



“TOMORROW’S DOCTORS 2009 – a draft for consultation”

Response to the General Medical Council’s consultation from:
INSTITUTION OF OCCUPATIONAL SAFETY AND HEALTH (IOSH)

Consultation
response

26 March 2009

About IOSH

Founded in 1945, the Institution of Occupational Safety and Health (IOSH) is the largest body for health and safety professionals in the world, with over 35,000 members in almost 80 countries, including over 13,000 Chartered Safety and Health Practitioners. Incorporated by Royal Charter, IOSH is a registered charity, and an ILO international NGO and CIS collaborating centre. The IOSH vision is:

“A world of work which is safe, healthy and sustainable”

The Institution sets professional standards and supports and develops its members, providing impartial, authoritative, free guidance and a continuing professional development programme. Regularly consulted by government and other bodies on draft legislation, codes of practice, guidance and international standards, IOSH is a founding member of UK, European and International professional body networks and secretariat to the latter two, recently helping introduce a pan-European standard for health and safety practice (EurOSHM).

IOSH has an active research and development fund and programme, helping develop the evidence-base for health and safety policy and practice. Summary and full reports are freely accessible from our website. IOSH publishes an international peer-reviewed journal of academic papers twice a year titled *Policy and practice in health and safety*. We have also developed a unique UK resource providing free access to a health and safety research database, as well other free on-line tools and guides, including award-winning websites for business start-ups and young people; an occupational health toolkit; and a risk management tool for small firms.

IOSH has 29 Branches in the UK and worldwide including in the Caribbean, Hong Kong, the Middle East and the Republic of Ireland. We also have 17 special interest groups covering aviation and aerospace; communications and media; construction; consultancy; education; environment; fire risk management; food and drink; healthcare; international; major hazards; offshore; public services; railways; retail and distribution; rural industries; and safety sciences. These networks organise low-cost health and safety events across the UK that are open to the general public.

IOSH members work both in-house within organisations and also as external advisers, at strategic and operational levels across all employment sectors. IOSH accredited trainers deliver health and safety awareness training to all levels of the workforce from shop floor to managers and directors, through a licensed trainer network of more than 1,350 trainers. We issue around 120,000 certificates per year.

For more information about IOSH, our members and our work, please visit www.iosh.co.uk

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'Tomorrow's Doctors' and 'The New Doctor'

General comments

IOSH firmly believes it is necessary for all medical students to be given a good grounding in the links between work and health and health and work. We would strongly recommend its inclusion in 'Tomorrow's Doctors', outlining the standards for undergraduate medical education and in 'The New Doctor', stating the outcomes for registration. IOSH was pleased to respond to the 2006 consultation by the Royal College of General Practitioners ¹, advocating the inclusion of occupational health issues in the curriculum for GPs.

We believe a focus on occupational health within the medical profession is particularly pertinent given:

- the recent review by Dame Carol Black of the health of Britain's working age population ², which reports on the "...historical failure of the healthcare and employment support services to address the needs of the working age population in Britain" and the hope that her review "...will lay the foundations for urgent and comprehensive reform"
- Britain has an ageing population with over a million people currently working beyond state pension age, which is set to rise to 68 for both men and women by 2046 ². The government also aims to reduce the number of people dependent on incapacity benefits by one million by 2015 ³
- 2.1 million people in Britain in 2007-08 suffered an illness they believed caused or made worse by their current or past work and 28 million working days were lost to work-related ill health ⁴
- the recent research review that showed 'good work' is good for health ⁵.

In preparation for practising medicine, we suggest that medical students need to be aware of what constitutes 'good work' and how this can benefit health and wellbeing. They should also appreciate how the workplace and working arrangements can be adjusted to accommodate people with disabilities or health conditions. This will include understanding multi-professional working between themselves, occupational health / safety practitioners and others ⁶. We believe medical students should also be aware of the health risks associated with long-term worklessness.

