

QUESTIONS AND ANSWERS FOR THE

DIPLOMA IN

OCCUPATIONAL

MEDICINE

QUESTIONS AND ANSWERS FOR THE

DIPLOMA IN OCCUPATIONAL MEDICINE

SECOND EDITION

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Foreword

Preparing for the Diploma in Occupational Medicine requires both a solid understanding of key concepts and the ability to apply them in real-world scenarios. One of the most frequent concerns voiced by delegates on our courses is the limited availability of dedicated exam preparation resources. This second edition of *Questions and Answers for the Diploma in Occupational Medicine* continues to address that need, offering an even more refined and comprehensive approach to revision.

Building on the success of the first edition, this second edition provides an extensive range of questions that reflect the diversity of challenges encountered in both the exam and clinical practice. The inclusion of numerous situational questions is particularly valuable, as these test not only factual knowledge but also the critical thinking and decision-making skills essential for occupational health professionals. The book's structured mock exam format simulates the actual Diploma assessment, allowing candidates to familiarise themselves with the style and rigour of the exam while developing their confidence under realistic conditions.

Beyond the exam, occupational medicine plays a crucial role in safeguarding the health and wellbeing of workers. As the specialty evolves, the demand for skilled professionals continues to grow, making the contributions of future diplomats all the more vital. This book not only aids in exam success but also serves as a stepping stone into a dynamic and rewarding career.

Whether used for independent study or as a supplement to formal training, this book remains an essential resource for building knowledge, refining understanding, and shaping the next generation of occupational health professionals.

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Preface to the second edition

The first edition of this book was born from necessity being the mother of invention. In 2014, preparing for the Diploma in Occupational Medicine and faced with a scarcity of revision materials, I developed a personal study aid. What began as a private resource evolved into a best-selling revision guide. I am honoured that the *Journal of Occupational Medicine* (April 2018) recognised the first edition as “an excellent investment for anyone preparing for the exam”, and it has been humbling to learn that the book has been used as far afield as Malaysia, India and New Zealand.

This second edition expands upon its predecessor, incorporating important updates to legislation and guidance, while integrating valuable feedback from readers who used the book for examination preparation. I have enriched the content with authentic clinical scenarios that colleagues and I have encountered, concentrating on prevalent and significant contemporary Occupational Health concerns.

This edition has been organised into three mock examinations, enabling candidates to practise under timed conditions simulating the actual examination, should they choose. Throughout, I have included references to key resources that supplement revision effectively, emphasising predominantly free materials that will be beneficial to candidates. Where possible, each question deliberately asks for the “most appropriate” or “most correct” answer to more accurately mimic the exam; answers are accompanied by comprehensive explanations of why the designated answer represents the optimal choice. My main objective remains consistent – to provide a clear, structured resource supporting those pursuing careers in Occupational Health.

Answers to questions in the book were checked for accuracy by Dr Sam Goodall. Dr Goodall is an ST5 in Occupational Medicine and an honorary clinical lecturer in Occupational Health at the University of Manchester, and works in an NHS occupational health department. I would like to extend my thanks to Dr Goodall for verifying the currency and accuracy of the clinical guidelines.

To my mentors and colleagues: thank you for your support and company on my Occupational Health journey.

Good luck, and welcome to Occupational Medicine.

Clare Fernandes

About the author



Dr Clare Fernandes combines her expertise as an accredited specialist in Occupational Medicine with her extensive international experience across diverse industries, including pivotal roles at the BBC and Haleon. With a passion for teaching and having achieved a distinction in her MSc in Occupational Medicine, she serves as an honorary lecturer in Occupational Medicine at Manchester University. As the co-founder of the Occupational Health Academy, she developed the premier revision course for the Diploma in Occupational Medicine. Her book encapsulates this wealth of knowledge and experience, making it an indispensable resource for Diploma candidates.

Abbreviations

| | |
|------------------|--|
| Acas | The Advisory, Conciliation and Arbitration Service |
| APF | assigned protection factor |
| BBV | blood-borne virus |
| BCC | basal cell carcinoma |
| BMGV | biological monitoring guidance value |
| BMI | body mass index |
| CI | confidence interval |
| COPD | chronic obstructive pulmonary disease |
| COSHH | Control of Substances Hazardous to Health |
| CTS | carpal tunnel syndrome |
| DD | Dupuytren's disease |
| DSE | display screen equipment |
| DVLA | Driver and Vehicle Licensing Agency |
| EAV | exposure action value |
| EFAW | Emergency First Aid at Work |
| ELV | exposure limit value |
| EMAS | Employment Medical Advisory Service |
| ENT | ear, nose and throat |
| EPP | exposure-prone procedure |
| EqA | Equality Act |
| ET | employment tribunal |
| FAW | First Aid at Work |
| FEV ₁ | forced expiratory volume in 1 second |
| FN | false negative |
| FOM | Faculty of Occupational Medicine |
| FVC | forced vital capacity |
| GDPR | General Data Protection Regulations |
| GMC | General Medical Council |
| GP | general practitioner |
| HASAWA | Health and Safety at Work etc. Act (1974) |
| HAWS | hand arm vibration syndrome |
| HBV | hepatitis B virus |
| HCV | hepatitis C virus |
| HCW | healthcare worker |
| HIV | human immunodeficiency virus |
| HP | hypersensitivity pneumonitis |
| HR | Human Resources |

