

# The Post-Graduate Training Programme for Occupational Medicine

May 2026

This programme was developed by Dr Mark Rosso on behalf of the Malta Association of Physicians in February 2025 and approved by the Specialist Accreditation Committee. It was revised and approved by the Specialist Accreditation Committee in May 2026.

## Definition of Occupational Medicine

Occupational Medicine (OM) is the branch of medicine that deals with the prevention and treatment of diseases and injuries occurring at work or in specific occupations. (UEMS, 1997)

## Entry requirements

To join the post-graduate programme the following entry criteria must be met:

- The candidate must have obtained a primary medical qualification recognized by the Medical Council of Malta, and be registered with the Medical Council of Malta, and
- Entry will be from doctors who have obtained a CCBST in any specialty or CCST in Family Medicine following completion of the 2-year foundation programme.
- There must be a training post available following the appropriate selection process of trainees, and
- The trainee must demonstrate ability to communicate in both English and Maltese at a level that allows for comprehensive evaluations and communication with workers, managers and colleagues.
- The number of training posts will reflect the country's need for specialists as well as the country's capacity to offer training.

## Training Principles:

- Trainees must hold a post in the Malta Government Public service, be registered with the Medical Council of Malta and continue to be of good conduct throughout their training.
- Training is minimum of four years full-time or pro-rata for part-time.
- Training would be a mix of training in the NHS and training in industry. It is envisaged that the time spent by the trainees within these two setting will be equally divided.
- Arrangements for post-graduate training must be compatible with national employment legislation in relation to remuneration, hours of work and rights of employees in such matters as sick leave and maternity leave.
- The trainee must complete the training requirements including successful completion of ongoing and annual assessments, educational expectations of training including regular attendance at regularly scheduled seminars and courses, clinical supervision and reflection groups, tutorials, and examinations leading to certification as a specialist in Occupational Medicine approved by the Maltese Association and the SAC.

Satisfactory completion of these criteria will confirm eligibility of the candidate to be awarded the certificate of completion of specialist training (CCST) in Occupational Medicine and recommended for inclusion in the Register.

## Training Locations

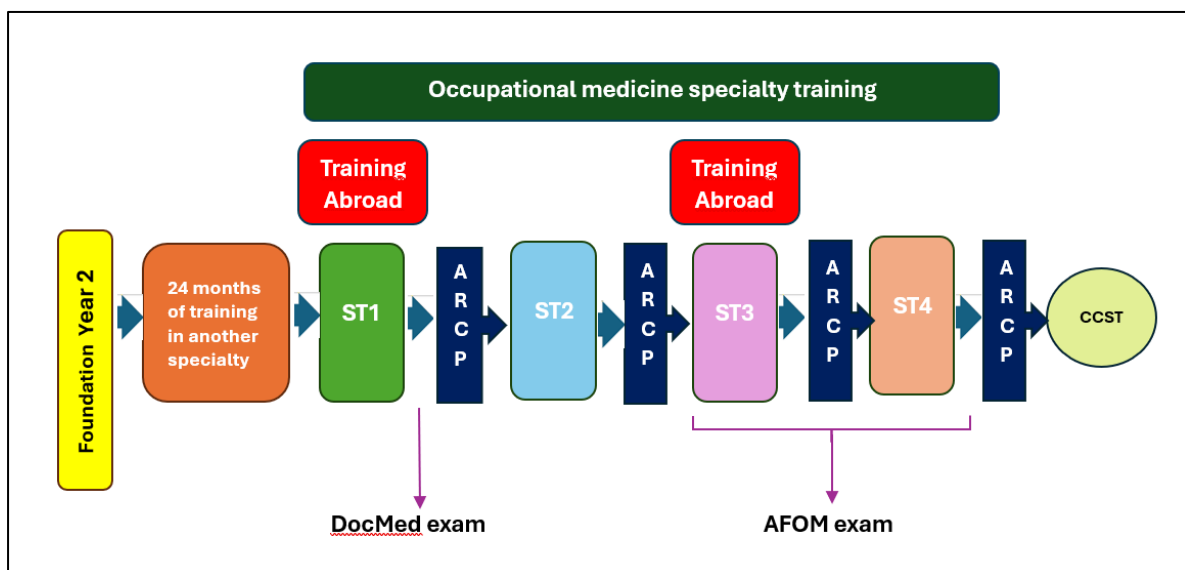
Training locations will be with MHA and other suitable locations (such as OHSa) within an industrial setting, as approved by the Association and SAC.

