

EDUCATIONAL SUPERVISOR AND ARCP GUIDANCE

The Occupational Medicine Specialty Training (OMST) 2022 Curriculum consists of eleven high-level **Learning Outcomes**. Each Learning Outcome has between 2 and 5 **Professional Capabilities**.

The OMST 2022 Curriculum Guidance contains examples, for each Professional Capability, of evidence that may be acceptable. The examples provide illustrations only; they do not provide a definitive list. Trainees are encouraged to think about their own experiences and interests when considering what evidence to submit, and to discuss their learning and proposed evidence with their Educational Supervisor.

A detailed programme of **Supervisor training** on the OMST 2022 Curriculum is available for all supervisors, who are also expected to attend equality, diversity and inclusion (EDI) training and refresher **EDI training** regularly. This document supports the programme of training, learning resources and OMST 2022 Curriculum documents.

Curricular content in the OMST 2022 Curriculum includes all knowledge, skills and behaviours in the 2017 Curriculum, but is better aligned with the GMC's General Professional Capabilities framework. Please refer to the **OMST 2022 Curriculum Mapping** document for further details. However, unlike the list of over 300 competencies in the 2017 Curriculum, the OMST 2022 Curriculum is **outcomes-based** and provides a more flexible, **trainee-focused** approach that takes into account different work contexts, experiences and interests.

The basic pillars of good assessments are that they must be **reliable, consistent, fair** and **valid**. More information about what this means for the OMST 2022 Curriculum is provided as part of Supervisor Training. However, Educational Supervisors specifically are required to make judgments about performance that are fair and consistent, not only over time, but consistent with the judgments of other Educational Supervisors. For this reason, it is important that guidance is provided.

The following table indicates **characteristics of successful performance** against each Professional Capability, and also the **characteristics of partial achievement**. The Educational Supervisor should judge the performance in each Professional Capability and the subsequent Learning Outcome against the level of training. Where only partial achievement is indicated, it is expected that the Educational Supervisor will discuss this with the trainee and **agree a written plan** to address the insufficiencies in the evidence provided as part of the **Educational Supervisor's Report**.

CHARACTERISTICS OF PERFORMANCE IN LEARNING OUTCOMES/PROFESSIONAL CAPABILITIES

Learning Outcome 1	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
<p>Adopts a self-regulatory approach to professional behaviour, demonstrating and role modelling the professional attributes required by a specialist occupational physician.</p>	<p>1a. Maintains confidentiality but judges when disclosure is required in relation to legal accountability, ethical principles, and safety considerations.</p>	<ul style="list-style-type: none"> Lack of evidence of understanding, engagement or reflection on issues of confidentiality and disclosure. Evidence of repeated breaches of confidentiality e.g. complaint(s) from manager or worker following communication. 	<ul style="list-style-type: none"> Evidence of engaging in relevant learning via local employer, defence organisation, or occupational medicine course. Evidence of the appropriate application of learning within the workplace. e.g. CBD, SAIL.
	<p>1b. Applies knowledge of specific legislation and ethical frameworks across all four nations, advising workers and managers.</p>	<ul style="list-style-type: none"> Inability to understand/ apply and communicate legislation specific to occupational health suitably and/or sufficiently. e.g. health and safety, Equality Act, data protection. 	<ul style="list-style-type: none"> Quotes GMC and other confidentiality ethical guidance e.g. AMRA Evidence of correct legislation quoted in written communications. e.g. EQA 2010/GDPR Evidence of correct application within workplace-based assessment e.g. CBD, SAIL.
	<p>1c. Recognises and appropriately applies principles reflecting the importance of medical ethics, confidentiality and consent.</p>	<ul style="list-style-type: none"> Evidence of a significant breach, or repeated breaches, of confidentiality e.g. complaint(s) from manager or worker. 	<ul style="list-style-type: none"> Appropriate recognition and application of medical ethics, confidentiality and consent in the workplace. e.g. CBD, SAIL.

Learning Outcome 2	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
<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 health, identifying where communication can support or hinder this.</p>	<ul style="list-style-type: none"> • Demonstrates limited understanding of the principal relationship. • Make errors or omissions in communicating this relationship with the worker, employer or other stakeholders. 	<ul style="list-style-type: none"> • Provides a balanced opinion and clinical information in communication with the employer. • Recognises the role of RIDDOR and other relevant schemes, evidenced in workplace-based assessments. • Provides evidence of appropriate and effective communication. e.g. CBD, SAIL
	<p>2b. Develops effective relationships with workers, employers, trade unions and other stakeholders.</p>	<ul style="list-style-type: none"> • Complaints from workers or employers about the trainee providing imbalanced opinions etc. • Lack of evidence of effectively engaging with employers or trade unions in meetings. 	<ul style="list-style-type: none"> • Compliments about the trainee from workers and employers. • Positive comments within multi-source feedback (MSF). • Direct request(s) from stakeholders for guidance and support from the trainee. • Evidence within workplace-based assessment. e.g. CBD, SAIL

