

OCCUPATIONAL HEALTH REFERRALS FOR DOCTORS IN TRAINING – a guide for postgraduate medical educators

Frequently asked questions

Where can I obtain general information about doctors' health and disability issues in relation to their work and training?

- A useful online guide to the potential impact of various types of health condition and disability on doctors' and dentists' performance and attendance at work is available at <http://www.londondeanery.ac.uk/professional-development/professional-support-unit/fit-for-work-guidance/>
- There is also a large amount of very useful guidance and information about handling concerns about practitioners' health in the National Clinical Assessment Service (NCAS) resources web pages at <http://www.ncas.nhs.uk/resources/handling-health-concerns/>
- The General Medical Council (GMC) has published an online guide 'Your health matters', which provides a range of advice for doctors with health concerns at http://www.gmc-uk.org/concerns/doctors_health_concerns.asp
- Educators are strongly advised to refer to these resources when considering whether health or disability may be affecting a doctor's performance, and the range of actions that may be helpful, including referral to occupational health (OH).

What are my professional obligations?

- The GMC's Good Medical Practice (2013) sets out what is expected of all registered doctors. In this, the domain of Safety and Quality includes the requirement to "protect patients and colleagues from any risk posed by your health". All doctors in training and those responsible for their supervision must ensure that this standard is complied with.

When to refer?

- Concerns regarding behaviour or performance at work and in training – consider referral to OH in all trainees experiencing difficulty with their postgraduate medical training and especially **those requiring support at level 2** of the Health Education Thames Valley postgraduate medical and dental education (PGMDE) protocol for supporting trainees.
- Follow the employing Trust's sickness absence policy for all trainees that are employed by a Trust, including the requirements for sickness notification and certification.
- **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 – consider OH referral.
- **Recurrent short term sickness absence** (e.g. 4 occasions in 6 months; sooner if missing on call; and totalling more than 14 days in 12 months) – consider OH referral.
- Verify that the doctor is consulting their own registered general practitioner and any other specialists already involved in their care (note GMC professional standard number 30 – “**You should be registered with a general practitioner** outside your family.”)

What about self-referral to OH?

- Doctors in training, 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.
- When 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, needs occupational health advice about a trainee's health and how this may be impacting on their training or work, then self-referral is not likely to be helpful and **the senior educator or manager should refer the trainee to occupational health for an assessment.**

Which occupational health service?

- For doctors employed by an NHS Trust for their training post or placement – the Trust's own OH service should always be the first to be used.

- Doctors employed by organisations that do not have access to a suitable OH service (e.g. GP trainee employed by a training practice, or public health trainee) – a referral to the OH service funded by Health Education Thames Valley should be made through the relevant Head of School and the training programme manager.
- Occasionally it may be necessary to consider an OH referral specifically to examine the effects of health or disability on a doctor's training as distinct from their ability to work, e.g. :
 - Assessing the effect of health or disability on the doctor's performance as a medical trainee, e.g. in passing exams, maintaining their training portfolio, undertaking workplace based assessments, or gaining necessary experience of specific types of work, such as out-of-hours work, etc.;
 - Planning or reviewing the trainee's rotation through different posts and/or Trusts over time;
 - Assessing the need for any reasonable adjustments to the way in which the training programme is delivered, e.g. the rotation, posts, provision, etc., or the need for less than full time training;

In these circumstances, a referral to the OH service funded by Health Education Thames Valley should be made through the relevant Head of School and the training programme manager at Health Education Thames Valley.

How to refer?

- The senior educator wishing to make the referral to OH (usually the training programme director or equivalent) should discuss this in advance with the doctor in training.
- Stress independent and confidential role of OH.
- Write referral letter (see NCAS resource for a checklist of what information to include at <http://www.ncas.nhs.uk/resources/handling-health-concerns/#Resource-B---Checklist-for-referral-to-an-occupational-physician> – also copied below).
- Give relevant, fair, background information (or OH will only hear the trainee's side of story).
- Doctor in training should be given a copy of the referral letter.
- Advise the doctor in training that non-attendance at an appointment may incur a charge that they will have to pay.

- Referrals to the Health Education Thames Valley funded OH service must be approved by the relevant Head of School and include a unique reference code obtained from the relevant training programme manager before being sent to – Dr Evie Kemp, MBBS MSc FFOM, Lead Consultant Occupational Health Physician, Centre for Occupational Health and Wellbeing, John Radcliffe Hospital, Headington, Oxford, OX3 9DU

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

- Is Dr A currently fit for his/her current role 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 with behaviour and /or performance at work and as a doctor 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? (see CDU website for explanation - <http://www.oxforddeanerycdtu.org.uk/health/equality.html> and the resources cited at the beginning of this paper).
- Can you make any recommendations regarding a return to work and/or training plan, and /or adjustments or modifications to Dr A's workplace/role/training?
- Can you recommend any help or support that the OH service can offer Dr A?
- A comprehensive list is provided in the NCAS resource which is copied below.

