Fighting for our rights, fighting for our future

Occupational Medicine Committee report to ARM

Protecting doctors against COVID-19 in the workplace

We have continued to contribute substantially to the BMA’s response to the COVID-19 pandemic in ways ranging from the contribution of the BMA to the public debate, to producing tools to help BMA members’ risk assessments. Thus we prepared the basis for the Risk assessment for GP practices in England. We also supported the Chair of the Consultants’ Committee in lobbying for changes to ‘Infection Protection & Control Guidance’ to provide better and more widespread protection of BMA members against contracting COVID-19 at work from exposure to airborne virus.

We continued to raise concerns, including in mainstream media, on the inadequate reporting under HSE’s RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) process for cases of COVID-19 likely to have been contracted at work. We have given advice within the BMA to support members who are seeking redress for this under-reporting.

We have also provided advice and contributed to various BMA public communications and correspondence with the authorities regarding occupational health aspects of COVID-19. Moreover we provided a range of information to the BMA membership regarding risk assessments and protection against COVID-19, for example by lecturing at the Committee of Medical Managers Conference and by brokering an article in the February issue of ‘The Doctor’ magazine article entitled: PPE: A right to protection. We regularly contribute to the BMA’s internal COVID-19 ‘Teams’ meetings and e-list, providing advice and comment.

The OMC has participated in the representation of the BMA at joint meetings with other bodies concerned with protecting health care workers from COVID-19 e.g. the Royal College of Nursing (RCN) and the British Occupational Hygiene Society (BOHS). This collaborative working has resulted in a letter of concern to the Chair of Health and Safety
Executive (HSE) regarding the HSE’s stance on risk assessment and worker protection, with follow up action being discussed.

In early 2022 we raised serious concerns with the intent of the UK Health Security Agency (UKHSA) to conduct a cluster randomised trial called WIPPET (Winter PPE Trial). This trial was going to compare FFP3 respirators with surgical masks (FRSM) as respiratory protective equipment for NHS workers clinically exposed to patients infected with COVID-19. We highlighted that all such workers warranted FFP3 protection according to good practice, science and law. In conjunction with BMA colleagues, these ethical concerns were raised with the UKHSA, potential funders, and the Health Research Authority. Ethical permission for WIPPET was consequently withdrawn.

The OMC are represented on the BMA COVID-19 Inquiry Steering Group. This has involved submitting evidence and comments to feed into the BMA’s own inquiry as well as contributing to the revision of the ‘Terms of Reference’ of Baroness Heather Hallett’s Public Inquiry, where it was highlighted that there were important omissions such as the lack of reference to compliance with the Health and Safety at Work Act (1974).

**A crisis in the workforce – promoting occupational medicine and improving access**

We are lobbying on two key priorities:
1) For all working people in the UK to have universal access to specialist occupational physician led services
2) Increasing entry to the specialty by the financing of sufficient occupational medicine training posts via the National School of Occupational Health, and promoting the Certificate of Eligibility for Specialist Registration (CESR) route.

In March 2022 we met with Edward Argar MP (Minister of State for Health at the Department of Health and Social Care). We communicated the importance of occupational health as part of our nation’s healthcare structure and highlighted that there are currently too few occupational physicians working in the UK. We expressed the need for a clear and strategic plan to address the occupational health workforce crisis, comprising of raising awareness of the specialty across the medical workforce, increasing recruitment and training, and improving retention.

A follow up meeting was arranged with Department of Health and Social Care (DHSC) officials and the Head of the National School of Occupational Health (NSOH). Discussion centred around the key themes of: how to raise awareness of occupational medicine in undergraduate and postgraduate medical training, how to increase trainee numbers for both training pathways, Specialty Training (StR) and CESR, and how to improve the support available to those in training. DHSC officials have agreed to work with us to engage with the Medical Schools Council to improve the provision of occupational health training in undergraduate training.

We will also continue to engage with both the Society of Occupational Medicine and the Faculty of Occupational Medicine to explore how training can be enhanced, as they also share similar concerns.
Doctors’ health and wellbeing

We continue to provide expertise on health and wellbeing. We have recently spoken at the Junior Doctors Committee (JDC) about the role of occupational medicine and the parity between physical and mental health issues and the way in which any health issue is explored to understand whether it represents a health issue or a health concern. We agreed to co-sign a letter to NHS Employers about a new ‘Know your rights’ tool that hopes to raise junior doctors’ awareness of their rights and responsibilities in managing their health. The JDC have requested further support from us in improving junior doctors’ awareness of occupational health services and how to access support.

At the May 2022 OMC meeting it was agreed by members that we shall establish a new workstream focusing on the significant issue of burnout in doctors and the impact it is having on their health and wellbeing. It was recognised that this is a wider issue that needs to be addressed across the BMA and we will engage with other BMA committees on this topic. We have also put to ARM a motion specifically focusing on burnout in junior doctors.

Raymond Agius & Kathryn McKinnon

Co-Chairs Occupational Medicine Committee