

# Factsheet six

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## The importance of occupational health

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# The importance of occupational health

Occupational health is a specialist branch of medicine that focuses on the physical and mental wellbeing of employees in the workplace.

Occupational health can be an area of difficulty for many employees, whether in training or not. Part of the anxiety might come from a lack of knowledge of what to expect. Long-term illness or disability can contribute to performance issues, and can tend to attract scrutiny from occupational health physicians.

Occupational health specialists can assist by<sup>1</sup>:

- advising on reasonable adjustments and what they might be;
- confirming in writing whether an individual's condition satisfies the legal criteria of a disability,
- and therefore, deciding upon whether the **Equality Act** [2010] applies;
- assessing the functional capability of an employee against the demands of the job;
- advising what duties the employee would be able to 'cope with'; *and*
- devising a rehabilitation programme specifically aimed at returning the employee to work.

The aim of occupational health is to prevent work-related illness and injury by<sup>2</sup>:

- encouraging safe working practices to meet health and safety compliance and to avoid work-related health problems;
- studying how employees can work better;
- monitoring the health of the workforce;
- supporting the management of sickness absence, including managing difficulties in coping on return after being absent;
- supporting health promotion and education programmes;
- providing advice and counselling to employees around non-health-related problems; *and*
- advising on reasonable adjustments to your working conditions.

It is important for every doctor with a disability to have access to appropriate and timely occupational health advice and support, to prevent short-term sickness becoming long-term. This is also a public policy imperative, to reduce the risk of people falling out altogether of the employment market.

Doctors may *acquire* a condition or disability at any stage of their career.

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<sup>1</sup> <https://www.nhsemployers.org/~media/Employers/Publications/Fitness%20for%20work.pdf>

<sup>2</sup> <https://www.gov.uk/government/consultations/health-is-everyones-business-proposals-to-reduce-ill-health-related-job-loss/health-is-everyones-business-proposals-to-reduce-ill-health-related-job-loss>

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If a doctor in training develops a long-term health condition or disability, they may need specialist occupational health advice through an accredited occupational health physician, to make decisions about training, working and future career directions.

## **What about self-referral to occupational health department?**

Doctors whether in training or not, like any other employee, may be able to refer themselves to their employer's occupational health service, and receive valuable advice and support, all of which will remain confidential to the individual.

*[If for any reason, this is not possible, it is always possible to self-refer to a private occupational health physician for an opinion if this is a financially viable option for the individual concerned.*

*It is worthwhile checking that they are an accredited service on the SEQOHS website prior to instructing them<sup>3</sup>.]*

## **HEOPS**

“HEOPS” stands for Higher Education Occupational Health Physicians/Practitioners. This is an organisation that sets out standards and guidance for those occupational health departments who deal with people in higher education. This obviously applies to medical students but can also be applied to postgraduate doctors in training, given that a deanery is a higher education provider and falls under Health Education England<sup>4</sup>.

HEOPS provides specific guidance regarding the provision of occupational health services to those training in the medical profession. It gives specific advice on functional assessments, workplace adjustments and competency standard adjustments and general fitness standards.

It is well worth reading this guidance prior to any occupational health appointments so that you are fully informed of the guidance that your occupational health physician will be working to when assessing and advising on your case.

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<sup>3</sup> <https://www.seqohs.org/AccreditedUnits.aspx>

<sup>4</sup> [https://heops.org.uk/wp-content/uploads/bsk-pdf-manager/2019/09/1521730240General\\_guidance\\_on\\_adjustments\\_for\\_students\\_training\\_in\\_regulated\\_professions\\_v23.pdf](https://heops.org.uk/wp-content/uploads/bsk-pdf-manager/2019/09/1521730240General_guidance_on_adjustments_for_students_training_in_regulated_professions_v23.pdf)

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## The occupational health report

**\*\* Occupational health reports are advisory only. \*\***

The content of a report will depend on the reason for the referral, the specific questions that have been asked and any necessary specific recommendations.

