

The University of Manchester

Centre for Occupational and Environmental Health

**Occupational Health and Medicine Tutorial(s) Pack for tutors for
Undergraduates**

Topic contents in this pack

Learning Outcomes

Possible method for small groups

1. Responsibilities of Medical Practitioners
2. Recognition of work-related ill health
3. Taking an Occupational History
4. Sickness Absence
5. Fitness for Work
6. Rehabilitation

Web URL, and acknowledgements

(These topics may be split between different tutorials, or their order changed to suit)

Occupational Health and Medicine Tutorial(s)
Learning Outcomes of this pack

| | |
|-------------------|---|
| Attitudes: | <ul style="list-style-type: none">• Commitment towards the role and responsibilities of the physician in relation to occupational health.• Commitment to address possible reasons for under-recognition and under-estimation of occupational health. |
| Skills: | <ul style="list-style-type: none">• Ability to take a good occupational history and to assess the clinical relevance of workplace exposures. |
| Knowledge: | <ul style="list-style-type: none">• Understanding of the functions of occupational physicians.• Knowledge of important occupational hazards.• Awareness of methods to reduce risk in the workplace and to rehabilitate workers. |

Small group exercises

- Please form yourselves into small groups in circles or semi circles (N =).
- Your first task will be to choose a spokesperson from amongst you. (If the exercise is repeated later in the tutorial then you should choose a new spokesperson for each round).
- As a group, consider and debate the question put to you by the tutor. Please ensure that your spokesperson has a short response that should reflect the consensus.
- After the period of time specified by the tutor, the spokesperson should be ready to give an account on behalf of the group. If time permits, the debate can be widened.

What are the responsibilities of medical practitioners in relation to occupational health?

How can these responsibilities be fulfilled?

Responsibilities of medical practitioners in relation to occupational health could include and can be fulfilled as shown:

General Practitioners & Hospital doctors*

| | |
|--|--|
| Recognising occupational ill health in individuals | <ul style="list-style-type: none"> • Awareness of occupational hazards • Taking a good occupational history |
| Advising patients with occupational ill health | <ul style="list-style-type: none"> • Awareness of means of risk reduction • Awareness and skills in rehabilitation |

*Similar to General Practitioners - but with particular reference to their own speciality.

Other categories of doctors

| | |
|--------------------------|---|
| Occupational physicians | <ul style="list-style-type: none"> • Assessment of risks to health at work • Health surveillance • Specific research • Advice on risk reduction • Awareness and skills in rehabilitation |
| Public health physicians | <ul style="list-style-type: none"> • Ranking occupational health risks among other public health risks |

All doctors

Advocacy?

Doctors as employees

Safe working practice, e.g. disposal of sharps

Doctors as employers

| | |
|-----------------|---|
| Risk assessment | |
| Risk reduction | <ul style="list-style-type: none"> • e.g. working hours • e.g. vaccination • e.g. steps to reduce exposure |

In Great Britain, surveys of self reported work- related illness organised by the Health and Safety Executive suggest that in any one year about 2 million people experience ill health which they believe to have been caused or made worse by work.

Cases of occupational disease (or injury) reported by employers as required by law, or compensated under social security legislation, number much less than incidence estimates based on surveys conducted by doctors and/or epidemiologists.

Why is there a discrepancy between:

Official statistics for reporting and compensation of occupational disease
and

Information based on self-reporting and epidemiologic studies, (which tend to suggest far higher estimates)?

