Why Occupational Medicine?

SOM Occupational Medicine Jobs Fair – 27th September 2023

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Topics to cover

- What is Occupational medicine?
- Why choose Occupational Medicine?
- Different routes to become an OHP and different levels of seniority.
- My career route to date and plans for the future.
- A day in the life of an OHP
- The role of the Society of Occupational Medicine (SOM)
- The Occupational Health Academy
- Q&A session at the end

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So what is Occupational Medicine?

Looks at the effect of health on work
Also work on health

Combines law with medicine - eg. HSAWA, EA, COSHH, Workplace Reg, MHSAWR, Noise/Vibration, RIDDOR, Asbestos, Radiation

Bridge between employer, employee, GP/specialist

Incorporates ethical issues
eg. safeguarding, DVLA disclosure

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So what is Occupational Medicine?

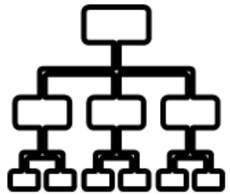
Health prevention/promotion

Risk assessments

Health surveillance

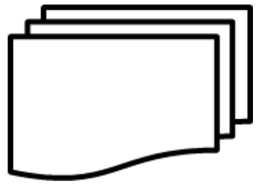
Independent OH opinion into reports into non-medical jargon, addressing work issues

Medicals for work



Management referrals

Ill Health Retirement/Pension



Subspecialty Oil&Gas, Firefighter, Aviation, Rail/Transport, Police, Diving, Travel etc...

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Routes into Occupational Medicine

- Part of the Royal College of Physicians (RCP)
- OH 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 SpR/AFOM/MFOM

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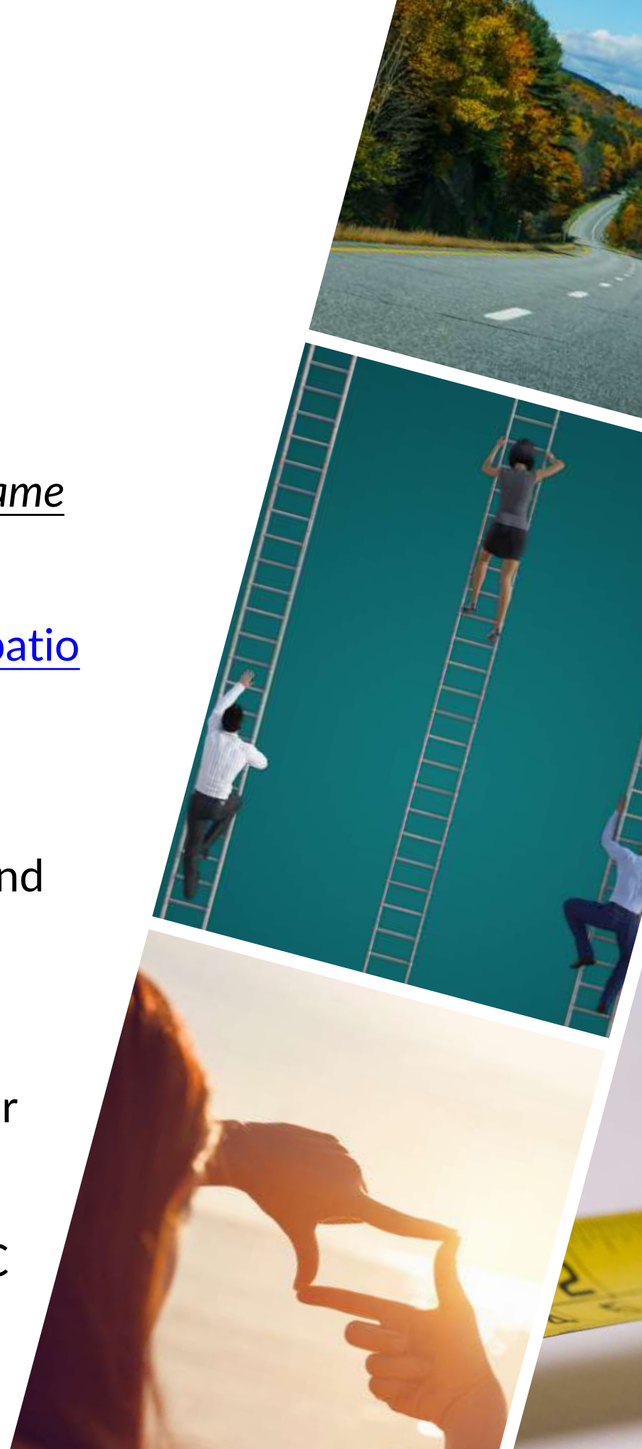
Training route (NHS, Industry, Military)

