuccessful applications or poor evidence

It is our experience that applications from doctors in the specialty of Occupational Medicine have been submitted with inadequate or poor evidence in areas such as:

- Audit
- Management and Leadership
- Health surveillance and health promotion
- Insufficient numbers of workplace-based assessments
- Reflection on activities

## Evidence of training, qualifications, and employment

Primary evidence for any previous training towards a medical qualification should only be submitted if the training is directly relevant to your Portfolio pathway capabilities and dates from the last six years of practice (Whole Time Equivalent (WTE), does not need to be consecutive). Otherwise, certificates of completion are sufficient evidence of training.

### Evidence of training and qualifications

Primary medical qualification (PMQ)

**If you hold full registration with us, you do not need to submit your PMQ** as we saw it when we assessed your application for registration.

If you do not hold registration, you will need to have your PMQ independently verified by ECFMG before we can grant you full registration with a licence to practise.

You can find out more about [primary source verification](#) on our website.

You only need to get your PMQ verified by ECFMG. The rest of your evidence should be verified in line with [our guidance](#).

Specialist medical qualification(s)

Please provide a copy of all specialist medical qualifications you hold.

Where qualifications were awarded outside of the UK you must provide an authenticated copy via post.

Applicants must demonstrate appropriate tests of knowledge as required by the high level learning outcomes in the curriculum, which include:

- Diploma in Occupational Medicine of the Faculty of Occupational Medicine of the UK (D Occ Med)
- Associate of the Faculty of Occupational Medicine (AFOM).
- Membership of the Faculty of Occupational Medicine (MFOM) Part 1 and Part 2 .

A pass in the MFOM (Ireland) exams is considered comparable to the UK MFOM Part 2/AFOM exam.

If applicants do not hold the above or a comparable qualification, they can aim to demonstrate the same level of knowledge by providing:

- A detailed, thorough and succinct cross-referencing mapping exercise, demonstrating how each and every competency set out in one of the above has been covered in their own qualifications. It will then be for the evaluators to determine whether what has been provided is comprehensive enough to demonstrate the same level of knowledge as one of the above qualifications.
- Applicants must be aware that as no other qualifications are considered directly comparable, it will be assessed on a case by case basis and will require the applicant to produce a detailed and complex portfolio of evidence.
- An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications, but different training and/or experience may not receive the same decision. Undertaking one of the above qualifications is the best way to demonstrate appropriate knowledge.

Please note that a copy of the curriculum you followed is required for any non FOM qualification.

#### Core training

You must provide evidence of having demonstrated Common Professional Capabilities in Core Training prior to working in Occupational Medicine (or be doing so alongside your work in Occupational Medicine).

For Portfolio Pathway applicants, evidence demonstrating an indicative two years of work in core training from one single area of medicine should be provided. To demonstrate this, you should provide:

- A postgraduate diploma e.g. MRCGP, MRCP, MRCS
- ARCP Outcome 1 or 6 in an area of medicine/Core Medical Training
- Detailed reference from a Consultant for whom you worked in the specialty
- Certificate of Completion of Common Professional Capabilities (<https://www.oriel.nhs.uk/Web/ResourceBank>)

If you are not able to provide one of the above, examples of three of the below items, confirming your competence in a medical specialty, should be provided:

- Appraisals
- WBAs (at least 2 CBDs, 2 Mini-CEX, 2 DOPS and, if possible, 2 assessments of reports)
- Research, including publications
- Clinical governance
- Leading a project
- Audit
- Teaching
- Presentations and/or posters

#### Recent specialist training

If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past six years of practice (Whole Time Equivalent (WTE), does not need to be consecutive), please provide an **authenticated copy** of the curriculum or syllabus that was in place when you undertook your training.

If a formal curriculum or syllabus (including assessment methods) is not available, please provide a letter from the awarding body outlining the content of the training programme or examination.

You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.

If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.



