Report of Faculty of Occupational Medicine debate held on 24 November 2011

'Occupational health has more to contribute to the management of people at work than to the management of those off sick'

Introduction

Following the publication on 21st November 2011 of Dame Carol Black and David Frost's *Independent Review into Sickness Absence in Great Britain*, the Faculty of Occupational Medicine invited key players in UK occupational health to a debate. Speakers were asked to speak for and against the motion: 'Occupational health has more to contribute to the management of people at work than to the management of those off sick'.

Dr Olivia Carlton, Faculty President, opened the event, which was held at the headquarters of BT.

Dr John Ballard, Editor of *Occupational Health at Work* chaired the debate and the speakers were:

- Stephen Bevan, Director of the Centre for Workforce Effectiveness at the Work Foundation, speaking for the motion
- Ingolv Urnes, Founder and Principal of psHealth, making the case against the motion
- Dr Paul Litchfield, Chief Medical Officer and Head of Health and Safety at BT Group, seconding the motion
- Dr Marianne Dyer, Medical Director at Duradiamond Healthcare Ltd, seconding the argument against the motion

The debate

Olivia Carlton opened the proceedings by welcoming colleagues and explaining that this was a thought-leadership event, organised to mark the launch of the Sickness Absence Review. Olivia Carlton thanked BT for allowing the use of their meeting room, and said she was delighted to welcome to the audience Dame Carol Black, one of the Review authors, and also Dr Bill Gunnyeon of the Department for Work and Pensions, who would be leading on the Government response.

John Ballard then invited the speakers to make their case and said that, having read the Review, he thought that some of the key questions to be addressing were:

- What precisely will be the role of the proposed new panels?
- Does the proposed new system present dangers to the profession of occupational medicine?
- Could the proposed tax relief be a disincentive to employers engaging occupational health (OH) services?

Stephen Bevan, speaking for the motion, introduced himself as a non-OH-professional and a critical friend. He put forward four main points:

Trust me - I'm a doctor
He said it was difficult for occupational health doctors in the work setting to make a business case for health promotion. He said that OH tends to lack political clout. But the authority of medical knowledge counted with business bosses and occupational physicians should build on that.

The appliance of science
There is a wealth of scientific data from eminent academics such as Sir Michael Marmot, which have a great deal to tell us about health in the workplace: motivational theory; social gradients in the workplace and their impact on health; and the importance to workers' health of control, variety, discretion and authority.

And yet at a time when the workforce is better educated than ever before, levels of control, variety and discretion are declining. And technology – hailed as an innovation which would lighten workloads – is resulting in more, not less, work.

OH professionals know all this. They understand the impact on health. To spend too much time on sickness absence only would be a waste of their skills.

Absence is a symptom
OH professionals are in a position to understand and act on the underlying causes and not just to treat the symptom and it is a better use of their skills to do this.

An eye to the future
In the context of the ageing workforce, people working longer and the increase of chronic disease, the workplace and public health agendas continue to converge. OH professionals should stand back and be alert to, and act on, the wider picture and apply their skills to prevention.

Too often OH professionals appear at the site of the car crash rather than preventing the crash from happening.

OH should be less of an emergency service. To do their job more effectively, OH professionals need to be liberated.

Ingolv Urnes, speaking against the motion, said that his point was simple: if OH professionals want to keep their profession relevant, they have to solve the problem for the client.

If they were to focus on prevention and managing people in the workplace, they would be simply one of many groups of professionals competing with management consultants and would lose their unique selling point.

Managers have serious problems with sickness absence with which they need help. If they pick up the phone they do not want to hear the OH doctor say: 'I haven't got time to deal with sickness absence; I'm too busy with prevention'.

Occupational physicians must be there when they are needed to solve the problems in the workplace.

Paul Litchfield, seconding the motion, looked back to OH luminaries including Ramazzini, whose work *De Morbis Artificum Diatriba* was not a treatise on sickness absence. He was one of the key writers to have developed modern thinking about OH – and his focus was not sickness absence but about caring for people of working age and their working conditions. And this combination of concerns is what sets occupational physicians apart from other doctors.

