

# My Occupational Health Career through the Portfolio Pathway

Dr Sarwar Chowdhury

MBBS DOccMed MSc (OccMed) AFOM

Medical Director & Senior Occupational Health Physician

SOM Portfolio Pathway Representative and Outreach Officer





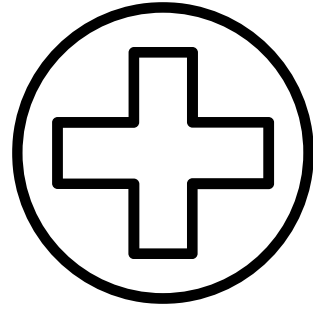
# Topics to cover

- What is Occupational Medicine?
- Why choose Occupational Medicine?
- Different routes to become an OHP and different levels of specialism
- My career route to date and plans for the future
- A day in the life of an OHP
- The Occupational Health Academy
- Q&A session at the end





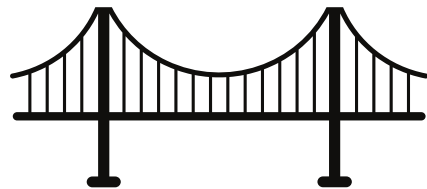
# So What is Occupational Medicine?



Looks at the effect of health on work  
Also work on health



Combines law with medicine - eg. HSAWA, EA2010, COSHH, Workplace Reg, MHSWR, Noise, Vibration, RIDDOR, Asbestos, Radiation, Lead, DSE,



Bridge between employer, employee, GP/specialist



Incorporates ethical issues  
eg. safeguarding, DVLA disclosure





# So What is Occupational Medicine?



Health  
prevention/promotion



Risk assessments



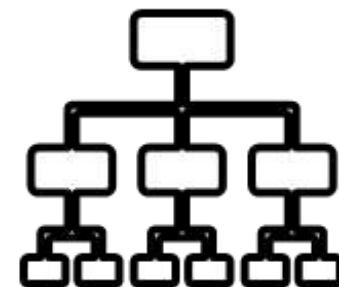
Health surveillance



Independent OH opinion into  
reports into non-medical  
jargon, addressing work  
issues



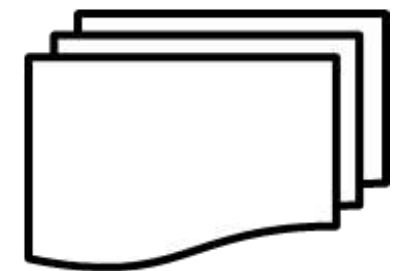
Medicals for work



Management referrals



Ill Health Retirement/Pension



Subspecialty  
Oil&Gas, Firefighter,  
Aviation, Rail/Transport,  
Police, Diving, Travel etc...

# Routes into Occupational Medicine

- Part of the Royal College of Physicians (RCP)
- Own faculty called Faculty of Occupational Medicine (FOM)
- Training Route (via NHS, Industry or Military)
- Non-training route (DOccMed, AFOM, portfolio pathway)
- Can remain a generalist OHP (DOccMed)
- Or progress to senior (AFOM) or specialist (NTN/MFOM)





# Training route (NHS, Industry, Military)

- FY1 + FY2
- Completed 'post FY2' experience in line with personal specification listed on NSOH website (can email them to check)
- Apply for ST3 – ST6 via NSOH with interviews/scoring system to get NTN (can transfer to industry)
- Sit MFOM Part 1 (MCQ DOccMed) and MFOM Part 2 (AFOM) exams by the set ST year as per ARCP
- Continue to pass ARCPs and evidence for curriculum for occupational medicine each year (audits, research/dissertation, teaching, leadership, health promotion, safeguarding etc...)
- Become a Consultant (MFOM) – Accredited Specialist in Occupational Medicine on GMC specialist register





# Non-training Route (Industry only)

- FY1 + FY2
- Satisfy 'core training' experience listed on P14 GMC SSG for OccMed
  - *MRCP/S/GP, CMT/CST/GPST 2 yrs, Cert of CCPOC, Appraisals etc... includes experience outside UK (P15 SSG) -> can confirm with [training@fom.ac.uk](mailto:training@fom.ac.uk)*
- Sit DOccMed UK exam (MFOM Part 1 + Portfolio/viva exam)
  - *most OHS/indemnity need as a minimum, caution to have senior OHP support*
- Sit MFOM Part 2/AFOM exam to become AFOM – Associate of the Faculty of Occupational Medicine (*after 1 year FTE of OHP and need MFOM references*)
- Portfolio Pathway route over 4 years FTE - evidence of equivalence to NTN ST6
  - *GMC Specialty Specific Guidance (SSG) in OccMed - 11 Learning outcomes (LOs)+*
  - *Can start this as soon as OccMed work being done/OHP*
- Gain MFOM status ad eundem as a Consultant - Accredited Specialist in Occupational Medicine on GMC specialist register.





