



From the President

Professor D N M Coggon OBE MA PhD DM FRCP FFPH FFOM FMedSci

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Dear colleagues

As our new Government gets down to business, there are no signs that work and health is slipping off the agenda, although there may be some changes in emphasis. Protecting and promoting the health of working-age people will remain a priority, not only for the benefits it brings to individuals and their families, but also to maximise productivity. At the same time, there is likely to be further review of incapacity benefits, the challenge being to balance support for those who cannot work against perverse incentives to illness and disability if provisions are too generous. Already, Lord Young has been asked by the Prime Minister to undertake a cross-government review of health and safety and the compensation culture, and I have been working with Olivia Carlton (President of the Society of Occupational Medicine) in drafting a joint response to his consultation from the Faculty and Society. Looking beyond that, we will be writing to new Ministers at DH and DWP, highlighting the important contribution that occupational physicians can make to the work and health agenda, and areas in which we believe that policy could be improved despite the inevitable financial constraints.

A welcome early action by the Government has been to put back the timetable for revalidation by 12 months. This seems entirely sensible. There is no urgent problem that will be solved by its introduction, and it will be much better if it is brought in after careful and thorough piloting with revisions if they are necessary. A pilot exercise is being carried out in the NHS, although I have doubts whether the evaluation will address all of the important questions on costs and benefits. Here at the Faculty, we have obtained funding through the Academy of Medical Royal Colleges to carry out our own pilot study, working jointly with the Faculties of Public Health and Pharmaceutical Medicine. Like us, they have substantial numbers of members working outside the NHS, and therefore plan to appoint their own Responsible Officers. As part of this mailing you will find an invitation for expressions of interest in participating in the pilot study. This will be a valuable opportunity to try to ensure that arrangements are optimised, especially for those of you who do not work in medically managed organisations. And there will be the added bonus of free appraisal and multi-source feedback. So please think about putting your name forward. It is not a final commitment at this stage, only an expression of interest.

As President of the Faculty, I am very much aware of the enormous variety of work that is undertaken by occupational physicians. These days, it seems more diverse than ever. We may operate in the public sector, the private sector, or both. Some of us provide in-house services, while others are externally contracted. Some have wide-ranging responsibilities for health and safety, extending to general health promotion and environmental health impacts. Others focus more narrowly on the management of sickness absence and ill-health retirement. Some have responsibilities overseas as well as in the UK. Some have an important managerial role. Some deal only with people who are in employment while others have a remit that extends to all people of working age. Some work for

Government, or in research or teaching. With only limited resource and such a wide range of interests to cover, there is a danger that the Faculty is perceived by some as remote or irrelevant. However, I believe this is a misconception.

Many of our core activities – e.g. on training and qualifications, CPD certification and standards for occupational health services – have a very broad relevance. Moreover, while individual projects are often narrower in focus, collectively they embrace a wide range of interests. Examples of areas in which I have been actively involved in the past year include:

- Guidance on medical assessment for ill-health retirement in Local Government
- Health problems in doctors and dentists that impact on their fitness to practise
- Guidance on medical assessment for “blue light” drivers
- Postgraduate training in environmental medicine
- Safety of a working environment in the military
- Training for GPs and other non-occupational physicians on work and health
- Evaluation of fit-for-work services
- Recruitment and training of scientists in disciplines relevant to health risk assessment for chemical and physical agents.
- Training and qualifications for occupational health nurses
- Guidance for employers on communicating with general practitioners about employees who are off work with health problems
- Clinical guidelines produced by the Occupational Health Clinical Effectiveness Unit (now renamed the Health and Work Development Unit)
- Training in occupational medicine in India and Pakistan

I also take up and advise on particular problems which have been experienced by individual members and some of the topics listed above have emerged in this way. If you feel there are problems in your area of work that the Faculty should be addressing, then please get in touch.

I hope that everyone gets a chance to enjoy the summer weather, and look forward to seeing some of you (especially those based in Ireland) at our joint conference with the Irish Faculty in Newry on 1 October; the booking form is enclosed and available on the Faculty website.

With best wishes

David Coggon
President

Enclosed:

Conference booking form for: **Promoting positive mental health in health professionals**

Invitation to participate in the revalidation pilot, with an expression of interest form (with return pre-paid envelopes)

Two newly published leaflets on chickenpox and shingles in the workplace

The Faculty's summary annual report for 2009

Programme and booking form: *The World of Work - New Directions in Musculoskeletal Care* (Royal College of Physicians and British Society of Rheumatology)

Leaflet from the University of Birmingham: *Occupational Health MSc/PG Dip*