

Occupational Medicine Committee (OMC) Written report to the ARM 2023

Occupational health announcements in the Chancellor's Spring Budget

The OMC have long been lobbying for improved access to occupational health services for all workers, and OMC co-chair Kathryn McKinnon attended a Parliamentary round table event on this topic in January 2023. We were therefore pleased to see that the Chancellor announced in his [Spring Budget](#) that the government will be introducing policies that encourage employers to support people back into work, to work more, and to prevent them falling out of work.

To support more businesses to provide occupational health services, the government has committed to take three actions: 1) expand a subsidy pilot scheme to support small and medium-sized businesses in England with the cost of purchasing occupational health services, 2) consult on increasing occupational health provision by UK employers, including regulatory options, boosting the supply of occupational health professionals, and kitemarking to indicate the quality of occupational health provision, 3) consult on options to increase investment in occupational health services by UK wide employers through the tax system. We are currently engaging with government to request further information about these proposals.

Covid-19

Primary and secondary prevention issues related to Covid-19 have not gone away. Even though overall mortality from Covid-19 has abated considerably, its consequences and implications are still there. Staff and patients remain vulnerable through uncontrolled exposure. Many are susceptible through non-vaccination, waning of vaccination and because of clinical reasons. Over the last session, OMC continued to give advice to the BMA Covid group, council, and to BMA media and communications teams, with outputs such as a [Covid-19 Risk Assessment Tool for General Practice](#), and our advice has also been reflected in various BMA press releases. We also advised BMA policy teams on updating guidance on Covid-19 risk assessments for pregnant doctors and contributed to a working group of the Royal College of Surgeons on protection in operating theatres.

Long covid

OMC contributed to the [Long Covid support for doctors webpage](#) and the online BMA survey entitled "Understanding long covid and other post-acute Covid complications" which was open to all doctors, not just BMA members. The survey closed earlier this year and the BMA received over 600 valid responses which have been analysed. Findings from the survey showed that about one fifth of doctors suffering with long covid are now unable to work and many others are also having to work less hours or have work adjustments. Part of the findings have been submitted to an occupational medicine journal with a view to peer reviewed publication. The findings will inform further BMA campaigning for recognition, rehabilitation and compensation of Long Covid in doctors and other health care workers. OMC will continue to provide advice to help the BMA in supporting doctors with long covid.

We have also provided occupational medicine advice relating to possible litigation for personal injury of BMA members who contracted covid at work and continue to highlight the implications of RIDDOR reporting for other matters such as NHS Injury Allowance.

Covid-19 public inquiry

The BMA is a core participant to the first three modules of the [UK Covid-19 public inquiry](#), examining pandemic preparedness (Module 1), decision making of the UK and devolved nation governments in response to the pandemic (Module 2) and the impact of the pandemic on healthcare systems, on treatment of patients, and on healthcare workers (Module 3). OMC have made significant contributions, via written submissions, to the public inquiry on behalf of the BMA.

OMC members have made representations about the need for detailed consideration of the health and safety issues experienced by healthcare workers during the pandemic, including failures to carry out workplace risk assessments, and the shortages of stock and supply of appropriate PPE. The inquiry will now be looking at availability of PPE prior to the pandemic thanks to BMA representations.

For module 3 the BMA also made an [oral statement](#) setting out our key messages e.g. the lack of PPE, the inadequacy of risk assessments, and lack of occupational health service resources. The inquiry has also appointed a number of experts to provide them with information on topics related to each module. As the BMA is a “core participant” we are reviewing the reports produced by these experts as we receive them and providing comments.

Burnout in doctors

Following a motion being passed at ARM in June 2022, we formed a small working group focusing on addressing burnout and how we could look to help other branch of practice committees to support their cohorts. We proposed the idea of adapting the [DEStress tool](#) for junior doctors (developed by OMC member Anli Zhou) to suit other branches of practice. We separately met with the consultants committee and general practice committee executive teams who were both very supportive of our offer to adapt the DEStress tool. We were in the process of amending the DEStress tool questions to suit their cohorts and the next step was for us to arrange focus groups to finesse the new version of the tool. Unfortunately, this workstream was paused as other strategic priorities meant that the other committees did not have the capacity to drive this piece of work forward, however we hope that it can be further progressed when capacity allows. We also met with the junior doctors committee wellbeing lead who saw the value the tool could add in addressing causes of burnout and proposed adding it to the Industrial relations officers toolkit.

Occupational health services for GPs

The lack of consistency in occupational health services available to GPs has been a long-standing issue. Following a meeting with a proactive BMA member who is lobbying for change following her own personal experiences, we have engaged with GPC England to offer advice on how to improve occupational health provision. Since this is an issue that affects GPs across the four nations, an action was taken for GPC England to liaise with GPC UK and for them to consider next steps in taking this piece of work forward (e.g looking into whether occupational health services could be built into the new GP contract), and OMC will provide ongoing support.

DVLA and driver medicals

We believe that in the interest of public safety and completeness, the person carrying out a D4 medical should always have access to the driver’s full medical record. The BMA professional fees committee (PFC) who hold engagement meetings with the DVLA, have communicated our concerns to the DVLA both in-person and in writing on several occasions, but unfortunately the DVLA were quite resistant about changing their policy and noted ultimately the decision on fitness to drive lies with them. It was agreed that OMC would write to the DVLA jointly with the Society of Occupational Medicine (SOM) on this topic, and we are awaiting a response.

General Medical Council (GMC) complaints process

Doctors are not informed by the GMC of all complaints made against them, only those that the GMC considers warrant further investigation, however a note of all complaints remain on doctors’ records. The OMC has been calling for the GMC to review their procedures and for doctors to be given the opportunity to ‘opt-in’ to be notified of all complaints made against them, even at the initial stage. OMC has held a meeting with the investigations branch of the GMC to raise these concerns and is working with the professional regulation committee to ask GMC to consider the procedural change as part of their regulatory reform.

Medical indemnity cover for physicians who provide medical advice to patients who are abroad

We sent letters to the Medical Defence Union (MDU), Medical and Dental Defence Union of Scotland (MDDUS) and Medical Protection Society (MPS) asking them whether their organisations provide indemnity cover for occupational physicians who provide medical advice to employers of patients who are currently abroad.

Their responses were similar, and they all essentially said that they are unable to provide indemnity where either the doctor or the patient is located overseas but recognise that there may be extraordinary circumstances in which they may be able to exercise discretion on a case-by-case basis. However, this would need to be agreed before the occupational physician undertook such work.

It is important that occupational physicians are aware that they may not be covered if either they or their patient is overseas and we made members aware of this through our OMC newsletters and urged those who may be affected to contact their insurers directly for advice on their individual position.

The Occupational physician booklet

We have reviewed and updated the BMA's Occupational physician booklet which aims to formalise the guidelines and advice that the BMA has offered to its members, to government departments and to other organisations on matters affecting occupational health. Once final improvements have been made to the formatting of the document, it will be available to download from the BMA website.

Safe Effective Quality Occupational Health Service (SEQOHS) standards consultation

We submitted a BMA response to the [SEQOHS](#) standard consultation led by the Faculty of Occupational Medicine (FOM). We raised concerns that the SEQOHS accreditation/audit could be seen as a 'tick-box-and-move-on' type of exercise and hope that the revised standards can persuade participants that this is not the case.

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