# A day in the life of an Occupational Health Physician (OHP)

- Start 0830 and answer emails/prep cases
- 4 x 45- 60 minute appointments AM/PM (30 mins to 1 hour lunch)
- 30 mins to 1 hour admin time to catch up
- Plenty of home working/hybrid working ideally with senior OHP support
- No weekends/no nights, some non-time sensitive work also





# A day in the life of an Occupational Health Physician (OHP)

- Management referrals - Telephone/Video or Face to Face assessments
- Group 2 DVLA/SCW medicals
- Biological Monitoring/Health Surveillance (Resp/Skin, HAVS, Asbestos etc...)
- Ill Health Retirement/Pension assessment reports
- Supporting OHA/OHNs
- Pre-referral calls to employers/Pre-placement medicals
- Responding to employee/employer queries,
- Case conferences with HR/management
- Report request from treating clinicians/doctors
- Business tenders/advisory to clinical governance policies/stakeholder
- Site Visits/Risk Assessment reviews and more!





# A Typical Report

PRIVATE AND CONFIDENTIAL TO BE OPENED BY ADDRESSEE ONLY

Date: Monday 13<sup>th</sup> January 2025

FAO

RE: Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
ID: \_\_\_\_\_

Thank you for referring ..... who had an assessment on 13<sup>th</sup> January 2025. He / she consented to the consultation and the simultaneous prior disclosure of the report to their employer. Please refer to reports from ..... This assessment considered only the referral details and information the employee gave / in addition to further evidence of .....

## Background Factors

As I understand it, ..... works as a ..... for ..... on a full time / part time basis for about ..... years. The role involves ..... He / She is not absent from work since ..... and does not have adjustments or restrictions to their role due to ongoing medical problems. The referral form highlights .....

## Current Situation

..... was diagnosed with .....

In terms of functionality, he / she manages/struggles with activities of daily living such as personal care, cooking and housework. Shopping is done online / out and they have no problems pushing a trolley and carrying items. Mentally, he / she does not have significant issues focusing on tasks such as reading, watching TV for a prolonged period or using a computer/phone. He / She has driven a car without difficulty. He / she would typically go to work by .....

Regarding work, he / she indicated discussions with management highlighted ..... He / she is not coping well with .....

In assessment today, he/she was observed .... Consent was obtained for an examination which showed .....

## Opinion and Outcome

In my opinion, ..... is fit / unfit to work with / without adjustments. Adjustments / restrictions of ..... are suggested given issues with .....

I have a discussion with the employee regarding ..... He / she understands that any accommodations are subject to organisational feasibility, and should this not be feasible, other options may need to be considered.

The following is suggested for management: -

- X
- Y
- Z

## Answers to specific questions

1. A
2. B
3. C

## Equality Act 2010

From a legal perspective, only the employment tribunal or the higher courts can provide a conclusive decision on whether the disability provisions of the Equality Act 2010 cover the individual. As clinicians, we cannot provide definitive advice on this matter, but for this case, I can confirm that without treatment, the individual does / does not satisfy the following criteria;

- there is physical or mental impairment
- the impairment is substantial (more than trivial)
- the impairment has an adverse effect on the ability to carry out normal day-to-day activities
- and its effects are longer term, likely to last more than twelve months, including recurring conditions

As such, it would be advisable to consider that the individual is likely / unlikely to be covered by the disability provisions of the Act at present. A legal opinion should be sought if relevant.

I have not suggested a specific review, but if required, please get in touch for further assistance. All recommendations contained in this report are recommendations only, and it is the responsibility and decision of the employer to decide what is and is not a reasonable adjustment (ultimately legally defined).

A copy of this report will be sent to the individual in accordance with our obligations under the GMC guidance on confidentiality.

