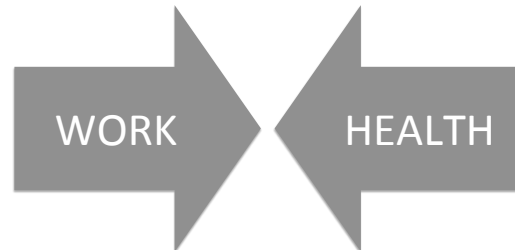


Occupational Medicine for Doctors



Dr Evie Kemp FFOM
Center for Occupational Health and Wellbeing
Oxford University Hospitals NHS Trust
evie.kemp@ouh.nhs.uk

What is Occupational Health?



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What is Occupational Medicine?



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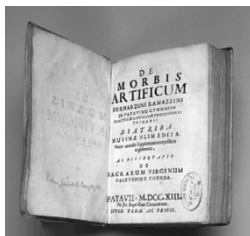
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De Morbis Artificum Diatriba



The incessant driving of the pen over paper causes intense fatigue of the hand and the whole arm because of the continuous ... strain on the muscles and tendons

All sedentary workers ... suffer from the itch, are a bad colour, and in poor condition ... for when the body is not kept moving the blood becomes tainted, its waste matter lodges in the skin, and the condition of the whole body deteriorates

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Knowledge

- Occupational disease
- Toxicology
- Hazards and risks
- Legislation
- Occupational hygiene
- Epidemiology
- Ergonomics
- Sector specific



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What do OH services look like?

- NHS
- Private
- Nurse led
- Consultant/doctor led
- Industry specific
- SEQOHS



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Principles

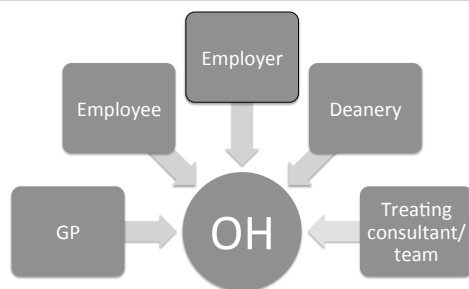
- Confidential
- Independent
- Support for employee
- Advice for manager organisation and individual



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Relationships



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Occupational Health in NHS

- Health and capacity for work
- Health protection
- Health legislation
- Health support
- Health education and promotion
- Work place visits



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Doctors Health and Wellbeing



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Mental Health

- Anxiety
- Depression
- Drug and alcohol abuse
- Suicide



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Suicidal Ideation in American Surgeons

American College of Surgeons

- X sectional anonymous survey
- 7905 surgeons (31.7% response)
- 501 (6.3%) SI in last 12 months
- 1.5-3 X SI than general population
- SI strongly related to depression and burnout
- **26% sought help**

Shanafelt TD, Balch CM, Dyrbye L et al. Special Report: Suicidal Ideation Among American Surgeons. Arch Surg. 2011;146(1):54-62. doi:10.1001/archsurg.2010.292.



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Barriers to seeking help

- Stigma
- workload/time off
- access to services
- fears future job prospects
- culture self reliance/ coping
- fear GMC involvement



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Denial

"We doctors wear magic white coats...we destroy disease all the time... how could it ever attack us?"

Quote from a middle aged oncologist with metastatic cancer

When Doctors Become Patients
Robert Klitzman 2008



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Illness behaviour

- no GP
- not using GP
- self diagnosis
- self prescribing
- corridor consultations



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Impact of health on work

Presenteeism

- Compromise patient care
- Expose colleagues/patients to harm
- Slower recovery

Effect on performance

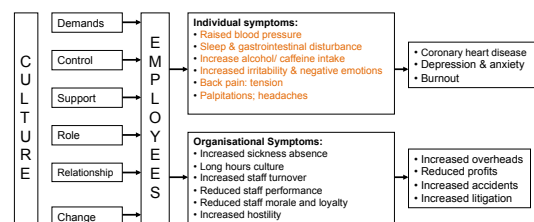
- 25% NCAS referrals
- NCAS casework the first 8 years, NPQA 2009
- US study: depressed junior doctors -6x medication errors
- www.bmj.com/cgi/content/full/336/7642/488