## Overall Structure of Training Programme

The Occupational Medicine Specialty Training (OMST) Curriculum Assessment Strategy outlines the overall formative and summative assessment aims and structure, the purpose of each assessment, the mechanisms by which assessment validity is ensured, alignment of assessments to the curriculum, and the importance of reflective learning and regular feedback.

The Learning Outcomes are assessed using a range of **workplace-based assessments**, alongside with **Faculty of Occupational Medicine (FOM Lond) examinations**. Both mechanisms of assessment are valuable, but the evidence is triangulated through the third process of external review and critique at the **Annual Review of Competency Progression (ARCP)**. The trainee is required to register with the National School of Occupational Health (England). Reading for an MSc in occupational medicine is not mandatory.

Educational Supervisors are required to make a professional judgement as to whether the trainee has achieved each Learning Outcome, considering evidence provided in the training portfolio which is mapped to the Learning Outcomes. For each Learning Outcome there are Professional Capabilities, which must be demonstrated to achieve the Learning Outcome. The primary onus is on the trainee, with support from their trainer(s), to demonstrate how they meet the Learning Outcome satisfactorily.



This Curriculum Assessment Strategy ensures that assessments are clearly linked to Learning Outcomes and Professional Capabilities and supports the underpinning principles of flexibility and tailors to the specific learning needs of each trainee.

1. Training shall be structured throughout with clearly defined targets to be met within specified intervals. An educational plan, which highlights the learning objectives to be met during each clinical rotation, shall be drawn up by the trainee in consultation with his or her educational supervisor and clinical supervisor at the beginning of each attachment and documented in the logbook or e-portfolio. By the end of each rotation the trainee will

meet with their supervisors who will document whether the learning objectives have been met.

2. The duration of training shall be 4 years full time or pro-rata for part-time: in the 48 months of higher specialist training, or HST, the trainee shall develop these core competencies so as to reach the expected standards necessary for independent practice as a specialist in occupational medicine. The trainee shall spend at least 12 months of their higher specialist training in an appropriate training post abroad which is approved by the Association and the Specialist Accreditation Committee (SAC). The satisfactory completion of this training abroad shall be an obligatory requirement leading to the trainee's eligibility to be recommended to the SAC to register as a specialist in Occupational Medicine.
3. Progress during training shall be monitored regularly by ongoing assessments by the clinical and educational supervisors (refer to table of evidence of ACRP below), as well as formal annual assessment of the key competencies in occupational medicine carried out by the Postgraduate Training Committee in collaboration with the Maltese Association of Physicians which shall involve an annual review of competence progression.
4. "Up to 14 weeks of maternity, paternity, adoption, or parental leave throughout the entire duration of training as a one-time concession (in addition to the yearly allowance of vacation leave and 30 days sick leave as per PSMC and 2 weeks per year as study leave) can be recognized as part of the training period; however any longer period of leave will not be considered as training. Recognition of these 14 weeks as part of the training period is subject to approval by the Postgraduate Training Committee."

### **Clinical and Educational Supervisors**

The clinical supervisors and educational supervisors must be registered as specialists in occupational medicine in Malta or abroad. The educational supervisors must remain the same for the 4-year period unless there is a valid reason why this would not be possible.

### **Training abroad**

Training abroad is a mandatory requirement for trainees and its duration is a minimum of 1 and a maximum of 2 years. It is currently recommended that trainees undertake periods of training abroad during the first and either the third or fourth year of the programme. Where only one year of overseas training is undertaken, a minimum of six months should be completed during the first year.

Training abroad will only be supported after an official internal call for applications is issued by the Department of Health subject to approval by the Chief Medical Officer.

The call for application applies to Higher Specialist Trainee doctors employed by the Department of Health who are following the Occupational Medicine Specialist Training programme approved by the Medical Specialists Accreditation Committee (SAC) and the Postgraduate Training Committee (PHTC).

## Occupational Medicine Specialty Training Programme curriculum (Adopted from FOM UK)

There are eleven curriculum domains which capture the full breadth of skills, knowledge, behaviours and attributes required to practice as a specialist occupational physician, and which would become the basis of the occupational medicine specialty training (OMST) programme curriculum. High-level Learning Outcomes were produced within each of these domains.

Occupational medicine trainees are required to demonstrate the achievement of eleven **Learning Outcomes** in order to attain a Certificate of Completion of Specialty Training (CCST).

For each Learning Outcome, there are a number of subordinate **Professional Capabilities**. Learning Outcomes and Professional Capabilities must be evidenced by trainees. Evidence is retained in the ePortfolio and is assessed for adequacy during the annual review of competence progression (ARCP) process.