| | |
|--------|---|
| HSE | Health and Safety Executive |
| IARC | International Agency for Research on Cancer |
| IIAC | Industrial Injuries Advisory Council |
| IIDB | Industrial Injuries Disablement Benefit |
| IR | ionising radiation |
| IVF | <i>in vitro</i> fertilisation |
| MS | multiple sclerosis |
| MSD | musculoskeletal disorders |
| ND | neurodifferent |
| NHS | National Health Service |
| OA | occupational asthma |
| OAE | otoacoustic emission |
| OH | occupational health |
| OHP | occupational health physician |
| PD | prescribed disease |
| PEF | peak expiratory flow |
| PPE | personal protective equipment |
| PPV | positive predictive value |
| PVC | polyvinyl chloride |
| RCS | respirable crystalline silica |
| RCT | randomised controlled trial |
| RIDDOR | Reporting of Injuries, Diseases and Dangerous Occurrences Regulations |
| RPE | respiratory protection equipment |
| RR | relative risk |
| RTW | return to work |
| SAR | Subject Access Request |
| SBS | sick building syndrome |
| SEQOHS | Safe, Effective, Quality Occupational Health Service |
| STEL | short-term exposure limit |
| TB | tuberculosis |
| TIA | transient ischaemic attack |
| TP | true positive |
| TTS | temporary threshold shift |
| TWA | time-weighted average |
| UV | ultraviolet |
| VCM | vinyl chloride monomer |
| VZV | varicella zoster virus |
| WBV | whole body vibration |
| WEL | workplace exposure limit |

QUESTION 8

You are an occupational physician assessing a 55-year-old factory worker who has severe chronic obstructive pulmonary disease (COPD). Despite his condition, he believes he can continue his physically demanding job without any changes or restrictions. You are concerned that his severe COPD significantly limits his ability to safely perform his duties and believe that he should be redeployed to a sedentary role. During the assessment, the worker strongly expresses his desire to remain in his current role without modifications and resists any suggestion of changing his job responsibilities.

What is the most appropriate action to take?

- a) Opine that he is fit for work without adjustments, respecting his wishes
- b) Recommend medical retirement as a compromise
- c) Document the worker's views but explain your opinion that redeployment is needed
- d) Ignore the worker's preferences and speak to the manager about redeploying him to a different role
- e) Allow the worker to dictate his job placement decision, as his autonomy should be prioritised

QUESTION 9

You are running a careers session for doctors interested in occupational medicine. During the session, a doctor asks about the requirements for conducting medical examinations for seafarers.

Which one of the following types of doctor are authorised to carry out seafarer medical examinations?

- a) Maritime and Coastguard Agency (MCA) Approved Doctors
- b) Health and Safety Executive (HSE) Appointed Doctors
- c) Any doctor with the Diploma in Occupational Medicine qualification
- d) Any Accredited Specialist in occupational medicine
- e) Any General Practitioner

QUESTION 25

Mr Smith is a manager working in the nuclear industry where many workers are industrial radiographers. Mr Smith is concerned about the potential health risks associated with radiation exposure and wants to ensure that all staff are correctly designated as classified workers where appropriate.

Under the Ionising Radiations Regulations 2017, which one of the following is true regarding the designation of classified workers?

- a) It is up to the employee to decide if they are a classified worker
- b) It is the duty of the employer to designate an individual as a classified worker
- c) It is the occupational health doctor's responsibility to classify workers
- d) Classified worker status is automatically assigned to anyone exposed to ionising radiation
- e) The Health and Safety Executive (HSE) is responsible for classifying workers

QUESTION 26

An employer is evaluating dust exposure in the workplace and needs to understand the term 'inhalable dust' to better assess potential health risks.

Which one of the following is the definition of 'inhalable dust'?