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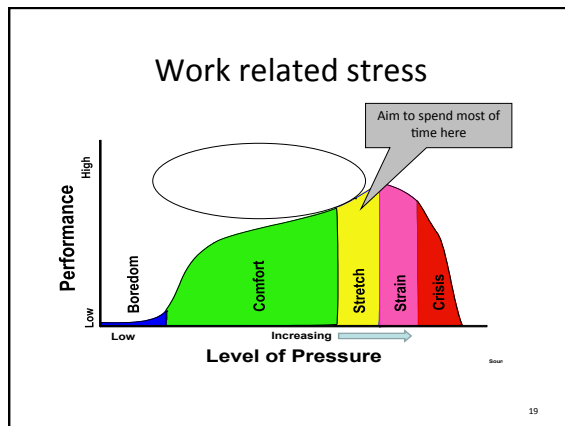
Impact of work on health



Palmer, Cooper & Thomas (2004)

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Early Warning Signs 1

Increased physical problems

Stress Busting for Managers

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Early Warning Signs 2

Relationship problems at home and at work

Stress Busting for Managers

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Early Warning Signs 3

Negative thoughts

Stress Busting for Managers

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Early Warning Signs 4

- Increased unhealthy behaviour
- Decreased healthy behaviour

Stress Busting for Managers

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Early Warning Signs 5

Physical exhaustion

Lack of emotional energy

FY2 Stress Busting Workshop

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Burnout

- Work related syndrome of chronic overstress
- Maslach 1997
 - Emotional exhaustion
 - Depersonalisation
 - Decreased sense personal accomplishment



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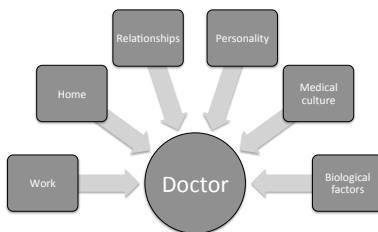
Stressors in doctors



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Issues impacting on health and wellbeing of doctors



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To be a good doctor one needs to be able to relate to patients and be capable of empathy and humanity

Yet....to survive emotionally one needs to be detached from patients pain and suffering



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Doctors need to be obsessional and self critical to avoid mishaps

Yet...higher levels of self criticism associated with high rates of depression



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If a doctor is doctoring a doctor
does the doctor doing the doctoring
doctor the doctor being doctoring
the way the doctor being doctoring
wants to be doctoring?
Or does the doctor doctoring the doctor
doctor the doctor being doctoring
the way the doctoring doctor usually
doctors?

Lipsitt D.R. and Schneek. Doctoring Doctors JAMA 281 (1991):1084

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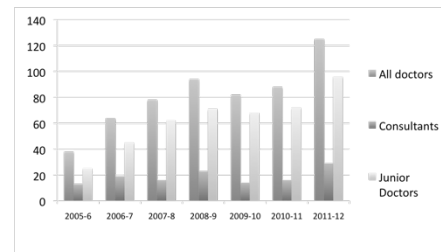
Doctors Health and Wellbeing at OUH



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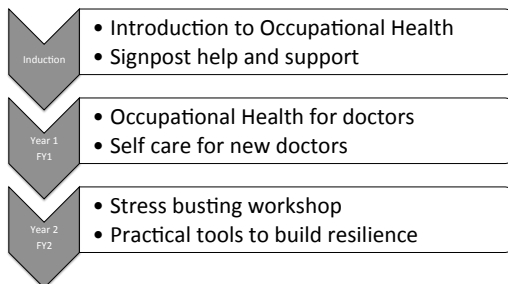
New OUH doctor consultations per year 2005-2012



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3 Step Program



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Doctors induction

Topic	Content
Introduction to OH	OH services Finding GP Needlestick prevention
Signpost help and support	Information on local, regional and national services for doctors Medic Support Career Development Unit



