OCTOBER 1999

ANHOPS News

THE VOICE OF OCCUPATIONAL HEALTH IN THE NHS

Special points of interest:

- Revalidation: what's happening?
- Expert Guidelines: What and When?
- Pre-placement assessment of students: A national approach?
- Consultant Occupational Physicians in the NHS: Are they used effectively?
- Benchmarking of OHS:

Inside this issue:

This will be the last ANHOPS newsletter of the twentieth century. It is no coincidence that this edition contains news of changes in the way the medical profession will regulate itself that will have far reaching implications, not only for the current generation of doctors but for successive generations. Expectations of surgeons and physicians are changing and we will have to deliver. Equally, the health of doctors and other healthcare workers will become an issue for the managers of healthcare providers, as will their working conditions.

ANHOPS will be well placed to play a leading role both in the implementation of revalidation and in the implementation of Clinical Governance. Our Chairman, Peter Verow explains how the Association has established multi-party collaboration with all the key players in the field of occupational medicine.

We are also developing guidelines covering important areas of practice.

New technology again features with news of Smart cards and internet software to assist the transfer of information by e-mail of from the web sites.

SUN SETS ON 20th CENTURY OH!

21: THE KEY TO THE DOOR?

The need for national consistency of practice is a theme linking several of the items in this edition. There is a call for a debate on the pre-placement selection of students by LINK, the national bureau for students with disabilities, to ensure that unjustified discrimination is avoided. There is also an alert that some Universities and colleges are recruiting students from countries where infections such as tuberculosis, hepatitis B and HIV are prevalent, raising ethical issues of practice. Benchmarking of services is one way to identify extreme variations from the norm and to try to understand why they occur. There is a second call from the National Performance Advisory Group for participants in this initiative.

The regional structure of ANHOPS is considered to be a strength. It is disappointing, therefore, that many of the regional representative posts remain vacant. However, *AN* welcomes a report from SWANHOPS indicating that this is a group that is active.

Finally, there is information about books and references. Something, I hope, for everyone. *AN.*

ANHOPS

ASSOCIATION OF NHS OCCUPATIONAL PHYSICIANS

FROM THE CHAIRMAN OF ANHOPS: Dr Peter Verow

I am writing this having just left our six monthly "Anhops and Friends" meeting. This is the third meeting at which the Anhops Executive Group invites and shares information and ideas with representatives from the NHS Executive, Faculty, Society, HSE, RCN, HEA, and the Department of Health. It has proved an invaluable opportunity to ensure that all parties are aware of the latest issues that are having an impact on NHS occupational medicine.

I am conscious that these words may not be read for another two months, so excuse me if they are already outdated. Life seems to move quicker and quicker (or is it just me getting older!). Here are few notes on what is happening.

Revalidation and assessment of standards
The Faculty is spending a great deal of time in working out how this will be implemented. The process will not occur overnight, and will require a great deal of extra time and resources if it is to be implemented effectively. The whole process should be easier for NHS doctors than for doctors who are working in the comparative isolation within industry however .

As part of the standard setting process, the Anhops Executive Group believes that we should attempt to develop appropriate, practical and evidence based guidelines. The Education group are working towards this aim, and the future guidance on respiratory sensitisers should indicate what format future guidelines will take. If we do not set our own standards, someone else will set them for us. This is already happening in the field of controls assurance where a set of safety standards is being considered by the NHS Executive. The Executive group is keen to see the Occupational Health Service guidance, previously distributed by the NHS Executive in 1998, re-written in a similar format as our own guidelines.

Substance Abuse
A joint distribution of an NHS Executive guidance document, together with an Anhops guidance document is planned for the end of this year. Ian Torrence and Nita Mitchell-Heggs are our representatives on the NHS Executives working group.

Occupational Health Manpower levels in the NHS
This ANHOPS guidance will be distributed to members only, in the near future.

Ill Health Retirement
Would you believe it - still not out!! I have been given an apology by the NHS Superannuation Division and they advised me (20.9.99) that they would be distributed in October 1999. (I believe them this time!!!!)

