Why Occupational Medicine?

by Dr Sarwar Chowdhury
MBBS DOccMed

Occupational Health Physician

Supporting occupational health and wellbeing professionals

MEDIGOLD HEALTH

Keeping people in work, safe and well

1000 COMPANIES TO INSPIRE BRITAIN 2019

NBA 2019 WINNER

BIG Business of the Year 2019 | Businessman of the Year 2019 - Alex Goldsmith, CEO

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
- Day in the life of an OHP
- OHs role in Covid-19 Pandemic
- The role of the Society of Occupational Medicine (SOM)
- Q&A session at the end
- (if we have time) Fun Quiz Questions to highlight the clinical decisions an OHP faces

How did I get here?

Medical school + Foundation years

Locum years/core training i.e. CT1-2/ST1-2

Disability Assessments for WCA, Industrial Injuries

Diploma of Occupational Medicine (DOccMed) Nov 18

Now working as an Occupational Health Physician in Industry/Private sector (Medigold Health)

MEDIGOLD HEALTH
Keeping people in work, safe and well

1000 COMPANIES TO INSPIRE BRITAIN 2019

NBA 2019 WINNER
BIG Business of the Year 2019 | Businessman of the Year 2019 - Alex Goldsmith, CEO

So what is Occupational Medicine?

Looks at the effect of health on work

Also work on health

Bridge between employer, employee, GP/specialist

Combines law with medicine

eg. HSAWA, EA, COSHH, Workplace Reg, MHSAWR, Noise/Vibration, RIDDOR, Asbestos, Radiation

Incorporates ethical issues
eg. GDPR, DVLA disclosure

So what is Occupational Medicine?

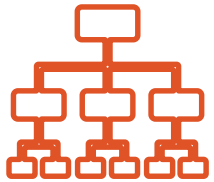
Health prevention/promotion

Risk assessments

Health surveillance

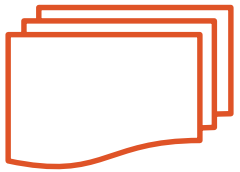
Independent OH opinion into reports into non-medical jargon, addressing work issues

Medicals for work



Management referrals

Ill Health Retirement/Pension



Subspecialty Oil&Gas, 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, CESR)
- Can be generalist DOccMed or specialist AFOM/MFOM

Training route (NHS, industry, military)

- FY1 + FY2
- CT1 + CT2 (or ST1 + ST2)
- Apply for ST3 – ST6 via National School of Occupational Health (NSOH) via interviews and scoring system (can be in industry too)
- Sit MFOM Part 1 and MFOM Part 2 exams
- Continue to pass ARCPs and evidence for curriculum for occupational medicine each year (Audits, research, teaching etc)
- Become a Consultant (MFOM) – **Accredited Specialist in Occupational Medicine**

Non-training Route

- FY1 + FY2
- CT1 + CT2/ST1 + ST2/2 more years post FY (eg. Locum SHO)
- Sit Diploma of Occupational Medicine (DOccMed) exam
- Sit MFOM Part 2 to become AFOM – Associate Specialist in Occupational Medicine
- CESR route over 4+ years to prove evidence you are doing equivalent to an NHS ST3-ST6.
- Gain MFOM status as a Consultant - **Accredited Specialist in Occupational Medicine**

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

- Get in at 0830 and answer emails/prep cases
- 4 x 45 minute appointments AM/PM (1 hour lunch)
- 1 hour admin time to catch up from 4-5pm if required (often avoid rush hour and finish at home)
- Some home working/site visits
- No weekends

- Management referrals/Telephone assessments
- Group 2 DVLA/Train driver medicals
- Biological Monitoring results
- Ill Health Retirement/Pension reports
- Supporting OHA/OHNs
- Pre-referral calls to employers/Pre-placement medicals
- Responding to employee/employer queries
- GP/consultant report request/review
- Business tenders/advisory to policies/stakeholder
- Site Visits/Risk Assessment reviews

Typical Report

PRIVATE AND CONFIDENTIAL
TO BE OPENED BY ADDRESSEE ONLY

Date

Clinician Initials/Employee Initials/EMMA

RE: Name: DOB:
Address

FAO

Thank for referring ..... to our services, where they telephone assessment on 27th March 2020. The process of the assessment and report was fully explained, and they expressed consent to have the report ..... their employer.

