**NHS England Cumbria and North East- GP Appraisal local guidance**

**Supporting Information for Occupational Health Practice - Scope of Practice**

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1. **Objectives**

This guidance is meant for appraisers and appraisees to ensure supporting information is providing for scope of practice in Occupational Medicine.

1. **Background**

Occupational Health (OH)/Occupational Medicine (OM) is a branch of medicine which specialises in the relationship between work and health.

Assessments carried out may include:

* Fitness for Work
* Pre-employment, Health Surveillance
* Health Promotion
* Sickness Absence,
* Management Referrals,
* Work place assessments
* Ill Health Retirement Assessments.

Please note you do not need to be an Occupational Health Physician to carry out some medicals such as taxi medicals, HGV medicals etc.

OH Physicians are not patient advocates but independent advisors. Hence, reporting to the GMC is a common occurrence as they provide opinions which workers do not always agree with, but very few cases are taken forward by the GMC.

GP’s who undertake Occupational Health work in addition to their General Practice may work within a large public sector organisation, private sector occupational health service or single handed.

For larger organisations there are established performance reviews such as annual appraisals which would cover their scope of practice.

The Society of Occupational Medicine (SOM) operates the annual appraisal system on a platform called PReP via the Faculty of Occupational Medicine (FOM) for revalidation. Members can choose to pay for an appraisal to cover their Occupational Health work.

Organisations which are Safe Effective, Quality Occupational Health Service (SEQOHS) accredited are audited annually via the Faculty of Occupational Medicine. This covers business probity, information governance, people, facilities & equipment, relationship with purchasers and workers.

Where there is a supervising clinician in your OH role, you may have a formal annual review carried out which you can submit with your appraisal documentation. If you do not have such support in your role, then it will be the role of your appraiser to discuss your OH role with you, focusing on the questions listed below.

**Additional preparation for Appraisal in your OH role:**

Any additional preparation should be proportionate to the amount of OH work carried out. The evidence suggested in this guide is not prescriptive, but may help reflection on your OH role. There is no absolute requirement for any additional written evidence, but thinking through the areas outlined below may be useful preparation for your appraisal.

1. **How did you qualify for this role?**

An OH Physician must be a registered medical practitioner; the Faculty of Occupational Medicine provides education and training in occupational medicine for doctors.

There are three levels of qualification in occupational medicine.

These are:

1. Membership of the Faculty (MFOM):

a career specialist qualification

required for appointment as a hospital consultant

1. Associateship of the Faculty of Occupational Medicine (AFOM):

a mid-training qualification

aimed at doctors interested in pursuing a full-time career in occupational medicine

demonstrates a core knowledge in occupational medicine theory and practice

1. Diploma in Occupational Medicine (DOccMed):

a basic level qualification

aimed principally at GPs working part-time in occupational medicine

demonstrates an understanding of the main issues affect

Some specific medicals also require additional appointment to carry out which is outside the scope of this guide. It is not unheard of for a doctor to inadvertently carry out a medical without having the appropriate qualification or appointment. It is the appraisee’s responsibility, not the appraiser, to ensure they are carrying work within there own competencies as per GMC guidance.

1. **How do you keep up to date for this role?**

There is some cross over with general practice and occupational medicine Continuing Professional Development (CPD). However specific learning will depend on the type of work you carry out. Some examples of organisations providing CPD you may come across includes:

FOM - Faculty of Occupational Medicine – National organisation providing training, exams.

SOM - Society of Occupational Medicine – National and Regional Educational Groups

ARIOPS – Association of Railway Industry Occupational Health Practitioners

ANHOPS – Association of National Health Occupational Physicians

ALAMA – Association of Local Authority Medical Advisors

HEOPS – Higher Education Occupational Physicians/Practitioners

1. **How can you demonstrate that you are fit to practice in this role by demonstrating the quality of your work?**

**Examples with reflection:**

**Peer Review**

Regional Peer review audit groups with evidence of participation and learning.

Local in-house peer review groups to ensure consistent practice.

Case Discussions using Case Review Templates or FOM Case-Based Discussion forms with a peer, another specialist or within a multi-disciplinary team. What changes required and how would these be monitored?

FOM Sheffield Assessment Instrument for Letters (SAIL(OH))

Review of Significant Events and evidence of learning from this?

Participation in Online Peer Forum discussion groups such as ALAMA, HEOPS.

**Policies and Procedures**

Audits or protocol writing relevant to practice with evidence of learning. National clinical audits: to measure the care with which an individual doctor has been directly involved.

Key Performance Indicators – reviewed with companies and performance measured.

Evaluate the impact and effectiveness of a piece of health policy, or management practice, for instance.

Evidence of compliance with General Data Protection Regulation (GDPR) in handling patient data.

Completion of the FOM Strengthened Medical Appraisal – Appraisee Clinical Governance Questions - <http://www.fom.ac.uk/professional-development/revalidation/additional-guidance>

**Feedback**

Complaints and compliments reflection if any.

