

Occupational medicine and training for general practice

GORDON PARKER

SUMMARY

The inclusion of occupational health topics in vocational training for general practice is limited — principally by course overload, and by a lack of local contact between occupational physicians and general practitioners (GPs). There is a need for the Royal College of General Practitioners and the Faculty of Occupational Medicine to review communication and training opportunities between the specialties.

Keywords: occupational medicine; vocational training; day release.

Introduction

THE Royal College of General Practitioners and the Faculty of Occupational Medicine issued a joint statement on the educational needs of GPs in relation to occupational medicine in 1992,¹ but no recent evidence exists on occupational health input to general practice vocational training.²

Method

Two hundred and four general practice vocational training schemes in Great Britain were identified from the directory of vocational training schemes. Course organizers were sent a questionnaire requesting information on the day-release course and on occupational health topics included in the course.

Results

Replies were received from 188 (92%) of the 204 identified vocational training schemes still in existence. Only 7 of the respondents had any formal training in occupational medicine. Twenty-eight course organizers said they currently practice occupational health, either in industry or in the National Health Service.

Table 1 shows the percentage of course organizers believing that specified topics of direct relevance to occupational medicine 'might usefully be covered' or are 'actually covered' in their course. The most popular topics covered were industrial injury and sickness benefit, rehabilitation and resettlement, health and safety law, and fitness to drive commercial vehicles. The least well-accepted topics were the most overtly 'occupational' (and specialist). Seven respondents (4%) did not acknowledge that any of the suggested topics might usefully be covered.

Forty-four (24%) of 184 respondents had received some teaching from an occupational physician. Seventy-two (40%) of 178 respondents included at least one industrial workplace visit in the course, with 54% of the visits led by an occupational physician.

The main 'barriers' to the inclusion of more occupational health in the vocational training scheme (VTS) included course

overload (39%), a belief that relevant topics are covered elsewhere (37%), and a lack of contact with occupational health professionals (32%). However, some course organizers commented that input from 'special interest groups' to a VTS is inappropriate, and that the VTS is not a vehicle for 'teaching', but offers an opportunity to learn about topics selected by the trainees themselves.

Asked if they would include more occupational health in the VTS (if it was easy to arrange), 90 (51%) of 176 respondents suggested that they would. Only 17 (11%) of 160 course organizers were able to suggest any books or Health and Safety Executive publications that might be relevant to helping GPs learn about occupational health. Ten referred to *Fitness to drive*,³ and four to the Health and Safety Executive publication, *Your patients and their work*.⁴

Discussion

Specialist areas of occupational medicine (e.g. toxicology, and hazard-related health surveillance) may not concern the GP on a daily basis, but there is a need to know and understand patients' occupations, and to be able to make informed judgements on their fitness for work and on possible work-related aspects of illness. The GP may be in the best position to make an early diagnosis of occupational illness, to prevent further cases by taking appropriate action, and to facilitate return to work after illness or injury.

The day-release course is only one aspect of vocational training. This survey is unable to determine how much informal occupational health teaching takes place in the training practice, but this is likely to be determined by the particular interests of the GP trainer. A more active approach from occupational health professionals at local level, and a more vigorous approach from the Faculty of Occupational Medicine nationally, may help VTS

Table 1. Occupational health topics included in GP vocational training schemes:

Number of course organizers believing that the topic:			
(n = 188)	'might usefully be covered'	'is actually covered'	Total
Industrial injury/sickness benefit	57 (30%)	95 (51%)	152 (81%)
Health and safety law	94 (50%)	55 (29%)	149 (79%)
Rehabilitation and resettlement at work	101 (54%)	46 (25%)	147 (79%)
Fitness to drive commercial vehicles	81 (43%)	59 (31%)	140 (74%)
Epidemiology of occupational disease	102 (54%)	24 (13%)	126 (67%)
Communicating with employers	83 (44%)	43 (23%)	126 (67%)
Occupational psychology	97 (52%)	4 (2%)	101 (54%)
Screening for occupational disease	88 (47%)	13 (7%)	101 (54%)
Occupational ergonomics	69 (37%)	9 (5%)	78 (42%)
Industrial toxicology	65 (35%)	6 (3%)	71 (38%)

Dr Gordon Parker, MA, MRCP, MFOM, lecturer in occupational medicine, Centre for Occupational Health, University of Manchester.
Submitted: 8 January 1996; accepted: 24 June 1996.