What happens in an OH assessment?

- Doctor in training is ideally seen by OH consultant experienced in consulting with doctors.
- Full history (including occupational history) and examination when appropriate.
- Liaise with doctor's GP/treating consultant to obtain medical information, recommend or expedite treatment.
- Consider referral to Medic Support/CDU.
- Advice about fitness for work and appropriate rehabilitation programmes.
- Advice about adjustments under Equality Act 2010.
- Ongoing OH review if required for assessment and support.

Who sees the OH report?

- Contents of report discussed with doctor in training. They can choose to see report by email before it is sent out.

- Report sent to the person making the referral, usually the lead educator responsible for the doctor's training, with copy to the trainee.
- If appropriate additional copies might be sent to other people responsible for the doctor's training and/or employment, for example Human Resources/ GP/ Director of Medical Education, or others, after discussion with the doctor

What is an OH case conference?

- Aim is to bring appropriate parties together to share information on fitness for work, training, or other work related issues and formulate a joint future plan.
- Participants may include:
 - Educational supervisor, Training Programme Director, or other lead educator with responsibility for the doctor's training;
 - Director of Medical Education or representative;
 - Occupational Health Consultant;
 - Human Resource Manager;
 - The doctor in training themselves;
 - Support for the doctor e.g. CDU coach, BMA rep.

OCCUPATIONAL HEALTH TAKE HOME MESSAGE

Always consider health problems when looking at behaviour and performance issues at work, particularly when there has been a change in behaviour or performance

Don't expect to be told details about these health problems - they are confidential

Remember you are the junior doctor's tutor and NOT their treating physician

Dr Evie Kemp OH Consultant Oxford University Hospitals NHS Trust

NCAS Resource B - Checklist for referral to an occupational physician

- This checklist can guide the referral letter from a responsible manager to an occupational physician. It takes account of the views of a meeting of occupational physicians hosted by ANHOPS, the Faculty of Occupational Medicine and NCAS in May 2010.
- While the checklist is a good start, it may be helpful for the manager to have a preliminary phone call with the occupational physician before making a referral to ensure that all necessary background information is provided in a particular case.
- For full information and guidance about handling concerns about doctors health see the NCAS resource pages at:

<http://www.ncas.nhs.uk/resources/handling-health-concerns/>

Information to be provided by the responsible manager:

- Name, grade and specialty of practitioner;
- Current working status (e.g. sick leave, full/restricted duties);
- Patterns of sickness absence/attendance;
- Description of concerns that have prompted the referral (including concerns about health, behaviour and performance) – a description of actual events/problems/interactions is more useful than a manager's interpretation;
- Status of any complaint/investigation;
- Source of concerns (e.g. colleagues, practitioner, patients, appraisal). (The manager will need to consider whether it is appropriate to disclose information about third parties, such as the individuals who have raised concerns);
- Any relevant issues relating to the practitioner's work context (e.g. workload, relationships within team, recent change in duties);
- Any relevant issues relating to the practitioner's personal circumstances (if known);
- Action already taken with regard to risk assessment (e.g. sick leave advised, supervision, exclusion);
- Input from HR;
- Information provided to the practitioner and their response;
- Who holds the management responsibility for handling the case;
- The practitioner's consent to the referral;
- Questions for the occupational physician (see below).

Questions the responsible manager may wish to ask the occupational physician:

It is helpful for the responsible manager to be clear about their expectations in the referral to the occupational physician. These may include seeking answers to some of the following questions.

- Are there underlying health conditions that would explain the concerns?
- Is the health condition work related?
- Are conditions at work affecting the practitioner?
- Is the condition self limiting, recurrent, chronic, progressive?
- What is the prognosis if the condition is treated? What is the prognosis untreated? What sort of timescales apply? What is the likelihood of relapse (if relapsing condition)?
- What is the functional importance of the health conditions?
- What restrictions need to be imposed to protect patient safety?
- What reasonable adjustments could be made?
- What specialist medical opinion needs to be sought/has been sought and how far do the answers to other points draw on that opinion?
- How is the condition being monitored and what are the plans for follow-up and monitoring (including management of the range of conditions/co-morbidities)?
- Current fitness for work – full duties or partial. If partial, what hours, and what changes to the responsibilities / job plan will be required?
- How should any potential risks to patient safety caused by the practitioner's condition be assessed, managed and minimised?
- Are there any disability requirements for reasonable adjustment under the Equality Act 2010 legislation?
- How should any return to work programme be managed?
- How might the occupational physician provide further guidance on managing the case (and would a case conference be helpful)?
- What information has the occupational physician provided to the practitioner and is there consent to disclosure of information?
- Can the occupational physician provide an indication of likely compliance/cooperation from the practitioner?
- What are the likely side effects of any treatment and/or medication?