This OMST Curriculum Guidance includes a series of **examples** for each of the Learning Outcomes. Examples provide ideas and give a **range of scenarios which trainees may use to generate evidence** of their achievement of the Professional Capabilities and Learning Outcomes. Examples are intended to act as prompts to the trainee and trainer as to how the overall outcomes might be achieved, or how the evidence base could be broadened. They are not intended to provide an exhaustive list or be used as a checklist. Trainees are encouraged to produce a broader portfolio and include a wide range of evidence.

The **OMST Curriculum Guidance** also provides examples of **assessment methods** that may be used for each Learning Outcome and Professional Capability. Again, these are not prescribed, and the document acts only as a guide. The trainee is free to use other methods that are mutually acceptable to the trainee and to the trainer.

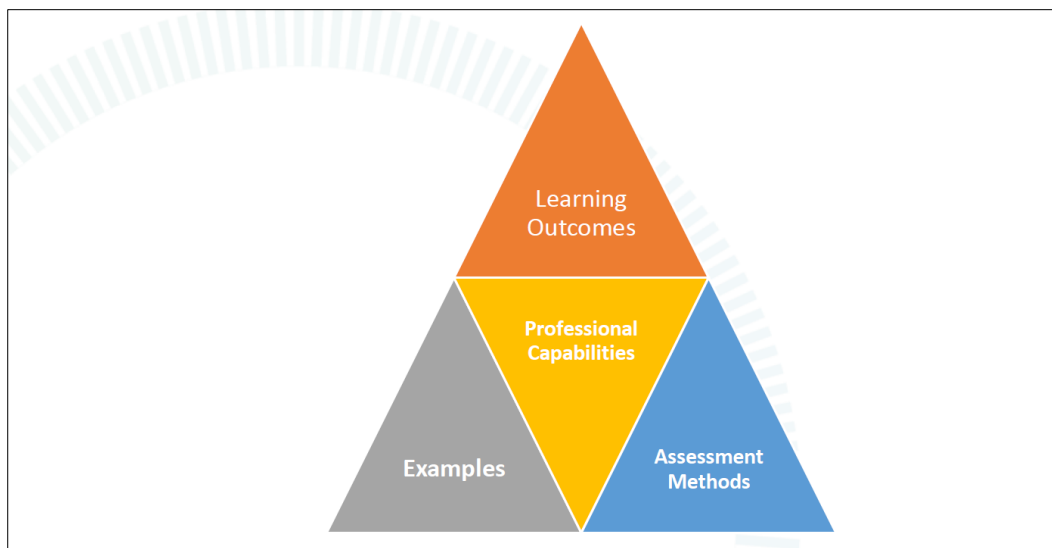


Figure 1: Key elements of the Occupational Medicine Specialty Training Curriculum

## Learning outcome 1: professional values and behaviours

The requirements of this domain are that, along with the professional values and behaviours of all doctors outlined in LN 303 of 2008, the occupational medicine trainee 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 trainee will work towards a self-regulatory approach expected of an independent specialist occupational physician.

**“Honesty and probity are expected of all doctors: without these there cannot be trust in the profession”** occupational medicine trainee

Learning Outcome 1	Professional Capabilities
Adopts a self-regulatory approach to professional behaviour, demonstrating and role modelling the professional attribute required by a specialist occupational physician.	1a. Maintains confidentiality but judges when disclosure is required in relation to legal accountability, ethical principles and safety considerations. 1b. Applies local knowledge of specific legislation and ethical frameworks, advising workers and managers. 1c. Recognises and appropriately applies principles reflecting the importance of medical ethics, confidentiality and consent.
<p><b>EXAMPLE</b></p> <ul style="list-style-type: none"> <li>• The trainee conducts a workplace visit to a car manufacturing workshop after several reports of contact dermatitis affecting workers. They identify that latex gloves are being used by workers. Following this, a meeting is arranged with the health and safety representative and senior management to make recommendations concerning safer alternatives. The initial visit is captured as a case-based discussion (CBD) with the follow up meeting captured as a portfolio activity.</li> <li>• During a telephone consultation with a worker, the trainee is concerned with the mental state of the individual and considers them a potential risk to themselves as they are actively suicidal. Consent is sought and gained to speak to their GP and the individual is admitted to hospital for a CRISIS team review, thereby ensuring their personal safety. The educational supervisor was sitting in on this consultation which was captured as a mini-Cex (teleconsulting).</li> <li>• A worker holding a Group 2 driving licence has newly diagnosed epilepsy (following sports related head injury). The individual notes, in passing, that they have not informed Transport Malta. The individual is informed of their professional and legal obligation but is not amenable to persuasion. The trainee discusses the dilemma with their clinical supervisor and with their medical insurer. The ethical considerations concerning disclosure without consent are captured as a CBD and as reflection notes.</li> </ul>	

## Learning outcome 2: professional skills and knowledge: communication

This domain sets the expectation that the occupational medicine trainee develops a range of communication skills across a complex range of occupational health settings. High level communication skills are required by the occupational medicine practitioner 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 trainee, while working towards independent practice must ensure respect and professionalism.