It was OH doctors who played a key part in controlling the major work-related health problems such as asbestos and lead poisoning, by working with others to devise safer ways of working. Nowadays, it is not so much physical hazards which OH professionals need to address – but rather the hazard of bad management.

With an awareness of the importance of addressing this hazard, BT has developed a model which enables them to identify early signs of individual and organisational impairment and to intervene appropriately.

Doctors are respected at both board room and shop floor level and occupational physicians should use this.

Most employees now expect their employer to take an interest in their lifestyle. OH professionals need to be aware of this and the opportunities it represents, and to be offering health and lifestyle services – and keeping out unqualified lifestyle advisers who proliferate.

The occupational medicine specialty training curriculum has 21 core competences, and only two mention sickness absence.

When a surgeon is faced with an acute problem, they look for the root cause and instigate treatment. Sickness absence is a symptom at an individual and an organisational level. Occupational physicians should be diagnosing the cause of the symptom. A modern day Ramazzini would think this was worth writing about.

Marianne Dyer, seconding the argument against the motion, said she had looked at the motion from the point of view of a doctor. Although some large organisations were lucky to have proactive OH departments working on prevention, many SMEs are not in this position. OH professionals must prevent what can be prevented but people still get sick and reports from Waddell and Burton, Dame Carol Black and others show that early intervention can have a dramatic effect, and the failure to intervene can result in worklessness and all that entails.

There is a moral requirement on doctors to intervene early where they can, and occupational physicians have the authority and knowledge to do this. Even timely phone advice, for instance on physiotherapy, can be very effective. Doctors have a vital role in setting expectations: ‘We’re going to get you back to work’. They also have a role in seeing the situation in the round and in realising that legal or financial advice could be key to stopping problems becoming medical.

The message ‘work is good for you’ is getting into the nation’s psyche.

Prevention is important. But occupational physicians have the power to change the expectations of individuals and companies about how they should deal with ill health. Absence is a serious problem and it must be prioritised.

The ensuing discussion included the following points:

The effect of sick pay arrangements

- There is a clear correlation between sick pay arrangements and time off work and so in many organisations, changing these arrangements would improve the situation; Ingolv Urnes had anecdotal but reasonably widespread experience of this.

- However, BT has sick pay similar to the public sector and half the absence rates.

- If the size of an organisation is controlled for, the public sector is no worse than the private sector; the question is more complex than a simple public/private split. It is also arguable that absence data is more robust and comprehensive in the public sector than in the private sector.

Sickness absence control and prevention

- The Work Foundation has abandoned the collection of sickness absence data; it is not a useful metric in measuring productivity. If employees are ill they work from home.

- This works for knowledge workers, where productivity is longer-term, but not for construction workers, who often do not get sick pay and so go to work even when they are ill. Work environments where there are ongoing functions such as production lines and hospital wards require careful absence monitoring.

- Advising on sickness absence can be a way for OH professional to get into SMEs. Are OH professionals aware of this or trained to be aware of this? Occupational medicine specialty training needs to improve on business skills.

- Sick pay arrangements are influential but so are the matters of how well managers are trained and how well they engage with OH.

- There is a risk that draconian approaches to sickness absence lead to presenteeism.

- Organisations which concentrate on prevention should not ignore absence. But if the focus is on prevention, absence becomes less important.

- Prevention is an essential part of OH: 'It's all very well pulling them out but it's better to go upstream and see who is throwing them in'.

OH in the board room

- To be effective, OH has to be at the board room table.

- In BT OH is interwoven with HR and health and safety and thereby has more impact at board level.

- But how many occupational physicians are happy to work at board room level? Not enough are ready to do this.

- Boards are influenced by data. OH needs to be able to present better data to boards.

- In gathering and presenting data, BT is trying to move away from lag to lead measures. Looking at the employee engagement survey enables BT to predict

where the stresses will be and so to act upstream and to report more to the board on lead measures.