Specific comments

Specifically we would suggest the following additions (in bold italics) to the consultation draft:

Outcomes 1 – The doctor as a scholar and a scientist

Page 28, para 153c: we suggest this should read: "Explain psychological, sociological ***and occupational*** factors that contribute to illness, the course of the disease and the success of treatment, including issues relating to health inequalities, employment issues and the effects of poverty and affluence."

Page 28, para 153f: we suggest this should read: “Discuss adaptation to major life change, such as bereavement, **incapacity or job loss**. Compare and contrast the abnormal adjustments that might occur in these situations.”

Page 29, para 154a: we suggest this should read: “Discuss basic principles of health improvement including the wider determinants of health, health inequalities, the health risks associated with **long-term worklessness**, disability, race, gender, sexuality and age, and disease surveillance.”

Page 29, para 154f: “Recognise the role of environmental hazards in ill-health and discuss ways to mitigate their effects.” **We suggest there should be a footnote reminding students that environmental hazards include those from previous and current occupations.**

Outcomes 2 – The doctor as a practitioner

Page 30, para 157a: we suggest this should read: “Take and record a patient's medical history, including family, social **and occupational** history and talking to relatives or other carers where appropriate.”

Page 30, para 158a: we suggest this should read: “Interpret findings from the history, physical examination and mental state examination, appreciating the importance of clinical, psychological, spiritual, religious, social, **occupational** and cultural factors.”

Page 30, para 158g: we suggest this should read: “Formulate a plan for treatment, management and discharge, according to established principles and best evidence, in partnership with the patient, their carers, and other health professionals as appropriate. **For patients in employment, and with their consent, this may include liaising with employers and occupational health / safety specialists to consider possible rehabilitation and reasonable adjustments to help facilitate a safe and sustainable return to work (part of tertiary prevention).** Respond to patients’ concerns and preferences, obtain informed consent, and respect the rights of patients to reach decisions with their doctor about their treatment and care and to refuse or limit treatment.”

Outcomes 3 – The doctor as a professional

Page 40, para 167a: we suggest this should read: “Understand and respect the roles and expertise of health and social care professionals, including doctors, in the context of working and learning as a team, as well as in policy and practice development. **This will also include understanding the interrelationship between doctors and occupational health / safety professionals.**”

Page 40, para 168b: we suggest this should read: “Understand the framework in which medicine is practised in the UK, including the organisation, management and regulation of healthcare provision and the structures and functions of the NHS. ***This will also include understanding how occupational health and safety services are delivered in the UK.***”

The “New Doctor”

Though this is not part of the current consultation, for consistency with the above recommended changes, we strongly suggest the following additions:

Good clinical care

Page 2, para 3 c i: we suggest this should read: “Obtaining an appropriate and relevant history, ***including occupation if pertinent***, and identifying the main findings.”

Page 3, para 3 h: we suggest this should read: Demonstrate that they can recognise and use opportunities to promote health and prevent disease and show that they are aware of worldwide health priorities and concerns, health inequalities, ***and occupational health issues.***”

References

1. IOSH response to *RCGP consultation on GPs curriculum*, Wigston: IOSH, January 2006, www.iosh.co.uk/files/condocs/response/pdf%20GP%20curriculum.pdf
2. Black C. *Working for a healthier tomorrow*. London: The Stationery Office, 2008, www.workingforhealth.gov.uk/documents/working-for-ahealthier-tomorrow-tagged.pdf
3. DWP White Paper, *Raising expectations and increasing support: reforming welfare for the future*, Cm 7506, London: The Stationery Office, 2008, www.dwp.gov.uk/welfarereform/raisingexpectations/fullversion.pdf
4. HSE website, *Health and safety statistics, key annual figures 2007-8*, www.hse.gov.uk/statistics/index.htm
5. Waddell G and Burton A K. *Is work good for your health and well-being?* Norwich: The Stationery Office, 2006.
6. IOSH, *A healthy return – good practice guide to rehabilitating people at work*, Wigston: IOSH, 2008, www.iosh.co.uk/techguide