Review

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Occupational Physicians' System in the United Kingdom and Fit Note to Promote Access to Occupational Health Services

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Abstract

The Statement of Fitness for Work (Fit Note) policy was started in the UK in 2010 in order to promote return to work after sickness absence. Fit Note is issued by General Practitioners (GP). We conducted an interview survey of 2 occupational physicians working in the UK to ascertain the impact of the introduction of Fit Note on occupational health in the UK. They regard the low coverage of occupational health services in the UK, especially among small companies and self-employed workers, as a serious issue. Fit Note was regarded as a tool to induce GPs to participate in occupational health services, and it is expected that they will be new partners in occupational health. The English occupational physicians evaluated the Fit Note system highly, and believe that the increasing participation of GPs in occupational health services will be a steady advancement in occupational health in the UK.

Key words: occupational physicians, Fit Note, general practitioner, United Kingdom

❖Introduction

The UK has adopted in 2010 a system of medical document called Statement of Fitness for Work (Fit Note) that is issued by physicians in order to support employment[1,2)]. In this study, we conducted interviews to ask about the current status of occupational physicians' system in the UK focusing on the impacts of Fit Note introduction. Here we report the current status of occupational physicians' system in the UK according to the information obtained through the interviews and the evaluation of Fit Note by occupational physicians who are specialists in occupational health.

The interviews were conducted in London from February 12 to 13, 2013. The interviewer was a Japanese physician with experiences as an occupational physician in Japan. The interviewees were two occupational physicians practicing in London: Dr. James Mackie (UK Occupational Health Manager, BP plc) who is an occupational physician for an oil major (Fig. 1), and Dr. Olivia Carlton (Head of Occupational Health, Transport for London) who works for an institution providing public transport service including subway and bus in London (Fig. 2). Dr. Carlton is also the president of the Faculty of Occupational Medicine (FOM)[3)], a special committee of the Royal College of Physicians[4)], which is discussed later in this article. The information obtained through the interviews is presented below. References are shown if related literatures are found; otherwise, descriptions are based on the information obtained through the interviews.

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❖Occupational physicians' system in the UK

Health and Safety at Work etc. Act[5)], the basic law on industry and health in the UK, does not impose a duty on companies to appoint an occupational physi-

Figure 1 Dr. James Mackie
(Center, front row)

Figure 2 Dr. Olivia Carlton
(Center)

cian. Nor is there any law stipulating qualifications for occupational physicians at companies. Employers have a legal duty to have their employees engaging in specific jobs such as drivers of public transport to undergo medical check-up. They are not, however, obliged to employ a physician on a regular basis. Moreover, the items to be examined in a medical check-up are defined as "necessary items" only without a description of specific items. It is up to the decision of employers to introduce or maintain a system related to occupational health including appointment of an occupational physician, and currently companies make their own decision based on risks and hazards of their offices. Many large-scale companies in the UK traditionally had a solid multidisciplinary occupational health team within the companies with an occupational physician as its core member. In recent years, however, less and less companies have such a solid occupational health service system of their own, and those with such a system have become a minority even in cases of large companies. For example, Transport for London is regarded as the "last bastion" in the UK for the internal model of multidisciplinary occupational health team because it has a solid system with about 65 staff (occupational physicians, occupational nurses, clinical nurses, physiotherapists, psychological counselors, alcohol and drug dependence counselors, and administrative staff) managing the occupational health of about 24,000 workers. The interviewed occupational physicians viewed that today 20 to 30% of workers are covered by occupational physicians in the UK. (Although the data are not based on the interviews in this study, other data from a survey in 1993 of 820 private companies and 100 public enterprises that tried to determine the percentage of workers covered by occupational physicians show that 34% of individuals work at companies employing full-time or part-time physicians[6]).

The education and training in occupational health are extremely limited as shown by, above all, the hours (e.g., 2 hr) of lectures on occupational health at medical school. Graduates from medical school can obtain Diploma in Industrial Health by attending a one-week program consisting of lectures, on-the-job training (visits, etc.), and tests[7]. A general practitioner (GP) practicing in the community who applies for a part-time job as an occupational physician at a company is effectively required to have this Diploma, and it is difficult for one without the Diploma to take the job. Although the dimension of occupational health service by physicians is not large, this service has been traditionally implemented by GPs, and some of them are actively involved in occupational health with activities such as visiting companies. On the other hand, most GPs show a lack of knowledge about occupational health, and there are even those who do not know that the job as an occupational physician exists. A physician who wants to take a full-time job as a highly-specialized occupational physician for a company will attend the four-year practical training course on occupational medicine organized by a special committee, FOM(4), of the Royal College of Physicians[3], and obtain the professional qualification Member (MFOM)(8). The status of a Fellow (FFOM) that is equivalent to the qualification as a supervisory physician will be possible with further training[9]. Recent years have seen a decrease in the number of companies willing to cooperate with post-graduate training by FOM, and fewer opportunities of occupational physician training have become an issue.