Please be aware that they have been seen by our services in ..... and I recommend you read those reports in conjunction with this one.

Occupational Background

Their role with ..... company, how many hours, how long, what role involves

How long off sick, any restrictions/adjustments to role already in place.

Medical Factors

Clinical History

Functional History

Clinical Exam

Opinion and Outcome

In my opinion, ? fit to work/not fit to work/any adjustments/restrictions (temporary or permanent)

Clinical/functional summary, how long you expect it to continue, any further advice given to employee i.e. lifestyle, seeking medical input, medication.

From a management perspective, you may kindly consider the following: -

Adjustments/restrictions/support measures management need to consider

Answers to specific questions

Answering specific questions in the referral form from the employer

The decisions regarding the equality act 2010 is largely a legal determination, and not a medical one. However in my view, they are ..... to fall under this act, as they are ..... to have significant functional restriction in the longer term if their treatment were to be removed.

I have not suggested a re-referral, however should the situation change or you deem it necessary, please do not hesitate to get in touch with Medigold Health, where my colleague or I would be happy to see the employee again.

I trust this report meets your requirements, however should you require any further information or have any concerns, please do not hesitate to get in touch.

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.

A copy of this report will be sent to the individual in accordance with our obligations under the GMC guidance on confidentiality. Please be advised you can access our privacy notice on the following link: http://www.medigold-health.com/Home/PrivacyNotice

Yours sincerely,

(Dictated but not signed to avoid delay)

Dr Sarwar Chowdhury MBBS DOccMed
Occupational Health Physician
GMC 7271756

What do I plan to do?

- Currently in second year MSc Occupational Medicine – Manchester University
  (PGDip 1st Year, AdvDip 2nd Year, MSc 3rd Year)
- MFOM Part 2 exam (achieve AFOM – Associate Specialist in Occupational Medicine)
- Started and complete prospective CESR route to MFOM (including dissertation)
- **Consultant Occupational Physician (Accredited Specialist in Occupational Medicine)**

Reasons to do Occupational Medicine

9-5 work, no nights, no weekends

Salary very competitive (6 figures+), particularly if wanting to do part-time, starting family, buying a house etc…

Office based work, corporate environment

45 minutes to 1 hour appointments - time for good history/examination, get help, write report

Variability with types of assessments

Wide scope of medicine seen (mental/physical health), work in an MDT

Training/progression e.g. HSE approval, HAVS, MSc, AFOM, MFOM, lots of subspecialties

Little risk, opinion/advise using medical/legal knowledge, holistic/connecting all healthcare

Remote working/telephone or video consultations

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

Some stigma associated with choosing a non-NHS role if working in industry

Not much of a follow up for your clients/patients (i.e. for clinical curiosity)

So *by far* the pros outweigh the cons!!!

Covid-19 and the role of Occupational Health

- Advise employees regarding social distancing/self isolation
- Advise employers regarding policies, employment law, duty of care
- Advise Keyworkers/NHS staff regarding working
- Helping screening/testing and interpreting results
- Safety critical medicals – rail, bus/lorry drivers and more!

- Dealing with Physical inactivity/Mental Health of social distancing
- Lobbying for PPE!!
- Contact Dermatitis of over washing
- Finance worries/job insecurities, redeployment advice
- PHE guideline interpretation fact from fiction!
- Risk assessment reviews of the workplace

Society of Occupational Medicine (SOM)

- Oldest and Largest national professional organisation for those with an interest in OH
- Doctors, Nurse advisor/practitioners (OHA/OHNs), Occupational Therapists, Physiotherapists, Occupational Psychologists, Occupational Ergonomists, Occupational Hygienists, Occupational Health Technicians
- Membership yearly, different categories from associate, oversees, and ***discounted*** rates for students and trainees