Learning Outcome 2	Professional Capabilities
<p>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.</p>	<p>2a. Recognises the importance of the relationship between health and work, and work and workers, identifying where communication can support or hinder this.</p> <p>2b. Develops effective relationships with workers, employers, trade unions and other stakeholders.</p> <p>2c. Demonstrates the ability to produce clear, legible and accurate reports in written form.</p> <p>2d. Communicates risk to stakeholders.</p>
<p><b>EXAMPLES</b></p> <ul style="list-style-type: none"> <li>• The trainee sees a worker with recent onset asthma who has been working with isocyanates. The trainee shows a report addressed to the manager to the worker, and then coordinates with the manager to visit workplace. The trainee requests workplace occupational hygiene measurements. These indicate poor control so the trainee meets with senior managers and the safety advisor to advise on better hazard control.</li> <li>• The trainee attends a health and safety meeting, including union representatives, and gives presentation on the importance of management actions and individual actions to control hazards and prevent ill health in workplace.</li> <li>• The trainee is asked to see a worker with a recent diagnosis of epilepsy for the second time, following giving advice that the worker should not drive company vehicles. This time the worker is accompanied by a trade union representative. After a long discussion with all parties, the trainee was able to describe the reasons why the advice was given and the worker understood the situation.</li> </ul>	

### Learning outcome 3: professional skills and knowledge: clinical practice

To meet the demands of this domain the trainee 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.

Learning Outcome 3	Professional Capabilities
<p>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.</p>	<p>3a. Considers the full range of management options available, including pre-placement assessment, sickness absence, modified duties, ill health retirement and/or redeployment.</p> <p>3b. Assesses and manages workers with chronic disease and those rehabilitating from acute injury or ill health using the biopsychosocial model.</p> <p>3c. Assesses functional capacity and evaluates fitness for work, to include initial, periodic and statutory assessment.</p> <p>3d. Liaises with other healthcare professionals as appropriate.</p> <p>3e. Diagnoses work-related ill health and occupational disease.</p>
<p><b>EXAMPLES</b></p> <ul style="list-style-type: none"> <li>• A worker declares a mental health condition on a pre-placement questionnaire that could potentially impact on his/her ability to work. The trainee conducts an assessment in clinic to determine the worker's fitness to perform the role, as well as considering any potential safety concerns pertaining to the role. The trainee requests information from the treating physician to better understand the worker's mental health history including treatment and prognosis. With the worker's consent, the trainee writes to the manager with advice on fitness to work and any adjustments required.</li> <li>• A worker with progressive chronic arthritis attends as a self-request. She states she cannot carry out her work without severe pain. Clinical examination shows pain and limited movement in both hips and knees. The trainee attends the workplace with the worker who can only work slowly with great discomfort. Written advice is given to the manager on suitable adjustments to the worker's work.</li> <li>• The trainee has to assess a worker for an ill health retirement application. the trainee examines the exact criteria for ill health retirement before assessing the worker. The trainee undertakes a full clinical examination of the worker and records the details of work activities described by the worker and compares these with the job description. The trainee explains to the worker that a report on the objective finding of the examination and the trainee's opinion on fitness for their work will be prepared. The trainee obtains the worker's consent to contact the worker's specialist for an opinion on future outlook. The trainee informs the worker that, upon receipt of information from the specialist, the trainee will arrange to see the worker again to state the details in the report to pension trustees, who will make the final decision.</li> </ul>	

## Learning outcome 4: workplace risk

Not only do specialist occupational physicians manage workplace ill health, also they 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.

“Occupational health requires seeing a situation from multiple angles: worker, employer and population”.

### occupational medicine trainee

Learning Outcome 4	Professional Capabilities
<p>Accurately identifies, assesses and manages workplace hazards and risks across a range of settings.</p>	<p>4a. Provides workplace managers with appropriate recommendations, including health surveillance and occupational hygiene input, aimed at workplace improvements in relation to health.</p> <p>4b. Liaises with safety representatives, safety officers, occupational hygienists, ergonomists and other specialists in the assessment of working environments.</p> <p>4c. Explains and manages the difference between association and causation in a workplace setting.</p>

