Audit or assessment tools for occupational health letters or reports

Dear Sir,

Lalloo et al. [1] are to be commended for undertaking further research on methods of auditing the process and outputs of occupational physicians’ reports, which usually take the form of correspondence with referring managers. To supplement their literature search, readers should be aware that your journal has published research regarding this issue in the past and occupational physicians’ reports were audited against both an audit standard and the original referring managers’ letters [2]. Moreover, the tool first validated by this earlier published research together with allied work has been adapted and made available for more widespread access and use as a Correspondence Assessment/Audit Tool for Occupational Health [3].

Furthermore, it is important to be aware that the Sheffield Assessment Instrument for Letters (SAIL) tool used by the Faculty of Occupational Medicine for trainee assessments and thence by Laloo et al., was never designed for the purposes of auditing specifically occupational physicians’ correspondence. Indeed, it was validated as a pedagogic tool to improve outpatient letters by paediatric registrars [4]. Thus, while SAIL may have face or construct validity at a generic level for physicians’ outpatient correspondence, usually when writing to other doctors, it lacks content validity at the level of specifically assessing occupational health reports. Occupational physicians’ reports address key questions such as patients’ sickness absence, fitness, performance and safety at work as well as occupational rehabilitation, and these form the basis of previously validated audit items [2]. However, none of these specific items are intrinsic to SAIL, nor indeed to the Faculty of Occupational Medicine’s adaptation [5], both of which are therefore limited in their capacity to audit the explicit and essential detail of most occupational physicians’ letters or reports.

Finally, the authors are right in acknowledging ‘the question of internal consistency between reviewers’ as a potential weakness in the interpretation of SAIL and in their audit. In contrast, the reliability of the previously published audit tool [2] has been studied [6], although more research to continuously improve audit tools in occupational health is warranted and welcome.

Raymond Agius
Centre for Occupational and Environmental Health, The University of Manchester, Manchester, UK
e-mail: raymond.agius@manchester.ac.uk

References


Reply

We thank Professor Agius for his comments [1]. Our key objective was to assess the outcomes of the peer review process and the proportion of occupational health (OH) reports that required modifications before release and we felt it was important to concentrate on more recent developments in this field.

In our organization, peer review of OH reports has to be incorporated into busy working schedules and we audit not a sample but all reports produced for specific customers. In practical terms, the time consumed in this process was an important consideration. We therefore sought an audit tool that was concise and simple to use whilst at the same time captured the standard framework elements of an OH report.

We are aware of the background to the Sheffield Instrument for Letters (SAIL). Since the SAIL met our requirements and has been the chosen tool of the Faculty of Occupational Medicine for trainee assessments, it was selected for our setting. We acknowledge the potential merit in auditing the explicit and essential detail of occupational physicians’ reports and do that already on a sampling basis. In this audit, the objective was to assess the basic framework elements of our OH reports. Both approaches are complementary but, we