

A dark grey banner with a fine horizontal line texture. The text 'HEOPS' is in large, bold, white sans-serif font. Below it, the full name 'Higher Education Occupational Physicians / Practitioners' is written in a smaller white sans-serif font. The banner is set against a background of light blue and white wavy lines at the top of the slide.

HEOPS

Higher Education Occupational Physicians / Practitioners

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Summary of fitness standards

1. Medics – published and acknowledged by GMC
2. Dentists – published and acknowledged by GDC
3. Nurses – published and acknowledged by NMC
4. Eating Disorders – published and widely used amongst HEOPS members
5. Vets – acknowledged by RCVS and now with RCVS education committee
6. Practitioner Psychologists – meeting with HPC summer 2012
7. Pharmacists – meeting with GPhC summer 2012

Problems

1. Learning disorders
2. TB screening
3. MMR funding/responsibility

Problems with learning disorders

- Overdiagnosis
- Ambiguous or absent diagnostic criteria
- Interpretation of Ed Psych reports by lay administrators
- Exclusion of Occupational Health professionals from diagnostic and adjustment process
- Conflict of interest for disability support teams
- Financial conflict of interest for students
- Confused students
- Unfair exclusion of students from training
- Trainees unable to achieve mandatory competencies

BMJ

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OVERDIAGNOSIS
Harming the healthy

Overdiagnosis

- “Widening disease definitions mean people ... receive permanent medical labels ... that will fail to benefit many of them”. Welch et al, Beacon Press 2011 and Moynihan et al, BMJ 2002.
- ADHD – “Boys born at the end of the school year have a 30% higher chance of diagnosis and 40% higher chance of medication than those born at the beginning of the school year”. Morrow et al, Canadian Medical Journal 2012.
- What can be done about overdiagnosis?
- Reform of process of defining disease. “People with financial or reputational conflicts of interest are disqualified from membership of disease definition policy panels”. National Institutes for Health in the US.

Examples of two diagnostic criteria for Dyslexia

WHO ICD10 – Specific reading disorder F81.0


- Clinically significant impairment in reading skills, very substantially below that expected for the same mental age (a degree that may be expected to occur in less than 3% of pupils).
- Not explained by impairments in general intelligence, visual acuity problems or inadequate schooling.
- Impairment must have been present during the early years of schooling and not acquired later in the educational process.

British Psychological Society Working Party 1999

- Dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely or with great difficulty.

Suggested HEOPS actions

- Adopt one diagnostic classification system.
- Consult with British Psychological Society and our disability support teams on preferred diagnostic definition.
- Agree commissioning standard for Educational Psychologists' reports.
- Then publish HEOPS guidance on diagnosis and adjustments for learning disorders in relation to specific fitness standards.

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- People of the same trade seldom meet together, but the conversation ends in a conspiracy against the publick.

- Adam Smith, *The Wealth of Nations*, 1776.