### EXAMPLES

- The trainee is approached by an occupational health nurse who was assessing a walk-in case. The client was exposed to a chemotherapy agent on their hands during disposal and was not wearing gloves. The case required a review of the material safety data sheet and chemical risk assessment, consideration of health surveillance, worker education about use of PPE and liaison with the health and safety team. Managers were given advice about ensuring chemical risk assessments are up to date. The case was presented by the trainee and occupational health nurse at the departmental clinical meeting.
- The trainee attends a meeting with a client to discuss health surveillance for laboratory animal workers. Managers are concerned regarding a recent case of Simian Foamy Virus (SFV) in laboratory primates. The trainee conducts literature review regarding SFV, the health effects, the likelihood of occupational exposure, and what control measures may prevent this. There is no health surveillance for SFV but the trainee advises the organisation to consider control measures to prevent transmission to workers.
- The trainee assessed a 61-year-old community nurse who has been referred by the manager to assess his medical fitness to work in the front line during the COVID pandemic. The trainee carries out an individual risk assessment to take into account the nurse's underlying medical condition (diabetes), ethnic background (black African), age (61), gender (male), BMI (32) and vaccination status (double vaccinated). The trainee subsequently advises the manager and the nurse in relation to the level of risk, the importance of infection and prevention control and hierarchy of control.
- The trainee assesses a worker in an NHS clinic who was referred by their manager with low back pain. The worker reports that pain is worse due to working in a confined space. The trainee carries out a confined space risk assessment during a workplace visit. The trainee reviews HSE guidance and regulations for working in confined spaces and confirms that the area in question is not a confined space. Recommendations are made to the manager regarding adjustments for back pain.

## Learning outcome 5: health promotion and illness prevention

This domain requires the trainees to develop skills required in the prevention of ill health, public health and global international health. As the trainee works 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.

“A desire to Improve worker health proactively, not just reacting to referrals - seeing work as a health outcome”.

**occupational medicine trainee**

Learning Outcome 5	Professional Capabilities
<p>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.</p>	<p>5a. Demonstrates knowledge of cultural, social, religious and economic factors and their influence on workplace health and wider public health within a biopsychosocial model.</p> <p>5b. Assesses the need for, organises, delivers and evaluates health promotion across a range of workplace environments.</p> <p>5c. Recognises and advises on health risks in the local environment arising from workplace activities.</p>
<p><b>EXAMPLES</b></p> <ul style="list-style-type: none"> <li>• The trainee assesses a worker in clinic who is due to start a work placement abroad for a year. The trainee performs a pre-travel risk assessment by exploring the details of the trip, as well as the worker's health conditions, medication and immunisation history, to ensure the worker's health needs can be met at the travel destination. Trainee provides the worker advice on possible travel-related illness and preventative measures. The trainee counsels the workers on the appropriate prophylactic medications and vaccines.</li> <li>• The trainee works with a travel department to ensure that all company drivers are aware of personal actions they can take to prevent driver fatigue by taking rest breaks and the sensible planning of journeys.</li> <li>• The trainee is approached by a local public health team who want to discuss attending the workplace to deliver health promotion activities which are being carried out locally. The trainee arranges a meeting with Public Health to understand exactly what the objectives are, and what the outcome measures will be. The trainee seeks details on requirements and timings, with clear responsibilities of public health staff and the organisation's staff. After these are clarified, the trainee prepares a report for the senior occupational physician.</li> </ul>	

## Learning outcome 6: leadership and team working

This domain requires the trainee 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 training but developed from day one. The trainee 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.

**“Leadership, management and communication are essential skills”.**

occupational medicine trainee

Learning Outcome 6	Professional Capabilities
<p>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.</p>	<p>6a. Strategically plans and sets objectives for the delivery of an occupational health service.</p> <p>6b. Effectively manages and evaluates an occupational health clinic.</p> <p>6c. Supervises, challenges, influences, appraises and mentors colleagues and peers to enhance performance and to support development.</p> <p>6d. Promotes and effectively participates in multidisciplinary and interprofessional team working.</p>
<p><b>EXAMPLES</b></p> <ul style="list-style-type: none"> <li>• The trainee takes the chair of a regular multi-disciplinary professional working group, including nurses, an occupational hygienist, a physiotherapist, an ergonomist and a safety adviser, which discusses the most prominent uncontrolled work hazards in the organisation and reports to the Head of Health and Safety about improvement actions to consider.</li> <li>• The trainee produces a leaflet on 'What occupational health can do for you'. This is targeted to all workers to give further information on what help occupational health can give and also what occupational will not do. The content and style are agreed and a copy is sent out with all appointment letters to workers.</li> <li>• The trainee identifies that the workload for occupational health nurses seems very high with the result that they are unable to maintain the standard of their work to a high quality, so the trainee collects data on their performance, summarises it, and makes proposals to managers to alter the nursing workload into a more organised fashion to improve outcome quality and nursing morale.</li> </ul>	

