



PORTFOLIO REQUIREMENTS AND GUIDANCE: LFOM & MFOM (September 2011)

The Portfolio is an important component of both the MFOM and LFOM examinations. The purpose of the examinations is to ensure a satisfactory level of core competence to establish safe practice in occupational medicine for those who work either full time in the specialty (MFOM) or as general practitioners or part-time in the specialty (LFOM).

The purpose of the portfolio is to allow candidates to demonstrate the ability to apply the principles of occupational medicine in a clinical setting and critically reflect on the medical condition and the occupational context.

Submission of a traditional dissertation or published work is no longer acceptable.

2. Regulations

All candidates are required to submit a portfolio as follows:

LFOM - containing FIVE clinical cases.

MFOM - containing TEN clinical cases and FIVE other projects.

3. General Guidance

The portfolio must be written in clear English, which implies the use of an active voice whenever possible, simply constructed sentences and the avoidance of repetitive wording. Jargon should be avoided. Abbreviations should be explained in full on first use in the text. Prose should be used throughout. At the beginning, the candidate should set out a brief curriculum vitae including details of their current occupational health commitments. This should not be included in the total word count.

The portfolio must be printed on good quality paper of A4 size and single sided. The left margin should be 4cms to allow for binding. The right, top and bottom margins should be of 2.5cm each. Papers should be numbered consecutively. The text should be set out in either 1.5 or double line spacing. Initial submission should be made electronically by the specified closing date for applications – this should be in a single Word 2007 or Adobe Acrobat 9 file, without password protection. The file should be submitted by email as an attachment.

As marks will be awarded for presentation, candidates are strongly advised to review and proof read their work prior to submission.

Candidates will be expected to respect the normal rules of citation practice. Anyone found to have plagiarised material will be considered to be in breach of these regulations. To this end, a representative sample of submitted casebooks and any others suspected will be subject to screening using specific anti-plagiarism software.

Cases submitted previously in an LFOM portfolio are not acceptable as part of the membership portfolio. Any attempt to do so will be regarded as a breach of the regulations and treated accordingly.

All portfolios should be submitted by the application closing date – usually the end of February. Check dates with the examinations office.

4. Clinical Cases - LFOM

The candidate must have personally managed the five clinical cases and this should be clearly indicated in how the case description is written. Each of the cases should involve a different clinical condition and be drawn from as wide a spectrum of clinical encounters as possible. No more than one case should involve an occupational injury. Others may include occupational or work-related disease e.g. asthma, musculoskeletal disorders, dermatological or mental health problems.

The cases may be drawn from a general medical clinical workload in which the candidate has not necessarily acted in an occupational medicine capacity. Work-related disease is defined by the WHO as disease caused by, associated with or loosely related to work and the work environment. Any case therefore in which work is an important factor either in causation or management is acceptable. It is important that the employment context of any medical condition is clearly stated.

The management of the case should consider where appropriate aspects of rehabilitation, legal context, task analysis, communication to the employer and their response. The discussion section of each case is important and should include an appraisal of the case which covers the association between the clinical condition and its occupational context. In addition, issues such as causation and options for management should be discussed. Candidates will be expected to have carried out a relevant literature review in regard to the case and all citations should be referenced according to the Vancouver convention.

5. Clinical Cases - MFOM

The clinical section should involve accounts of ten clinical cases which the candidate has personally managed as an occupational physician. General medical cases or non-occupational health cases managed in general practice are not acceptable. It is important that the employment context of any medical condition is clearly stated.

The management of the case should consider where appropriate aspects of rehabilitation, legal context, task analysis, communication to the employer and their response. The discussion section of each case is important and should include an appraisal of the case which covers the association between the clinical condition and its occupational context. In addition, issues such as causation and options for management should be discussed. Candidates will be expected to have carried out a relevant literature review in regard to the case and all citations should be referenced according to the Vancouver convention.

6. Clinical Case Section Format (LFOM & MFOM)

The clinical case section of the portfolio should be formatted as follows:

1. Contents – list the cases
2. The clinical cases numbered (1) to (10) should contain:
 - Heading e.g. Occupational Asthma
 - History – including occupational history
 - Clinical Examination
 - Investigation & results
 - Diagnosis & Treatment
 - Case management – emphasising occupational health management and prevention
 - Follow up
 - Discussion

- References

7. Other Projects - MFOM

The MFOM portfolio requires a section containing five “other projects”. The subject areas are shown below:

- a walk-through survey of a workplace to include a detailed hazard survey or risk assessment and relevant interpretation with recommendations;
- an audit of some aspect of the candidate's occupational health practice;
- an example of how the practice of the candidate influenced change in an organisation for which they provide occupational services;
- an example of the candidate’s development of a policy/guidelines/operational procedures within their occupational health department; and,
- candidate selected choice of topic. This should not include any of the projects already described above. The topic should be relevant to current occupational health practice. Examples may be – impact of pandemic influenza in an organisation; introduction of a computer system into an occupational health department; the role of occupational health in managing sickness absence etc.

Advice on the suitability or otherwise of candidate selected projects can be sought from the Academic Registrar.

Relevant literature should be cited where appropriate for all projects and all citations should be referenced according to the Vancouver convention. Marks will be awarded for the adoption of a critical style in the compilation of the project.

The “other projects” case section of the portfolio should be formatted as follows:

The projects numbered (1) to (5) should contain:

- Title of the project
- Introduction
- Description of the project
- Discussion
- References

8. Word Count

Whilst no minimum word count is specified the following should be taken into account when compiling the portfolio:

LFOM - the casebook should not exceed 7,500 words in total i.e. 1500 words per case.

MFOM - complete clinical case section should not exceed 10,000 words (1000 words per case) and the other projects not to exceed 7,500 words in total (1500 words per project).

The total word count **MUST** be entered in the front cover page of the portfolio.

9. Declaration

All portfolios must contain the following declaration:

Declaration

I declare that this dissertation consisting of words and pages (insert the appropriate numbers in figures) is all my own work.

Where I have relied on the work of other people, I have acknowledged this according to the normal academic conventions.

I understand that my dissertation may be subject to electronic scrutiny.

I consent to the publication of an abstract or abstracts on the Faculty's website

Signed:

Name in print:

Date:

10. Marking – LFOM & MFOM

The portfolio will be marked by examiners using a marking grid. The pass mark will be 60%.

Each Portfolio will be assessed by a single examiner. Those portfolios that FAIL i.e. score less than 60% will be forwarded to a second examiner by the Examinations Office – to ensure independence of the marking process, the first examiner will not confer with the second examiner in regard to Portfolios that fail.

If the Portfolio is failed by the second examiner – the candidate will be deemed to have failed the portfolio section and the Examinations Office will refer the Portfolio to the Academic Registrar to review in conjunction with the two mark-sheets. The Academic Registrar may confirm the failure status or overturn it and deem the portfolio as a pass. The Academic Registrar decision is final and binding.

If the Portfolio is passed by the second examiner – the candidate is deemed to have passed the portfolio section.

Examiners may consult the Academic Registrar if clarification is required about the marking process, the examination regulations or exceptionally, specific issues relating to a submitted Portfolio.

The External Examiner will review a sample of Portfolios across the marking spectrum i.e. failures, passes and excellent.

**Academic Registrar
Dublin
September 2011**