



## **Australasian Faculty of Occupational and Environmental Health Medicine (AFOEM) 2023 Stage B Written Examination**

The 2023 AFOEM Stage B Written Examination Paper 1 was held on Saturday 9 September and Paper 2 on Sunday 10 September 2023.

The exam is a summative assessment that tests trainees' knowledge through several short answer questions. Each paper has 5 equally weighted questions. Each question is a scenario and includes a variable number of sub-questions. Scenarios are sampled from the *Occupational and Environmental Medicine Training Curriculum*.

Paper 1 | Domains 10, 30, 40 and 80 (but may refer to other domains)  
Paper 2 | Domains 10, 20, 50, 60, 70, 80 and 90

This document provides feedback for candidates, outlining the characteristics of responses that achieved high marks and the areas for improvement where lower marks were achieved.

Candidates who performed well on the examination provided responses that demonstrated they had read the question and ensured that their responses were targeted to what was being asked in the stem. Overall, candidates had good theoretical knowledge; however, the application of knowledge was insufficient. Demonstrating high-level thinking will improve candidates' outcomes. Candidates who performed poorly gave incorrect or inadequate answers.

Candidates are reminded that only the first responses are marked, and there is nothing to be gained by providing more responses than requested. Poor handwriting should be avoided because marks cannot be rewarded for illegible answers.

In 2023, the overall pass mark was determined to be 67.8%. The pass mark is initially set using the modified Angoff method, followed by post-examination analysis for the removal of questions that were misinterpreted or had wording problems. In 2023, 12 candidates sat the examination, with 58.3% of candidates passing.

## **Paper 1 Question 1**

### **Candidates performed well in the following areas:**

- Good understanding of basic concepts

### **Candidates performed poorly in the following areas:**

- Giving generic rather than specific applied knowledge
- Precise definitions of common terms.

### **Other comments**

- Some questions were not attempted by some candidates.

## **Paper 1 Question 2**

### **Candidates performed well in the following areas:**

- Basics concepts

### **Candidates performed poorly in the following areas:**

- Giving the most appropriate answer for the scenario. Rather, a more generic approach was often taken.
- Precise definitions of common terms.

### **Other comments**

- An easy question that was answered poorly by many candidates.
- Markers expected more candidates to score highly given the simplicity of the question.

## **Paper 1 Question 3**

### **Candidates performed well in the following areas:**

- Clinical assessments.
- General principles or concepts.

### **Candidates performed poorly in the following areas:**

- Providing descriptions of general concepts but not applying these to the question
- Specific information relating to the technical aspects of the question. Candidates should have stated where they would have obtained the necessary information, such as contacting or referring to other medical specialists for advice, review of appropriate reference materials, or asking occupational physician colleagues.

### **Other comments**

- If the Candidate was unsure what information to include in their answers, it would be preferable for Candidates to state, 'they were not sure', or 'they would refer to a colleague', or 'consult a specific reference source'. It is important to understand their own limitations and know when to ask for help, as it is to be able to apply knowledge.

## **Paper 1 Question 4**

### **Candidates performed well in the following areas:**

- The functional impacts of the condition(s) on ability to perform usual duties and the duties and responsibilities when undertaking an independent medical examination.

### **Candidates performed poorly in the following areas:**

- Describing the potential causes of secondary Parkinsonism and the hallmark features of Parkinson disease (tremor, bradykinesia, rigidity, postural instability), rarely listing 3 or more of these
- Describing the employer's obligations regarding return to work.

### **Other comments**

- Ensure sufficient detail is provided and specificity in responding to questions. It is fine to be succinct; however, some candidates wrote one- or two-word responses that at times did not demonstrate a true understanding of the issue at hand.

## **Paper 1 Question 5**

### **Candidates performed well in the following areas:**

- Listing symptoms of heat stress
- Identifying environmental causes of heat stress.

### **Candidates performed poorly in the following areas:**

- Advice appropriate for a manager to manage heat stress; e.g. adoption or renewal of an employer policy to manage heat stress at work
- Advice given for nurse in regard to health surveillance for impact of heat stress.