- FY1 + FY2
- Hold evidence of ‘Common Professional Capabilities’ e.g. CT2 or ST2 completed with/pending evidence of ARCP (outcome 1 or 6) OR at least 24 months experience in *same* specialty area https://specialtytraining.hee.nhs.uk/portals/1/Content/Person%20Specifications/Occupational%20Medicine/OCCUPATIONAL%20MEDICINE%20%20-%20ST3%202023.pdf

- Apply for ST3 – ST6 via National School of Occupational Health (NSOH) via interviews and scoring system (can transfer number to industry too)
- Sit MFOM Part 1 and MFOM Part 2 exams by the set ST year as per ARCP checklist.
- Continue to pass ARCPs and evidence for curriculum for occupational medicine each year (audits, research/dissertation, teaching, leadership, health promotion, safeguarding etc)
- Become a Consultant (MFOM) – Accredited Specialist in Occupational Medicine on GMC register



Non-training Route (Industry only)

- FY1 + FY2
- Same as NSOH requirements for NHS training number OR 2 more years post FY (eg. Locum SHO) in core medicine/surgery
- Sit Diploma of Occupational Medicine (DOccMed) exam (MFOM Part 1 +Portfolio/viva exam)
- Sit MFOM Part 2 to become AFOM – Associate of Faculty of Occupational Medicine
- CESR route over 4+ years FTE to prove evidence of equivalence to an NHS ST3-ST6.
- Gain MFOM status ad eundem as a Consultant - Accredited Specialist in Occupational Medicine on GMC register.

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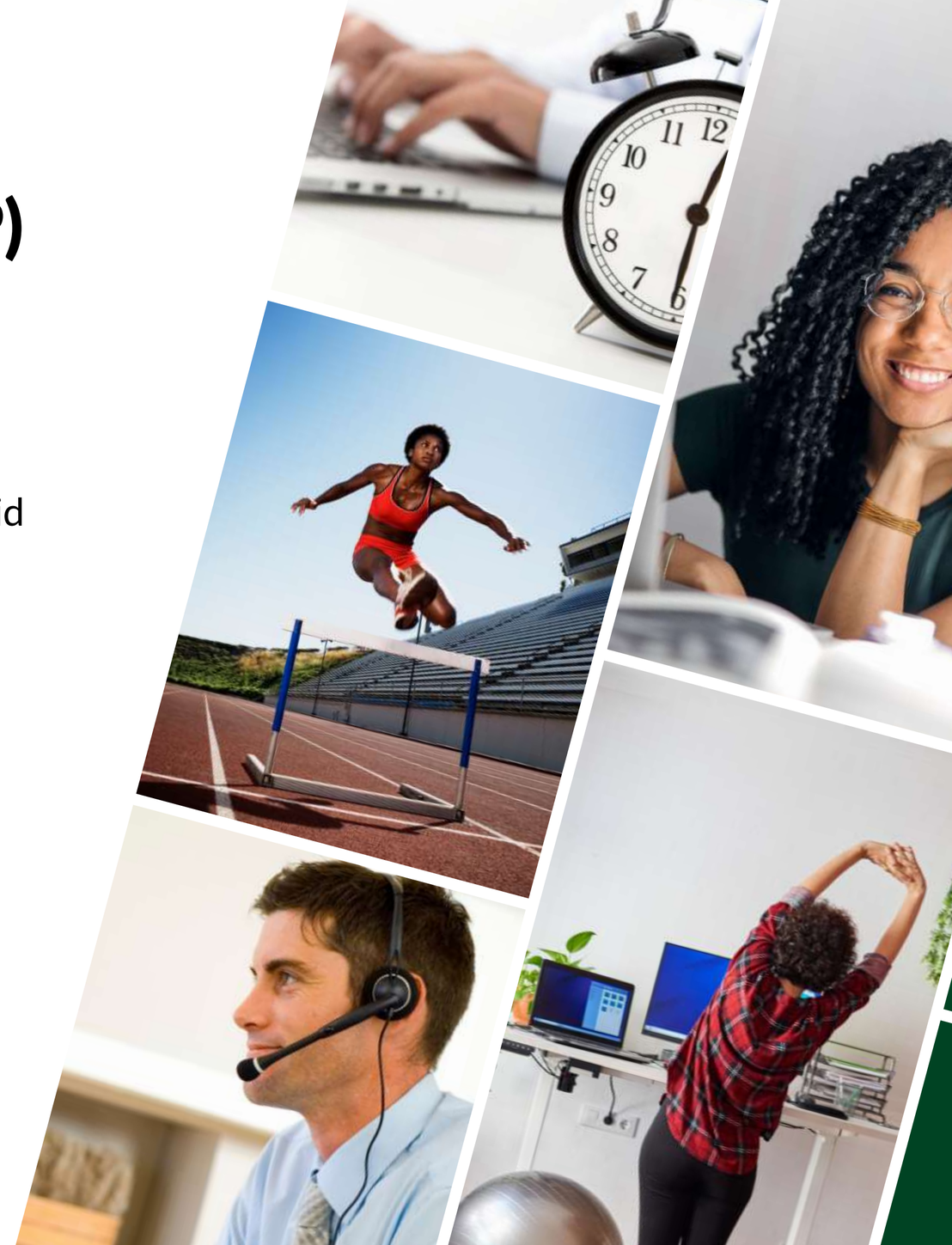
A day in the life of an Occupational Health Physician (OHP)