- a) Dust particles that are small enough to reach the lungs and cause damage to the respiratory system
- b) Dust that can enter the nose and mouth during breathing, including particles that may cause damage to the upper respiratory tract
- c) Dust particles that may cause damage to the upper respiratory tract
- d) Dust particles that are too large to be inhaled and therefore do not pose a risk to respiratory health
- e) Total dust levels in the workplace

QUESTION 27

You are the lead physician responsible for an OH service at a large manufacturing company. The company deals with hazardous materials and heavy machinery. During a recent safety audit, you identified several gaps in the company's first aid provisions, including inadequate first aid kits and a lack of trained first aid personnel.

Group 4: "Probably not carcinogenic to humans". There is strong evidence that it does not cause cancer in humans.

Source: <https://monographs.iarc.who.int/agents-classified-by-the-iarc>

QUESTION 7

A 45-year-old employee is seeking reasonable adjustments at work due to a chronic condition. The employee has not received a formal medical diagnosis but reports significant limitations in daily activities due to pain and fatigue. The employer is unsure whether the employee qualifies for reasonable adjustments under the law, given the lack of a specific diagnosis.

When determining whether this employee qualifies for reasonable adjustments under disability legislation, which of the following is most relevant to consider?

The answer is: d) The effect of the impairment

To qualify for accommodations, it is the effect of an impairment that matters, not the need for a medically diagnosed cause. It is not necessary to categorise the impairment as either physical or mental, as its effects may be complex and could involve both physical and mental aspects. Additionally, physical effects might originate from mental impairments, and vice versa.

Source: Hobson, J. and Smedley, J. (eds) (2019) *Fitness for Work: the medical aspects*, 6th edition. Oxford University Press

QUESTION 8

You are an occupational physician assessing a 55-year-old factory worker who has severe chronic obstructive pulmonary disease (COPD). Despite his condition, he believes he can continue his physically demanding job without any changes or restrictions. You are concerned that his severe COPD significantly limits his ability to safely perform his duties and believe that he should be redeployed to a sedentary role. During the assessment, the worker strongly expresses his desire to remain in his current role without modifications and resists any suggestion of changing his job responsibilities.

What is the most appropriate action to take?

The answer is: c) Document the worker's views but explain your opinion that redeployment is needed

Good medical practice involves respecting a worker's right to be involved in decisions about their care, including job placement. While it is important to consider the worker's views and document them, an occupational health physician must provide an impartial recommendation based on medical evidence to ensure the worker's safety and health. In this case, given the worker's severe COPD, it is not safe for him to continue in a physically demanding role. Redeployment to a sedentary role is needed, and this should be communicated clearly to the worker while acknowledging his preferences.

If you opine that he is fit for work without adjustments, respecting his wishes: this disregards the medical risks posed by the worker's severe COPD and does not provide an evidence-based recommendation.

Recommending medical retirement does not consider the possibility of the worker continuing to work in a role suited to his medical condition, and unnecessarily limits his options.

Ignoring the worker's preferences and speaking to the manager about redeploying him to a different role fails to involve the worker in decision-making and does not respect his right to be part of the process or the process of consent.

While respecting autonomy is important, an occupational health physician must provide an impartial, evidence-based recommendation that ensures health and safety.

QUESTION 9

You are running a careers session for doctors interested in occupational medicine. During the session, a doctor asks about the requirements for conducting medical examinations for seafarers.

Which one of the following types of doctor are authorised to carry out seafarer medical examinations?

**The answer is: a) Maritime and Coastguard Agency (MCA)
Approved Doctors**

Medical practitioners approved by the Maritime and Coastguard Agency (MCA) are authorised to conduct medical examinations for seafarers. These practitioners,

- *Specificity*: looks at whether the exposure is associated with a specific disease and not with other unrelated diseases. A high degree of specificity suggests that the exposure–disease relationship is causal, though this criterion is less commonly met in complex exposures.
- *Experiment*: involves evidence from experiments or interventions. If altering the exposure (e.g. through control measures or treatment) leads to changes in the incidence or prevalence of the disease, it supports the causal relationship. Experimental evidence can strengthen the case for causation.

Each of these criteria provides a different angle of evidence for evaluating causality, and collectively they help in assessing whether a particular exposure causes a disease.

QUESTION 25

Mr Smith is a manager working in the nuclear industry where many workers are industrial radiographers. Mr Smith is concerned about the potential health risks associated with radiation exposure and wants to ensure that all staff are correctly designated as classified workers where appropriate.

Under the Ionising Radiations Regulations 2017, which one of the following is true regarding the designation of classified workers?

The answer is: b) It is the duty of the employer to designate an individual as a classified worker

Under the Ionising Radiations Regulations 2017, the employer is responsible for deciding whether to designate an individual as a classified worker, based on their potential exposure to ionising radiation. Employers may consult a radiation protection adviser to help inform this decision, but the responsibility lies with the employer, not the adviser or the worker themselves.

Source: www.hse.gov.uk/radiation/ionising/doses/designation.htm

QUESTION 26

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