General practitioners and occupational health services

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SUMMARY

Background. *Occupational physicians and general practitioners often appear to differ in their attitudes to the provision of health screening, health promotion and vaccination in the workplace.*

Aim. *This study aimed to explore the attitudes of occupational physicians and general practitioners to particular aspects of workplace health services.*

Method. *Anonymous piloted postal questionnaires were sent to 400 UK general practitioners and 300 occupational physicians.*

Results. *Questionnaires were returned by 260 general practitioners (65%) and 223 occupational physicians (74%). There are differences between the specialties in attitude to specific health screening and vaccination at work, and to the role of occupational health services in helping the disabled, but greater agreement on the usefulness of workplace health promotion.*

Conclusion. *General practitioners may misunderstand the role, responsibilities and priorities of occupational health services. Further educational work needs to be done to overcome communication difficulties between the specialties.*

Keywords: occupational health; primary care; health promotion; health screening.

Introduction

OCCUPATIONAL health services are concerned with the effect of work on the health of the employed population, and with individuals' fitness for work. However, the workplace is an ideal place to undertake health promotion,[1] with access to a 'captive' population,[2] and occupational health professionals are increasingly involved in general health promotion and screening.

General practitioners (GPs) have a continuing responsibility for the health of patients registered under the NHS—so can GPs and occupational physicians agree on the acceptability of workplace-based health initiatives, or are there misunderstandings or communication problems? Little research has been done on the interface between the specialties, but anecdote[3] and small studies[4] suggest that some GPs believe that occupational physicians and GPs may have conflicting interests, and that occupational health services occasionally overstep their remit by offering primary care advice.

This study aims to compare attitudes of GPs and occupational physicians with some activities of occupational health services.

Method

A questionnaire was sent to a geographically stratified sample of 400 UK general practitioners and 300 occupational physicians, selected at random from membership lists of the Royal College of General Practitioners and the Faculty of Occupational Medicine.

The questionnaire was extended from one used in a smaller study of GPs, and was piloted on a group of North West occupational physicians. It sought information on the GP's experience of occupational medicine (or the occupational physician's experience of general practice) and their perceptions of whether occupational physicians tend to act in the best interests of patients, or tend to interfere in primary care matters. Attitudes to health screening and health promotion were also sought. The questionnaire was anonymous, and no follow-up of non-responders was attempted. This affected the response rate and limits the interpretation of some of the responses.

Results

Questionnaires were returned by 260 general practitioners (65%) and by 223 occupational physicians (74%). A total of 161 GPs (60% of respondents, 40% of total) stated that they had occupational health experience, and of the occupational physicians, 140 (63% of respondents, 47% of total) recorded some general practice experience.

Table 1 compares responses from GPs and occupational physicians on questions about occupational health involvement in primary care matters, the possible bias of occupational health services towards employers and communication between the specialties.

There is a striking difference between the specialties in their perceptions of the frequency of communication from occupational health services to GPs. Occupational physicians believe that they communicate 'frequently' or at least 'sometimes'; GPs are less certain. Compared with occupational physicians, GPs tend to believe that occupational health services are biased towards employers, or admit that they do not know. There was a high level of agreement between the specialties on the appropriateness of health promotion and health screening in the workplace, but less agreement on help for the disabled in the workplace.

Table 2 shows that there is general agreement between GPs and occupational physicians on some specific workplace health initiatives, but less agreement on specific screening and vaccination. For most screening tests, occupational physicians are more accepting of the role of the workplace health service. The major exception is workplace cervical cytology screening, where only 37% of occupational physicians and 38% of GPs approve of this practice.

The marked disagreement in accepting workplace vaccinations suggests that GPs do not always recognize the responsibility of employers to protect employees against biological hazards at work, or from overseas business travel.

General practitioners with personal experience of occupational health practice did not differ significantly in their responses from those without such experience. Slightly more GPs with occupational health experience expressed a clear view that these services work in the best interests of the patient or both employer and employee than their less-experienced colleagues (60% compared with 51%), and were supportive of closer links between the specialties.

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Discussion

The relatively poor response rate from GPs may bias the findings. It is possible that GPs with experience of (or an interest in) occupational medicine were more inclined to respond, but this is not clear from the results. If this was the case, one might expect there to be a bias towards closer agreement between the specialties; this was not apparent.

