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Registered in England No 07461063
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6 June 2011

Dear colleagues

As I come to the end of my term as President, I am writing to give you a brief summary of what has been achieved over the past three years, as presented at the Annual General Meeting on 19 May.

Strategy for OH care

One of my first steps when I became President was to initiate discussion and develop a Faculty view on how occupational health care should best be organised and delivered in the UK. This process included a conference on the topic in December 2008, and then consultation with the membership on a draft strategy document which was finally signed off by the Board in January 2010.[1] The report made various recommendations that we have taken forward.

SEQOHS

Perhaps most important was the development of standards and a scheme of voluntary accreditation for occupational health services. I am immensely grateful to Paul Nicholson, who has done a splendid job in leading this project – driving it forward in a timely manner, ensuring that the standards reflect the consensus view of a broad range of stakeholders, and devising a meaningful but practical system for accreditation. At the last count (6 May), 102 services had registered to participate, and it is planned that the first certificates will be awarded by Dame Carol Black in July. The value of the scheme has been recognised by Government, and, for example, accreditation is now an expected requirement for all NHS occupational health services (with some sector-specific additions). The aim is that it will progressively drive improvements in practice, and at the same time help employers to distinguish good quality providers of services. It should also be useful for individual Faculty members who as part of their revalidation wish to demonstrate that they work in environments with appropriate organisational governance.

Training on work and health for medical students and doctors

Another need identified in the strategy was for better training on work and health for medical undergraduates, GPs and hospital doctors. Over the past three years, Nerys Williams, Martin Tohill and colleagues from the POHMS group have been active in promoting teaching on occupational health in medical schools, in particular through establishment of a network of FOM teaching leads to act as champions in each school. Feedback from individual teaching leads indicates that in some cases this effort has already led to tangible improvements in coverage of work and health – not easy to achieve at a time when there is so much pressure for space in the undergraduate curriculum.

As regards training for GPs, several complementary initiatives have been implemented, including study days and the production of online training modules. Debbie Cohen, Sayeed Khan and Keith Palmer have been particularly active on this front, working in collaboration with

[1] http://www.facoccmed.ac.uk/library/docs/pp_natstrat.pdf

colleagues from SOM, RCGP, DWP and DH. More recently, Debbie has turned her attention also to training for hospital doctors, while Tony Williams has contributed importantly to guidance produced by the Royal Colleges of Surgeons and of Obstetricians and Gynaecologists on recovery (including return to work) after common surgical procedures.

The strategy also proposed that there should be opportunities for attachments in occupational medicine in the Foundation years, and as part of GP training. Thanks to the enthusiasm of local occupational physicians, a few such appointments have been made possible in Aberdeen and the West Midlands, and it is to be hoped that experience in these centres will encourage others to follow.

Training and qualifications for occupational health nurses

As well as addressing training needs for doctors, the strategy document highlighted a problem with the current system of training for occupational health nurses and, in particular, the lack of a well-recognised national qualification specific to the specialisation (occupational health nurses being included under the banner of public health along with much larger numbers of health visitors and school nurses). This can make it difficult for employers to identify nurses with the competences in occupational health that they need. The problem and case for change were set out in a report by the Council for Work and Health, to which I was able to make substantial input. This was sent to the Chief Nursing Officers of the four home countries, and is now being taken forward in discussions with the Nursing and Midwifery Council.

Guidance for employers on communicating with doctors

Another recommendation that has been taken up by the Council for Work and Health is the production of guidance for employers (especially SMEs) on how to communicate most effectively with GPs and other clinicians about individuals who are off work with health problems. The intention is that this should complement efforts to enhance doctors' knowledge and their ability to advise on work in relation to health.

Academic base

A major concern for some time has been the reduction in the academic base for occupational health in the UK. This is part of a broader decline in various applied sciences, which was the focus of a workshop that I convened jointly with Patrick McDonald (then HSE Chief Scientist) in 2009. The meeting was attended by senior academics from relevant disciplines, and by representatives of Government departments and agencies such as HSE, HPA and FSA, which carry out risk assessment for chemical and physical agents. There was consensus that a "generation gap" in academic applied sciences threatens the future ability of policy makers to manage chemical and physical hazards, and proposals were made to address the problem (while recognising that this would be more difficult in the currently challenging financial environment). The thinking was summarised in a report, which Patrick, I and Sir Anthony Newman Taylor (who chaired the workshop) then discussed with the Medical Research Council and Sir John Beddington (Government Chief Scientist). Whether this activity bears worthwhile fruit remains to be seen, but if nothing else, we have ensured that the people who need to know are aware of the problem.