Immunisation for NHS Staff
The second draft is still awaited from the Department of Health. I feel it is unlikely that this will be released within the next six months.

Occupational Health in Primary Care
Draft (9) of this guidance is now in circulation. The NHS Executive will be re-drafting this document once they have obtained the results of some pilot programmes. Unfortunately they currently have no funding for such pilots and so I do not envisage anything happening too quickly. The current guidance will be sent to all ANHOPS members in case they are discussing the possibility of setting up such services with their Health Authorities.

Topics of Interest

Smart Cards
The NHS Executive is considering proposals to pilot the use of smart cards within several NHS Regions. They have been used successfully within several Trusts in London, however they need a more detailed analysis including the development of "criteria/standards" for their use.

Latex
NHS Executive has distributed an HSC on this topic - the HSE is due to release additional guidance entitled "Latex and You" around March 2000.

Mental Health of the NHS workforce
An NHS Executive working group continues to meet to discuss this issue – guidance is not yet available. Alison Rimmer is our Anhops representative, and Anne Ross is representing the Faculty.

(Continued on page 3)

(Continued from page 2)

Sickness Absence/Violence and Aggression/ Counselling Services

The NHS Executive are due to send out a triple HS Circular relating to these issues over the next few months.

Evidence based guidelines on Occupational Back Pain

This evidence-based document is being co-ordinated by Tim Carter on behalf of the Faculty. The evidence has been collated by Gordon Waddell and Kim Burton, who were the main instigators of the RCGP's clinical guidelines on back pain. The Anhops conference in November will be looking at some specific aspects of this draft document.

Our Website

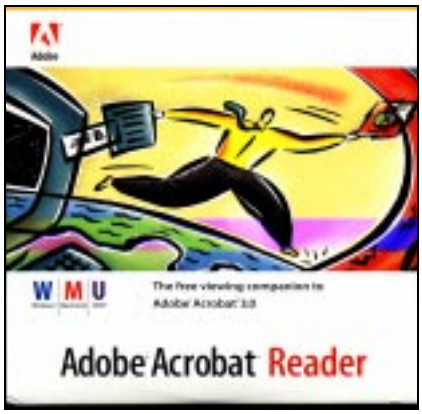
Finally, the website address – http:// www. occmed.free-online.co.uk. Regional representative? - its on the web site! *AN.*

GOOD DOCTOR, BAD DOCTOR. RE: validation ???

Revalidation requires doctors to be able to demonstrate regularly that they continue to be fit to practise in their chosen field. The GMC are still considering how the process of revalidation will be implemented, but there is information, already, that gives clues about what will required. It will apply to all doctors who are on the medical register and it will be actioned by April 2001.
The responsibility for revalidation rests with individual doctors. However, it is recognised that bodies such as the Medical Royal Colleges and professional associations will play a key role in assisting doctors to comply.
In most cases the mechanism for demonstrating fitness to practise will operate locally. There will be local profiling of performance which is likely to include a record of CME, a portfolio of wider professional development, a record of participation in clinical and organisational audit and the results of appraisals of performance, set against national professional standards.
ANHOPS will have a role to play (Chairman's comments). A generic framework for revalidation proposed by the Academy of Medical Royal Colleges envisages local profiling carried out within teams or services. Appraisals will be carried out by other doctors. The professional isolation of occupational physicians will make this difficult to enact. Possible models include an external peer review team assessing groups of specialists from different Trusts (group peer review) or the review being carried out by the employing Trust.
Where there is concern a more structured intensive visit will take place. The GMC's current poor performance procedures will be used in cases of serious concern.

ACROBAT'S NET BENEFITS

Throughout history the ability to embrace new technology has been a discriminating factor in the advancement of civilisation. The end of the nineteenth century saw the emergence of communication as an increasingly important industrial development. At the end of the twentieth century information technology will transform our lives, bringing another quantum leap forwards in our thinking and our working relationships. The internet will give occupational health a communications infrastructure that will render geographical separation largely irrelevant.
To take advantage of this we need common software formats to facilitate the sharing of information irrespective of how it was created. PDF is such a format. Portable Data Format produces compact files that can read on any computer. All that is required is Adobe® Acrobat® Reader, which is distributed free on CDs or from the Adobe web site. Important web sites that make use of .pdf files include the DOH and HSE sites. *AN* can be downloaded from our web site. A password will be necessary soon.