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FY1

Topic	Content
Immunisations	Details of vaccination programs
Needlestick injuries	Prevention, risks, actions Film about Hepatitis C transmission
Psychological wellbeing	Overview of problems in doctors Barriers to seeking help Impact of health on work and work on health including when/how to seek help Sources of support including free confidential counseling and CDU
Musculoskeletal problems	Manual handling, computer issues
Dermatological problems	Hand care, glove advice, dermatitis
Pregnancy and breastfeeding	Risk assessment and support
Self care for new doctors	Shift work, sleep, food, toilet, exercise, hobbies, relationships, support systems

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Pregnancy

- **Five work factors**
 - Heavy physical effort
 - Lifting (10-20kg)
 - Prolonged standing
 - Working >40 hours per week
 - Shift work
- **Five pregnancy outcomes** (miscarriage, pre-term delivery, SGA, low birth weight, preeclampsia)

Risk to pregnancy very small & health advantage to staying active



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FY2 Stress Busting Workshop



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FY2 Stress busting workshop

Topic	Content
Introduction	Background information - is there a problem?
Stressors in doctors	Stress questionnaire, small group work identifying stressors with discussion
Health and wellbeing in doctors	Early signs of stress, barriers to seeking help, sources of help. Tips on stress management
Practical tools to build resilience	Breathing exercises Challenging negative thinking using CBT tools
Personal plan	Balance wheel exercise and reflection

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Self Care- Toilet



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Beware unhealthy behaviour....



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Feedback

Program	Quality of session (% good/excellent)	Effectiveness of session (definitely/very)
Induction	92	-
Year 1	86	81
Year 2	86	93

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Feedback

"Excellent, very relevant, nice to go to a non boring lecture that's not a waste of my time"

"Important to help doctors lead healthy (mental and physical) lives inside and outside of work"



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Doctors Health and Wellbeing UK



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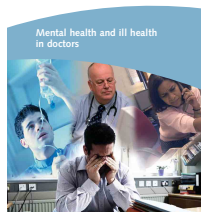


Dr Deksha Emson

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National plan



Invisible patients
Summary document

Summary of the report of the Working Group on the health of health professionals

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Health for Healthcare Professionals

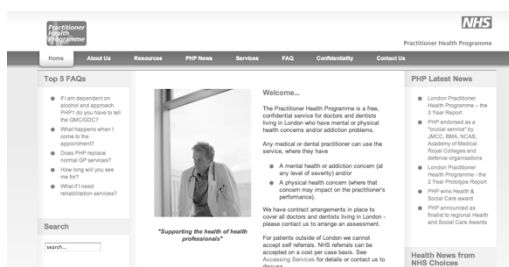


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Practitioner Health Program

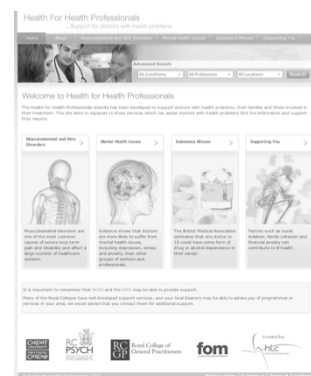
www.php.nhs.uk



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www.h4hp.co.uk



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Getting the best out of OH



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Which OH service?

- Consultant
- SEQOHS accreditation
- See lots of doctors
- Health for healthcare professionals training



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Management Issues

- who is manager
- fit notes
- monitoring absence
- timely referral
- appropriate referral
- manage not treat



'In my capacity as your G.P., I've written you out a new style fit note.'

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When to refer

- Consider all trainees with performance or behaviour issues (level 2 and 3)
- Long term sickness absence (>2 weeks/local policy)
- Recurrent short term sickness absence (4x in 6 months, missing on call)



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How to refer

- Discuss referral with junior doctor
- OH independent and confidential
- Referral letter
- Give relevant, fair background information
- Phone OH manager to make appointment
- Give junior doctor copy of letter



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Referral letter

www.ncas.nhs.uk/resources/handling-health-concerns

- Is Dr A fit for his/her current role? If Dr A is not fit, can you give an indication of likely duration of absence?
- Could Dr A's medical problems be contributing to problems with behaviour and /or performance at work?
- Are there any workplace factors contributing to Dr A's ill health?
- Would Dr A be considered to be disabled under the Equality Act 2010?
- Can you make any recommendations regarding a return to work plan and /or adjustments or modifications to Dr A's workplace/role?
- Can you recommend any help or support that the Department can offer Dr A?