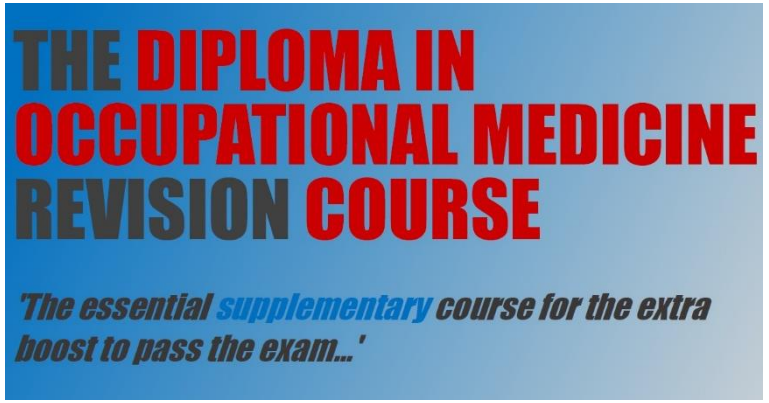
(email membership@som.org.uk)

- Journal *Occupational Medicine*, nine times a year & monthly eNews and job alerts, OH events
- free webinars and discounted fees to our CPD events/annual conference
- access to regional groups/networking and education
- appraisal service for doctors
- special interest groups on MSK, HAVS, Skin, Occupational Health Management, Mental Health and Travel Medicine and access to a CESR support group
- access to the Royal College of Physicians library, access to independent financial advice (IFA) service, Will Writing Services http://wsl-ltd.co.uk/som/
- And more at www.som.org.uk/membership-information

Supporting occupational health and wellbeing professionals

The Occupational Health Academy presents The Diploma of Occupational Medicine Revision Course

- 'The essential supplementary course for the extra boost to pass the exam…'
- To aid those who have done the compulsory course for DOccMed and are about to sit either/all parts of the FOM exam
- Key concepts of the syllabus delivered by AFOM doctors
- Advice with exam technique, choice of a total of 2 Days
- Was held online Sept 2020 35+ attendees!



- Next Due in March/April 2021 in anticipation for the May 2021 exams.
- Details on Medic Footprints/SOM/FB group – Diploma of Occupational Medicine Revision Course
- Email: occupationalhealthacademy@gmail.com

Any questions?

THANK YOU

Instagram - **the_work_doctor**

LinkedIn - **Dr Sarwar Chowdhury MBBS DOccMed**

Society of Occupational Medicine – help@som.org.uk

Risk Management Scenario 1

Asked for input regarding a Risk Assessment of a Factory

Undertake a Walk Through Survey noting potential hazards and categorise risk

Find problems with excessive levels of NOISE particularly with a specific manufacturing machine

Managers ask for advice on how to control the hazard of loud noise and risk of noise induced hearing loss

What is the most efficient way to control the risk of noise to employees?

A) Hearing Protectors/Ear Plugs

B) Sound guarding to reduce the noise the machine makes

C) Task rotation to limit time near the machine

D) Sound exclusion zone to keep people away from the machine noise

E) Invest in machine that makes less noise than current machine

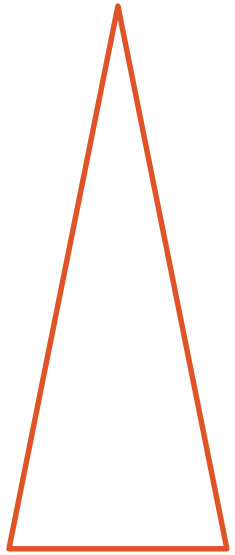
The correct answer is D

So why is D the correct answer?

Hierarchy of Controls

Most effective way to control and hazard and reduce the risk on health of employee

1. Elimination
2. Substitution
3. Engineering Controls
4. Administrative Controls
5. Personal Protective Equipment



Control Measure Efficiency

D) Sound exclusion zone to keep people away from the machine noise

E) Invest in machine that makes less noise than current machine

B) Sound guarding to reduce the noise the machine makes

C) Task rotation to limit time near the machine

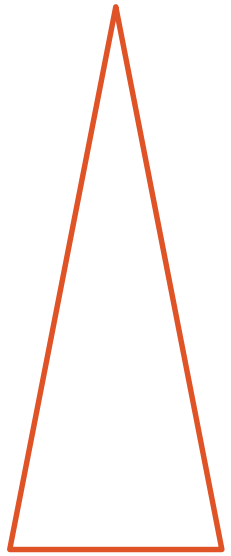
A) Hearing Protectors/Ear Plugs

Can the same principles apply for Covid-19?