ASSOCIATION OF NHS OCCUPATIONAL PHYSICIANS

DISABLED STUDENTS: A FAIR DEAL?

SOPHIE CORLETT, POLICY DIRECTOR HIGHER EDUCATION. SKILL.

SKILL
NATIONAL BUREAU FOR STUDENTS WITH DISABILITIES

Skill (the National Bureau for Students with Disabilities) deals with around 75000 enquiries a year from disabled students. During the last year we have noticed an increase in calls from students seeking to enter the health professions. The experiences of Claire and Ray serve to illustrate the difficulties faced.

Claire wanted to do nursing She disclosed her dyslexia when discussing *her application with the college. The college told her that people* with *dyslexia could not* train *as nurses* and persuaded *her to withdraw her application*

Many successful practising nurses have dyslexia and pose no danger to patients

Ray applied *to do medicine- He has a hearing loss and uses lip-reading to augment his hearing.* He *was told that he would be* a *danger to patients because if someone at the other side of the* room *turned away* from *him and spoke in a low voice, he might miss important information. The university rejected his application on these grounds.*

Many successful practising doctors have a hearing loss and pose no danger to patients

Claire and Ray are typical of students who have received conflicting and seemingly arbitrary treatment from the universities and colleges to which they have applied.

Of course there are genuine reasons why some disabled people should not train for particular health service roles The duty of care to patients demands that some applicants be turned away. But these individuals need to be identified without closing the door completely on the many other disabled people who could successfully pursue a health service career without endangering patient care

Many Occupational Health professionals working in the health services have a role not just with employees but also with students training in medicine, nursing, radiography, occupational therapy and other professions. Because students are not covered by the Disability Discrimination Act 1995 (DDA) the legal responsibilities of Occupational Health Services towards employees and students are very different. Nevertheless, the DDA provides an excellent model for introducing greater consistency, and greater fairness, in the way that students are treated.

One of the central principles of the DDA is that 'reasonable adjustments' may be necessary to enable someone to do a job. This principle applies as much to students as to employees. Even at the application stage the full range of adjustments can be considered, including specialist equipment, reallocation of tasks and changes in working hours.

Another DDA principle is that a justification for turning someone away from a career should be 'material to the circumstances of the particular case and substantial[7] . Again this principle holds for stu-

(Continued on page 5)

ACCESS TO C

What is the role of an NHS consultant occupational physician? Why were such posts created and who benefits? It would be interesting to pose these questions to different audiences: occupational physicians, occupational health nurses, other professional groups involved in occupational health or safety and managers/personnel officers. I leave it to you, loyal reader, to hazard a guess as to the sorts of replies that might be anticipated.

The term "consultant physician" has a specific connotation in the NHS. Such a person is expected to have received specialist training and to be competent to practice medicine at a specialist level. The required knowledge, skills and competencies have been determined over many years and it is the role of the Medical Royal Colleges to develop and maintain standards of practice for the public benefit.

Good practice in occupational medicine serves to protect people at work via the highest professional standards of competence and ethical integrity. It goes without saying that non-specialist doctors in occupational medicine, who have not been subjected to and challenged by higher specialist training, are unlikely to be able to perform at the same level as specialist occupational physicians across the broad range

(Continued from page 4)
dents too. Students should be considered taking into account not only the nature and implications of their disability, but also their personality, individual coping strategies and the professions they are seeking to enter.

Skill would like to see ANHOPS encourage a debate on the issues and dilemmas around training disabled students for the health professions. ANHOPS might also help by bringing together good practice from around the country to enable a greater consistency in decisions For example, the University of Sheffield has long experience of teaching dyslexic nurses; the strategies they use could be useful to Occupational Health physicians working elsewhere.

The Disability Rights Task Force, set up by the Government to look at the shortcomings of the Disability Discrimination Act, is recommending that education be covered by the legislation as soon as possible. Raising the debate now will be helpful for the hospitals and education institutions with which you work.