Possible reasons why official data on work-related health are only 'the tip of the iceberg':

| | |
|---|---|
| Natural history and causation of disease | <ul style="list-style-type: none"> • Long latency, e.g. mesothelioma after asbestos exposure • Multi-factorial aetiology, e.g. tobacco smoking may be blamed for symptoms of occupational lung disease |
| Workers' attitude and knowledge | <ul style="list-style-type: none"> • Unawareness of the links between work and health • Fear of the consequences of reporting • Not perceived as worthwhile to pursue compensation |
| Employers' attitude and knowledge | <ul style="list-style-type: none"> • Unawareness or ignorance or lack of concern regarding the links between work and health • Fear of the consequences of reporting |
| Doctors' attitudes, skills and knowledge | <ul style="list-style-type: none"> • Unawareness of the links between work and health • Not enough time and/or skills for adequate medical history • Quicker to prescribe treatment for back pain, asthma, dermatitis, etc than to fully investigate the cause |
| Governmental and other organisational factors | <ul style="list-style-type: none"> • Death registration in the UK only requires notification of last full-time job • No automatic linkage between NHS information about people's health and information relating to their employment (e.g. National Insurance No.) |

Other factors for debate

What sorts of questions should a doctor ask when taking an occupational medical history?

Why?

(Please give examples)

Possible questions in an occupational medicine history:

- What job do you do?
- What jobs did you do?
- What substances/machines/forms of energy etc do you/did you work with?
- How do you/did you do the job?
- How long have you done/did you do the job for?
- What protective measures were there?

e.g. local exhaust ventilation, personal protection, etc.

Please describe ...

- How long after you started the job did the symptoms start?
- Were the symptoms better or worse when you worked in a particular place or did a particular task?
- Do the symptoms get better or worse when you stop work? Are they better or worse at weekends? ... while on holiday?
- Did other people at work have similar symptoms?
- Do you have any hobbies/engage in DIY?
- Do you smoke?

Sickness absence

What questions should a doctor be prepared to tackle in relation to a patient who is off sick and hence not at work?

What information may be necessary to answer these questions?

Sickness absence - important questions to answer

- How long is the period of sickness absence likely to last?
- Was work in any way responsible for the ill health?
- Will the patient have some residual disability on return to work?
- What are the implications for future work performance, attendance and safety?
- Is there a need to improve the workplace to reduce risks to health?
- Are there any steps that should be taken to rehabilitate the employee back to work?

Fitness for work

What information is needed to determine a patient's/worker's fitness for work?

What judgements may need to be made?

Fitness for work

| | |
|---------------------------------|--|
| Information sources | <ul style="list-style-type: none">• History and other relevant clinical information• Information about the nature of the job, fitness requirements and risks |
| Judgements that need to be made | <ul style="list-style-type: none">• In physiological terms, is the patient/worker likely to be able to fulfil the demands of the job? (e.g. good exercise tolerance may be needed for a job as a porter)• Is the combination of the work and the health status likely to pose an increased risk to the employee? (e.g. if prone to epileptic seizures, there may be increased risks from working at heights)• Could the employee's health pose an increased risk to others? (e.g. certain infections in relation to food safety, cardiovascular and neurological disease in relation to pilots of heavy goods vehicle drivers) |

N.B. Assessment of fitness for work is not necessarily absolute, i.e. fit/unfit. Indeed, steps should be taken to recommend reasonable adjustments of the workplace so as to permit as wide a range of people as possible to carry out the work with as little risk as feasible to themselves and to others.

Rehabilitation

What steps could be considered by the doctor to rehabilitate a sick or disabled employee back to work?

(Please exemplify by way of recommendations to the employee and/or employer)

Occupational rehabilitation

Steps to be considered could include:

- Part-time working
- Graded return to work duties
- Alteration in tasks
- Limitation in the range of tasks to be undertaken
- Providing appropriate aids
- Arranging retraining and supervision
- Relocation to another job after appropriate retraining
- Close liaison with the occupational health service, if the employer has one, is essential
- Liaising with governmental agencies, e.g. employment medical advisory service or PACT (Placement Assessment and Counselling Team)
- Other specialist support, e.g. from voluntary bodies or from specialist agencies to deal with substance abuse

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The contents of this pack may be used for the purposes of tutorials or other face to face teaching of undergraduates, but may not be sold.

Acknowledgement is to be given to The University of Manchester, Centre for Occupational and Environmental Health.

<http://www.medicine.manchester.ac.uk/oeh/>

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