If you have undertaken approved specialty training in Occupational Medicine in the UK in the past six years of practice (Whole Time Equivalent - WTE), which do not need to be consecutive, you should provide a copy of your ARCP outcome forms and Educational Supervisors' reports. The latter will need to confirm your participation in activities listed in the specialty curriculum programme of assessment as appropriate to the duration of your time in training (<https://www.fom.ac.uk/wp-content/uploads/OMST-2022-Curriculum-Assessment-Strategy.pdf>)

In addition, you should provide evidence of CPD undertaken during that time as well as since.

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## Evidence of employment in posts and duties (including training posts)

CV	You must provide an up to date copy of your CV, which includes all the details listed in the <a href="#">guidance on our website</a> .
Employment letters	<p>The information in these letters <b>must</b> match your CV. They should confirm the following:</p> <ul style="list-style-type: none"><li>● dates you were in post</li><li>● post title, grade, training</li><li>● type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)</li></ul> <p>Usually this will be set out in the letters offering you the post and renewing your contracts. <b>We do not need to see contracts and terms and conditions of employment.</b></p>
Job descriptions	<p>These <b>must</b> match the information in your CV. They will usually confirm the following:</p> <ul style="list-style-type: none"><li>● your position within the structure of your department</li><li>● your post title</li><li>● your clinical and non-clinical commitment</li><li>● your involvement in teaching or training.</li></ul>

## Curriculum Learning Outcomes

### Curriculum learning outcome 1: Professional Values and Behaviours

*Adopts a self-regulatory approach to professional behaviour, demonstrating and role modelling the professional attributes required by a specialist Occupational Physician*

#### Professional Capabilities

- Maintains confidentiality but judges when disclosure is required in relation to legal accountability ethical principles and safety considerations
- Applies knowledge of specific legislation and ethical frameworks across all four nations, advising workers and managers
- Recognises and appropriately applies principles reflecting the importance of medical ethics, confidentiality and consent

<b>Suggested Evidence</b>	<ul style="list-style-type: none"><li>● Reports to management. These must include a variety of cases, some of them complex, and medical conditions as well as cases of long and short term sickness absence. Evidence of advising on the application of relevant legislation should be included where appropriate. Compliance with ethical principles, data protection, processes for obtaining consent and those for maintaining confidentiality also need to be demonstrated</li></ul>			
	<b>OR</b>			
	Case histories, including relevant reports, with reflections			
	<b>AND:</b>			
	<ul style="list-style-type: none"><li>● Workplace-Based Assessments, including Multi-Source/360 feedback reports, with reflection</li></ul>			

- If you hold a licence to practice, please submit an appraisal document from the last 12 months of clinical practice, with summaries (only) of appraisals from the preceding four years of clinical practice. For those working outside the UK, please refer to the NHS England appraisal template, which details what should ideally be covered in alternative/non-UK appraisals/reviews, and include evidence from at least three of the past five years of clinical practice
  - Details of CPD you have undertaken with relevance to Occupational Medicine, including certificates and reflection
-

## Curriculum learning outcome 2: Professional Skills and Knowledge: Communication

*Communicates effectively verbally and in writing with workers, employers, worker representatives, colleagues and other stakeholders, across a range of workplace environments, demonstrating effective listening skills, cultural awareness and sensitivity.*

### Professional Capabilities

- Recognises the importance of the relationship between health and work, and work and health, identifying where communication can support or hinder this
- Develops effective relationships with workers, employers, trade unions and other stakeholders
- Demonstrates the ability to produce clear, legible and accurate reports in written form
- Communicates risk to stakeholders

#### Suggested Evidence


- Reports to management

**OR**

- Case histories, including relevant reports, with reflections

**AND:**

- Evidence of your participation in case conferences, demonstrating regard for client consent and confidentiality, with reflection
- Workplace-Based Assessments, including Multi-Source/360 feedback reports, with reflection

- 
- Demonstration of and specific feedback and reflection on communication skills involving clients/workers, employers, workplace representatives and others – these should include the covering of aspects of work, safety, disability and adjustments to work
  - Compliments, positive feedback and written appreciation of your work
  - Appraisal documents (as referred to in Learning Outcome 1, this evidence can be cross-referenced with other learning outcomes if already supplied under them)
  - Evidence of working in a team e.g. minutes of at least two meetings confirming your participation, with reflection, reports or other written evidence of your interacting or working with other members of a team
-

## Curriculum learning outcome 3: Professional Skills and Knowledge: Clinical Practice

Assesses and manages workers, with respect to work and the workplace, taking into account history, diagnosis, human factors principles, clinical examination and relevant investigations, including mandatory spirometry and audiology.