Medical details are not usually disclosed unless this is deemed necessary when managing the individual in their work and when the individual has given their informed consent for disclosure.

Information provided may cover:

- whether the individual has an underlying health condition or disability that may affect attendance or performance at work;
- and, if so, the likely effects on future attendance / performance;
- measures to support the individual during their absence;
- whether time off work will be required for appointments / treatments;
- when the individual may be likely to return to work;
- recommendations on how to assist over a return to work;
- advice regarding any workplace restrictions / adaptations; *and*
- whether the definition of disability under the **Equality Act** [2010] is likely to apply.

Copies of the report will be sent to the individuals named on the management referral form only.

This is likely to be the referrer, the individual and where indicated the relevant contact in the human resources department.

The occupational health physician may recommend that a copy of the report is sent to the individuals GP and/or specialist for information

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For an example of an occupational health report form, please see Appendix A9 of Welcomed & Valued <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued/appendix---useful-resources/how-can-medical-schools-apply-their-duties#panel-a9-sample-form-for-report-by-occupational-health>

## The fundamental steps in an occupational health referral

For an example of an occupational health referral form, please see Appendix A8 of Welcomed & Valued <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued/appendix---useful-resources/how-can-medical-schools-apply-their-duties#panel-a8-sample-form-for-referral-to-occupational-health>

The following steps are involved in an occupational health referral<sup>5</sup>.

We hope that this description is useful.

### *Step one*

The first step is for the manager to be clear as to the reason for the referral and, consequently, the questions to ask the occupational health practitioner.

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<sup>5</sup> <https://www.personneltoday.com/hr/good-practice-making-occupational-health-referrals/>

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### **Why make a referral?**

There might primarily be concerns about a doctor's health.

The level of absence, for example a continuous absence from work due to ill health for more than 14 days when the doctor would normally have been at work, whether daytime, night-time or at a weekend – might trigger an occupational health referral. The Trust's sickness absence policy for all trainees that are employed by a Trust includes the requirements for sickness notification and certification.

A senior educator responsible for the doctor's training (e.g. training programme director, director of medical education, or head of the training school), or a manager might need occupational health advice about a trainee's health and how this may be impacting on their overall performance (including training or work).

### **When should a referral be made?**

Referring someone to Occupational Health while they are still under investigation to establish a firm diagnosis, may yield limited advice. If possible, it is best to wait to refer until after a diagnosis has been made.

However, if the doctor's symptoms/impairments are causing significant problems at work then a referral should not be delayed. Advice can still be given on adjustments and safe working in the context of symptomatology. It may, however, be more difficult for the PH physician to prognosticate about a return to work, feasibility of continuing in a given speciality, etc without a diagnosis.

Let's not forget that not every condition is diagnosable and some complex conditions remain nameless without a diagnosis. Individual who find themselves with one of these conditions, are still likely to benefit from occupational health review and advice.

Occasionally, it may be necessary to consider an occupational health referral specifically to examine the effects of health or disability on a doctor's training as distinct from their ability to work, for instance, assessing the effect of health or disability on the doctor's performance as a medical trainee, planning or reviewing the trainee's rotation through different posts and/or Trusts over time; or assessing the need for any reasonable adjustments to the way in which the training programme is delivered.

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What questions may be relevant to ask in the referral letter about Dr A?

- Is Dr A currently fit for his/her current rôle as a doctor in postgraduate training? If Dr A is not fit, can you give an indication of likely duration of absence?
- Could Dr A's medical problems be contributing to problems in postgraduate training?
- Are there any workplace factors contributing to Dr A's ill health?
- Would Dr A be considered to be disabled under the **Equality Act** [2010]?
- Could any reasonable adjustments be useful?
- Can you recommend any help or support that the occupational health service can offer Dr A?

## ✔ *Step two*

The next step is for the manager to explain to the employee the purpose and procedure for the referral and obtain consent to be referred to occupational health.