## Learning outcome 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.

**Expertise to improve the health of the working age population and avoid preventable injury and illness caused or aggravated by work"** occupational medicine trainee

Learning Outcome 7	Professional Capabilities
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.	<p>7a. Demonstrates the ability to mitigate against safety risks.</p> <p>7b. Recognises when safety has been compromised and escalates appropriately.</p>

### EXAMPLES

- The trainee has multiple opportunities across training to evaluate safety across varied work environments. The types of safety assessments may include advising a predominantly manual workforce on injury rates and reduction, advising on contamination injury reduction in a healthcare setting, or advising on risk reduction for a sewage plant. Safety mechanisms should apply to workers, other people working on site and the wider environment. The hierarchy of controls should be applied when considering safety across all sectors.
- The trainee works with human resources, health and safety, management, trade unions any other relevant parties to set up a health surveillance programme. Using the identified hazards, the trainee develops a risk assessment to determine the need for health surveillance and implements an appropriate programme in line with relevant legislation.
- The trainee works with the employer to identify chemical hazards in the workplace and provide information about the possible health effects of these hazards and how to reduce the risk of harm using the hierarchy of controls. They may use a variety of resources including but not limited to a review of the most recent evidence, OSHA guidance, safety data sheets, published workplace exposure limits and IARC registry. This could be a broad overall look at applying COSHH regulations in the workplace or advising about a specific worker who has experienced an adverse reaction to a chemical in the workplace.

## Learning outcome 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 trainee will identify quality improvement initiatives and where possible action these.

“Occupational medicine is a diverse and dynamic specialty”.

**occupational medicine trainee**

Learning Outcome 8	Professional Capabilities
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.	8a. Identifies quality improvement opportunities.  8b. Engages with stakeholders, including workers, doctors and managers, to plan and implement service delivery and quality improvement.
<p><b>EXAMPLES</b></p> <ul style="list-style-type: none"> <li>• The trainee designs and carries out an audit project to evaluate existing clinical record keeping within the OH service against the SEQOHS standard. The trainee presents the audit findings to the department and facilitates a group discussion to reflect on the findings as well as proposing measures or changes to improve record keeping practice. The trainee repeats the audit cycle to ensure the changes or measures introduced are effective and sustainable.</li> <li>• The trainee finds out a healthcare worker working in an Exposure Prone Procedure (EPP) role but has not been appropriately cleared for performing EPP. The trainee identifies this as a quality improvement opportunity to review the existing EPP health clearance process within the department. The trainee reports this as a significant event and performs a Root Cause Analysis to identify the cause, as well as implementing changes to prevent similar errors in the future. The trainee engages with the multidisciplinary team when implementing new changes in practice.</li> <li>• Trainees are asked to review new HIV PEP guidelines in preparation for updating the Trust's body fluid exposure policy. The trainees review the new guidelines and compile a document comparing the changes to the current policy. The trainees meet with the consultants to discuss possible changes that may be implemented. The trainees then prepare a document advising of immediate changes required (e.g. PEP dose) and prepare a presentation for the working group who will decide on the policy updates.</li> </ul>	

## Learning outcome 9: safeguarding

This domain requires the doctor to consider safeguarding in all aspects of occupational medicine practice. It is important that they understand how to escalate concerns.

### “A clear understanding of obligations in a health and client setting”

occupational medicine trainee

Learning Outcome 9	Professional Capabilities
Applies knowledge to identify safeguarding issues, thereby taking responsibility for raising concerns, getting advice and taking appropriate actions.	9a. Promotes the professional responsibility of safeguarding.  9b. Demonstrates knowledge of workplace bullying and harassment and the impact on workplace health.
<p><b>EXAMPLES</b></p> <ul style="list-style-type: none"> <li>• The trainee sees a worker in clinic referred with mental health concerns. During the consultation the trainee identifies that the worker is psychotic, disclosing suicidal ideation with intent. The trainee identifies that there is a minor at home who may be at risk. The trainee contacts local safeguarding team to ensure a safeguarding risk assessment is conducted.</li> <li>• The trainee sees a worker in a consultation when it is clear that the worker is a victim of domestic abuse. The trainee gives advice on the many organisations which can give help and support. The worker has a review appointment booked to assess the situation.</li> <li>• During an occupational health appointment, the worker discloses that several of her work colleagues keep making offensive comments about the worker's gender reassignment, making the worker feel humiliated and anxious about coming to work. The trainee recognises that this could be considered as 'harassment' by law, as gender reassignment is one of the protected characteristics under the Equality Act 2010. Trainee advises the worker on the options on how to raise concern and signposts the worker to support available, including looking at the workplace policy on bullying and harassment. Trainee also recognises the employer's duty of care to prevent harassment in the workplace, and employer's legal liability for any harassment suffered by their workers. Trainee provides advice and guidance to the manager/employer on how to deal with a harassment complaint appropriately.</li> </ul>	

## Learning outcome 10: education and training

Trainees 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.