### Professional Capabilities

- Considers the full range of management options available, including pre-placement assessment, sickness absence, modified duties, ill health retirement and/or redeployment.
- Assesses and manages workers with chronic disease and those rehabilitating from acute injury or ill health using the biopsychosocial model.
- Assesses functional capacity and evaluates fitness for work, to include initial, periodic and statutory assessment.
- Liaises with other healthcare professionals as appropriate
- Diagnoses work-related ill health and occupational disease

#### Suggested evidence

- Diaries or clinic lists for at least two separate months of each year over the period from which your evidence has been gathered, showing the volume of cases you have managed and the range of conditions and cases being addressed.

#### AND EITHER:

- Reports to management  
These must include a variety of cases and medical conditions, including mental and physical, as well as cases of long and short term sickness absence, occupational disease, disability and those where advice on rehabilitation and on possible early retirement on ill health grounds have been given

#### OR

- Case histories, including relevant reports, with reflections

**AND:**

- Reflections showing that gaps in your knowledge, skills or behaviours have been identified and are being addressed
- Reports and other evidence of carrying out pre-placement and in-work fitness to work assessments with appropriate advice on restrictions and adjustments
- Evidence of use of investigations as appropriate
- At least four referrals you have made to other healthcare professionals e.g. to request a specialist opinion, to seek information about individuals from a healthcare professional who has already provided care or advice to them or to seek professional help on behalf of an individual
- Workplace-Based Assessments



## Curriculum learning outcome 4: Workplace Risk

Accurately identifies, assesses and manages workplace hazards and risks across a range of settings

### Professional Capabilities

- Provides workplace managers with appropriate recommendations, including health surveillance and occupational hygiene input, aimed at workplace improvements in relation to health.
- Liaises with safety representatives, safety officers, occupational hygienists, ergonomists and other specialists in the assessment of working environments.
- Explains and manages the difference between association and causation in a workplace setting

#### Suggested evidence

- Evidence of your carrying out or having involvement in health surveillance and of evaluation of at least two client health surveillance programmes with reflection
- OR**
- Audit of, writing protocols/procedures for or evidence of the creation of at least two client health surveillance programmes
- AND:**
- Reports on at least four workplace visits you have carried out, including describing workplace hazards (chemical, physical, biological and psycho-social), with reference to relevant legislation, risk assessment, relevant workplace investigations and measurements and recommendations for improved risk management

- Evidence of interactions with Health and Safety Officers, Occupational Hygienists or Ergonomics experts
  
- At least two reports to management which include discussion of workplace hazards, risk assessment and, where appropriate, investigations and biological monitoring
  
- OR**
  
- At least four Case-based discussions in which workplace hazards, risk management and relevant investigations are discussed
  
- AND:**
  
- Assessment of first aid arrangements in workplaces
  
- OR**
  
- Writing a first aid policy for at least two separate organisations

## Curriculum learning outcome 5: Health Promotion and Illness Prevention

Promotes and advises on physical and psychological health and wellbeing in the workplace and wider community, as well as prevention of work-related ill health.