Patient Feedback – from workers

Client Feedback - from employers/managers

“Network doctor” feedback on written reports.

1. **Specific Areas Referencing GMC Requirements.**

**Areas you might want to consider under Duties of a Doctor: Good Medical Practice. You do not need to provide written evidence in these areas but it may be worth thinking through how you might discuss some of them with your appraiser**

1. **Domain 1. Knowledge, skills and performance**
   1. Maintain your professional performance

* Details of training
* CPD relevant to their area of practice e.g. shift work in factories
* Written reflective logs, case reviews
  1. Apply knowledge and experience to practice
* Description of type of work carried out – sickness absences, medicals
* CPD reflections on how this affects practice
* Case reviews of difficult cases.
* Know own limitations and when to escalate case.
  1. Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible
* Completion of FOM Declaration of Appraisee Clinical Governance Questions
* Peer review of notes and reports
* “Network doctor” feedback

**Domain 2. Safety and quality**

2.1 Contribute to and comply with systems to protect patients

* Keeping up to date current Evidence Based Guidance related to medicals carried out.

2.2 Respond to risks to safety

* Participation in audit with peers or national audits as a “network doctor”.
* Peer Reviews, significant events, case reviews.

2.3 Protect patients and colleagues from any risk posed by your health

* Self-declaration of own health

**Domain 3. Communication, partnership and teamwork**

3.1 Communicate effectively

* Contact with other Occupational Physicians, OH Nurses, multidisciplinary approach.

3.2 Work constructively with colleagues and delegate effectively

* Feedback from colleagues

3.3 Establish and maintain partnerships with patients

* Feedback from patients and managers

**Domain 4. Maintaining trust**

4.1 Show respect for patients

* Clear complaints procedures.
* Explicit terms and conditions including fees set out for clients in advertising.

4.2 Treat patients and colleagues fairly and without discrimination

* Consent forms used in consultations/ compliance with GDPR
* Agreement to use surgery as Occupational health consulting room.

4.3 Act with honesty and integrity

* Medical Defence Union covered – NB recent changes due to state backed indemnity.

1. **Examples**

**Supporting information likely to be sufficient**

Dr A working in a large NHS trust. Regular weekly sessions. SEQOHS accredited organisation. Appraised within the trust with evidence of CPD, contribution to policy development. Notes audited with reflections, patient and manager feedback.

Dr B working with a team nationally of 8 doctors and nurses working 1 day a month. Opportunity to have regular clinical meetings/discussions skype e-mail to discuss cases, significant events or difficult cases. Complaints process in place. Regular customer feedback is sought. Drs audited notes annually and discuss reflect on feedback either electronically or via skype as a “network” doctor.

**More supporting information likely to be required**

Dr C carrying out adhoc sickness referrals for a local company as required sometimes with months in between referrals. No peer support no mechanism for feedback from the employees or managers. No written policy or mechanism for complaints response. No policy of how medical data is handled. Isolated working with no avenue for case reviews/significant events discussions with peers either online, telephone or face to face.

Dr C Suggested SMART PDP items:

Need: Provide discussion evidence of quality in OH work

Action: e.g. setup up links with local doctors or online networks, gain feedback, review referrals policy, review GDPR policy.

Timescale: 1 year

Evidence: e.g. minutes meetings, case discussions, case reviews with reflections and learning as a result of this, written policy for complaints, compliance with GDPR, feedback from managers and workers with reflection.

Dr D carrying out 0.5 day a month in a local factory delivering Occupational Health Services with OH Nurse and OH Manager. No recent CPD related to work in Occupational Medicine or group of workers providing services for. No formal patient or managers feedback done. No evidence of case reviews. Declares complaint from 1 employee about their opinion, reflection carried out but no mechanism to discuss this with peers to ensure any changes if needed made are consistent with best practice.

Dr D Suggested SMART PDP items:

Need: Ensure up to date knowledge on health risks for workers being assessed, ensure multidisciplinary team approach.

Timescale: 1 year

Action: E.g. Focused CPD on work group such as silica exposure and learning from this, patient/managers feedback, Minutes meetings with Dr D and multidisciplinary team (OH nurses/ OH manager) to discuss cases, complaints and learning from this.

1. **References and Useful Websites**

Cumbria and the North East Medical Appraisal & Revalidation

<http://www.cnegpappraisal.co.uk/nhs/appraisal>

Faculty Occupational Medicine – Clinical Governance Questions

<http://www.fom.ac.uk/professional-development/revalidation/additional-guidance>

GMC – Ethical Guidance

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>

Safe Effective Quality Occupational Health Services

<https://www.seqohs.org/Default.aspx>

PRep SOM/FOM appraisal website.

<https://portfolio.fom.ac.uk/login?d=https%3A%2F%2Fportfolio.fom.ac.uk%2Fportfolio%2Faccess%2F%3Ftrainee%3D178>

Society of Occupational medicine – SOM

<https://www.som.org.uk/>

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