Hierarchy of Controls

Most effective way to control and hazard and reduce the risk on health of employee

1. Elimination
2. Substitution
3. Engineering Controls
4. Administrative Controls
5. Personal Protective Equipment



Control Measure Efficiency

- Social Distancing/Good Hygiene
- (Vaccine – triggering immune response)
- Antibody detection/protect 'at risk' and 'extremely vulnerable', home delivery, care support
- Working from home, stagger schedules, hygiene information and training.
- Face masks, gloves, respirators, aprons

Clinical Scenario 2

Assessment for fitness to undertake a **teaching** job (pre-placement)

Questionnaire stated mental health problem – Eating Disorder

23 ♀, PMHx Anorexia

Admitted against her will to

Eating-Disorders unit 2 years ago.

She left on her own accord 2 weeks after admission 2 years ago

Reports she is well

Completed her 'D of E Gold award', no ongoing issues.

Clinically, she is of normal BMI

Politely refuses to be weighed

Keen about the course and wants to start ASAP

*What is the correct **next** step?*

A) Unfit for her role temporarily

B) GP should be contacted for further info before decision

C) A psychiatric opinion should be sought

D) Fit for role with adjustments (to avoid triggers)

E) WRAP (wellbeing recovery action plan) to be suggested

The correct answer is A

So why is A the correct answer?

Fitness to Teach guidelines

Health and wellbeing necessary to deal with specific types of teaching & associated duties

Younger teacher poses more mental health risk

Severe cases will require reports from the GP & psychiatrist

?Enough emotional strength to cope with this sort of work

Potential employee

Does not wish to be weighed

Gave history that she is very active

Previous non-compliance with services

Serious health condition

?Has she fully recovered/has full insight

So what about the other answers?

B) GP should be contacted for further info before decision

GP report would unlikely give accurate object information on her compliance

Is she likely to attend her GP enough to have reliable trend in BMI etc…?

C) A psychiatric opinion should be sought

Potentially a right answer, but this would give prospective information rather than previous information to give a decision about her fitness to take the role

So what about the other answers?

D) Fit for role with adjustments (to avoid triggers)

In the future this could be a potential aid to be working, but a decision about her fitness to undertake the role now is required.

Is there enough information to say fit for role if has adjustments?

E) WRAP (wellbeing recovery action plan) to be suggested

Again, is there enough information or input recently to know if there is a reasonable plan for her condition?

This would be more ideal further along the line in her assessment and management.

Clinical Scenario 3

Health surveillance of large car manufacturing firm

40 ♂ working in a large car manufacturing firm

A Respiratory Specialist report given to you showing diagnosis of *Occupational Asthma*

- You discuss report and that continuing to work will likely be detrimental to his health
- Employee **refuses to stop work and consent** for sending the report back to the employer regarding Fitness to Work.
- His reason is he needs to earn money and its his choice that he continues despite his diagnosis.

*What is the correct **next** step?*

A) If he refuses to inform his employer, then you must anyway in his best interests

B) If he refuses to stop working despite knowing the risks, then the employer has no duty of care to him

C) He cannot continue to work in the same job, despite his refusal, and you should tell the employer he is unfit for work.

D) The minimum information the employer can receive is whether the employee is fit for work

E) You should increase his health surveillance

The correct answer is D

So why is D the correct answer?

OHP can divulge if they are Fit, Fit with restrictions or Unfit for work

BUT no clinical details can be divulged (employee refused consent)

Whether he can continue to work, gets moved in another role or other outcome is up to the employer and employee.

If a decision is made to continue his role despite full information of risks, then you might go for E) Increase Health Surveillance to monitor/decrease the risks.

Case Law Withers vs Perry Chain Company (1961) concluded that there is **no common law** requiring an employer to dismiss rather than retain an employee if there is *'some risk'* if recurrence/exacerbation.

Should be done by *a case by case approach* to consider employees wish, extent of the risks of continuing and availability of other roles or controls.