- 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



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

- Management referrals/Telephone assessments
- GP/consultant report request/review
- Group 2 DVLA/Train driver/Firefighter medicals
- Biological Monitoring results/Health Surveillance (Resp/Skin, HAVS, Asbestos, IR, Audiology etc…)
- Ill Health Retirement/Pension reports
- MRO – medical review officer drug and alcohol test results
- Supporting OHA/OHNs
- Clinical Governance and Policies
- Case conferences with employer/HR/employee
- Responding to employee/employer queries
- Business tenders/advisory to policies/stakeholder
- Site Visits/Risk Assessment reviews

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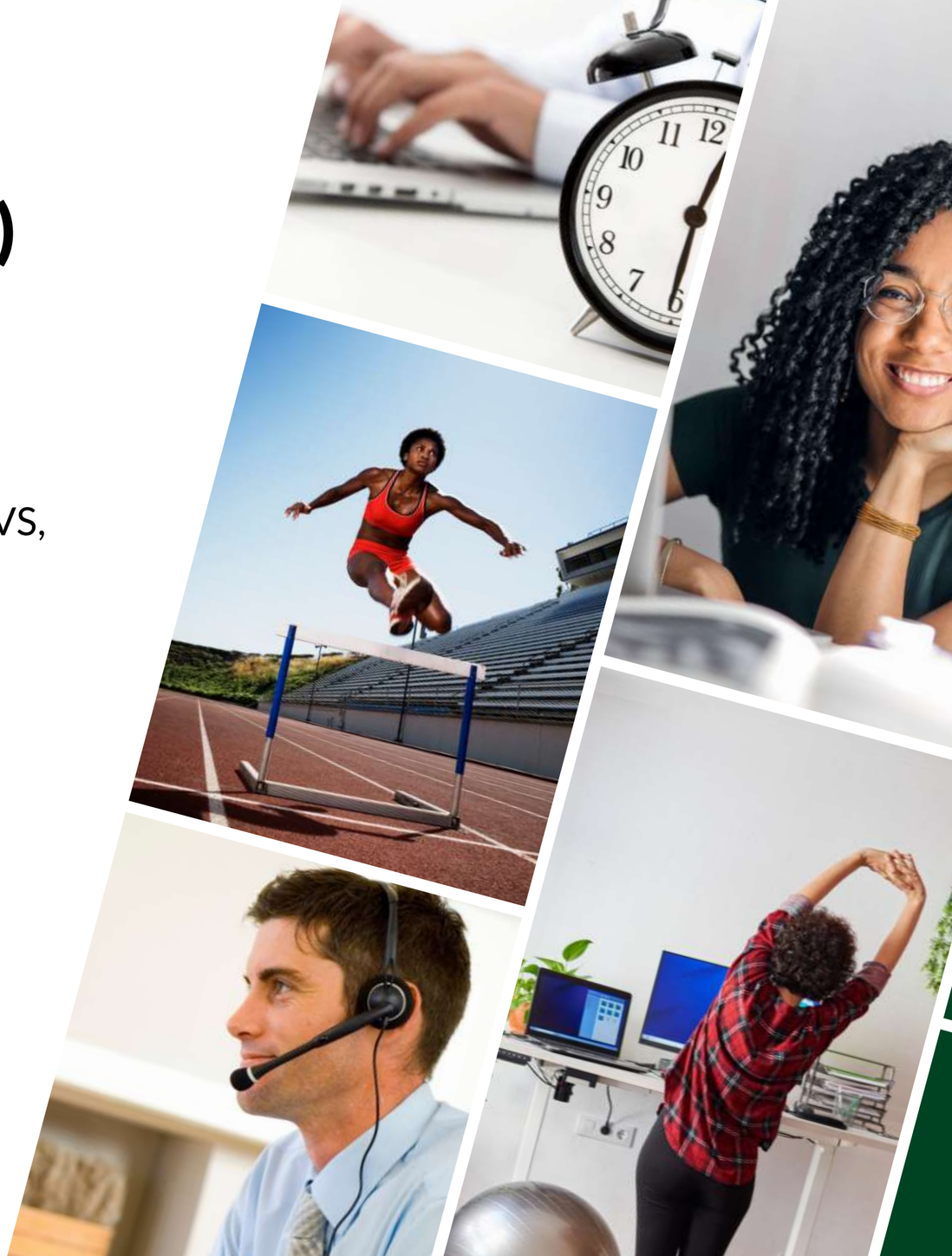

