THE COMPETENCIES

The ‘medical expert’ must be competent in a range of roles:

• Professional
• Communicator
• Manager
• Academic
• Educator
• Advocate

The specialty of occupational medicine is unique in that it involves the medical expert practicing in an environment that is particularly influenced by medical, social, political, legal, economic, and commercial factors; and the occupational physician is required to liaise with many parties during the course of their practice. This requires that consultants have the following ‘core’ competencies:

• Clinical
• Workplace Assessment
• Critical Appraisal
• Research Methods
• Management
• Communication
• Legislation, Regulation and Medico-legal matters
• Rehabilitation
• Environment

1. Clinical Competence

General objectives

The occupational physician is able to:

(a) Talk to patients in a structured but flexible manner, using appropriate language, and displaying confidence, rapport, and empathy.
(b) Take and record a general medical history from an individual, including reproductive, social, family and behavioural characteristics;
(c) Take and record a detailed current medical (including psychiatric) history, including the onset, course, investigation, management, and effect (in relation to previous or future work) of any medical problems
(d) Take and record a complete chronological lifetime work history from any person capable of giving such a history, which will include any other activities potentially involving exposure to hazards;
(e) For any job description given by a person who has worked in that job, make appropriate enquiries of the informant in order to clarify the exact nature of the job or process, the materials used in the job and the condition under which the job was usually performed, to the extent of the knowledge of the informant; and
Perform a clinical examination (of any physical or functional system) at a level of competence that enables the physician to identify relevant clinical signs. This requires a correct, systematic, and comprehensive clinical method, and is at least equivalent to the ability of a doctor with three years’ post graduate clinical experience.

The occupational physician is able to:

(a) Obtain information concerning the technical details of any described process, known hazards, potential or actual, of such a process, and recommended and/or legislative health and safety requirements for that process to be carried out (where relevant).
(b) Arrive at a reasonable estimate of work conditions likely to have an impact on health;
(c) Identify a past or present occupation that has potential to contribute to the cause of a disorder and explain why this might be so;
(d) Elicit, interpret, and describe to colleagues, the clinical features of each disorder, and describe the pathogenic mechanisms responsible for the symptoms or signs elicited;
(e) Describe the appropriate personal protective devices, environmental and biological monitoring, and engineered protection;
(f) Advise and implement an appropriate health surveillance or screening program
(g) Discuss the implications for employment, risk of exposure and fitness to return to any job.

The majority of the clinical competence of an occupational physician will develop from a sound experiential base. This will include supervised clinical practice, which may be enhanced by formal training (that is directed at ‘registrars’) in any or all of the relevant sub-specialties (such as neurology, cardiology, rheumatology, dermatology, respiratory medicine, musculoskeletal medicine, etc).

2. Workplace Assessment

General objectives

The occupational physician is able to undertake assessments of the working environment in order to:

– advise on the risk of disease and injury resulting from, or being aggravated by, work;
– advise or undertake appropriate methods of evaluation and control of hazards and factors to mitigate those risks; and
– advise or undertake appropriate monitoring of the workplace and/or workers.

Such assessments include the following:

– recognition and evaluation of hazards
  - physical
  - chemical
  - biological
  - ergonomic/design
  - psychosocial
  - compliance/legal
– evaluation of organisational factors
  - management systems
  - culture
  - training
  - quality systems
– effective communication of the issues and suggested solutions to management
– effective management plans to achieve the objectives of the assessment
This competence therefore requires an understanding of the practical application of the principles of industrial hygiene, organisational behaviour, and industrial psychology. There is a strong experiential component to the development of competence in workplace assessment, but formal academic coursework on the theoretical basis of these principles will also contribute.

3. Critical Appraisal

General objectives

The occupational physician is able to locate, access, and interpret information in order to identify relevant scientific evidence. The occupational physician is able to critically appraise, using an evidence-based approach, relevant information to assist in professional decision-making in relation to occupational health.

This competency could be gained through academic course work with an emphasis on epidemiology and biostatistics.