Learning Outcome 2 (continued)	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
	2c. Demonstrates the ability to produce clear, legible and accurate reports in written form.	<ul style="list-style-type: none"> • Supervisor, employer or other stakeholders request several revisions of communications written by the trainee. • Complaints are received about illegibility, inaccuracy or lack of clarity in written communication by the trainee. • Not all questions are answered, or unclear opinion is given by the trainee. 	<ul style="list-style-type: none"> • Demonstrates the ability to create clear written policies and guidance, as well as clear reports. • Evidence within the workplace. e.g. SAIL.
	2d. Communicates risk to stakeholders	<ul style="list-style-type: none"> • Limited understanding of work-related risk processes and the value of relevant surveillance. 	<ul style="list-style-type: none"> • Clear, balanced risks are communicated to stakeholders through written or verbal methods.

Learning Outcome 3	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
<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>	<ul style="list-style-type: none"> Limited engagement with all required aspects. Evidence of concerns/complaints linked to advice by Trainee on management options. Demonstrable lack of understanding of the organisation's policies and procedures and relevant legal framework. 	<ul style="list-style-type: none"> Clear documentation related to the breadth of management options evidenced in workplace-based assessments. Improving capability of the trainee is demonstrated by the increasing complexity of management options within workplace-based assessments. e.g. CBD, SAIL
	<p>3b. Assesses and manages workers with chronic disease and those rehabilitating from acute injury or ill health using the biopsychosocial model.</p>	<ul style="list-style-type: none"> No functional assessment, or poor functional assessment, as the basis of OH opinion. Trainee focuses on medical model only, with regard to the aspects of chronic disease. Trainee discounts psychosocial implications in occupational environments. 	<ul style="list-style-type: none"> Good functional assessment as the basis of OH opinion. Clear documentation of psychosocial implications of occupational disease. Communicates with primary care relevant to this domain. Clearly communicates return to work plans. Evidence within workplace-based assessment. e.g. CBD, SAIL

Learning Outcome 3 (continued)	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
	3c. Assesses functional capacity and evaluates fitness for work, to include initial, periodic and statutory assessment.	<ul style="list-style-type: none"> • Little or no evidence of functional evaluation in assessment processes. • Little or no evidence of statutory assessment or relevant training. 	<ul style="list-style-type: none"> • Documentation of functional assessment. • Undertakes HSE Appointed Doctor work e.g. asbestos, IRR etc. • Evidence of training for statutory assessment. • Provides clear guidance for surveillance processes e.g. noise, respiratory
	3d. Liaises with other healthcare professionals as appropriate.	<ul style="list-style-type: none"> • Insufficient evidence of suitable communication with other healthcare professionals relevant to the situation. 	<ul style="list-style-type: none"> • Evidence of relevant communication with primary care, specialists and other healthcare professionals. e.g. SAIL • Demonstrates effective interpersonal skills.
	3e. Diagnoses work-related ill health and occupational disease.	<ul style="list-style-type: none"> • Little or no evidence of understanding the concept of work-related disease, disorders and ill-health. 	<ul style="list-style-type: none"> • Gives a clear opinion on RIDDOR. • Communicates effectively with the worker, employer or health professional about likely occupation-related health, disease or disorder. • Demonstrates a logical basis for the opinion.

Learning Outcome 4	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
<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>	<ul style="list-style-type: none"> • Lack of understanding of the principle of health surveillance e.g. when to start, and how to manage the outcomes. • No evidence of recommending ongoing surveillance or occupational hygiene investigations relevant to the situation. 	<ul style="list-style-type: none"> • Clear written communication in correspondence with managers regarding ongoing surveillance. • Clearly documented evidence of workplace assessments and investigations undertaken and reviewed e.g. DOPS
	<p>4b. Liaises with safety representatives, safety officers, occupational hygienists, ergonomists and other specialists in the assessment of working environments.</p>	<ul style="list-style-type: none"> • Little or no evidence of communication or attendance at meetings relevant to this performance outcome. 	<ul style="list-style-type: none"> • Evidence of regular, ongoing communication with relevant representatives. • Attendance at committee meetings • Evidence of communication and direct requests from relevant representatives for further investigation of the working environment.