A Typical Report

PRIVATE AND CONFIDENTIAL
TO BE OPENED BY ADDRESSEE ONLY

Date

SC/SecInitials/EMMARef

Dear

Re: Name: DOB:

Thank you for referring ..... who had an assessment on 20th September 2023. He / she consented to the consultation, audio recording and the simultaneous prior disclosure of the report to their employer. Please refer to reports from ..... This assessment considered the details of the referral and information given by the employee only / in addition to further evidence of .....

Occupational History

As I understand it, ... works as a ..... for ..... on a full time / part time basis for about ..... years. The role involves ..... He / She is not absent from work since ..... and does not have adjustments or restrictions to their role due to ongoing medical problems. The referral form highlights .....

Clinical History

..... was diagnosed with .....

Functional History/Clinical Examination

In terms of functionality, he / she manages/struggles with activities of daily living such as personal care, cooking and housework. Shopping is done online / out and they have no problems with pushing a trolley and carrying items. Mentally he / she does not have significant issues with focussing on tasks such as reading, watching TV for a prolonged period or using a computer/phone. He / She has driven a car without difficulty. He / she would normally go to work by .....

Regarding work, he / she indicated discussions with management highlighted ..... He / she is not coping well with .....

In assessment today, he/she was observed .... Consent was obtained for an examination which showed .....

Opinion and Outcome

In my opinion, ... is fit / unfit to work with / without adjustments. Adjustments / restrictions of ..... are suggested in view of issues with .....

The following is suggested for management: -

-

Answers to specific questions

1.

Equality Act 2010

The considerations of the Equality Act (disability provisions) are a legal decision rather than a medical one. However, I believe they are unlikely to fall under this Act in view of their ..... and considerations regarding potential longer term functional restriction in the absence of their treatment.

I have not suggested a review specifically, but if required please get in touch further assistance.

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 (ultimately legally defined).

A copy of this report will be sent to the individual in accordance with our obligations under the GMC guidance on confidentiality.

Yours sincerely

Dr Sarwar Chowdhury MBBS AdvDipOccMed AFOM
Occupational Health Physician (GMC 7271756)
Office of Rail and Road Doctor (ORRDOC156)
FOM Hand and Arm Vibration Syndrome Tier 4 Approved Doctor
HSE Approved Asbestos & Ionising Radiation Doctor (PIN071006)

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How did I get into Occupational Health?