You can contact SKILL at:
Skill: National Bureau for Students with Disabilities, Chapter House, 18-20 Crucifix Lane, London SEl 3JW
Tel 0207450 0620 (voice/text)
Fax 0207450 0650
Admin@skill.org.uk jnfo@skill.org.uk
Website
http://www.skill.org.uk

National Performance Advisory Group for the NHS

AN has featured the topic of benchmarking occupational health services in a previous issue. The first round of compiling data took place more than one year ago and a preliminary report of the results was presented to ANHOPS members during a scientific meeting in Loughborough. The national Performance Advisory Group are now seeking applications from OHSs in the NHS for the second round.

Feedback following the first round was a mixture of suspicion and scepticism. However, most of the participants felt that the exercise was worthwhile, if only to demonstrate the heterogeneity of occupational health services in the NHS. The difficulty in interpreting the data gathered using the devised questionnaire reflected this and it was apparent that a new questionnaire would be necessary. The exercise also highlighted the point that, if occupational health practitioners find it hard to formulate a benchmarking questionnaire, it will be impossible for lay managers to do it. Yet that remains a distinct possibility.

It is the task of managers to make the most efficient use of resources possible. As approximately 80% of the cost of an OHS relates to the staff there will be a continual need to reappraise the skill mix of the staff, in the light of the activity profile and the need to comply with national standards. The current lack of any meaningful benchmarking data inevitably puts occupational health at a disadvantage and vulnerable to the whims of whoever happens to be responsible for overseeing the occupational health service. Managers, as we know, come and go with remarkable alacrity.

The questionnaire has 4 sections: About your Trust, About your department, About your staff & About your services. This version is a little more focussed, but it still covers a lot of ground such that some questions are very superficial and will be open to interpretation. In addition, some of the language remains unfriendly. We appear to be between a rock and a hard place: the measurement tool is imperfect yet we must move forward on this issue. Any suggestions?
The contact for NPAG is Walter Linkhorn 01617185653. AN.

ONSULTANTS ?

of practice areas that encompass the specialty. It is also evident that it is the remit of the specialist occupational physician, as a member or fellow of the Faculty of Occupational Medicine, to exercise professional leadership and to develop good practice in all areas of his or her clinical practice. This is not an optional responsibility.
What are the practical implications for the NHS. The "Blue Book" advises Trusts to arrange access to consultants if they do not employ one. There should be formal arrangements for this. Indeed, the HSE have taken the view that this is evidence of compliance with the Management of Health and Safety Regulations. But what does access mean, in practice? It might mean regular consultation with the consultant to review occupational health arrangements and to discuss policy formation. Alternatively, it might mean only contacting the consultant when there is a "difficult" problem. Doctors are expensive and it may be tempting for Trusts to adopt the small business approach: We will do it only if we have to. Who benefits from this approach? In an era of clinical governance and performance assessment we need an answer.

SWANHOPS

AN is pleased to report news from the South west region of England. Other regions are invited to file reports of their activities.

The SWANHOPS meets quarterly in Taunton. Stephen Swezda is the chairman and organiser and Gerard Woodroof is the South West representative on the ANHOPS management committee. A typical meeting comprises separate morning meetings of the physicians and occupational health nurses, where it is possible to discuss their own range of topics, followed by joint meetings in the afternoon. The latter usually has one or two presentations from invited external speakers.

Recent items discussed at the occupational physicians' meetings have included comparing/ auditing the latex policies from group members' respective Trusts, discussions on coding e.g. using the Read system or a simpler system, the Hammersmith smart card project (see the ANHOPS Newsletter, October 1998), respiratory protection, hearing loss and orthopaedic surgeons and cytotoxic drug exposure. The group are very keen to trial the smart cards in the South west to be used for preregistration house officers and specialist registrars. They are also focussing on the types of respiratory protection to be used when treating patients with multi-drug resistant tuberculosis.