Whilst it is always preferred to seek consent for a referral to be made, and it is a requirement for this referral to be disclosed and discussed with the employee, if an employer has reasons to be concerned about the safety of the employee in the work place either from a patient safety perspective or from the perspective of the safety of the employee within the work environment, consent is not required in order for the referral to be made. However, there must be due cause for a referral to be made without consent and this should be justified and illustrated by the employer.

## ✔ *Step three*

The third step is for the manager to write the referral itself. The reason for the referral must be discussed with the individual and where possible their signed consent obtained.

However, as above, if consent is refused and there is sufficient reason for the employer to be concerned about the safety of the employee in the work environment or patient safety, then a referral can and should be made without consent as long as this can be justified by the employer.

The referral form is overall intended to provide the basic information needed to carry out a medical assessment, and for communication of information back to the individual and where appropriate any treating specialists.



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Details could include:

- full details of the individual;
- employee's job description;
- outline of the problem
- matters on which problem is sought;
- work record so far (for example in the last two years);
- absence record (*if appropriate*),
- any relevant risk assessments (e.g. "display screen equipment", risk of stress at work);
- any obvious stressors at work;
- any contemporary issues at the workplace, such as grievances or complaints.

## ✔ Step four

The offer of appointment and consultation.

If the employee goes in to the occupational health appointment with a clear list of issues that need to be addressed, clarified and documented, then the appointment is far more likely to be successful and strengthen their position.

The individual will be asked about:

- the health problem or disability and any concerns that they have as well as any treatment that they may be receiving
- the work that the individual undertakes and any difficulties arising from health or other reasons
- any activities out of work that they are involved with.

In some instances, it may be necessary to request further information from the individual's GP and/or hospital specialist<sup>6</sup>. The reason for this will be explained to the individual and they will be asked to sign a consent form allowing the occupational health department to approach their GP and/or hospital specialist for this information.

Under the **Access to Medical Reports Act** [1988]<sup>7</sup>, an individual has a right to see this report before it is sent to occupational health.

The individual may be referred for therapy that would facilitate a return to work.

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<sup>6</sup> <https://www.oh.admin.cam.ac.uk/services/referral-process#Self-referral>

<sup>7</sup> <http://www.legislation.gov.uk/ukpga/1988/28/contents>

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The employee may also be asked for their thoughts and ideas about what adjustments they would find helpful in overcoming any difficulties that they are experiencing when carrying out their duties. It is well worth being prepared for this question and, even if it is not asked directly, offering these ideas during the consultation.


If you can suggest some reasonable adjustments that may be helpful then it is more likely that those adjustments will be recommended in the occupational health report in some form. Whilst your occupational health physician will have experience of dealing with doctors with long-term health conditions and disabilities, as we ourselves know there is no replacement for "*lived experience*". An occupational health physician may find it challenging to come up with suggestions for adjustments that will really make a difference to your situation in the workplace.

Suggestions made by yourself are more likely to be useful and relevant. This is not to say that suggestions from the occupational health physician should not be considered and tried – their experience may well allow them to think of adjustments that could make a huge difference and that you yourself may not have considered.

It is worth remembering though, that the **Equality Act** [2010] states that any adjustments must be deemed reasonable by the employer. Therefore, if your occupational health physician feels that adjustments suggested by you are unlikely to be deemed as reasonable, they may not include them in their report. Equally, even if your occupational health physician feels certain adjustments are easy to provide, this may not be the opinion of your employer. It is for this reason that any occupational health report is advisory in nature.

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### **Useful questions to ask/things for the employee to clarify in an occupational health appointment**

 *Does my condition define that I am disabled under the Equality Act [2010]?*


Having this in writing and confirmed by an occupational health physician can be a very powerful thing.

 *What physical limitations does my condition confer upon me in the workplace?*


The employee should be prepared to provide concrete examples of clinical settings in which they may struggle or need help.