- Medical school + Foundation years – F1 + F2
- Locum years – F3 + F4
- Disability Assessments for WCA, Industrial Injuries - 3 years
- Diploma of Occupational Medicine (DOccMed) Nov 18 – in own time
- Updated CV to 2 page corporate one with transferable skills
- Updated Linkedin
- Applied directly to large private Occupational Health Services
- 6 months later Occupational Health Physician with Medigold Health

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My OH career route

- DOccMed – Diploma of Occupational Medicine

- FOM qualification involves MCQ & Portfolio/Viva exams

- MSc Occupational Medicine – University of Manchester

- PGDip 1st Year, AdvDipOccMed 2nd Year, MSc 3rd Year

- AFOM – Associateship of Faculty of Occupational Medicine

- Complete MFOM Part 2 exam exit Written and Clinical exams

- Medical Director of Medigold Health

- Complete prospective CESR route to MFOM (including dissertation)

- MFOM ad eundem - Consultant Occupational Physician

- Accredited Specialist in Occupational Medicine on GMC register

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Reasons to do Occupational Medicine

- 9-5 work, no nights, no weekends
- Salary very competitive (6 figures+ achievable depending on experience)
- Flexible/Portfolio career if wanting to do part-time, starting family, buying a house, other clinical work etc…
- Office based work, working from home, in house/NHS/corporate setting
- 45 minutes to 1 hour appointments - time for good history/examination, get help, write report, actually think and breathe!
- Wide variability with types of assessments and practice
- Multiple sub-specialties, variation in clinical work, you won't be bored!
- Small specialty, friendly, helpful and many conferences for networking
- Many whatsapp groups, forums, SOM led webinars/interest groups
- You are not alone even if remote!

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Reasons to do Occupational Medicine

- Wide scope of medicine seen (mental/physical health), work in an MDT, Safety Critical factors, niche workplace exposures
- Training/progression e.g. HSE approval, HAVS, MSc, AFOM, MFOM, lots of subspecialties.
- Lower risk, opinion/advise using medical/legal knowledge, holistic/connecting all healthcare and stakeholders
- Negotiator/progressor of situations, problem solver, solution provider
- Remote working/telephone or video consultations
- Wear nice clothes, watch, shoes to work! ☺

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However, there are some things to think about

- No-one actually knows what you do, but this is improving!
- Non-treatment role, no prescribing mostly.
- Some stigma associated with choosing a non-NHS role if working in industry and previously in an NHS role.
- Not much of a follow up for your clients/patients at times.

So by far the pros outweigh the cons!!!