Robin Philipp and Kit Harling, with all members of SWANHOPS and the SW Deanery, have been following up two studies that have been the cause for concern. It has been reported that few medical students would use their own GPs and few junior doctors would use local occupational health services, for help with psychological or mental health problems. They have applied for research funding to explore the need for an occupational handbook for junior doctors (maybe also medical students – *ed*). The proposed project would involve the development of the handbook and then the evaluation of its effectiveness in addressing the identified behaviour patterns of junior doctors with health problems. Another aim will be to ensure that healthcare and health and safety are highlighted to this staff group as being important both to their wellbeing and to that of their patients. This message should be an integral part of their training. If the funding is forthcoming, it is hoped that it might be possible to extend the study to involve other ANHOPS groups. This could be an example of how the ANHOPS network facilitates research and development in the NHS.

AN.

INFORMATION & REFERENCES

From the West Midlands Region Safety, Health & Environment (COSHH) Group, from Dr T-C Aw

Working Group on Chronic Fatigue Syndrome/ Myalgic Encephalomyelitis. Discussion document: an overview of the recent research literature. http://www.doh.gov.uk/cfs-discus.htm

Control of Substances Hazardous to Health 1999: proposals for maximum exposure limits, occupational exposure standards, and biological monitoring guidance values. HSE. http://www.open.gov.uk/hse/condocs/cd150.htm

Proposal for an Approved Code of Practice on Passive Smoking at Work. Consultation document CD151. http:www.open.gov.uk/hse/condocs/cd151 .htm

Revitalising Health and Safety. DETR Consultation Document - OHAC/99/11. http://www.detr.gov.uk/hsw/index.htm

1999 Labor Day check list - tips to control

asthma in the workplace. ACOEM Report. August 1999

Malaria prophylaxis with mefloquine: neurological and psychiatric adverse drug reactions. Prescribers' journal. 1999 Vol 39 No 3

Evaluation of the two-step tuberculin skin test in health care workers at an inner-city medical center. Journal of Occupational and Environmental Medicine. May 1999 Vol 41 No 5, 393-396

Clinical Practices in the management of new-onset uncomplicated, low back workers' compensation disability claims. Journal of Occupational and Environmental Medicine. May 1999 Vol 41 No 5, 397-404

Chance finding of hepatitis B e antigen carriage in pregnant woman highlights need for antenatal screening, and vaccination of health care workers. CDR Weekly Vol 9 No 21, 21 May 1999

Listeriosis linked to retail 6utlets in hospitals caution needed. CDR Weekly Vol 9 No 25, 18 June 1999

Tuberculosis in a dentist. CDR Weekly Vol 9 16 July 1999.

From the REGIONS

REGION	Name
Wales	vacant
Scotland	vacant
N Ireland	L Rodgers
North/Yorks	C English
North-West	J McNamara
Trent	I Aston
Anglia	N Irish
West Midlands	vacant
North Thames	vacant
South Thames	N Mitchell-Heggs & J Carruthers
Oxford	A Ross & M Robertson
Wessex	vacant
South West	G Woodroof

We are up-dating our database of members. Please let us know if there are any inaccuracies when you receive your copy. We rely on YOU to keep us informed of any changes.

EXECUTIVE COMMITTEE MEMBERS

NAME	TITLE	ADDRESS
Peter Verow	Chairman	Sandwell 01216073417
Alison Rimmer	Secretary	Sheffield 01142714161
B Graneek	Treasurer	Royal Brompton 01713528171
A Robertson	Education	Birmingham 01212233762
J Harrison	Newsletter	Newcastle 01912228748

SCREENING STUDENT NURSES FROM OVERSEAS?

To the editor

Dear Sir,

A University receiving an occupational health service from the NHS hospital, for which I am consultant, has been recruiting students from overseas. We have been carrying out pre-employment screening on applicants for nurse training. A high proportion of the last intake was from Zimbabwe, a country with a high prevalence of hepatitis B, HIV (nearly 26% in 1997 from WHO figures) and tuberculosis. We are also aware that other universities are seeking students from countries with similar prevalence rates.