Occupational medicine in public health teams

The strategy document also made a case for the trial inclusion of occupational physicians in public health teams, to lead and coordinate on matters relating to the health of the working age population. With the reorganisation of public health services that has now been proposed by the Government, it seems that such input might best be achieved through a number of part-time appointments to public health teams in larger local authorities. Olivia Carlton and I discussed this at a meeting with Anne Milton, Minister for Public Health, who was supportive, and we are now trying to engage with the representative body for local authority chief executives, since any decisions on such appointments will be taken at a local level.

Workforce planning

Another need identified in the strategy was for a review of manpower in occupational medicine, particularly since over the past three years there has been a substantial decline in the number of new recruits to specialist training that is only partially offset by influx of trained specialists from other EU countries. The proposed review, which included a survey of members' current employment and intentions to retire or substantially reduce working hours, has now been completed, and a draft report has gone out to the membership for consultation. The report suggests that recruitment needs to increase significantly even just to maintain current numbers, and that over and above this, a growth in the specialist workforce is both desirable and a realistic objective. Once finalised, the report will be used as a basis on which to press for better support of specialist training in occupational medicine.

Environmental Medicine

In addition to actions that emerged from the Faculty's strategy document, several other projects have been initiated. One of these was a review, funded by the Academy of Medical Royal Colleges and led by the Faculty, looking at ways in which relevant Colleges and Faculties could better support the practice of environmental medicine. A working group was convened with representation from the Colleges and Faculties concerned, as well as leading practitioners, and a report was produced, which has now been sent to the Colleges and Faculties for endorsement. Among other things, the report includes a proposed curriculum for advanced training in environmental medicine, which could be used to assist planning of CPD and the design of courses. It also recommends establishment of a standing group of College and Faculty representatives to act as a channel of communication and coordinate responses to external developments relevant to the practice of environmental medicine.

Health of health practitioners

The last three years has seen wider recognition of the importance and particular challenges of caring for the health of doctors and other health practitioners, especially in relation to problems of mental health and addiction. With funding from DH, and working in collaboration with ANHOPS, RCGP and RC Psych, the Faculty has developed a curriculum for advanced training in this area of practice, and then implemented training based on the curriculum through two workshops led by Debbie Cohen. The health of health practitioners was also the subject of a conference that we held in Newry in October 2010.

Occupational health assessment of emergency drivers

It is always helpful when members flag up problems which they think the Faculty could usefully address. Some time ago, Eugene Waclawski drew attention to uncertainties about the appropriate standards of medical fitness for drivers of emergency vehicles in, for example, the police, fire and ambulance services. This was leading to inconsistent practices. A working group has therefore been set up under the leadership of David Bulpitt to put together evidence-based guidance on the occupational health assessment of such drivers and standards of fitness for different categories of work. They are due to complete their task within the next 12 months.

Changes to specialist training

As well as pursuing its own initiatives, the Faculty continually responds to external demands. In the past three years, this has included implementation of major changes to specialist training, which had been put into train in response to the requirements of PMETB (now incorporated in the GMC). Among other things, the arrangements for Part 1 MFOM had to be worked out, a new Part 2 MFOM examination had to be designed and brought into operation, and methods for workplace based assessments had to be developed. It is a tribute to Keith Palmer, Dil Sen and all the other members of the academic team (committee members, examiners, Regional Specialty Advisers, deputies etc) that these major changes have been effected so smoothly. It would be nice if we could all now relax a bit while the new systems bed in, but I fear that we will continue to be loaded with further work from outside bodies such as the GMC – a particular problem for smaller specialties such as our own.

Revalidation
Revalidation has been another driver of work which was not of our own making. The continuing challenge has been to ensure, as far as we are able, that procedures are fair and proportionate, and do not consume resources (especially doctor time) without a commensurate public benefit. I am doubtful that this will be achieved fully, but the scheme that is emerging looks better than it might have done, and the delays in implementation to allow piloting of systems and methods have been welcome.

Particularly important is the need to cater for occupational physicians who work outside the NHS in organisations that are not medically managed. To provide for these individuals, the Faculty has succeeded in being named in the legislation as an organisation that will appoint a Responsible Officer, and we have been working with SOM to ensure that suitable systems of appraisal will be in place. In addition, with funding from the Academy of Medical Royal Colleges, and working jointly with the Faculties of Public Health and of Pharmaceutical Medicine, we are piloting methods that could be used for revalidation of doctors outside the NHS.

I am extremely grateful to Rob Thornton for his efforts in leading this work.

New Government
The change of Government in 2010 also prompted substantial activity, particularly in response to the major reforms of the NHS in England that have been proposed. While only a minority of occupational physicians work in the NHS, the changes and their consequences have the potential to impact importantly on our activities more widely. To give one example, as an adjunct to the main reforms, radical changes are contemplated to the organisation of training for doctors and other health professionals. The planning for this seems to have been hasty and broad-brush, such that the requirements of a small and unusual (largely non-NHS) specialty such as ours are easily overlooked. We must therefore be constantly on our toes to ensure we are not forgotten. It is also our duty to point out to Government the dangers of the course that they are following. While their principal objectives are laudable, there are serious doubts that they will be achieved, and introducing such drastic reforms across the board without prior piloting and evaluation will lead to unnecessary waste of resources while the same lessons are being learnt independently in different places. We have made these points in our responses to consultations, but how much Ministers will take on board from what we and others are saying remains to be seen.