### Professional Capabilities

- Demonstrates knowledge of cultural, social, religious and economic factors and their influence on workplace health and wider public health within a biopsychosocial model
- Assesses the need for, organises, delivers and evaluates health promotion across a range of workplace environments
- Recognises and advises on health risks in the local environment arising from workplace activities

### Suggested evidence

- At least four reports to management which include mention of health promotion or health improvement, including recommendations for changes to lifestyle and encouragement to workers to gain access to suitable additional information or professional advice and/or support groups
- AND:**
- Preparation and dissemination of material you have created on the promotion of good health or prevention of ill health
- OR**
- At least two presentations or teaching to colleagues or workers on topics related to promotion of good health or prevention of ill health

**OR**

- Report on your assessment of the need for health promotion in a workplace and provision and evaluation of a health promotion programme with reflection

**AND:**

- CPD on health promotion topics
- Evidence of your recommending or advising on the use of stress risk assessment in the workplace
- Workplace-Based Assessments in which health promotion is included
- Reports on environmental impact assessments for two separate organisations you have carried out
- Evidence of your giving advice on overseas travel or advising those who have returned from overseas with medical conditions which may have arisen as a result of travel.

**OR**

- Writing a policy on travel or carrying out a relevant audit or relevant case histories or CBDs or undertaking training or CPD in travel medicine

## Curriculum learning outcome 6: Leadership and Team Working

Demonstrates a range of leadership behaviours and role models the ability to respect others, working effectively in a multidisciplinary team and within a management structure

### Professional Capabilities

- Strategically plans and sets objectives for the delivery of an Occupational Health service.
- Effectively manages and evaluates an occupational health clinic.
- Supervises, challenges, influences, appraises and mentors colleagues and peers to enhance performance and to support development
- Promotes and effectively participates in multidisciplinary and interprofessional team working.

### Suggested evidence

- Evidence of at least four meetings in which you participated in the development of the delivery of an Occupational Health service.

**OR**

- Evidence that you have managed and evaluated an Occupational Health clinic

**AND EITHER:**

- Evidence of working in a team e.g. minutes of at least two meetings confirming your participation, with reflection, reports or other written evidence of your interacting or working with other members of a team

**OR**

- At least two presentations to a team you work with including feedback and reflection

**AND:**

- Evidence of discussing or managing cases within a team (including multi-disciplinary teams), including case-based discussions
- Evidence of your management activities e.g. of leading a project, chairing meetings or interview panels, managing colleagues, managing or leading an Occupational Health contract, contributing to a business case or tender, contributing to a business case, doing a short training course in management (including financial and commercial activities) with details of course content and reflection
- Workplace-Based Assessments, including Multi-Source/360 feedback reports with reflection
- Appraisal documents (as referred to in Outcome 1)
- Evidence of your carrying out Appraisals of or providing references for others

**OR**

- Evidence of your support or mentoring or supervision of peers, less experienced colleagues or students

## Curriculum learning outcome 7: Patient (Worker) Safety

Applies knowledge, clinical skills and professional values to the provision of high quality, safe worker management and investigates, reports and resolves risks to workers and stakeholders.

### Professional Capabilities

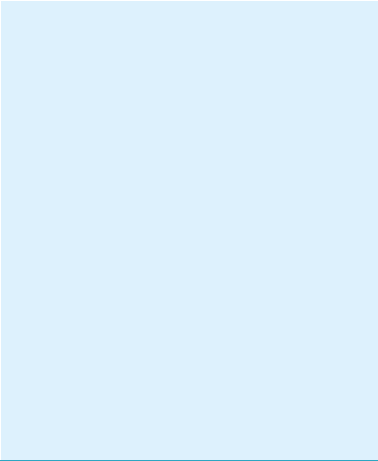
- Demonstrates the ability to mitigate against safety risks
- Recognises when safety has been compromised and escalates appropriately

#### Suggested evidence

- Management of complex cases of occupational disease
- Reports on workplace visits you have carried out, including describing workplace hazards (chemical, physical, biological and psycho-social) with reference to relevant legislation, first aid arrangements, risk assessment, relevant workplace investigations and measurements and recommendations for improved risk management
- Reports to management which include discussion of workplace hazards, risk assessment and, where appropriate, investigations and biological monitoring

#### **AND AT LEAST TWO OF THE FOLLOWING:**

- Minutes of meetings of at least two Health and Safety committee meetings attended confirming your participation and reflection
- Involvement in drug testing (including Medical Review Officer work) or writing a policy or guideline on this subject or a giving a presentation on it, with reflection

- 
- Involvement in the investigation of and/or reporting of significant cases or critical incidents
  - Involvement in managing or preventing infectious disease outbreaks
  - Carrying out medical assessments for safety-critical jobs
  - At least two presentations on other health and safety topics, with feedback and reflection
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## Curriculum learning outcome 8: Quality Improvement

Independently applies knowledge of quality improvement processes to undertake projects, audits and evaluation studies to improve effectiveness, safety, efficiency and the overall experience of stakeholders.