- Do occupational physicians in the NHS see the Trust Chief Executive ever? (In the private sector chief medical officers must liaise with the board). For his NHS report Dr Steve Boorman had asked 100 NHS CEOs to name their occupational physician. Only three could. In the NHS OH operates in a small separate colony.

Engaging with employees

- It is vital that occupational physicians retain their impartial role and engage equally with both board room and unions. And in of their relationship with unions, it is important that there is an open culture where workers feel free to raise concerns and not to have to be present when they are ill.

- One problem that workers have is that access to OH has to be done via the manager. If they could refer themselves they would have greater sense of ownership. There are companies which offer this but there can be disadvantages. If the employee does not want the manager to know about a health problem, it can be difficult to make progress.

- Occupational physicians need to be out on the shop floor finding out the workers' perspective. They fail in the job if they stay in the clinic all the time.

- The outsourcing of OH services has undermined much good preventive work and reduced the opportunities for OH to integrate and to engage fully with staff.

Sickness Absence Review

- If OH professionals get involved with the proposed Independent Assessment Service (ISA), will they be seen as part of the policing system and so lose workers' trust?

- The ISA should address one of the problems of Work Capability Assessment, where currently there is a long delay before absence is addressed.

- It is a good thing that there will be early interaction with OH – but it will be fleeting interaction and will not provide the opportunity for building the long term relationships which are important to successful OH.

- How will the ISAs relate to the employer? How can they give effective advice if they do not know the workplace? Is the GP going to be the sole source of information?

- Making this new system work effectively in the current economic climate will be a challenge.

- It was the employers who were particularly supportive of the concept of ISAs. They want certainty about whether an employee can return and/or whether the job needs to be adapted or changed. If they know the employee cannot return, the employer can start a different conversation with the employee, rather than wait for 28 weeks.

- The development of ISAs offers an opportunity to the Faculty of Occupational Medicine to set the standards for the service. There is an opportunity for the specialty to contribute in a meaningful way. Will it be taken? The answer was 'yes'.

- Fitness for Work sevices have operated in isolation from employers. There is a need to ensure that ISAs do not make the same mistake.

OH professionals: the need to change and to be proactive

- Question to Stephen Bevan: do OH professionals need to be liberated or to liberate themselves? Answer: the latter. There is a tendency for OH professional to take orders rather than to be proactive. They should be telling companies what the companies do not know and what they need to know.

- The elephant in the room is that very few workers have access to OH. And now there is an increasing risk that there will be insufficient OH professionals to provide the services needed. OH needs have changed. Are the profesisonals prepared to change too? If they do not, they become irrelavant.

Summing up

Stephen Bevan stressed the need for OH professionals to have a more strategic role. Solving absence is important but prevention is vital. 'Occupational health, go for it! All you have to lose is your meekness!'

Ingolv Urnes said he was not against upstream work but if OH does not deliver on the basic requirements, it will become irrelevant. They risk focusing on 'fancy upstream work' and ignoring the real problems. Google offers 700,000 pages on sickness absence – but 47 million on management consultants; OH must not become just another management consultancy service. 'I urge you to oppose the motion for your profession's sake!'

Paul Litchfield said we must not condemn the next generation of occupational physicians to sitting in clinics dealing with sickness absence; they will not thank us for it.

Marianne Dyer stressed that employees do get sick. Not all SMEs and individuals have the benefit of preventive services. OH needs to deal with absence, in order to get its foot in the door and convince the board of its importance.

The vote

John Ballard invited the audience to vote on the motion: **'**Occupational health has more to contribute to the management of people at work than to the management of those off sick'.

There was an overwhelming vote in favour. But John Ballard said that what was important was the debate which had been excellent.

The President, Olivia Carlton, thanked John Ballard and the four speakers and also the audience for their lively participation. She committed the Faculty to moving forwards with many of the issue raised, and closed the proceedings.

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