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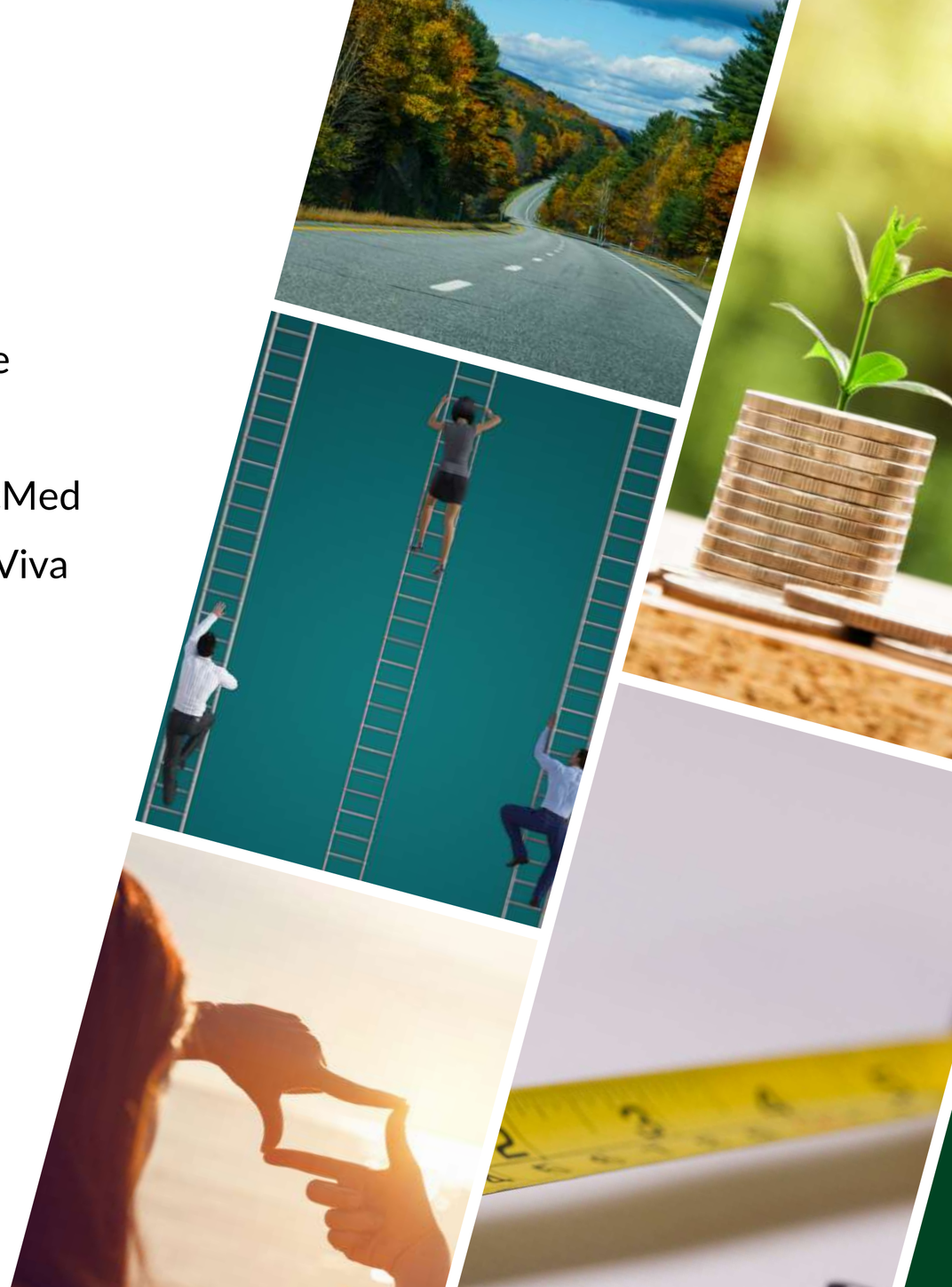
The Occupational Health Academy

- 'The essential supplementary course for the extra boost to pass the exam...'
- To aid those who have done the compulsory course CPD for DOccMed and are about to sit either/all of MCQ (MFOM part 1) & Portfolio/Viva exam
- Advice with Portfolio - Portfolio/Viva Morning
- Advice with MCQ knowledge - MCQ weekend
- Advice with Viva - Mock Viva session



