



How to get the most out of an Occupational Health Review

All Occupational Health (OH) Departments are different. Some are very good, some are not so good. There is also a variation in the experience you will have depending upon what condition you have. If you have a well-recognised condition that most doctors are aware about and have a good understanding of, then you are likely to have a much more useful, less frustrating and less self-directed review with a useful positive outcome than if you have a condition that is rare or not well described or a condition that has a poor awareness/understanding amongst the general medical profession.

If you have requested this OH review then make sure that you have a list of reasons or questions requiring answers to take with you to the review to ensure that it fulfils its purpose. If someone else has requested the OH review then make sure you have a clear understanding of the reasons for this and what specific information that person is wanting to gain from the review.

This list may be influenced by whether you are seeing an OH physician or an OH advisor/nurse so try to find this out in advance. If you have a rare or not well described condition, it may be worth highlighting this to the department prior to your review and making sure they feel their allocation of staff to your review is appropriate. If they seem unsure, it may be worth suggesting a review with an OH physician who may be more able to use their general medical training to draw logical conclusions without a pre-existing knowledge of a condition. It may be more difficult to achieve this if you are scheduled to see someone with specific OH training but minimal prior general medical training. Having said that, there are some very efficient and knowledgeable OH assessors/advisors/nurses out there who may be more than skilled to deal with your review and you may need to use past experience of the department in question to help guide you here.

In our experience, it is often best to attend an Occupational Health appointment/review forearmed with a list of questions/points that you want to be addressed during the review. If you go in to the appointment with an agenda and a list of points that need to be addressed, clarified and documented, then the appointment is far more likely to be successful and strengthen your position. If you attend an OH appointment unprepared and ready to be guided by the OH department, then the meeting is far less likely to be a positive experience from your perspective and is less likely to yield a report that will be useful and empowering for you as an individual.

It is also worth remembering that, if all else fails and, despite following the advice in this document, you have repeatedly bad or negative experiences with your particular OH department then please do remember that you have the right to seek a private OH opinion.

It is worthwhile checking that they are an accredited service on the SEQOHS website: <https://www.seqohs.org/AccreditedUnits.aspx> prior to instructing them.

There are a number of companies out there who will provide you with a private OH review, opinion and report which you can then use to challenge any unhelpful reports provided by your own OH department. The advice given below would apply to a private OH review equally as much as to an employer OH review, perhaps even more given that you are paying for the service so need to ensure that it provides you with the information that you need it to.

Useful questions to ask/things to clarify:

- **Does my condition define that I am disabled under the Equality Act?**
Having this in writing and confirmed by OH can be a very powerful thing. If any department is unwilling to make reasonable adjustments for you in the future, having this in black and white from an OH physician/advisor can be very powerful. The department are more likely to write a statement in their report along the lines of ‘...it is likely that this condition qualifies this person as having a disability under the Equality Act...’ rather than an absolute confirmation of your disabled status, simply for legal/liability reasons. However, from experience, this is more than adequate.
- **What physical limitations does my condition confer upon me in the work place?** Be prepared for them to ask you this question in the review and have a good idea of how to answer this with examples of clinical settings in which you may struggle or need help.
- **What job responsibilities am I unable to reliably undertake?** Again, be prepared to have this question asked of you. Can you do nights, long days, on calls, surgical assisting, crash bleep holding/resus team member, 8 hour shifts, 12 hours without a break, etc. If not, why not?
- **Conversely, what job responsibilities can you undertake?** Is this on a daily basis, once weekly basis or ‘rare’ basis? Try to specify a frequency if applicable/appropriate as ‘rarely’ on the wards may turn easily into daily and without a frequency clearly defined in the report, you will have little to fall back on.
- **What adjustments would be required for you to be able to safely undertake duties that you are currently unable to do?** Remember, ‘safely undertake’ means do repeatedly without any injury or negative affect upon your wellbeing, not able to do with a struggle. Try to walk through what a typical day for you involves and highlight what activities you find difficult/painful/challenging when

done on a repeated basis and then identify what changes (if any) would make that easier/safer. If you are finding this difficult, request for an Occupational Therapist to undertake a workplace assessment with you to walk around your environment with you or spend a day on duty with you to help identify these difficulties and address how these could be accommodated.

