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FACULTY OF OCCUPATIONAL MEDICINE

Response to HSE consultation:

Proposals to Revise the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (as amended) (RIDDOR '95)

Introduction

1. The Faculty of Occupational Medicine's aim is to promote healthy working lives through:

   - maximising people's opportunities to benefit from healthy and rewarding work while not putting themselves or others at unreasonable risk
   - elimination of preventable injury and illness caused or aggravated by work
   - access for everyone to advice from a competent occupational physician as part of comprehensive occupational health and safety services
   - providing support to the Faculty's membership to raise the standard of occupational health practice

2. Its remit includes setting standards for occupational physicians, promoting quality improvement in occupational health practice and developing policy in occupational health and medicine.

3. As part of its quality improvement work, the Faculty runs:

   - the Health and Work Development Unit (formerly the Occupational Health Clinical Effectiveness Unit) in partnership with the Royal College of Physicians. The unit's published work includes: national guidelines on upper limb disorder, dermatitis, physical and shift work in pregnancy, infected food handlers, latex allergy and chronic fatigue syndrome.
   - SEQOHS, the accreditation system for occupational health services, which is also run in partnership with the Royal College of Physicians. Launched in 2010, this scheme has gained wide acceptance, with 239 occupational health services currently signed up and 48 having been accredited. These services cover all categories: NHS, private sector, large and small units.

4. As part of its education work, the Faculty offers a qualification on HAVS assessments.

5. Faculty publications include:

- *Fitness for Work*

- *Guidance on Ethics for Occupational Physicians*
- *Guidance on Alcohol and Drugs Misuse in the Workplace*
- *Good Occupational Medical Practice*
- *Hand-arm Vibration Syndrome: a review of the scientific evidence*
- *Occupational Health Guidelines for the Management of Low Back Pain*
- *Occupational health service: standards for accreditation*
- *Occupational medicine in general practice: good practice articles for GPs*

6. The Faculty membership stands at 1600; most are senior doctors in occupational medicine throughout the UK, spanning the NHS, the private sector, the armed forces, occupational health providers and academia.

Response

It will be seen from the above that the Faculty's prime concerns and concentration of expertise are the protection of health in the workplace and promoting good practice in occupational health.

It is these twin roles which underpin our response to the consultation on the proposed revisions to RIDDOR; the focus of our response is on the proposed changes to the reporting of occupational diseases.

Whilst we understand the drive to clarify processes and to reduce inconsistencies, we have serious concerns that the proposals to reduce reporting may have unintended consequences. We acknowledge that the reporting system and the regulations surrounding it are not perfect and that compliance is far from comprehensive. However we do not think that the solution to these problems is to reduce or remove the requirements.

Rather, the solution should be to identify ways in which the requirements can be more clearly promulgated and employers better supported and advised – as well as more regularly inspected where appropriate - , to enable them to meet the requirements.

We would therefore strongly counsel the HSE against 'the removal of the reporting requirement for cases of occupational disease, other than those resulting from a work-related exposure to a biological agent' (paragraph 62).

It is acknowledged that there is significant under-reporting and the reasons set out in paragraph 59 of the consultation document may well be contributory factors in this. However, these problems could be mitigated by employers having improved access to competent occupational health advice. There are a number of support systems already in place to do this: some employers have standing arrangements, either employing their own occupational health teams or buying in outsourced services; others commission advice and services from occupational health professionals on an ad hoc basis; and others access free advice and services, such as the advice line service for SMEs run on behalf of DWP.

However, many SMEs have little or no access to advice. The system of occupational health support is patchy and there is no overall means of ensuring that employers can access information about reporting requirements and sources of competent advice. The problem of targeting SMEs is a well-known and ongoing conundrum. But the answer is not, the Faculty believes, to abandon this important task of collecting data on occupational disease, on the grounds that it is difficult to do well, but rather to seek ways of doing it more effectively. The Faculty would be pleased to work with the HSE on the question of how this might be achieved.

The reasons the Faculty sees this reporting requirement as important are:

- The removal of the requirement would signal to employers that the occupational health of employees is no longer seen as important
- Whilst the data collection is incomplete, it does at least constitute a pool of data which can be drawn on and interpreted in the context of other information gathered by LFS, THOR and other means. Limited information is better than none
- In an environment where there is considerable concern about the diminution of the academic and research base of occupational health and medicine, it is necessary to preserve any sources of data which currently exist.

Paragraph 58 of the consultation document states that 'information is frequently received too late to act as a reliable trigger for an investigation'. It is understood that this will be so in some cases. However, there are also cases where the information is received in time to trigger timely remedial action.

There seems to be little or nothing to be gained from reducing these reporting requirements but potentially much to be gained, in terms of protecting workers' health, by retaining them. Whilst the protection gained is not perfect (as it could never be), it nevertheless provides protection for a considerable number of workers and is therefore worth preserving.

This is not to say we recommend the status quo. Rather, we would like to discuss with HSE ways of making reporting more straightforward for employers, and of improving compliance.

Conclusion

This response focuses on the proposal concerning the reduction in reporting of occupational disease.

The Faculty sees no advantage to reducing this requirement. On the contrary, it is likely to result in a diminution of interest in the status of employees' health; the loss of data in a field where data is already in short supply; and an increase in worker's health problems (eg HAVS), which could have been identified and addressed, if reported at an early stage.

We think that the answer to under-reporting is to provide clearer guidance, more widely and accessibly advertised, and better access to occupational health advice, as well as timely inspections.

We would be pleased to discuss this further with the HSE.

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