Occupational medicine committee

ARM report 2021

**Dr Anne Raynal**

**Chair, occupational medicine committee**

The 2020-21 session has been an extremely busy period for the committee, and the following report provides an overview of our key areas of work.

**Protecting doctors against COVID-19 at work**

We continue to contribute to the BMA’s response to the COVID-19 pandemic. To this end we circulated our COVID-19 position paper internally within the BMA in December 2020, advising on key issues for protecting doctors at work. The OMC deputy chair has attended the weekly COVID-19 meetings and provided regular input on occupational medicine concerns. OMC members have contributed to a number of other internal meetings and discussions, as well as speaking at external meetings and events.

We have been actively involved in shaping the BMA’s policy positions for keeping doctors safe, including on suitable and sufficient workplace risk assessments, the debate for mandatory vaccination of healthcare workers, demands for effective PPE (personal protective equipment), sufficient workplace ventilation and on the need for an adequate response to long-COVID in the whole of the UK. In particular, we have pushed for two things: all doctors and other front line healthcare workers to be provided with FFP3 (filtering face pieces with 99% filtering efficiency) respirators rather than FRS (fluid resistant surgical) masks; healthcare workers in the front line of clinical care to be placed in a distinct and highest category of prioritisation for vaccination.

Following our input, the Chair of Council wrote to NHS trust CEOs, making the case for FFP3 respirators for healthcare workers looking after COVID-19 patients, regardless of whether or not they are engaged in ‘aerosol generating procedures’. We have had feedback from BMA members working in the frontline that this letter has been very helpful in enabling them to obtain adequate PPE. We also significantly contributed to the [BMA’s updated guidance on reducing infection risk in healthcare settings](https://www.bma.org.uk/media/4376/bma-covid-19-reducing-infection-risk-to-staff-in-healthcare-settings-august-2021.pdf) and a [comment piece on infection control and employers’ legal obligation to undertake risk assessments](https://www.hsj.co.uk/policy-and-regulation/when-it-comes-to-staff-safety-during-the-pandemic-the-buck-stops-with-chief-executives/7030773.article) (free registration required), which has been published in the Health Service Journal for healthcare leaders. Other BMA documents on COVID-19 that have had significant OMC input will be available shortly.

### **Raising awareness: poor access to occupational medicine and a crisis in the workforce**

We are lobbying on two key priorities: for all working people in the UK to have universal access to specialist occupational physician led services, through an obligation to be placed on either government or employers to provide this service; and for the financing of sufficient occupational medicine training places, as occurs for all other medical specialties.

Through our lobbying we have highlighted the dire shortage of occupational physicians in the UK and why we need more doctors specialising in occupational medicine. Above all, we have drawn attention to how enabling both individual doctors and their employers to obtain expert advice on their fitness to work in an environment where they could contract or transmit COVID-19, is essential for the effective running of the NHS in a pandemic. We have also emphasised occupational health practitioners’ valuable role in providing advice on safe rehabilitation programmes and adjustments at work to allow doctors to regain their working capacity.

Following a briefing we provided for the Chair of Council and the wider BMA on the occupational medicine workforce crisis, we sent a joint letter with the BMA Chair of Council to Helen Whately MP, the minister responsible for workforce, to highlight these issues and to request a meeting. We also submitted a ‘rapid response’ to the BMJ, emphasising the dire lack of occupational physicians available to undertake clinical risk assessments for clinically extremely vulnerable staff. Furthermore, we provided input into the BMA’s paper [Medical staffing in England: a defining moment for doctors and patients](https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/workforce/medical-staffing-in-england-report), which highlighted that occupational medicine had experienced the steepest decline in workforce numbers for any specialty.

We have also discussed these issues with both the Society of Occupational Medicine and the Faculty of Occupational Medicine, who share many of the same concerns. We will continue to maintain our relationships with these organisations going forward.

### **Doctors’ health and wellbeing**

We continue to provide expertise on health and wellbeing matters. We contributed to the [BMA’s Rest, Recover, Restore Report](https://www.bma.org.uk/media/3910/nhs-staff-recover-report-final.pdf), which looked at how the UK health service could get back on track after COVID-19 in the context of the health, safety, and mental wellbeing of the workforce remaining a top priority. We called for employers, commissioners and clinical leaders to ensure access to occupational health assessments, from a consultant occupational physician-led team, which must be timely and accessible to all staff.

We provided feedback to NHS England and NHS Improvement on their draft proposals for staff health and wellbeing pilots in primary care, highlighting that the outcomes and cost-effectiveness of any measures must be properly evaluated. Also that occupational health service provision should be consultant occupational physician led/SEQOHS (Safe, Effective, Quality Occupational Health Service) approved. We also continue to feed into the BMA’s wellbeing support stakeholders group.

### **HSE’s poor COVID-19 pandemic guidance and difficulties with RIDDOR**

The OMC has continued to seek assurances from the Health and Safety Executive (HSE) on legal obligations and duties that need to be followed in the pandemic.

We wrote to HSE in December 2020 and in March 2021, to raise concerns regarding inadequate reporting under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) for cases of COVID-19. We also raised their failure to provide guidance on adequate PPE provision or to further test the currently recommended FRS masks in their specialist laboratories. We have received confirmation from HSE that if a medical practitioner communicates a diagnosis of COVID-19 to the employer, stating that in their judgement the case was contracted in the course of their work, then it is reportable under RIDDOR and the employer 'must' report it.

We also worked with the BMA CMM (committee of medical managers) to produce an internal BMA briefing paper to flag concerns around RIDDOR reporting issues, and we will be progressing this work over the coming months.

### **Concerns about the rollout of the medical examiner (investigation of workers’ deaths) system**

We have been working with other committees across the BMA including the CMM, the GPC (general practitioners committee), the PFC (professional fees committee) and the FSEC (forensic and secure environments committee) to explore concerns regarding the rollout of the medical examiner system. We have raised concerns that the introduction of medical examiners might divert the investigation of deaths from COVID-19 in our members and other healthcare workers away from coroners and the HSE, and that it may prevent the learning of lessons and the taking of steps to protect workers. OMC and the wider BMA have been seeking advice from our legal team on these issues and possible action that we could take.

### **GMC**

We previously raised the issue of the lack of automatic notification to doctors when a complaint has been raised against them with the BMA professional regulation committee. We are concerned that all complaints, no matter how trivial or vexatious, remain on a registrant’s record, even if they have been summarily dismissed and the doctor has not been informed.

We requested that the GMC review its procedures so that doctors are notified of all complaints made against them. Following this, the BMA professional regulation committee wrote to other BMA committees to seek their views on action that should be taken on this and whether the BMA should make a formal request for the GMC to change its position. We will continue to liaise with the professional regulation committee on this issue and to input into next steps.

### **DVLA**

We continue to feed into the BMA’s work on issues relating to doctors’ relationship with the DVLA (Driver and Vehicle Licensing Agency), which is led by the PFC. We are seeking clarity regarding whether occupational physicians had indemnity cover when filling in DVLA D4 forms without corroboration of the applicant’s medical history. We have also recently provided our views on the scope of health care professionals who can complete medical questionnaires. We will continue to work with the PFC on these issues.

### **Standing orders**

This session we have also put together our first set of standing orders. This followed a request from BMA chief executive Tom Grinyer and the organisation committee to bring in standardised standing orders across all committees.