## Paper 2 Question 1

### Candidates performed well in the following areas:

- Details on assessing recovery 3 months after injury, and aspects of lower limb/shoulder injury management. Includes pain, ADLs, medication, MDT, plan, social and other supports, etc.
- PTSD and its effect on return to duty following work injury.

### Candidates performed poorly in the following areas:

- Return to work *planning with employer*, and implications of injury management for a truck driver. The employer issues are *non-clinical* such as job/duties availability, policy, rehab coordination, etc; but most candidates identified the issues of sedative medication, pain, mobility, and psychological issues in return to work.
- Required clinical knowledge of continuous positive airway pressure (CPAP) and the medical standard for driving. Many candidates did not demonstrate knowledge about the practicalities of what CPAP treatment entails.
- A return-to-work plan *for the particular individual*, but many answers were too generic.

### Other comments

- Focus on the question asked and the circumstances of the case – no marks for generic dot points.
- Occupational medical practice requires knowledge of common medical conditions and their treatment, and understanding of their effect on work / performance, legislation, etc. Learn about the management of diabetes, obstructive sleep apnoea (OSA), neurodegenerative disorders, cardiovascular disease (CVD), chronic renal failure (CRF), substance use, etc. in preparation for this exam.
- Be aware of what factors legitimately affect 'fitness for work', and avoid recommending 'rehab' strategies that are not pragmatic / cost-effective or for which there is limited vocational evidence base (such as 'weight loss', 'lifestyle', etc.).

## Paper 2 Question 2

### Candidates performed well in the following areas:

- Attempt in answering the questions
- Clear legible handwriting
- Groups within the population vulnerable to lead poisoning and their health risks.

### Candidates performed poorly in the following areas:

- Causes and symptoms of metal fume fever
- The advice to give to provide regarding health monitoring for lead.

### Other comments

- Some candidates failed to gain marks when their comments were given in general terms rather than applied to the situation at hand.

- Focusing on lesser problems with confined spaces rather than life-threatening matters gained few marks which falls below pass standard.

### **Paper 2 Question 3**

#### **Candidates performed well in the following areas:**

- Safety controls
- Although not in the questions, candidates provided good detail about the preparation for a worksite visit.

#### **Candidates performed poorly in the following areas:**

- Silicosis
- Specific details of a worksite visit related to an engineered stone workplace.

#### **Other comments**

- Candidates must apply more detail specific to the scenario in the question, rather than relying on generic answers.

### **Paper 2 Question 4**

#### **Candidates performed well in the following areas:**

- Recognising consequences of fatigue on driving and workplace calculations
- Identifying legislation
- Providing examples of inappropriate advocacy behaviour
- Identifying cultural and mood issues

#### **Candidates performed poorly in the following areas:**

- Specifically identifying that the subject was fit to work with restrictions
- The possible risk of workplace exposures to unborn child.
- Hazardous time is pre-conception and immediately on conception
- Definition of advocacy
- Source of information
- Violent nature of control and restraint in this industry

#### **Other comments**

- Read the question thoroughly, many of the candidates missed the point

### **Paper 2 Question 5**

#### **Candidates performed well in the following areas:**

- Format in answering questions; e.g. dot point made it easy for the markers to read the answer.

#### **Candidates performed poorly in the following areas:**

- Reading the questions properly and therefore not answering what has been asked; e.g., referring to the action or characteristics of nanoparticles rather than the properties.
- Listing outrage factors and not explaining them as well as per question, therefore missing out on marks.
- Having a structured approach / clear framework for list style questions, therefore multiple answers refer to the same point as well as the risk for missing out on marks due to missing out on important points.
- Not having strong knowledge of nanoparticles, which would be expected as it is an emergent health risk with an IARC class 1 rating.

**Other comments**

- For maximum marks it is important to read the question carefully and answer the question.
- When questions ask to list a certain number of strategies / factors, etc. and more is known about the topic, it is recommended to write down as much as you can in the time permitted. Candidates will not be aware of how the marking guide is set up and therefore may miss out on points if only listing the exact number of strategies / factors asked.