Time to ditch Occupational Health

We have all seen the quizzical look on the face of the enquirer at a social event as to what kind of doctor we are when we say occupational physician. Neither of these words is well understood and they smack of unnecessary elitism. The first is usually linked with therapist and probably, by association, basket weaving and is the second something to do with the science of physics? This is not a good start to a conversation nor is it conducive to a clear understanding in our discourse with the world of business. It is time to ditch Occupational Health. Let’s call it Work Medicine and I would like that we should be called Work Doctors. In-house we would be in the Work Medical Department and external providers could be Work Medical Services. When the Faculty and the Society join up we could look at a dynamic new logo for the Institute for Work Medicine. That done, we can now concentrate on attracting new young medical talent to our speciality on the one hand and business users of our services on the other. With regard to the former, we will attract talent if we are glowing from the inside with a new brand and new enthusiasm. But we also need a new direction to capture opportunities lost for both work medicine and the businesses we attempt to serve. We must stop telling all and sundry that work doctors are expensive. We are not! We add value and a consultation is way cheaper than the 6 weeks’ extra sickness absence we have curtailed for the company’s employee. Our new branding will hopefully spur us on to communicate better with businesses both collectively and individually. Are we having dialogues with the Confederation of British Industries, the Institute of Directors, the Federation of Small Businesses, the British Chambers of Commerce and the like? (I have been a member of the Policy Council of our local Chamber of Commerce for the last 6 years.) It would be good to reassure these bodies that we can help their corporate members by not being as partisan as our reputation would suggest, by dealing with difficult, occasionally adversarial, situations in an even-handed and balanced manner and generally adding value by, among other things, contributing to the engagement of the employee. We can be more effective if the employers will allow work medicine into their systems and a good start would be to send all the incoming Fit Notes directly to Work Medicine where a decision can be made about whether and when a return to work consultation takes place. I look forward to there being a better understanding out there as to what we do and I relish my next social event where I will reply, “I am a work doctor and I am affiliated to the Institute for Work Medicine and you can find us at inworkmed.com.” Yeah!

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