 *What adjustments would be required for you to be able to safely undertake duties that you are currently unable to do?*

The requirement is for an employee to 'undertake safely' a duty, in other words, to do repeatedly without any injury or negative affect upon symptoms and not doing with a struggle.

 *What working pattern is required?*

This has to be justifiable in terms of the disability. If the doctor has any clinic letters stating (s)he suffers fatigue, need to pace himself or herself better have any symptoms that get worse with increasing durations of activities, or similar, he should take these with him to the appointment. It is important that the employee does not feel pressured into impractical compromises.

 *When do you next need to be assessed?*

The frequency of review should be based on the likely rate of change in your condition. If working in a supportive and correctly adjusted environment, this should be the main deciding factor. It is worth bearing in mind that, if you are regularly rotating to different sites or departments, especially those in older buildings, it may be useful to seek an occupational health review. Uneven access to buildings (hospitals, health centres), inaccessible medical equipment, poor signage, narrow doorways, internal steps, inadequate bathroom facilities, and inaccessible parking areas create barriers to health care facilities.

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### *Who do you want the report to be copied to?*

This is confidential information about your health condition and ability to work. There will be key people who really will need a copy of the report in order for suggested changes and adaptations to be implemented. These are likely to include the person who initially requested the report, your training programme director, educational and clinical supervisors and human resources. However, if there is a particular person that you specifically do not wish the report to be shared with, then make this clear. An email to this particular person outlining the adaptations and changes that are needed as a result of an occupational health review can be sent by you instead without having to disclose the full details of the occupational health report if you feel more comfortable with this.

### *Step five*

The occupational health physician writes the report.

Consistent with GMC processes<sup>8</sup>, prior to the report being issued, the individual will be offered the opportunity to view a draft copy of the management report. Further consent will be obtained from the individual by the occupational health physician and that consent can be withdrawn at any stage of the process. If the individual feels that the report contains incorrect factual information this should be highlighted to the occupational health physician.

If the individual feels that the occupational health physician's opinion is incorrect and this is unlikely to be amended, the individual may withdraw consent to the report being issued, in which case the occupational health physician will inform the referrer that consent has been withdrawn or agree to the report being changed.

However, it is worth referring back to the **Health and Safety at Work Act** [1974]<sup>9</sup> here. The report has been produced in order to allow your employer to uphold their legal responsibility of ensuring your health and safety in the workplace. The report in full will be kept confidential but you cannot prevent the specific, necessary and relevant recommendations from being shared with those people who are central to the implementation of those recommendations.

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<sup>8</sup> [http://www.gmc-uk.org/guidance/ethical\\_guidance/30665.asp](http://www.gmc-uk.org/guidance/ethical_guidance/30665.asp)

<sup>9</sup> <http://www.legislation.gov.uk/ukpga/1974/37/contents>

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### ✔ *Step six*

The report is sent from occupational health to the manager, with a copy to the employee and human resources.

Some occupational health services also copy this report to the employee's GP.

### 📄 **What to do with formal occupational health reports**

Always keep a copy of your reports for your own personal records. It is essential if you change to a new trust so that their new occupational health department can see what previous departments have advised. This can help with transfer of useful reasonable adjustments.

If you see an Occupational Therapist as part of your routine care, it can be helpful to supply them with a copy of any recent occupational health reports.

### ✔ *Step seven*

The seventh step is for the manager to review the situation in light of the written advice and any recommendations in the occupational health report, together with a summary of the HEOPS outcome.

**It is worth remembering that the occupational health report is advisory and that decisions of whether or not the advised adjustments are reasonable will now have to be made by your employer prior to their implementation.**

**If certain adjustments are deemed to be unreasonable, then you can ask for justification of this in order to know the reasons for this decision.**

**This factsheet is part of a series of nine factsheets on disability and practitioner health, produced jointly by NHS Practitioner Health and the Disabled Doctors Network. They have been co-authored by Dr Shibley Rahman and Dr Kelly Lockwood.**