### Professional Capabilities

- Identifies quality improvement opportunities
- Engages with stakeholders, including workers, doctors and managers, to plan and implement service delivery and quality improvement

#### Suggested evidence

- Reports of at least two audits you have carried out with full discussion of standards used, how analysis of data collected led to recommendations for change, how these altered practice and repeat audit(s), with reflection. Publications based on audits you have carried out can, alternatively, be submitted

**AND:**

- At least two Standard Operating Procedures, policies or guidelines you have written or updated

**AND:**

- Evidence of your involvement in at least two service development or improvement projects with feedback or Workplace-Based Assessments, as well as reflection

**OR**

- Minutes of clinical governance or service improvement meetings including a record of your participation, with reflection – you should include evidence of at least one such meeting a year

**AND:**

- Relevant CPD with notes on course content and reflection
- Examples of at least two complaints, with written evidence of how they were addressed and resolved, with reflection
- At least two written reports in which you refer to the use of guidelines

**OR**

- Investigations or reports of critical or significant incidents, with reflection

## Curriculum learning outcome 9: Safeguarding

Applies knowledge to identify safeguarding issues, thereby taking responsibility for raising concerns, getting advice and taking appropriate actions

### Professional Capabilities

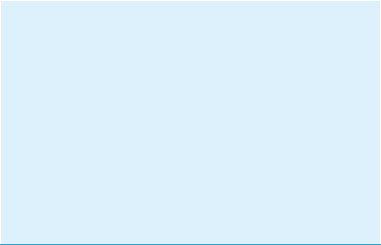
- Promotes the professional responsibility of safeguarding
- Demonstrates knowledge of workplace bullying and harassment and the impact on workplace health

#### Suggested evidence

- Training in Safeguarding and/or Child Protection with details of course content and reflection

#### AND AT LEAST TWO OF THE FOLLOWING:

- Reports to management which mention actions taken to protect vulnerable individuals
- Case conferences considering vulnerable individuals or safeguarding actions
- Evidence of your participation in meetings which discuss these matters, with reflection
- Communication with others regarding bullying and/or harassment
- Communications with other healthcare professionals in order to protect vulnerable individuals
- Writing or reviewing a policy on safeguarding

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- Workplace-Based Assessments of cases involving vulnerable individuals or safeguarding
  - Interventions to protect colleagues where violence may or has occurred
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## Curriculum learning outcome 10: Education and Training

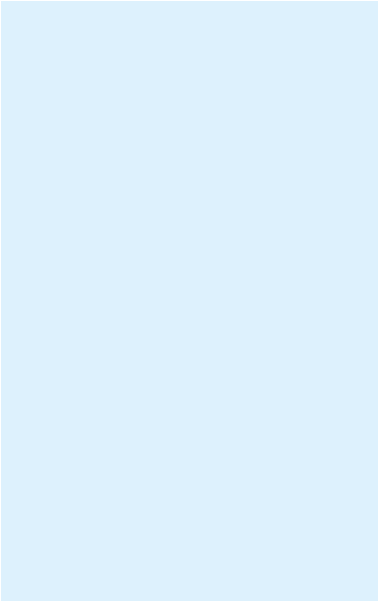
**Demonstrates knowledge skills and attitudes to provide effective teaching and learning opportunities, including supervision, training, assessment and mentorship in the Occupational Health setting**

### Professional Capabilities

- Optimises, plans and delivers teaching and learning opportunities to health professionals
- Attains skills to enable confident supervision, recognising the skills of both clinical and educational supervisors and the provision of constructive feedback
- Facilitates learning in the workplace across a wide range of groups and audiences, including employers, workers and colleagues.