- **What working pattern is required?** Now remember, this has to be justifiable in terms of your medical condition. Nobody wants to work weekends, nights, long days, etc but you have to be able to rigorously back this up because chances are, people (colleagues, TPDs, etc) won't like that you have protected hours and will always be ready to call it into question to make their own lives easier. If you have any clinic letters stating you suffer fatigue, need to pace yourself, have any symptoms that get worse with increasing durations of activities, or similar then take these with you. If you present the OH physician with hard evidence to back up your statements about what you can and can't work, they will be much more willing to put these restrictions into black and white on your behalf. Again, the recommended hours have to be reliable and repeatable. Do NOT be talked into saying you can work one day out of a weekend but not both if having to do so EVERY weekend will result in you becoming worse. Similarly do NOT feel pressured into compromises such as taking the on call bleep during your 8 hour day so that someone else can take over for hours 9-12 if doing so EVERY day will eventually wear you down to breaking point. If such agreements are made then make sure that a specified frequency is included to avoid you being taken advantage of. Be realistic and protect your health.
- **When do you next need to be assessed?** This is very important. There is a tendency for people to request an OH review for every new post, etc. This would mean you will be reviewed every 4 months potentially which is ludicrous! Lots of OH reports are generic and can be applied sensibly to many different posts and work settings. The frequency of review should be based on the likely rate of change in your condition. If working in a supportive and correctly adjusted environment, this should be the main deciding factor.

It is worth bearing in mind that, if you are regularly rotating to different sites or departments, especially those in older buildings, it may be useful to seek Occupational Health review, and even ask them to accompany you on a 'walk round' of your next working environment to pre-empt access issues. See the Disabled Doctors Network website page 'Issues when moving posts regularly' for further guidance on these issues.

- **Who do you want the report to be copied to?** This is confidential information about your health condition and ability to work. Clearly there will be key people who really will need a copy of the report in order for suggested changes and adaptations to be implemented. These are likely to include the person who initially requested the report, your Training Program Director, Educational and Clinical Supervisors and possibly Human Resources. However, if there is a particular person that you specifically do not wish the report to be shared with, then make this clear. An email to this particular person outlining the adaptations and changes that are needed as a result of an OH review can be sent by you instead without having to disclose the full details of the OH report if you feel more comfortable with this. By specifying who you do and do not want the report to be shared with, you are safeguarding yourself against the report being freely shared between people as can sometimes happen. If the names of the people you consent for the report to be shared with are included on the bottom of the report, if it somehow ends up being shared with someone who is not specified, you then have evidence to prove a breach of confidentiality should you wish to raise this. Always include yourself on the list of people to receive a copy of the report (see below).

What to do with formal OH reports:

- Always keep a copy of your reports for your own personal records. Scan them onto your home PC/laptop or similar so that you can fire off a copy by email whenever needed. This may be when your supervisors raise questions or concerns, your colleagues raise questions or concerns or even when you are changing posts and you have a new clinical supervisor. It is essential if you change to a new trust so that their new OH department can be consistent and see what previous departments have suggested/advised. It also makes it more likely that any helpful adjustments that have been made for you in the past will be made again in the future at a new location of work.
- If you see an Occupational Therapist (OT) as part of your routine care, it can be helpful to supply them with a copy of any recent OH reports and vice versa, to supply OH with any Occupational therapy letters. OT's can help to advise you on certain techniques for carrying out specific procedures and can also advise about specialist equipment which may help. This may be as a part of an adaptation for work, for you to purchase yourself or for you to try to obtain via the Access to Work scheme (see Disabled Doctors Network website, Employment Support section for further information about this).