Yours Sincerely,



**Dr Sarwar Chowdhury MBBS MSc (OccMed) AFOM**

Senior Occupational Health Physician (GMC 7271756)

Office of Rail and Road Doctor (ORRDOC156)

FOM Hand and Arm Vibration Syndrome (HAVS) Tier 4 Approved Doctor

HSE Approved Asbestos & Ionising Radiation Doctor (PIN071006)

Medical Review Officer (MRO)



# How did I get into Occupational Health?

- Medical school + Foundation years – F1 + F2
- Locum years – F3 + F4
- Disability Assessments for WCA, Industrial Injuries - 3 years
- Diploma of Occupational Medicine (DOccMed) Nov 18 – in own time
- 6 months later Occupational Health Physician in Industry sector





# My OH career route

- MSc Occupational Medicine – Manchester (PGDip 1st Year, AdvDipOccMed 2nd Year, MSc 3rd Year)
- AFOM – Associateship of Faculty of Occupational Medicine - Complete MFOM Part 2 exam exit Written and Clinical exams)
- Completing the prospective portfolio pathway route to MFOM (LO x 11)
- MFOM ad eundem - Consultant Occupational Physician
- Medical Director (employed), Senior Lead OHP (in-house), Independent OHP, Medical Educator, Clinical Lecturer etc... along the way
- Also HSE Appointed Doctor for Ionising Radiation & Asbestos, Office of Rail and Road Doctor (ORRDOC156), FOM HAVS Tier 4 Doctor, MRO etc...





# Reasons to do Occupational Medicine

- 9-5 work, no nights, no weekends
- Salary very competitive (6 figures+ FTE often), particularly if wanting to do part-time, starting family, buying a house etc...
- Office based work, corporate environment, working from home
- 45 minutes to 1 hour appointments - time for good assessment, get help, write report, have a break between cases etc...
- Wide variability with types of assessments, never bored, lots of interesting health on work and work on health elements
- Some non-time sensitive work which is useful for juggling work/life
- Small but growing speciality, small OH world so great for networking





# Reasons to do Occupational Medicine

- Wide scope of medicine seen (mental/physical health), work in an MDT, Safety Critical factors
- Training/progression e.g. HSE approval, HAVS, MSc, AFOM, MFOM, lots of subspecialties
- Opinion/advise using medical/legal knowledge, holistic/connecting all healthcare
- Remote working/telephone or video consultations
- Lots of conferences and engagement amongst MDT of OH!
- Rare to regret the transition! Most go on to do sole OHP work, others hybrid, but plenty of work/roles around!
- Wear nice clothes, watch, shoes to work! 😊





# However, there are some things to think about

- No-one actually knows what you do!
- Non-treatment role, no prescribing
- Some stigma associated with choosing a non-NHS role if working in industry and previously in an NHS role.
- Not much of a follow up for your clients/patients (i.e. for clinical curiosity)

So by far the pros outweigh the cons!!!





# The Occupational Health Academy

- 'The essential supplementary course for the extra boost to pass the exam...'
- To aid those who have done the compulsory course CPD for DOccMed and are about to sit either/all of MCQ (MFOM part 1) & Portfolio/Viva exam
- Advice with Portfolio - Portfolio/Viva Morning
- Advice with MCQ knowledge - MCQ weekend
- Key concepts of the syllabus delivered by experienced MFOM/AFOM doctors – Author of MCQ book Dr Clare Fernandes and myself!
- Over 400+ successful candidates boasting some very high scores!
- Recordings of the course available (soon to be updated) for the Nov 2025 exams. [www.occupationalhealthacademy.co.uk](http://www.occupationalhealthacademy.co.uk) and bookable through [www.som.org.uk](http://www.som.org.uk)





Any Questions?





# Thank you!



- LinkedIn - Dr Sarwar Chowdhury
- Email: [sarwar.chowdhury2@nhs.net](mailto:sarwar.chowdhury2@nhs.net)
- The Occupational Health Academy –  
[www.occupationalhealthacademy.co.uk](http://www.occupationalhealthacademy.co.uk) / [ohacademy@som.org.uk](mailto:ohacademy@som.org.uk)
- Work Doctor Occupational Health – [www.workdoctoroh.co.uk](http://www.workdoctoroh.co.uk)

