

## Health Education England- Thames Valley Occupational Health Referrals for Doctors in Training: A Medical Educators Guide

### **1. Where can I obtain general information about doctors' health and disability issues in relation to their work and training?**

- Postgraduate training organisations work closely with the employers to make decisions on reasonable adjustments to support doctors in training.
- Educators are strongly advised to refer to the resources below when considering whether health or disability may be affecting a doctor's performance, and the range of actions that may be helpful, including referral to occupational health physician (OHP) - an accredited specialist.
- Organisations must make reasonable adjustments for disabled trainees, in line with equality legislation. Employers are responsible for arranging reasonable adjustments in place for doctors in training in the workplace.
- The General Medical Council (GMC) has published online guidance about practising medicine with a long-term health condition or disability on [Health and disability in medicine - GMC \(gmc-uk.org\)](#)
- Additional GMC Guidance on supporting disabled learners is available on [Welcomed and valued - GMC \(gmc-uk.org\)](#)
- British Medical Association (BMA) guidance on supporting Health and Wellbeing at Work is available [bma-supporting-health-and-wellbeing-at-work-oct-2018.pdf](#)
- The Practitioner Performance Advice Service offers additional advice <https://resolution.nhs.uk/wp-content/uploads/2018/09/NHS-Resolution-A-Guide-for-Healthcare-Practitioners-Advice.pdf>
- The HEE-Thames Valley Professional Support and Wellbeing Service (PSWS) website lists additional sources of support in relation to meeting trainee doctor's health needs.

[Educators - Working across Thames Valley \(hee.nhs.uk\)](#)

[Resources - Working across Thames Valley \(hee.nhs.uk\)](#)

### **2. What are my professional obligations?**

- The GMC's [Good medical practice - GMC \(gmc-uk.org\)](#) (2013, updated 2019) sets out what is expected of all registered doctors. In this, [Domain 2: Safety and Quality](#) includes the specific

requirement to protect patients from any risks posed by the doctor's ill health. All doctors in training and those responsible for their supervision must ensure that this standard is complied with.

### **3. When to refer?**

- Trainees have an employment relationship with their employer, and a training relationship with HEE (TV) and issues such as ill health are subject to their local employing Trust's policies, procedures and nationally agreed standards such as Maintaining High Professional Standards in the Modern NHS (in England) or the equivalent documents. Ill health could also impact on training requirements.
- Where a trainee has significant health issues that may impact on their training, the trainee must engage with the healthcare organisation's and/or the Postgraduate Dean's requests for health assessment and information from a suitable and appropriate clinician. For example, a trainee must not unreasonably refuse to engage with an employer's request for a trainee to attend an Occupational Health appointment (Gold Guide 5.21). It may also be essential, for the sake of patient safety and to support the trainee, that relevant information regarding any health issue is transferred to the next placement provider's Occupational Health Service. This may make reference to any reasonable adjustments, requirements for clinical supervision or other advice.
- Follow the HEE and the employer's sickness absence policy for all trainees that are employed by a Trust, including the requirements for sickness notification and certification. Examples of local employer absence policies may state referral should be considered if there is:
  - continuous absence from work due to ill health for more than 14 days when the doctor would normally have been at work, whether daytime, night-time or at a weekend – consider OHP referral,
  - Or recurrent short-term sickness absence (e.g. 4 occasions in 6 months; sooner if missing on call; and totalling more than 14 days in 12 months).
- Verify that the doctor is consulting their own registered general practitioner and/or other specialists already involved in their care (note [GMC Good Medical Practice standard number 30](#))
- Concerns regarding behaviour or performance at work and in training: consider underlying health needs and referral to local trust OHP (or single lead employer OH services, in the case of GP trainees) for all trainees experiencing difficulty with their postgraduate medical training and it is suspected that this may be related to a health cause or that training may have an effect on their health, especially those trainees requiring enhanced/lead educator support.

- **Consider** referring to Occupational Health for the following (this list is not exhaustive):
  - Any trainee who has a fluctuating mental or physical condition that has previously impacted on their work/ university performance or attendance, or required any reasonable adjustments to enable this.
  - Any trainee who requires adjustments to their hours, duties or responsibilities in their upcoming role because of an underlying health issue
  - Any trainee with previous monitoring in place either by any previous Trust including Occupational Health, ES/ CS/ TPD because of a health condition
  - Any trainee who has had to take time out of their training programme for a health issue
  - Any trainee currently under or awaiting hospital investigations or treatment either as an inpatient or outpatient
  - Any trainee who feels they have experienced health issues as a result of their work as a doctor
  - Any trainee who is concerned that they have any undiagnosed mental or physical condition that is currently impacting on their ability to work

#### **4. What about self-referral to OH?**

- Doctors in training, like any other employee, may be able to refer themselves to their employer's occupational health service, and receive valuable advice and support, all of which will remain confidential to the individual and the OH service.
- When a manager or a senior educator responsible for the doctor's training (e.g. training programme director, director of medical education, or head of the training school), needs Occupational Health Physician advice about a trainee's health and how this may be impacting on their training or work, the senior educator or manager should refer the trainee to an Occupational Health Physician (in their local OH service) for an assessment, with the trainee's consent.

