EDITORIAL

Occupational medicine and the general practitioner

A substantial amount of occupational medicine is practised by primary care physicians and this applies throughout the world. In the UK, if we assume that 1 in 10 primary care physicians may have some attachment or interest then there may be as many as 3200 general practitioners (GPs) practising occupational medicine, even if this is simply an arrangement to see employees from a local company if they have health issues. This may be an underestimate and we know that all primary care physicians see work-related health problems on a daily basis. However, this introduction to occupational medicine has been a vital feeder to the speciality in the past and many full-time occupational physicians have had previous careers as GPs, often lasting many years, before they were prompted to make the change.

The majority of the working population do not have access to occupational health at a time when there are well-publicized government targets for achieving health in the workplace [1]. The current shortage of specialists and the shortfall of those in training in the speciality suggest a strong need for more GPs either to start practising or to convert to full-time occupational medicine. Moreover, it is believed that there are a vast number of companies, particularly smaller and medium-sized enterprises (SMEs), who are crying out for occupational medicine advice. However currently, only one in seven SMEs have access to an occupational physician [2]. The new GP contract of April 2004 allowed GPs to opt out of ‘out of hours’ care and this may give GPs the opportunity to take on some or more occupational medicine work. Conversely, there may be more incentive for GPs to concentrate on aspects of the new contract, such as the quality and outcome framework, which could be financially very rewarding.

Many converts from primary care are attracted by the unique facets of occupational health; this really is a speciality outside the more typical special interest within the health service and, uniquely, usually it is not at all within the National Health Service. This, in itself, is attractive as doctors discover the opportunity to operate in a real and very different world outside the normal medical boundaries. Specific advantages and differences include having more time with patients, operating in different physical environments and working with non-medical people, such as personnel and production managers, insurance specialists and lawyers. However, there also exist substantial differences between occupational medicine and general practice and the itinerant practitioner should be aware of these differences. The practising physician should understand the need to know the individual’s work as well as the individual and, therefore, the need to visit the workplace and directly observe the working environment. Occupational medicine demands the keeping of comprehensive health records. Perhaps most importantly, the doctor is not simply the ‘patient’s advocate’ but an independent adviser with responsibilities to both the employer and the employee while avoiding the label of ‘management tool’ and being aware of the conflict of interest in advising the people who are registered patients.

For these reasons, and without mentioning the obvious desirability of having a working knowledge of current health and safety law, there are strong arguments for doctors working within occupational medicine to have received some basic training and ideally to have achieved a relevant qualification. The entrance qualification for practising occupational medicine by primary care physicians should be the Diploma of Occupational Medicine (DOccMed). The DOccMed was introduced by the Faculty of Occupational Medicine in 1994 by replacing the Diploma of Industrial Health for doctors who wish to demonstrate a level of proficiency in occupational medicine appropriate to the practice of a generalist. A survey of the 1662 full members of the Society of Occupational Medicine [3] revealed 642 members who had identified themselves as GPs, of which 214 members had no formal occupational medicine qualifications. There were also a further 124 members not in supervised posts and having no formal occupational medicine qualifications. While it can be argued that their membership of the SOM suggests a higher awareness at least, it also suggests that much occupational medicine is practised without formal training and qualification.

The DOccMed consists of a multiple-choice examination, a portfolio assessment and an oral examination. The examination regulations, core syllabus and guidance notes as well as application forms can all be accessed from the Faculty of Occupational Medicine website [4]. Currently, a number of institutes offer training for the Diploma including the Centre for Occupational and Environmental Health at the University of Manchester and the University of Birmingham Institute of Occupational and Environmental Medicine. These courses are offered as a distance learning course [5] lasting 6 months including seminar days and computer assisted learning discs, or as a 13 day teaching course with seminars, discussions, project work, case studies and factory visits [6].
Edinburgh, Guildford and London can be obtained from the Faculty of Occupational Medicine website [4].

GPs with qualifications in occupational medicine will find they have expertise no other doctor in their geographical area possesses as well as benefiting from the unique experience that occupational medicine provides. This will include understanding the role of occupational health services; legal aspects of confidentiality and communication; occupational health law, UK and European, and the role of the Health & Safety Executive; occupational diseases, particularly mental health, skin, respiratory and musculoskeletal diseases; occupational toxicology and hygiene; health and safety risk management; and assessment of disability.

Armed with appropriate knowledge and qualifications, such as the Diploma, the GP can not only manage, to a high level, occupational aspects of general practice work but can also tackle occupational medicine work for local companies, receiving both intellectual and financial rewards that can eventually lead to a full-time career in occupational medicine.

There are many good reasons for more primary care physicians to practise occupational medicine, and these include promoting the best interests of working people, the speciality of occupational medicine and GPs themselves. There is a good argument for having a GP in every practice with a qualification in occupational medicine and this could be beneficial in reducing the amount of sickness certification that is causing a national concern. There is an onus on all interested parties to ensure GPs, interested in practising occupational medicine in whatever way, have the right encouragement and access to obtain appropriate qualifications.

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References

3. Society of Occupational Medicine statistics from a personal communication from Mrs Hilary Todd, Executive Secretary, The Society of Occupational Medicine, 22 February 2005.
4. Faculty of Occupational Medicine website at www.facoccmed.ac.uk
5. Centre for Occupational and Environmental Health website, The University of Manchester at www.coeh.man.ac.uk
6. Institute of Occupational and Environmental Medicine website, The University of Birmingham at www.pcpoh.bham.ac.uk