Learning Outcome 4 (continued)	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
	<p>4c. Explains and manages the difference between association and causation in a workplace setting.</p>	<ul style="list-style-type: none"> • Little or no evidence of commenting on work-relatedness. • Poor understanding of the difference between association and causation. • Poor evidence of advising the worker and employer in relation to ill health caused by work e.g. enhancing health surveillance / reviewing the risk assessment and management / legal / ethical implications etc. 	<ul style="list-style-type: none"> • Evidence of commenting on work-relatedness including explaining the difference between association and causation, and the rationale. • Evidence of advising the worker and employer in relation to ill health caused by work e.g. enhancing health surveillance; reviewing the risk assessment; and management, legal and ethical implications.

Learning Outcome 5	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
<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>	<ul style="list-style-type: none"> No evidence, or very little evidence, of considering cultural, social, religious and economic factors in forming opinion, and providing advice to a worker/ employer.. 	<ul style="list-style-type: none"> Regular communications demonstrate the required knowledge. e.g. CBD, SAIL etc. Learning in equality, diversity and inclusion (EDI) has taken place. Evidence of a clear understanding of the biopsychosocial model.
	<p>5b. Assesses the need for, organises, delivers and evaluates health promotion across a range of workplace environments.</p>	<ul style="list-style-type: none"> No evidence, or very little evidence, of designing, executing or evaluating a health promotion programme. 	<ul style="list-style-type: none"> Evidence of a personal project, or significant contribution to a project, on recorded health promotion activity. Evidence of delivering and evaluating a health promotion programme.
	<p>5c. Recognises and advises on health risks in the local environment arising from workplace activities.</p>	<ul style="list-style-type: none"> No evidence, or very limited evidence, of relevant risk assessment, attending meetings with relevant people, or communicating about the environmental impact of work. 	<ul style="list-style-type: none"> Evidence of communication that demonstrates a clear understanding of workplace activities impacting on health e.g. CBD,SAIL, discussions with trainer/employer. Part 1 MFOM achieved Evidence of meetings and risk assessment pertinent to PC5c.

Learning Outcome 6	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
<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>	<ul style="list-style-type: none"> No evidence, or very little evidence, of involvement in policy development or strategic planning meetings, or in setting objectives. 	<ul style="list-style-type: none"> Has led, and been responsible for, a specific occupational health project in a working environment. Design and delivery of a surveillance programme. Involvement in business case development, or another strategic project. Evidence of attending, and participating in, management meetings
	<p>6b. Effectively manages and evaluates an occupational health clinic.</p>	<ul style="list-style-type: none"> Failure to contribute to a management review of an OH clinic. Repeatedly unable to fulfil timely clinical output, despite support/guidance. Complaints from employer or worker related to clinical work output. 	<ul style="list-style-type: none"> Evidence of attending and participating in pertinent meetings and contributing to operational delivery. Evidence of effective use of digital technology.

Learning Outcome 6 (continued)	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
	<p>6c. Supervises, challenges, influences, appraises and mentors colleagues and peers to enhance performance and to support development.</p>	<ul style="list-style-type: none"> ● Little or no evidence of supervision of peers. ● Little or no evidence of effective, balanced communication with colleagues e.g. MSF highlights cause for concern. 	<ul style="list-style-type: none"> ● Evidence of supervision of peers. ● Evidence of positive, collaborative working e.g. positive feedback from colleagues. ● Multi-source feedback (MSF) positive. ● Provides mentoring supervision to less experienced colleagues and/or medical students.
	<p>6d. Promotes and effectively participates in multidisciplinary and interprofessional team working.</p>	<ul style="list-style-type: none"> ● Little or no evidence of collaborative working. ● Appears to struggle in the multi-disciplinary team (MDT) delivery model. 	<ul style="list-style-type: none"> ● Evidence of collaborative working e.g. workplace-based visits and reports; policy and guideline writing; relevant meetings with active participation and constructive input. ● Attendance at educational meetings with evidence of reflection. ● Positive multi-source feedback.

Learning Outcome 7	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
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.	7a. Demonstrates the ability to mitigate against safety risks.	<ul style="list-style-type: none"> Very little evidence of understanding the wider aspects of safety risks, or other critical decision-making. 	<ul style="list-style-type: none"> Evidence of using relevant risk assessment tools. Attendance at, and involvement in, health and safety meetings and participation in policy development.
	7b. Recognises when safety has been compromised and escalates appropriately.	<ul style="list-style-type: none"> Very little evidence of understanding safety compromises and appropriate escalation. 	<ul style="list-style-type: none"> Evidence of effective communication when safety has been compromised, i.e. communication with trainer/employer/health and safety with appropriate written decisions. Advice on RIDDOR reporting or involvement.

Learning Outcome 8	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
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.	<ul style="list-style-type: none"> Little evidence of personal involvement in quality improvement projects delivered. 	<ul style="list-style-type: none"> Having identified quality improvement opportunities, the trainee has delivered a completed output. e.g. audit project

Learning Outcome 8 (continued)	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
	8b. Engages with stakeholders, including workers, doctors and managers, to plan and implement service delivery and quality improvement.	<ul style="list-style-type: none"> Does not liaise with appropriate stakeholders for quality improvement guidance and policy development. 	<ul style="list-style-type: none"> Trainee has been involved in the delivery of a quality improvement project. Trainee attends stakeholder events on quality improvement with active input.