© British Journal of General Practice, 1996, 46, 683-684.

course organizers to identify teaching resources and training opportunities covering the relationship between work and health as part of a wider review of education and training needs in primary care.⁵

References

1. Faculty of Occupational Medicine, Society of Occupational Medicine and Royal College of General Practitioners. *General practitioners and occupational medicine*. Report of a joint working party. London: Royal College of General Practitioners, 1992.
2. Marcus RL, Lee WR. Information on occupational medicine for trainee general practitioners. *J Soc Occup Med* 1980; **30**: 24-26.
3. Medical Commission on Accident Prevention. *Medical aspects of fitness to drive*. London: Medical Commission on Accident Prevention, 1995.
4. Health and Safety Executive. *Your patients and their work*. London: Health and Safety Executive, 1992.
5. Royal College of General Practitioners. *Education and training for general practice* [policy statement 3]. London: RCGP, 1994.

Acknowledgements

The author wishes to thank Professor Nicola Cherry for her help at all stages of the survey, and the GP course organizers who kindly returned questionnaires. Funding was from the British Medical Association Board of Science and Education Brackenbury Award.

Address for correspondence

Dr Gordon Parker, Clinical Lecturer, University Health and Safety Services, William Kay House, 327 Oxford Road, Manchester M13 9PG.

Royal College of General Practitioners Quality in Primary Care Symposium

18 - 19 September 1997

Venue: The Commonwealth Institute,
London

CALL FOR PAPERS

The RCGP Quality Network is organising a two-day Symposium to promote Quality in Primary Care. Keynote themes will include: Who defines Quality? Can Evidence Based Medicine be used to define Quality? Can Quality be Commissioned?

Contributions are sought for Paper Presentation, Poster Presentation and Workshops.

Deadline for Submissions 14 December 1996

For further details and an Abstract submission form please contact:

RCGP Courses & Conference Unit,
14 Princes Gate, London SW7 1PU.

Tel: 0171 823 9703 Fax: 0171 225 3047

Email: Courses@RCGP. Org.UK



SCHOOL OF MEDICINE
DIVISION OF GENERAL
PRACTICE AND PUBLIC HEALTH
MEDICINE

Chair of Primary Care

The University wishes to make a proleptic appointment to a Chair of Primary Care before the retirement of Professor Conrad Harris from the Chair of General Practice in 1998. In addition to promoting undergraduate teaching and health services research in primary care, the new professor's remit will be to provide an academic input into moves towards a primary care-led NHS. This will involve working closely with general practitioners and other health care professionals, together with the Leeds Community and Mental Health Services NHS Trust, the Leeds Health Authority, and the local authority to encourage innovative ways of delivering primary care.

The person appointed must have: commitment to the aims of the GMC's educational strategy document *Tomorrow's Doctors*; relevant teaching experience at University level; a track record in health services research; the experience and interpersonal skills required to liaise with external bodies at senior level on behalf of the University; and the credibility and ability to forge effective working relationships with the professional workers in primary care. Applicants, who need not have a medical degree, will have a background in primary care and a *Curriculum Vitae* appropriate to professorial status.

The salary will be within the non-clinical professorial range or on the clinical academic scale, as appropriate.

Informal enquiries about the post may be made to Professor Brian Jewell, Dean of the School of Medicine, (Tel: 0113 233 4361).

The University of Leeds is an equal opportunities employer. Women, members of ethnic minorities and disabled people are under-represented in the University in posts at this level and the University would therefore particularly welcome applications from members of such groups whilst, however, affirming that the appointment will be made entirely on merit.

Further particulars may be obtained from Mrs Sally M D Wheeler, Personnel Director, University of Leeds, Leeds, LS2 9JT. Tel: 0113 233 5775; Fax: 0113 233 4127; email via a.e.milner@Registry. Leeds.ac.uk quoting reference number 79/3.

Closing date for applications: 28 November 1996.