

## Occupational Health Referrals for Doctors in Training A Medical Educators Guide

1. 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-supportunit/fit-for-work-guidance/>
  - 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.gmcuk.org/concerns/doctors\\_health\\_concerns.asp](http://www.gmcuk.org/concerns/doctors_health_concerns.asp)
  - The HEE Thames Valley Professional Support Unit (PSU) website lists additional sources of support in relation to meeting doctor's health needs. <https://www.oxforddeanerypsu.org.uk/resources/>
  - The Practitioner Performance Advice Service (formerly NCAS) offers additional advice <https://resolution.nhs.uk/wp-content/uploads/2018/09/NHS-Resolution-A-Guide-for-Healthcare-Practitioners-Advice.pdf>
  - 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).
2. What are my professional obligations?
  - The GMC's Good Medical Practice (2013, updated 2019) sets out what is expected of all registered doctors. In this, [Domain 2: Safety and Quality](#) includes the specific requirement to protect patients from any risks posed by the doctor's ill health. All doctors in training and those responsible for their supervision must ensure that this standard is complied with.
3. When to refer?
  - Follow the employer'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 Good Medical Practice standard number 30](#) – “You should be registered with a general practitioner outside your family.”)
  - Concerns regarding behaviour or performance at work and in training – consider health needs and referral to local trust OH (or single lead employer OH services, in the case of GP trainees) for all trainees experiencing difficulty with their postgraduate medical training, especially those trainees requiring enhanced/lead educator support.

#### 4. 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 manager or a senior educator responsible for the doctor's training (e.g. training programme director, director of medical education, or head of the training school), 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.

#### 5. Which occupational health service to use?

- 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.
- GP trainees employed under single lead employer arrangements are advised to contact their lead employer for referral to their agreed OH service.
- Doctors employed by organisations that do not have access to a suitable OH service (e.g. public health trainees) can be referred to the Regional/High-level OH service funded by Health Education England - Thames Valley. The referral should be made through the relevant Head of School and the training programme manager informed.
- 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 England-Thames Valley should be made through the relevant Head of School and the training programme manager informed.

#### 6. HEE-TV Regional/High-level Occupational Health Service- Cordell Health

- This service does not replace local employer OH service provision in the first instance, nor the OH service provided by the School of GP's single lead employer arrangement.
- Access to this HEE-TV funded service is available to;
  - medical, dental and pre-registration year pharmacy trainees, whose employment arrangements may mean they do not have access to standard employer OH services;
  - trainees out of training who require OH advice but are not currently employed by a named trust;
  - and trainees who have longstanding physical and/or mental health conditions impacting on their training, not just their current work placement.

- Referral to the service will be by a senior educator (HoS), with the knowledge of the programme manager, and with the trainee's consent.

## 7. How to refer to the Regional/High-level Occupational Health Service?

- The relevant head of school wishing to make the referral this service should discuss this in advance with the doctor/dentist/pharmacist in training.
- They should stress the independent and confidential role of OH.
- The referral will be made with the trainee's consent
- Give relevant, fair, background information (or OH will only hear the trainee's side of story).
- Advise the trainee that non-attendance at an appointment may incur a charge that they will have to pay.
- Referrals to the Regional/High-level Occupational Health Service must be made by the relevant Head of School and include a unique reference code obtained from the relevant training programme manager before being submitted online via the Cordell Health secure referral portal.

## 8. Example questions that may be relevant to ask in an OH referral?

- 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 disabled under the Equality Act 2010?
- 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?
- *See Appendix 1 and Appendix 2 for further guidance.*

## 9. What happens in an OH assessment?

- The trainee will be seen by an 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](#) and/or the [Professional Support Unit](#).
- Advice about fitness for work and appropriate rehabilitation programmes.
- Advice about adjustments under Equality Act 2010.
- Ongoing OH review if required for further assessment and support.

## 10. Who sees the OH report?

- Contents of report will be discussed with trainee referred and consent to share obtained.
- Final report will be sent to the person making the referral, usually the head of school responsible for the trainee's training, with copy to the trainee.
- If appropriate, additional copies might be sent to other people responsible for the trainee's training and/or employment, for example Human Resources/GP/Director of Medical Education, or others, after discussion with the trainee.

## 11. 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.
- In relation to considering the impact of health issues on progress in training, participants may include:
  - Educational supervisor, Training Programme Director, or other lead educator with responsibility for the trainee's training;
  - Director of Medical Education or representative;
  - Occupational Health Consultant;
  - Human Resource Manager;
  - The trainee themselves;
  - Support for the trainee e.g. PSU coach, BMA representative etc

## 12. 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 trainee's educator and NOT their treating physician.

### Appendix 1: 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 regarding risk assessment (e.g. sick leave advised, supervision, exclusion);
- Input from HR;
- Information provided to the trainee and their response;
- Who holds the management responsibility for handling the case;
- The trainee's consent to the referral;
- Questions for the occupational physician (*see Appendix 2 below*).

## Appendix 2: Questions the responsible manager/senior educator may wish to ask the occupational physician:

It is helpful for the referrer 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 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 trainee’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?
- Does the health condition impact on the trainee’s ability to access and progress through the requirements of their training scheme?
- What reasonable adjustments could be made for work and/or training?
- 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 trainee and is there consent to disclosure of information?
- Can the occupational physician provide an indication of likely compliance/cooperation from the trainee?
- What are the likely side effects of any treatment and/or medication?

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Version 1

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