There appear to be major perceptual differences between the specialties towards occupational health service involvement in some workplace health initiatives, notably health screening and vaccination, and there are also differences in perception of communication between the specialties.

Comments from GPs made it clear that continuing clinical responsibility was a major issue. A number expressed concerns about occupational health services performing screening tests (particularly for cardiovascular risk factors), or giving vaccina-

Table 1. General perceptions of the role of occupational health services.

	Number (%)			
	General practitioners (n = 260)	Occupational physicians (n = 223)	χ^2	P
Do occupational health services get involved in primary care?				
Frequently	49 (19%)	72 (32%)	23.07	< 0.001
Sometimes	189 (73%)	149 (67%)		
Never	22 (8%)	2 (1%)		
Do occupational health services communicate with GPs?				
Frequently	20 (8%)	159 (71%)	213	< 0.001
Sometimes	214 (82%)	64 (29%)		
Never	26 (10%)	0 (0%)		
Do occupational health services usually act in the best interests of:				
Employer	68 (26%)	13 (6%)	110	< 0.001
Patient	113 (43%)	122 (55%)		
Both	28 (11%)	86 (39%)		
Don't know	51 (20%)	2 (1%)		
Do occupational health services have a role in:				
health screening	'Yes' = 240 (92%)	209 (94%)	0.37	NS
health promotion	'Yes' = 249 (96%)	217 (97%)		
Do occupational health services have a useful role in helping the disabled?				
Yes	208 (81%)	210 (94%)	23.8	< 0.001
No	15 (6%)	8 (4%)		
Don't know	37 (13%)	5 (2%)		

Table 2. Health screening, health promotion and vaccinations in the workplace: *'Is it acceptable for these to be done in the workplace?'*

	Numbers (%) of respondents answering 'yes'			
	General practitioners (n = 260)	Occupational physicians (n = 223)	χ^2	P
Screening for:				
hearing	242 (93%)	217 (97%)	3.7	0.05 < P < 0.1
visual acuity	233 (90%)	218 (98%)	11.58	< 0.001
diabetes (glycosuria)	194 (75%)	205 (92%)	23.85	< 0.001
hypertension	208 (80%)	212 (95%)	22.72	< 0.001
cholesterol	150 (58%)	172 (77%)	19.54	< 0.001
cervical cytology	100 (38%)	83 (37%)	0.035	NS
Education on:				
diet	235 (90%)	211 (95%)	2.47	NS
smoking	249 (96%)	216 (97%)	0.15	NS
exercise	238 (92%)	209 (94%)	0.54	NS
stress	249 (96%)	215 (96%)	0.002	NS
First Aid	245 (94%)	212 (95%)	0.04	NS
alcohol abuse	231 (89%)	216 (97%)	10.05	< 0.005
Vaccinations:				
tetanus	139 (53%)	196 (88%)	65.34	< 0.001
hepatitis B	148 (57%)	193 (87%)	49.34	< 0.001
travel vaccinations	95 (37%)	189 (85%)	113.2	< 0.001
'flu vaccine	134 (52%)	123 (55%)	0.49	NS

tions, if the patient's GP then had to follow up abnormalities and adverse reactions.

Some general health promotion overlaps with health and safety. For example, promotion of policies on alcohol and drug abuse are vital in view of the high cost to industry of alcohol-related accidents and sickness absence. Therefore, it is disappointing that fewer GPs acknowledge a place for the occupational health service in alcohol counselling ($P < 0.005$).

Perceptual differences and poor communication between the specialties can only be broken down by improved understanding of each other's roles and responsibilities. There are few opportunities for GPs to learn about occupational health practice at undergraduate or postgraduate level, unless they intend to specialize or offer occupational health services.[5] Therefore, occupational physicians need to communicate more effectively with local GPs and to involve them in discussions on workplace health initiatives. Further work also needs to be done by the Royal College of General Practitioners to increase knowledge of occupational medicine for GP registrars, and by the Faculty of Occupational Medicine to create professional links which will benefit both specialties.

The shared aim of occupational physicians and GPs must be to protect and enhance the health of employees/patients, and this can only be achieved through improved training, communication and cooperation, avoiding duplication of effort and improving services.

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