We have been faced with a number of issues, not least of which is the anxiety about potentially infectious health care workers transmitting HIV or TB to patients and staff. However, our major concern relates to the legal issue of screening health care workers for HIV. Following discussions with both the University and our host Trust, we have developed a policy for screening these students. The policy has been ratified by the Trust and other relevant committees and I believe it is in accordance with the guidance on the management of infected health care workers published by the UK Health Departments, 1998.

We believe that such recruitment strategies present a national public health problem necessitating the formulation of a national policy to screen all applicants for nurse training coming from these countries. We have approached our local Consultant in Communicable Disease Control, who has contacted the Department of Health. A reply is awaited. Does any other ANHOPS member have similar experiences?

Dr Keay G Smith, Consultant Occupational Physician.

"Notes for Your Diary"

Friday, November 12th Birmingham	Autumn Meeting: Back Pain and Respiratory Medicine AGM to held at lunch time Management Committee 11/11/99
March 1st, 2000 RCP, London.	Spring Meeting: Mental Health Proposed topics to include Munchausen's Disease, Poor team players, PTSD, Up-date on anxiety/depression Addictions & practical NHS issues
May 16th/17th Loughborough	Annual Scientific Meeting

ANHOPS REVIEW

CONFERENCE REPORT

The 4th ICOH International Conference on occupational health for health care workers was held in Montreal, Canada at the end of September. Attended by in excess of 500 delegates from 34 countries, this was a very successful conference enabling participants to share experiences of a number of key occupational health issues and to listen to keynote presentations from experts. There was a particular focus on the transmission of blood-borne viruses, prevention of needlestick injuries, the prevention of musculo-skeletal injuries and stress at work. Delegates could choose from plenary presentations, concurrent oral presentations, posters and workshops. There was no excuse for non-participation.

It was not surprising that the conference had a North American bias, but the rest of the World was not ignored. However, the legal framework within the USA, in particular, gave a number of presentations a slightly unreal feel as we Europeans came to terms with the notion that vaccinations against hepatitis B were legally enforceable and that States were in the process of legislating to prevent needlestick injuries.

A comprehensive presentation from Ian Williams (CDC) on new issues on hepatitis C was reassuring in the sense that our appreciation of the problems, in the UK, are up to date even though we are perhaps less aggressive than the Americans in testing patients following needlestick injuries. There was also a greater emphasis on hepatitis C as a sexually transmissible disease. Another plenary session topic was antimicrobial resistance and health care workers, although the speaker did not have any real answers to the thorny problem of rationalising the screening and treating of health care workers who become colonised with organisms such as MRSA.

Other excellent presentations included a review of the psychosocial work environment in the health care sector, emphasising the importance of complex professional interrelationships coupled with rapid patient turnover and latex allergy in health care workers. Globally there is a move towards the use of powder free low protein gloves, but latex will continue to be used because of its usefulness. Use the web to look up NIOSH recommendations.

The next conference will be in France in 2002, but there will be a mini-symposium next year in Singapore. Ian Symington is the contact.

PUBLICATIONS

Two new publications from ICOH: Occupational Health for Health Care Workers – 3rd International Congress, Edinburgh 1997 ISBN 3-609-51960-X price 50.11 euro; A new international hand book for practising health care workers covering all aspects of practice, produced for ICOH by the Swedish Institute for Working Life. For more information contact Ian Symington the scientific committee secretary.

The Back Pain Revolution by Gordon Waddell (Churchill Livingstone ISBN 0 443 060398) is a readable and thought provoking book . Any book that begins "Back pain is a 20th century disaster" and which concludes that the reason for this lies with practitioners and the way they treat their patients is worth investing some time in.

Introduction to TELEMEDICINE edited by Richard Wootton and John Craig, published by the RSM Press (ISBN 1 85315 425 3) explains that this is the delivery of health care and the exchange of health care information across distances, but not a new branch of medicine. It's the sort of thing we need in occupational medicine.

AN.

ANHOPS

ASSOCIATION OF NHS OCCUPATIONAL PHYSICIANS

For more information, please contact...
Dr Alison Rimmer
Sheffield Occ. Health Service
Northern General Hospital NHS Trust
Herries Rd., Sheffield S57AU

Phone: 0114 271 4161

ANHOPS