### Suggested evidence

- At least four examples of presentations or teaching you have given to groups, with feedback and reflection
  - Evidence of training you have undertaken in the supervision of other medical professionals, with reflection
  - Multi-Source/360 feedback reports with reflection
  - Undertaking relevant and appropriate amounts of CPD on a regular basis, including attendance at major conferences, with reflection (reflective diary)
- AND AT LEAST TWO OF THE FOLLOWING:**
- Evidence of your creating or arranging educational courses
  - Letters of appreciation from educational centres or senior colleagues relating to your provision of teaching

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- Evidence of your giving constructive feedback to others, such as to those who have given presentations or teaching sessions. This may include carrying out WBAs.
  - Evidence of your mentoring others
  - Evidence of your involvement in the interviewing or assessment of potential new colleagues
  - Evidence of your carrying out Appraisals of or providing references for others
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## Curriculum learning outcome 11: Research

Engages with research and promotes innovation

### Professional Capabilities

- Adopts an evidence-based approach to Occupational Medicine
- Demonstrates independent evidence-based development to support the revision of guidelines and procedures
- Capable in the use and management of information, and the reflective use of information technology

#### Suggested evidence

- Dissertation 'for purpose' based on an original research project or one submitted for a higher degree, on a medical subject or topic  
**OR**
- Scientific papers or case reports published in a peer-reviewed journal (or a complex case written in a similar format)  
**OR**
- Account of a study into an aspect of Occupational Health practice, with details of how the project is defined, clear identification of the study objective and study subjects, any questionnaires produced, analytical methods used, time frame for the study and resources and staff time required  
**OR**
- Writing an evidence-based guideline with literature search and critical appraisal of literature

**OR ANY THREE OF THE FOLLOWING**

- Evidence of your having carried out data collection and statistical analysis
- Writing an editorial with literature search and critical appraisal of literature
- Submission of abstract and presentation to annual FOM/SOM OH Conference
- Writing or revising a chapter in a book on a medical subject or topic
- Preparation of a poster based on research and literature review to be presented at a regional, national or international meeting
- Presentations to a journal club
- Submission to an ethics committee
- Acting as a reviewer for a peer-reviewed medical journal
- CPD or training in research methods and statistics
- Report on your investigation of possible occupational disease, with literature search and recommendations



Please note the following in relation to the documentation required:

- 1- It is not necessary to submit one single form of evidence to demonstrate all mandatory research capabilities. In other words, various items of evidence can be submitted, each demonstrating achievement of one or more mandatory research capabilities.
- 2- There is no restriction in terms of time or (absolutely in) subject; evidence from any time in the past and on any *medical* subject (not only OM) can be acceptable.
- 3- If you opt for a **Dissertation for purpose** or **MSc** as your evidence, an acceptance letter from FOM (if your dissertation has already been assessed by FOM) or from the University (if your dissertation was carried out to obtain an MSc) should be submitted. The whole dissertation should also be submitted.
- 4- For **Evidence based guidelines**, you should demonstrate they have achieved each research capability (see below). Simply operationalising a national or local guideline is not acceptable evidence.
- 5- For **Presentation to a journal club**, it should be regular (at least four), with evidence of critical analysis, reflection and feedback from other participants e.g. on the practice or research opportunities for each paper. Simply organising a journal club or reading the paper is not acceptable evidence.
- 6- For **Reviewer for peer reviewed medical journals**, it should be regular (at least four). The review reports should be anonymised and submitted.
- 7- For an **Editorial**, it should be an invited editorial for a peer reviewed medical journal. The editorial should have been published.
- 8- [If you do not submit one of the first five items in the list above, your evidence should cover as many of the capabilities listed below as possible.](#)

The relevant research capabilities are:

- Literature review
- Critical reading skills
- Generate a research question
- Draw conclusions/ reflection
- Generate recommendations
- Communicate the outcome