4. Research Methods

General objectives

The occupational physician is a practical field epidemiologist who is able to design, conduct and interpret investigations of health problems in occupational and environmental settings and able to design, implement and evaluate intervention strategies in the workplace.

This competency could be gained through academic course work with an emphasis on epidemiology and statistics.

5. Management

The occupational physician understands how organisations function and is able to assist an organisation to promote and continuously improve its performance through occupational health and safety practice. This competency includes the occupational physician as manager, and the occupational physician as organisational consultant. The occupational physician is aware of their ethical and professional obligations, and the potential for perceived conflict of interest or bias in relation to their patients, other employees, employers, contractors, insurers, external organizations (such as unions, special interest groups, etc), the community, colleagues, and other health professionals.

The occupational physician is able to:

a) Describe the roles and responsibilities of:
   • line and functional management,
   • government and regulatory authorities, and
   • trade unions and other employee organisations

b) Describe the effects of the following factors on occupational health and safety performance:
   • workplace culture,
   • organisational structure,
   • organisational objectives,
   • financial and economic factors, and
   • management systems
c) Advise on performance improvement within an organisation including both general and medical management systems:
   - alignment of objectives,
   - leadership,
   - ethics,
   - vision, and
   - process review and improvement

d) Communicate effectively on issues of relevance and priority, and employ appropriate techniques for conflict resolution

e) Manage an occupational health service, including:
   - identifying the health and safety needs of the organisation,
   - identifying the goals and objectives of the service,
   - demonstrating an understanding of the elements of structure of a management system, including the components of planning, consultation, implementation, evaluation and feedback/continuous improvement
   - developing an effective team to meet the needs of the organisation and the
   - objectives of the occupational health service,
   - negotiating and managing budgets,
   - communicating to the organisation the role, strengths and value of the occupational health service,
   - encouraging high performance and conducting performance appraisals,
   - evaluating the performance of the service against the objectives including an understanding of the limitations and benefits of key performance indicators
   - maintaining ethical and professional practice

This competency could be gained through academic course work with an emphasis on management, and practical experience.

6. Communication

The occupational physician has good interpersonal and presentation skills and is able to use a range of communication techniques (including both oral and written skills) effectively and appropriately in a variety of situations to support the accurate reception of the intended meaning.

The occupational physician displays confidence, rapport, and empathy when communicating, and is able to organise and prioritise information, and adapt the technique as required to communicate with patients, other employees, employers, contractors, insurers, lawyers, external organizations (such as unions, special interest groups, etc), the community, colleagues, and other health professionals.

He/she understands the legal status of forms of communication, and the following principles:

1. Informed consent
2. Human rights legislation
3. Privacy legislation
4. Natural justice
Oral communication:
- Active and passive listening
- Non-verbal communication
- Barriers to communication
- Presentation skills
- Conflict resolution
- Negotiation

Written communication
- Document preparation
- Format, grammar, expression

This competency could be gained through academic course work with an emphasis on communication, and practical experience.

7. Legal

The occupational physician can interpret the legislative, regulatory and medico-legal aspects of occupational and environmental health and safety and is able to apply these in medical practice. Legislation and standards apply to employment, insurance, workplaces, health care, and the environment, and an understanding of the legislative framework enables the occupational physician to advise patients, employers, management, insurers, other health professionals, workers, and the community appropriately.

This competency could be gained through academic course work with an emphasis on employment, environmental, and health law.

8. Rehabilitation

The occupational physician is able to assess the need for and manage vocational rehabilitation. This includes providing advice on all aspects of rehabilitation including assessment, treatment, compensation, legislation, policies, procedures, implementation, and monitoring of rehabilitation; and advising on the necessary infrastructure, systems, and organisational culture to support rehabilitation.

This competency could be gained through academic course work with an emphasis on rehabilitation and health and compensation systems, but learning in this area will also be experiential.

9. The Environment

The occupational physician is able to advise on the effects of physical, chemical, biological, design, psychosocial and mechanical hazards arising from industry in the general environment.

The objectives of the environmental competency will be met in course work relating to epidemiology and environmental analysis.