### "Greater scope for improving the education and training of future occupational physicians"

Occupational medicine trainee

Learning Outcome 10	Professional Capabilities
<p>Demonstrates knowledge, skills and attitudes to provide effective teaching and learning opportunities, including supervision, training, assessment and mentorship in the occupational health setting.</p>	<p>10a. Optimises, plans and delivers teaching and learning opportunities to health professionals.</p> <p>10b. Attains skills to enable confident supervision, recognising the skills of both clinical and educational supervisors and the provision of constructive feedback.</p> <p>10c. Facilitates learning in the workplace across a wide range of groups and audiences, including employers, workers and colleagues.</p>
<p><b>EXAMPLES</b></p> <ul style="list-style-type: none"> <li>• The trainee identifies that occupational health nurses in the department are in need of clinical training in body fluid exposure risk assessment. Trainee designs and delivers a training programme for nurses, followed by a competency assessment. The trainee collects feedback from the nurses regarding the teaching session to improve future teaching delivery.</li> <li>• The trainee is asked to coordinate anaphylaxis update training for a client. Trainee conducts a needs analysis to understand what is required from the training session and the relevance to the workplace. Trainee designs and delivers a training session to the client's workers, with a post-course assessment and feedback. Trainee uses feedback to improve the session for future delivery.</li> <li>• The trainee is asked to host a visiting medical student for a month. The trainee establishes a learning plan with defined learning outcomes for the student. The plan, and progress with the learning, are discussed every week with the student. The trainee writes a summary report at the end of the visit.</li> </ul>	

## Learning outcome 11: research

The research domain requires the trainee to be able to demonstrate research skills that enable them to critique and use evidenced-based practice.

**“Solid, comprehensive knowledge and fluency in applying to novel or poorly understood workplace environments”.**

occupational medicine trainee

Learning Outcome 11	Professional Capabilities
Engages with research and promotes innovation.	11a. Adopts an evidence-based approach to occupational medicine.  11 b. Demonstrates independent evidence-based development to support the revision of guidelines and procedures.  11 c. Capable in the use and management of information, and the reflective use of information technology.
<p><b>EXAMPLES</b></p> <ul style="list-style-type: none"> <li>• The trainee wishes to establish a questionnaire study on the feedback from managers who receive reports from occupational health. The project is defined, with clear identification of study objective, study subjects, questionnaire produced. analytical methods to be used, time frame for study, resources and staff time all planned out' The study plan is submitted to the Head of Service and agreed.</li> <li>• The trainee identifies the need for evidence-based guidance in an area of their practice. They form a small guidance group, undertake a systematic search and critical appraisal of the literature, and produce an evidence-based guidance*.</li> <li>• An increase in cases of dermatitis in a part of factory raises concerns that work is the cause of the outbreak. The trainee develops a plan to determine the causative factors. This includes o systematic literature search, a visit to the workplace to interview workers and observe the workers doing the jobs. This identifies that the new cleansing agent used by all the workers is the likely source. Further investigation into the agent confirms that the agent is the most likely cause. A detailed report of the actions and recommendations is produced for the senior occupational physician, safety adviser and managers.</li> <li>• An original piece of research for a degree (MSc and above, in any subject).</li> <li>• A minimum of one published paper in a peer-reviewed journal with the trainee as a first or last author.</li> <li>• At least two peer-reviews papers for a peer-reviewed journal, including attending o training session on how to be a peer reviewer.</li> </ul>	

*\*A systematic review should include identifying the key concepts of the topic using a framework such as NCO establishing inclusion and exclusion criteria, finding related search terms, and selecting databases to search. The trainee should use a critical appraisal tool appropriate for the study design and summarise their finding: including biases, confounders, and the generalisability of the results. They should summarise their understanding of statistical tests and interpretation of results.*

## APPENDIX 1

### Evidence required for Annual Review of Competency Progression (ARCP)

(Adopted from FOM OMST-2022 Curriculum Assessment Strategy v1.0)

#### Mandatory evidence

Failure to submit evidence summarised in this table and the Notes underneath will result in outcomes other 1 or 6