#### **5. Confidentiality**

- Trainees have a right to confidentiality regarding their personal medical information and information about the specific nature of any condition. The details do not need to be shared unless deemed necessary, as directed by the GMC
- The OHP can provide an outline of any recommended adjustments for the employer to consider or outline the indicators of the need for further OH input to the Educators involved. This may take the form of a statement of needs such as: [Health Passport NHS Employers](#) or [Wellness Action Plan](#) although likely to be sufficiently detailed to enable the high functioning required in a medical situation.
- Most trusts have developed their own such form and educators should consult with their local OH departments about this.

## 6. Which occupational health service to use?

- The local Occupational Health service in each trust can advise on the impact of work on health, and of health on work. It is important to take advice when a trainee's health is considered to have the potential to negatively impact patient safety and work with colleagues, or work has the potential to negatively impact the trainee's health. Advice should also be sought in order to help decide on the appropriateness, and manner, of a return to work, after sickness absence.
- For doctors employed by an NHS Trust for their training post or placement, the Trust's own OH service should always be the first to be used.
- GP trainees employed under single lead employer arrangements are advised to contact their lead employer for referral to their agreed OH service.
- Doctors employed by organisations that do not have access to a suitable OH service (e.g. public health trainees), or who are not currently in employment but need OH input to facilitate a Supported Return To Training (SuppoRTT) can be referred to the HEE-TV Regional OH service funded by Health Education England - Thames Valley (see below). The referral should be made through the relevant Head of School and the training programme manager informed.
- Occasionally it may be necessary to consider an OH referral specifically to examine the effects of long-term health conditions or disability on a doctor's training as distinct from their ability to work, especially where educator concerns exist about the trainee doctor's progress and/or performance e.g.:
  - Assessing the effect of a suspected or actual health or disability on the doctor's performance as a medical trainee, e.g. in passing exams, maintaining their training portfolio, undertaking workplace-based assessments, or gaining necessary experience of specific types of work, such as out-of-hours work, etc.;
  - Planning or reviewing the trainee's rotation through different posts and/or Trusts over time;
  - Assessing the need for any reasonable adjustments to the way in which the training programme is delivered, e.g. the rotation, posts, provision, etc., or the need for less than full time training

In these circumstances, if there is no access to a named NHS OHP who can provide consistent follow up across region and duration of the training scheme, then referral to the Regional OH service funded by Health Education England-Thames Valley could be made through the relevant Head of School and the training programme manager informed.

## **7. The HEE-TV Regional Occupational Health Service- Cordell Health**

- HEE-TV offer a Regional OH service through Cordell Health
- *This service does not replace local employer OH service provision, nor the OH service provided by the GP single lead employer arrangement, which must be approached for advice the first instance.*
- Access to Cordell Health will be for
  - trainees out of training who require OH advice as part of Supported Return to Training (SupportTT) but are not currently employed by a named trust; and
  - trainees who have chronic health conditions impacting on their training, not just their current work placement, with no consistent named NHS OH Physician service follow up across region for the duration of their training programme.
- Prior to referral to this service, the HoS should clarify if local OH service is already actively involved, and should seek to clarify whether timely assessment and regional follow-up will be possible
- If not, then referral to the Cordell Health service will be by a senior educator (HoS) and with trainee consent. The training programme manager should be informed of referral.
- The report will be released to the HoS with trainee consent and should also be discussed with local NHS OH departments for implementation of recommendations.
- This service does not replace local employer OH service provision in the first instance, nor the OH service provided by the School of GP's single lead employer arrangement.
- Access to this HEE-TV funded service is available to:
  - medical, dental and pre-registration year pharmacy trainees, whose employment arrangements may mean they do not have access to standard employer OH services;
  - trainees out of training who require OH advice but are not currently employed by a named trust;
  - and trainees who have longstanding physical and/or mental health conditions impacting on their training, not just their current work placement, where regional follow-up by a named OH Physician is not available for the full duration of their training programme.

## **8. How to refer to the Regional Occupational Health Service?**

- Referrals to the HEE-TV Regional Occupational Health Service must be made by the relevant Head of School and include a unique reference code obtained from the relevant training programme manager before being submitted online via the Cordell Health secure referral portal

- The relevant Head of School wishing to make the referral this service should:
  - discuss this in advance with the doctor/dentist/pharmacist in training.
  - check to see whether the local employer OH Physician (where available) is already involved and can offer follow up across rotations
  - Stress the independent and confidential role of OH.
  - Make sure the referral is made with the trainee's consent.
  - Give relevant and fair background information (to ensure that the OHP is aware of all contextual factors relating to the trainee, their placement and their training).
  - Advise the trainee that non-attendance at an appointment may incur a charge that they will have to pay.

