

Specialty Training in Occupational Medicine

Questions and Answers

Question & Answer Sheet 4: Changes to the MFOM Dissertation

This is one in a series of Question & Answer Sheets prepared by the Faculty of Occupational Medicine to explain changes afoot in relation to the new curriculum for higher specialist training of occupational physicians. (A library of information sheets is being assembled on the Faculty website.)

In April 2008, a new set of Membership Regulations was approved by the Board to support a new curriculum assessment framework. Opportunity was taken to tidy up some aspects of the Regulations relating to the assessment of trainees' research competencies, both for old and new curriculum trainees. This sheet explains the changes and their motivation.

**Q1: Why does the training syllabus have a research component?
What is being assessed?**

A1: The process of conducting a research dissertation teaches trainees many useful skills – in appraising scientific evidence, in designing and mounting a study to test a carefully formulated study question, in interpreting findings, in writing a logically argued scientific report, and in sustaining the motivation to run a project from concept to conclusion.

For trainees embarked on the new curriculum (only), there will be a more explicit link between the process and the competencies defined by the curriculum, as listed below.

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Extract from the PMETB-approved Specialist Training Curriculum for Occupational Medicine (July 2007)

2.2 Research

Competency:

To demonstrate an effective involvement with a research project and to undertake research and have a good knowledge of research methodology.

Subject Matter:	
K:	<p>Be able to understand:</p> <ul style="list-style-type: none"> • How to design a research study. • How to use appropriate statistical methods. • The principles of research ethics. • How to write a scientific paper. • Sources of research funding. • The principles and application of epidemiological methods in research and in problem solving • The application of medical statistics and the interpretation of statistical analysis methods in scientific research. • Computer based systems for data collection and analysis. • Ethical considerations in research.
S:	<ul style="list-style-type: none"> • Be able to define a problem in terms of needs for an evidence base. • Be able to undertake systematic literature search. • Be able to undertake a systematic and critical appraisal and review of scientific literature. • Be able to produce an evidence based digest of the literature. • Be able to frame questions to be answered by a research project. • Be able to develop protocols and methods for research. • Be able to execute an appropriate study design. • Plan data collection for simple surveys including sample selection and methods of recording and storing data. • Be able to use databases. • Be able to accurately analyse data statistically. • Have good written and verbal presentation skills. • Present investigation and results in the format of a research based report. • Be able to write a scientific paper for peer-reviewed publication.
A:	<ul style="list-style-type: none"> • Demonstrate curiosity and a critical spirit of enquiry, and where appropriate a critical attitude towards current practice. • Acceptance of the need for critical review and for research so as to found a solid base for good practice. • Ensure patient confidentiality. • Demonstrate knowledge of the importance of ethical approval and patient consent for clinical research. • Respect individual confidentiality when presenting data. • Disposition to cooperation and liaison with statisticians and other research colleagues.

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Q2: Why were changes thought necessary?

A2: There were several motivations for change – to streamline the process of assessment, to cut out delays, to optimise its timing within the training programme, to clarify certain of the rules, and to extend the range of eligible material. In practice, however, the changes will not be huge.

Q3: What are the main sources of delays at present? How will the new arrangements minimise them?

A3: For some candidates, the research dissertation has proved a hurdle and a source of delay to training.

- 1) One common source of delay is that trainees embark on the thesis too late in training. Understandably, they postpone work until after their AFOM examination. But this may result in the late selection of a topic, hurried last minute data collection, and an over-run for those who encounter hitches, or find it hard to write the findings up or to satisfy their examiners.

*In future, new curriculum trainees (those enrolled into specialist training after 31 July 2007) will need to submit their evidence of research competencies **before** they enter the final year of training (usually ST6), and **before** taking the Part 2 Membership examination. They will have a similar time for preparation, but will need to make a start earlier on in their training.*

- 2) A second reason for delay lies in the initial outline approval process. To help trainees and assessors to share common ground, the Faculty has had a system in which assessors and assessed develop an acceptable protocol between themselves through a series of iterative exchanges. Further progress reports and exchanges follow during the conduct of the thesis, so that the examiners have a good knowledge of the intended work before final submission. Unfortunately, the process of outline approval sometimes takes several months and thereby delays commencement of the research.

*In future, outline approval will be a quick filtering process, intended to take no more than 6–8 weeks. The purpose will **not** be to develop an agreed and fully fleshed out protocol, but to give trainees rapid essential feedback – to confirm that a project is within scope (and if not, to explain why not), to make simple suggestions for improvement, and to identify sources of advice. There will be no iterative exchanges between trainees and their assessors.*

This will be of benefit to new and old curriculum trainees alike.

- 3) A third reason for hold-ups is the growing pressure on assessors' time, and therefore the need to approach several assessors before recruiting a sufficient number.

Mindful of these constraints, the Faculty will no longer encourage regular exchange between assessors and trainees in advance of the final submission – a process that has proved onerous to assessors. The responsibility for supervision will reside with the educational supervisor and the candidate's academic advisors. In future, assessors will be appointed at the **end** of the process, rather than the **beginning**.*

* Transitional provisions will apply to old curriculum trainees who have already engaged with their assessors, or submitted an outline, before the new MFOM regulations came into force.

This will enable those asked to become assessors to gauge better the expected timetable (rather than committing 1-2 years ahead to mark a piece whose delivery time is not fixed).

- 4) In addition, clearer rules will be issued to assessors in situations that have given rise to confusion and delay – *for example, the assessment of theses previously accepted by universities.*

Q4: I thought negotiations between assessors and trainee were needed to ensure the thesis would be accepted without change - isn't there a problem with an arms length arrangement?

A4: There are pros and cons, as with any arrangement.

Iterative dialogue between assessors and the trainee may have reduced requests for late alterations to the thesis. But experience shows that it does not prevent such requests altogether, and the system can be quite slow to run, with the delays mentioned.

Appointing assessors at the end of the process, rather than at the beginning, will reduce upfront delays and brings arrangements more in line with those for examined degrees of universities (eg, PhDs) - which do not require assessors to help candidates write their protocol or 'approve' it before data collection.

However, some flexibility is needed in final assessment, which can be a difficult stage for all concerned. The Faculty recognises that weighing the merits of research can be challenging for assessors, just as the conduct and writing of research can be for candidates; so the new regulations strengthen the appeals procedure. The appeal option should **only** be used when reasonable avenues of conciliation and discussion have been exhausted, but this should help to ensure a fair system of checks and balances.

Q5: You have mentioned some of the changes. Are there any others?

A5: Yes, but only rather minor ones.

- 1) Previously, the regulations were written from the viewpoint of a research dissertation undertaken for purpose, and the rules relating to other forms of submitted research evidence (eg, peer-review publications, university theses) were less clear. Minor, but useful clarifications have been introduced.
- 2) In addition, recognising that all doctors need career skills in audit, the Faculty has added audit to the range of acceptable submission types – provided that the standard is no lower than that of other submission types. Qualifying evidence may now include: (a) a piece of primary or secondary research or substantial audit, written for purpose during training; *or* (b) a body of substantial published primary or secondary research; *or* (c) a thesis accepted by a university for the award of a higher degree (eg, MD, PhD, Master of Science, MPhil).
- 3) The guidelines to those writing a dissertation for purpose have also been updated.

Further Information

See [Regulations for Membership \(MFOM\) April 2008](#) for further details of the regulations relating to the dissertation. (Old curriculum trainees should read Section B; others should read Section A.)

And [Guidance on Research Dissertations Written for Purpose](#)

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