❖Introduction of Fit Note and occupational physicians

Fit Note can also be used as an application document for statutory sick pay[10]. Thus, after the introduction of Fit Note, all the workers taking 7 d or longer of sickness absence obtain a Fit Note as a general rule. On the other hand, no significant change has been brought by the introduction of Fit Note in companies that have always had an occupational health system employing occupational physicians. When a worker returns to work submitting a Fit Note in a company employing an occupational physician, most of the time the descriptions on the Fit Note are firstly discussed between the worker and his/her superior or employer to decide on work-related considerations without the Fit Note being automatically forwarded to the occupational physician. The occupational physician is consulted when accommodation of the worker in the workplace is difficult. Consultation is sought when, for example, the conditions described on Fit Note are difficult to be implemented (e.g., "requiring part-time working, which is not provided on the employment contract"), or when the descriptions are so ambiguous that the superior does not grasp the meaning (e.g., "avoid excessive stress.")

Fit Note is originally introduced to provide occupational health service to the majority of workers without access to occupational health through GPs, a type of medical resources, in other words, to encourage GPs to get involved in occupational health. It has inevitably led to more chances for GPs without sufficient knowledge or experiences related to occupational health and actual working conditions to provide service in occupational health. Under the circumstances, the work-related considerations prescribed by GPs on a Fit Note often fail to coincide with the opinion by occupational physicians or employers. If an occupational physician has a different view from that of a GP, he/she may make an inquiry to the GP, and the GP rarely disagrees with the view of the occupational physician. Meanwhile, it is not unusual for an occupational physician to express a different view to that of a GP regardless of the type of relevant disease, particularly when a mental disease is involved. At the introduction of Fit Note, some employers had a concern that they might be obliged to implement the work-related conditions described on a Fit Note. Employers, however, do not have such a legal duty, and the decision made by both an employer and a worker can be prioritized over the prescription by a GP written on a Fit Note. A local occupational health professionals in UK considered that it is an important step forward in occupational health that work-related conditions should be ever examined even when opinions of GPs are not accepted. Generally speaking, employers in the UK have strong power to make decisions, and have no legal duty to implement strict, work-related considerations for workers unlike in Japan where the obligation of security is imposed. Furthermore, employers are not obliged to assign a new job within the company according to a worker's fitness for work.

The UK is currently considering to provide, in addition to Fit Note, a public advice service system at no charge to support return to work of individuals on a long leave of sickness absence. Some occupational physicians employed by a large company regard this free-of-charge system by the government as a threat. There is a concern that the free-of-charge system will have a negative impact on occupational health services that large companies provide on their own, and cause them to be scaled down. As might be expected, however, the quality and contents of the advices given by the public free-of-charge system will be different from those given by experienced occupational physicians with a thorough knowledge of working conditions of the companies they work for. In other words, in-house occupational physicians can provide services of higher quality. More importantly, the majority of workers in the UK lack regular access to occupational health service. Thus, this measure by the government is strongly supported by FOM as a responsible group of occupational health professionals. The original idea of these measures related to occupational health including Fit Note was not to support large-scale companies that employ their occupational physicians. The professional organization FOM strongly supports the introduction of the systems to encourage GPs (clinical physicians) to be involved in occupational health and to support return to work at no charge because only a minority of workers has access to occupational health in the UK.

❖After the interviews

The local occupational physicians rated the introduction of Fit Note as a clear advancement for occupational health in the UK. They highly appreciated

specific results such as the emphasis on the roles of employers in accommodating return to work of individuals requiring health-related considerations, the expansion of options for health-related considerations other than a leave of absence in many companies, and the shift in standpoint from focusing on what a worker with health problem cannot do to exploring what he/she can do despite the problem. According to the interviewed physicians, companies could allow only completely cured workers to return to work before the introduction of Fit Note. In other words, they were concerned about a possibility that they might be held accountable for allowing uncured workers to return to work. After the introduction of Fit Note, however, people have come to think that uncured workers can return to work; working under health-related considerations can function as rehabilitation exerting positive impacts on health, and is useful for improving productivity of companies. The interviewees highly appreciated this change pointing out that it was the largest effect. The issues indicated by the physicians included the following: among GPs who should play the main role in the system, some still possess a conventional mentality that they are not willing to recommend an option with some burden, which is return to work, prioritizing relation of trust between a general practitioner and a patient; and not a few GPs are reluctant to fill in Fit Note with details such as health-related considerations (one of the reasons is their lack of knowledge and information about occupational health and actual working conditions).

❖Conclusion

The interviewed occupational physicians repeatedly emphasized that it is an important issue that occupational health services are not universally accessible to the UK population, particularly to small companies and self-employed workers, due to a shortage of occupational physicians and other reasons. Under the circumstances, Fit Note is regarded as a tool to encourage GPs to participate in occupational health, and GPs who play the main role in community healthcare are expected to be a new partner in occupational health. The local occupational physicians rated the introduction of Fit Note and the participation of GPs in occupational health as a steady advancement in the UK occupational health.

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