**9. Example questions that may be relevant to ask in an OH referral?**

- Is Dr A currently fit for his/her current role as a doctor in postgraduate training? If Dr A is not fit, can you give an indication of likely duration of absence?
- Could Dr A's medical problems be contributing to problems with behaviour and/or performance at work and as a doctor in postgraduate training?
- Are there any workplace factors contributing to Dr A's ill health?
- Would Dr A be considered disabled under the Equality Act 2010?
- Can you make any recommendations regarding a return to work and/or training plan, and /or adjustments or modifications to Dr A's workplace/role/training?
- Can you recommend any help or support that the OH service can offer Dr A?
- See Appendix 1 and Appendix 2 for further detailed examples.

**10. What happens in an OH assessment?**

- The trainee will be seen by an OH consultant/physician experienced in consulting with doctors.
- Full history will be taken (including occupational history) and examination conducted when appropriate.
- The OHP will liaise with the trainee's GP/treating consultant to obtain medical information, recommend or expedite treatment when appropriate.
- Consider referral to [Medic Support](#) and/or the [Thames Valley Professional Support and Wellbeing Service will be considered](#) if appropriate, and if trainee consents.

- Advice may be given about fitness for work and appropriate rehabilitation programmes.
- Advice may be given about work adjustments for the specific work environment under Equality Act 2010.
- Ongoing OH review will be offered if required for further assessment and support.

#### **11. Who sees the OH report?**

- The contents of the report will be discussed first with the trainee and consent to share it with named professionals obtained. Guidance about the trainee's rights regarding consent for the report will be provided at the time of the appointment
- The final report will be sent to the person making the referral, usually the head of school responsible for the trainee's training, with a copy to the trainee.
- OHPs follow GMC guidance on confidentiality for Occupational Medicine
- If appropriate, and with consent, additional copies might be sent to other people responsible for the trainee's training and/or employment, for example Human Resources/GP/Director of Medical Education, or others, after discussion with the trainee.

#### **12. Occupational Health take home message for Educators**

Always consider health problems when looking at behaviour and performance issues at work, particularly when there has been a change in behaviour or performance.

Don't expect to be told details about these health problems - they are confidential.

Remember you are the trainee's educator and NOT their treating physician.

Lastly, remember that it is not appropriate to support an OOPC request where the primary reason for the request is based on managing health needs.

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#### **Appendix 1: Information to be provided by the responsible manager/senior educator:**

- Name, grade and specialty of practitioner;
- Current working status (e.g. sick leave, full/restricted duties);
- Patterns of sickness absence/attendance;

- Description of concerns that have prompted the referral (including concerns about health, behaviour and performance) – a description of actual events/problems/interactions is more useful than a manager’s interpretation;
- Status of any complaint/investigation;
- Source of concerns (e.g. colleagues, practitioner, patients, appraisal). (The manager will need to consider whether it is appropriate to disclose information about third parties, such as the individuals who have raised concerns);
- Any relevant issues relating to the practitioner’s work context (e.g. workload, relationships within team, recent change in duties);
- Any relevant issues relating to the practitioner’s personal circumstances (if known);
- Action already taken regarding risk assessment (e.g. sick leave advised, supervision, exclusion);
- Input from HR;
- Information provided to the trainee and their response;
- Who holds the management responsibility for handling the case;
- The trainee’s consent to the referral;
- Questions for the occupational health physician (*see Appendix 2 below*).

### Appendix 2: Questions the responsible manager/senior educator may wish to ask the occupational physician:

It is helpful for the referrer to be clear about their expectations in the referral to the occupational physician. These may include seeking answers to some of the following questions.

- Are there underlying health conditions that would explain the concerns?
- Is the health condition work related?
- Are conditions at work affecting the practitioner?
- Is the condition self-limiting, recurrent, chronic, progressive (if known)?
- If advice from a treating expert is available, what is the prognosis if the condition is treated? What is the prognosis untreated?
- What sort of timescales apply? What is the likelihood of relapse (if relapsing condition) as far as reasonably practical to ascertain?
- What is the functional importance of the health conditions on work?
- What restrictions need to be imposed to protect patient safety?

- What specialist medical opinion needs to be sought/has been sought and how far do the answers to other points draw on that opinion?
- How is the condition being monitored and what are the plans for follow-up and monitoring (including management of the range of conditions/co-morbidities)?
- Current fitness for work – full duties or partial. If partial, what hours (as far as possible), and what changes to the responsibilities / job plan will be required? What is the likely duration of adjustments required?
- How should any potential risks to patient safety caused by the trainee’s health condition be assessed, managed and minimised, in collaboration with the clinical and educational supervisors?
- Is it likely that the disability provisions of the Equality Act 2010 legislation apply to this trainee’s health issue?
- Does the health condition impact on the trainee’s ability to access and progress through the requirements of their training scheme?
- What reasonable adjustments should be considered to support their training?
- How should any return to work programme be managed?
- How might the occupational physician provide further guidance on managing the case (and would a case conference be helpful)?
- What information has the occupational physician provided to the trainee and is there consent to wider disclosure of information?
- Would the occupational physician provide an indication of likely compliance/cooperation from the trainee?
- What are the likely side effects of any treatment and/or medication that is recommended?

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