On a brighter note, it is encouraging that the new Government has shown a clear commitment to healthy employment, and is continuing the more promising initiatives on work and health that were started by its predecessor.

Confidentiality and consent for medical reports
One development that caused anger and frustration for a lot of Faculty members was the GMC's revised guidance on confidentiality and consent – a topic on which there is a divergence of carefully considered and strongly held views among the membership. In our communications with the GMC, both before and after the guidance was issued, we tried to reflect the diverse views of members, but at the end of the day the GMC were resolute that occupational physicians should be subject to the same rules as other doctors. From the discussions that I have had with individual members, I think most have adjusted to the requirements of the new guidance without too much difficulty, although it did cause problems at the time. One good thing that came to light in the discussions was confirmation from the GMC that they often look to the Faculty's guidance on ethics when considering cases relating to occupational health practice.

Local Government pensions
Another problem that was raised by members was a difficulty caused by unsatisfactory revisions to the law on local government pensions, which appeared to require occupational physicians to adjudicate on matters that were beyond their competence. As President of the Faculty, I was able to work with ALAMA representatives and officials from the Department for Communities and Local Government in clarifying the problem and providing interim guidance for practitioners. Subsequently, I and others also made input to proposed redrafting of the regulations to address the anomaly.

Aviation medicine
Most of you who work in aviation medicine will have had an email from me recently asking about proposals (from outside the Faculty) to establish a new specialty of aviation medicine, and possibly also a new Faculty of Aviation Medicine under the auspices of the Royal College of Physicians. These proposals require careful consideration, and decisions must take into account the views of the practitioners concerned. It has therefore been really helpful to have such thoughtful opinions from so many of those consulted. The views expressed are being taken on board in discussions with the College, and we will report back as plans evolve.

Operational matters
To deliver its programme of work, the Faculty has had to make a number of changes to the way in which it works. Most obvious is the move to new premises, a change that was necessitated by the College's requirement for more office space. The need to take on a commercial lease was then one of the factors in our decision to become a limited company, making the Faculty a legal entity that can contract in its own right, and thereby reducing personal financial risks to its trustees. This transition, which was agreed at an Extraordinary General Meeting in December, is now essentially complete.

Most recently, we have had to address a threatened budget deficit, driven mainly by the combination of losing our generously subsidised lease from the RCP, the decline in entry to specialist training, and delays in the implementation of revalidation. Facing up to this problem has been painful – as well as the increase in fees, we have significantly reduced staffing and thereby expenditure. However, it would have been irresponsible for the Board not to act when it did.

Simon Sheard (Treasurer) and Ray Johnston (Registrar) have worked enormously hard in seeing us through these changes, and their wisdom and expertise are much appreciated.

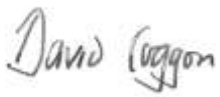
Future developments
Presidents come and go, but the work of the Faculty continues, and several new streams of work are currently coming online. Plans are well advanced for new editions of *Fitness for Work*, and of the Faculty's guidance on ethics. Funding has been secured from DH to support exploratory work on a new diploma focusing on fitness for work, sickness absence, ill-health retirement and productivity, which would be aimed at non-medical occupational health professionals and human resources personnel as well as non-specialist occupational physicians. And having demitted office as President, I will be exploring the scope for an international diploma in occupational health aimed at doctors in developing countries where there is no national qualification in occupational medicine. We are also considering the possibility of master classes on special topics that might appeal to a smaller constituency as part of their CPD, and will be consulting diplomates about ways in which the Faculty might better meet their needs.

Thanks
I started this letter intending to be brief, but as you will appreciate, there has been much to report, even without covering more routine activities such as diploma examinations and conferences. This has only been possible because so many members have been willing to give their time to work for the Faculty in one way or another. I have mentioned a few individuals

by name, but in doing so, I recognise that there are many others whose contributions are also much valued. Most of them are listed in the annual reports from the last three years, and when you count them up it is remarkable what a high proportion of our membership are so active on our behalf – I suspect much higher than for most other specialties. I thank them all, and particularly the members of the Board and Executive, who have been a fantastic team and great fun to work with. I also thank Nicky Coates and all the staff of the Faculty, who have been a wonderful support, even when the pressure of work has been high.

Finally, I know that there are some members who feel that the Faculty is remote and of little value to them personally. I hope that this account may help to change their views, but if they feel there are other things that the Faculty should be doing, I hope that they will put their ideas to Olivia Carlton as my successor. I wish Olivia all the best in her new role.

Best wishes



David Coggon