Learning Outcome 9	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
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.	<ul style="list-style-type: none"> Has missed some safeguarding issues and relevant or personal concerns have not been raised. 	<ul style="list-style-type: none"> Has undertaken safeguarding training and shows evidence of learning and development. Has experienced scenarios where safeguarding has had to be explored and discussed. e.g. with trainer, safeguarding team, medical defence organisation, or speak up guardian.

Learning Outcome 9 (continued)	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
	<p>9b. Demonstrates knowledge of workplace bullying and harassment and the impact on workplace health.</p>	<ul style="list-style-type: none"> ● Fails to effectively respond to an alleged bullying and harassment situation scenario. ● Struggles to understand the impact of bullying and harassment within the workplace. 	<ul style="list-style-type: none"> ● Uses employers' workplace bullying/harassment protocols. ● Signposts individual/organisation to evidence-based bullying and harassment processes. ● Evidence of communication on aspects of bullying and harassment in the workplace. ● Evidence of recognising the impact of bullying and harassment on the workers' health and providing pertinent advice.

Learning Outcome 10	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
<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>	<ul style="list-style-type: none"> • Very little evidence of successfully delivering teaching and learning opportunities. • Negative feedback received more than once following teaching and training delivery. • No evidence of reflective practice, nor effectively identifying the need for improvement and learning opportunities. 	<ul style="list-style-type: none"> • Evidence of delivering multiple and varied teaching and learning opportunities to different audiences. • Positive and constructive feedback from recipients of learning opportunities planned and delivered by the trainee. • Evidence of reflective practice, including identification of learning opportunities and the application of learning to future work.
	<p>10b. Attains skills to enable confident supervision, recognising the skills of both clinical and educational supervisors and the provision of constructive feedback.</p>	<ul style="list-style-type: none"> • Very little involvement in supervision or evidence of effective supervision. • Does not fully understand the roles of clinical supervisors and educational supervisors. • Has very little evidence, or no evidence, of delivering constructive feedback. 	<ul style="list-style-type: none"> • Has undertaken supervision and educational training. • Shows a good understanding of the role of clinical supervisors and educational supervisors. • Provides evidence of delivering constructive feedback.

Learning Outcome 10 (continued)	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
	<p>10c. Facilitates learning in the workplace across a wide range of groups and audiences, including employers, workers and colleagues.</p>	<ul style="list-style-type: none"> • Very little active involvement and facilitation of workplace training to different stakeholders. 	<ul style="list-style-type: none"> • Has delivered, either singularly or jointly, learning opportunities. e.g. lecture(s), workshop(s) to a wide audience etc. • Has facilitated learning delivery through one-to-one or small group sessions, or via webinar(s).

Learning Outcome 11	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
<p>Engages with research and promotes innovation.</p>	<p>11a. Adopts an evidence-based approach to occupational medicine.</p>	<ul style="list-style-type: none"> • Does not use a wide and current evidence base for decision-making. • Does not follow local, regional and national evidence-based guidance in occupational medicine. 	<ul style="list-style-type: none"> • Quotes and references local, regional and national evidence-based guidance in decision-making. • Actively involved in developing evidence-based models for various aspects of occupational medicine.

Learning Outcome 11 (continued)	Professional Capabilities	Partial (unacceptable) achievement	Full (acceptable) achievement
	<p>11b. Demonstrates independent evidence-based development to support the revision of guidelines and procedures.</p>	<ul style="list-style-type: none"> • Does not explore and research relevant evidence in order to present scenarios. • Does not participate in the development of guidelines and procedures. • Has a poor understanding of basic research principles, statistics and epidemiology. 	<ul style="list-style-type: none"> • Has methodically reviewed and critically assessed existing research e.g. produced a comprehensive and focused literature review. • Is able to draw evidence-based conclusions and make evidence-based recommendations. • Demonstrates a good understanding of quantitative and qualitative data, its analysis and presentation. • Demonstrates statistical awareness (descriptive and comparative), and understands statistical significance. • Has a demonstrable understanding of epidemiology and its relevance to occupational medicine.
	<p>11c. Capable in the use and management of information, and the reflective use of information technology.</p>	<ul style="list-style-type: none"> • Limited evidence of active use of IT and data. • No evidence of relevant reflective practice. 	<ul style="list-style-type: none"> • Has undertaken personal learning in IT and data collection, analysis and presentation. • Evidence of reflective practice in the use of IT and data, and how this could be improved.