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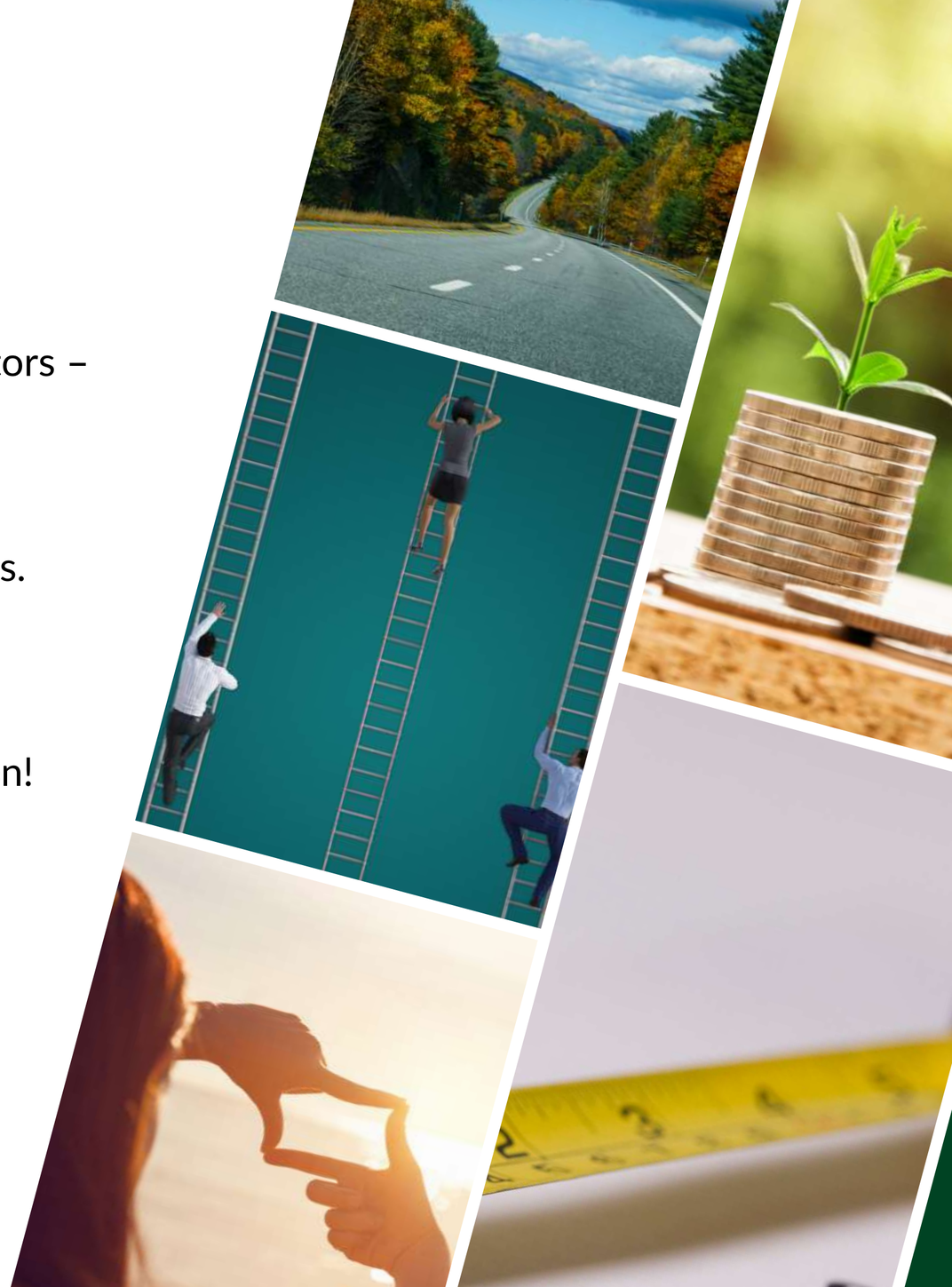
#OCCUPATIONAL HEALTH ACADEMY

The Occupational Health Academy

- Key concepts of the syllabus delivered by experienced AFOM doctors – Author of MCQ book Dr Clare Fernandes and myself!
- Over 150+ successful candidates boasting some very high scores!
- Next Due in Sept/Oct 2022 in anticipation for the Nov 2022 exams. www.occupationalhealthacademy.co.uk and bookable through **www.som.org.uk**
- Twice yearly courses and new CV support course etc… coming soon!



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Any questions?

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Thank you!

www.occupationalhealthacademy.co.uk

- LinkedIn - Dr Sarwar Chowdhury
- Email: **shadowing@medigold-health.com**
- Society of Occupational Medicine – **ohacademy@som.org.uk**

Scenarios

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

Question

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

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D

Correct Answer

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So why is D the correct answer?

Hierarchy of Controls	Control Measure Efficiency
Most effective way to control and hazard and reduce the risk on health of employee	
1 - Elimination	D) Sound exclusion zone to keep people away from the machine noise
2 - Substitution	E) Invest in machine that makes less noise than current machine
3 - Engineering controls	B) Sound guarding to reduce the noise the machine makes
4 - Administrative controls	C) Task rotation to limit time near the machine
5 - Personal Protective Equipment	A) Hearing Protectors/Ear Plugs

Question

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

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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

Question

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

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A

Correct Answer

So why is D the correct answer?

Fitness to Teach guidelines	Potential employee
Health and wellbeing necessary to deal with specific types of teaching & associated duties	Does not wish to be weighed
Younger teacher poses more mental health risk	Gave history that she is very active
Severe cases will require reports from the GP & psychiatrist	Previous non-compliance with services
Enough emotional strength to cope with this sort of work?	Serious health condition
	Has she fully recovered/has full insight?

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Question

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

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.

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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.

Question

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

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D

Correct Answer

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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.