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What happens in OH assessment?

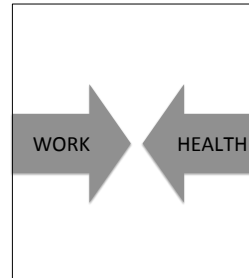
- Ideally seen by OH consultant
- History and examination
- Liaise with GP/treating consultant
- Consider referral to Medic Support/CDU
- Advice about fitness for work and rehabilitation programmes
- Adjustments under Equality Act 2010
- Ongoing OH review for assessment and support



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Fitness to return to work



1. Is the individual sufficiently fit, both physically and mentally, to return to his or her normal job?
2. If not, will workplace modifications enable him or her to return to work?
3. Is returning to work likely to harm his or her health?
4. Could returning to work adversely affect the health of other people?

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Equality Act 2010

- A person is considered disabled if they have "a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities (not work)"
- 'Substantial' is defined in the EA as something which is 'more than minor or trivial'
- 'Long-term' adverse effect is one which has lasted, or is likely to last, for at least 12 months or for the rest of an individual's life
- HIV, cancer, MS come under EA from diagnosis
- Ignore positive effects of treatment e.g. IDDM
- All employers except Armed Forces
- Includes discrimination because of association or perception
- The final decision on whether a person meets the EA's definition of disability is made by a tribunal-can give an opinion

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Reasonable adjustments EA

- Adjustments to premises, e.g. wheelchair ramp
- Changes to equipment, e.g. adapted keyboard
- Reduced or flexible hours
- Gradual reintroduction to work
- Transfer to a different job
- Time off for rehabilitation, assessment, or treatment
- Additional support e.g. mentor, supervisor

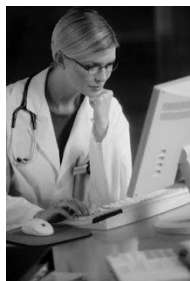


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Who sees OH report?

- Content discussed with doctor
- Can choose to see report by email before it is sent out*
- Report sent to clinical tutor (or other referring manager/trainer) with copy to junior doctor
- If appropriate additional copies sent to DME/ HR/ CDU coach/ GP/Medical Director



* guidance on disclosing medical information for employment purposes-Confidentiality GMC 2009

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What is an OH case conference?

- Complex cases
- Share information
- Formulate joint future plan
- Participants may include
 - Clinical tutor and /or DME
 - OH Consultant
 - HR Manager
 - Junior doctor
 - Support for junior doctor e.g. CDU coach, BMA rep



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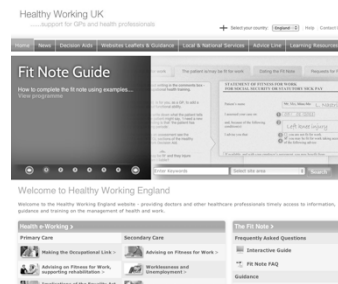
Take home message

- Always consider health problems when looking at behaviour and performance issues at work
- Don't expect to be told details about these health problems - they are confidential
- Remember you are the junior doctor's tutor/ES and NOT their treating physician

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<http://www.healthyworkinguk.co.uk/home>



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http://www.rcgp.org.uk/courses_events/health_and_work_training.aspx



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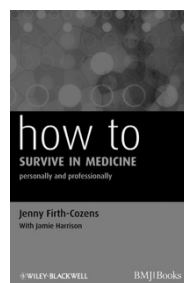
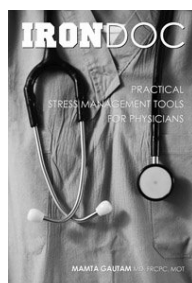
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Further Reading



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Doctors as Patients



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Tiger Country



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Questions

- What do you think about John's behaviour as doctor patient?
- Were there any boundary/professional violations in this scenario?
- Is this realistic?
- What recommendations would you give a doctor friend to avoid these problems?
- How do you access primary and secondary care?

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