	ST1	ST2	ST3	ST4
<b>Supervised Learning Events (SLEs)</b>				
Mini CEX	4	4	4	4
DOPS (must include spirometry and audiometry)	4	4	4	4
CBDs	8	8	8	8
Sail OH 1	2	2	2	2
Sail OH 2	2	2	2	2
<b>Examinations</b>				
Diploma in Occupational Medicine (DOccMed) passed	1			
AFOM passed (may be taken in ST5 or ST6)			1 OR	1
<b>Additional Evidence required for ARCP</b>				
Workplace risk assessment	2	2		
First Aid assessments	1	1		
Health surveillance programme	1	1		
Environmental impact assessment		1		1
Health promotion programme				1
Audit cycle		1		1
MSF	1	1	1	1
Teaching			2	2
Management and clinical governance		1	1	2
Research methods				1
Educational Supervisor's Structured Report (ESSR)	1	1	1	1

**Table 1**

Notes:

1. The numbers are absolute minimum and trainees are encouraged to submit more. For Less Than Full Time (LTFT) trainees, Workplace based assessments (WPBA) evidence are pro rata rounded up (please see table 2 below).
2. Workplace risk assessment report should follow the principles suggested by the Occupational Health and Safety Authority (OHSA).
3. Health surveillance and health promotion programmes should be critically assessed including description of the programme, uptake, impact / evaluation where possible, strength and weaknesses and recommendations.
4. First Aid arrangement should be assessed for two separate organisations e.g. employing organisation and one other.
5. Environmental impact should be assessed for two separate organisations e.g. employing organisation and one other.
6. Evidence for dissertation and exams an official letter confirming pass.

7. Other evidence may be requested by the ARCP panel including additional WPBA.

	50%	60%	80%	FT
Mini CEXs	2	2	3	4
DOPS	2	2	3	4
MSFs	1	1	1	1
CBDs	4	5	6	8
Sail OH 1	1	1	2	2
Sail OH 2	1	1	2	2

**Table 2**

**Less Than Full Time (LTFT) pro rata indicative workplace-based assessments**

The number of SLEs indicated in the programme of assessment (Table 2, above) are the indicative number needed to achieve a pass at each stage of training, as determined by expert committees. However, it is highly recommended that trainees submit more than the number of SLEs indicated in the table. It is also recommended that trainees consider providing additional evidence to assist their progress. The evidence in Table 3 (below) is suggested.

	ST1	ST2	ST3	ST4
<b>Recommended additional evidence</b>				
Educational plan, with SMART learning objectives	1	1	1	1
Reflection on events attended and other CPD	1	1	1	1

**Table 3**

## APPENDIX 2

### COMPETENCIES FOR THE OCCUPATIONAL PHYSICIAN

(UEMS Sect. Occ. Med, published on the UEMS Website Ref. 6-8)

1. Framework for practice
2. Clinical practice
3. Fitness for work, rehabilitation and disability assessment
4. Hazard recognition, evaluation and control of risk
5. Business continuity, disaster preparedness and emergency management
6. Service delivery and quality improvement
7. Leadership, policy development and professionalism
8. Epidemiology and preventive health
9. Research methods
10. Effective teaching and educational supervision

The occupational physician is thus competent to carry out the following functions:

- Early recognizing and detection of occupational and work-related diseases and injuries
- Identification and assessment of the risks from health hazards in the workplace; Surveillance of workers' health based on legal requirements, the magnitude of occupational risks to workers' health or by voluntary agreement;
- Surveillance of the factors in the working environment and working practices which may affect workers' health:
- Advising on occupational health, safety and hygiene, ergonomics and on individual and collective protective equipment;
- Organizing first aid and emergency treatment;
- Advising on the planning and organization of work including the design of workplaces, the choice, maintenance and condition of machinery and other equipment, and on substances used in work;
- Participating in and guiding the process of formulating health and safety policy based on sound ethical principles;
- Promoting the adaptation of work to the worker; assessing disability and fitness for work. Promoting work ability. Advising on fitness for work and adaptation of work to the worker in the special circumstances of vulnerable groups and specific legislation, for example the EU Directive on Protection of Pregnant and Lactating Mothers 92/85/EC;
- Collaborating in providing information, training and education in the field of occupational health, safety and ergonomics to management and the workforce;
- Contributing to scientific knowledge regarding hazards to health and safety at work, by research and investigation into health and work ability problems at work, following the ethical principles attached to research work and to medical research and including an evaluation by an independent committee on ethics, as appropriate;
- Advising on, supporting and monitoring the implementation of occupational health and safety legislation;
- Recognizing and advising on hazardous exposure in the general environment arising from industrial activities;
- Participation in workplace health promotion programs;
- Management of the occupational health services;
- Advise for improving working conditions
- Reintegration and return to work

- Working as part of a multidisciplinary service.