

# HEOPS

Higher Education Occupational Physicians / Practitioners

## HEOPS EXECUTIVE COMMITTEE MEETING

Monday 10th October 2011

60 Hope Street, Liverpool

### Minutes

Dr. Ian Brown (Chairperson)  
Dr. Nigel Wilson (Web Master)  
Jo Heslop (Treasurer)  
Dr. Anne-Marie O'Donnell  
Dr. Susan Robson  
Dr Alan Swann  
Elizabeth Aniteye  
Janice Craggs  
Emily Bedford (co-opted member)

#### 1) Apologies

Dr Christine Rajah, Bob Dunn

#### 2) The Minutes of the 9<sup>th</sup> May 2011 HEOPS Executive meeting were accepted

#### 3) Matters arising

SR mentioned that a motion supporting the Practitioner Health Program was taken to the ARM of the BMA. This was accepted unanimously. A number of interested bodies have signed up to keep the PHP going till 2012 but it needs further promotion to keep it going beyond then It is free for students, doctors and dentists working within M25. Many doctors attending have addiction or mental health issues. It has been running for 2 years there is more information available on the website.:

[www.php.nhs.uk/](http://www.php.nhs.uk/)

#### 4) Confirmation of the Membership of the Executive, tenure, office, personal responsibilities and representation.

The committee noted the resignations received from Bob Dunn and Christine Rajah who had missed 3 consecutive meetings and 2 out of 3 consecutive meetings respectively due to extenuating circumstances. The current arrangements for membership of the committee state that members who miss 2 consecutive meetings should resign from the committee. The committee felt that this arrangement should be relaxed and the wording changed in light of extenuating circumstances and

individuals' ongoing contribution to the executive. JH also felt that she would have to miss certain meetings to let other members of her staff attend HEOPS in her place. The committee unanimously rejected Christine Rajah's resignation. The committee also agreed that all HEOPS members should be encouraged to put their names forward for membership of the executive and that this would be raised at the AGM.

**Action:** IB to change the wording of the conditions of tenure such that if committee members missed 2 consecutive meetings 'consideration would be given to the member's continued tenure'.

**5) GMC competencies review.**

NW reported the response from the GMC on the HEOPS document on Fitness to Practice for Medical Students. The GMC is reviewing all of the competencies of medical students, not only health. The GMC have agreed that the guidance is very useful. SR had a copy of the minutes of the Undergraduate Board which discussed the guidance. It has agreed to adopt the standards with some care and caveats such as improved information about possible disability related adjustments to help medical schools in this area and further expansion. They have agreed to link to the document from any future documents. The BMA Medical Students' Committee has also agreed to promote the document through admissions clearing networks for dentists and medics. SR stressed that the issue of competencies for medical students such as relationships with colleagues, communication and insight, has still not been addressed although she understands that this may be considered by the GMC and particularly Professor Jim McKillop. Manchester University have written guidance on competencies for certain groups such as their Speech Therapists Pharmacy, Social Workers and Nurses. IB stressed that the aptitude to be a medical student needs to be established early on in a student's career. AS felt it was important that the distinction was made between the HEOPS assessment for fitness and the assessment of competency which should be done through a different process and does not require medical input. AMOD felt that a comment regarding this should be made on the HEOPS Fitness to Practice Document. SR reminded the committee that the Equality Act did not necessarily require adjustments if competency is an issue. IB felt we should wait until Professor McKillop had outlined the GMC's position on this at the HEOPS meeting before considering how to take this further.

**6) Health Professions Council in relation to screening for training of sundry healthcare professionals including clinical psychologists.- NW**

NW outlined a case involving correspondence with the HPC which he felt outlined their need for more guidance on standards of fitness. He had produced a suggested document of standards of proficiency or this which he was keen to send as a draft to the HPC. However the committee felt that this area was too broad in its scope to produce a single document that was applicable for all sundry healthcare professionals. SR suggested that HEOPS members who look after specific sections of healthcare professionals should consider producing standards for their areas of experience.

**Action: HEOPS members should be encouraged to contribute to developing screening documents for all healthcare professionals and comments should be sought from ANHOPS**

**7) Eating disorders – fitness to practise - A-M O'D**

AMOD explained that these were still in draft form but the plan would be to circulate them to members and on completion to relevant bodies in a similar manner to Nigel Wilsons Fitness standards. One HEOPS member had contacted her suggesting that other psychiatrists could be asked to comment on the document although it was felt that this may lead to a wide differing of opinion on it.

**Action: AMOD to complete and distribute eating disorders guidance to relevant interested parties.**

**8) Health at work pledges – public sector responsibility deal – NW**

NW outlined how HEI's were being invited by Dame Professor Carol Black to sign up to a number of Health at Work Pledges under the government's 'Public Health Responsibility Deal'. One of these collective pledges (H2) pledges was to 'use only occupational health services which meet the new occupational health standards and which aim to be accredited by 2012/13'. The committee felt that this pledge was unfair given the excessive cost of the current system and the current budgetary limitations on HEI occupational health services. JC explained that the pledges were not mandatory and that HEI's did not have to sign up to all of the pledges although she was aware that one HEI (Sunderland) had already signed up to all of the pledges. She was also concerned about the tight timescale involved in this process. NW suggested writing to Dame Professor Black (using some wording from a recent letter from Dr Charles Baron) outlining the executive's reservations about this pledge and suggesting that HEI's undertake a separate accreditation process that would exist independently from any commercial enterprise.

**Action: NW to send a copy of Charles Barron letter to IB who will write on behalf of HEOPS to Dame Professor Carol Black**

**9) Survey of Membership**

AS stated that HEOPS has 189 members from approximately 90 different HEIs and seems to be growing. He felt that this represented approximately 50% of all HEI's. Last year JH sent letters/ emails to occupational health departments or contact in all HEIs. The committee considered other ways to raise the profile of HEOPS and it was suggested that the recent success of NW's Fitness Standards document which has been adopted by the NMC could form the basis of an article about HEOPS in the OH journals such as Occupational Health Magazine. JC queried whether we should broaden HEOPS membership on the website beyond HEI practitioners but AS felt that it should remain focussed on HEI.

**ACTION: NW to write an article / contact the editor of OH magazine re HEOPS interview article**

**10) Encouraging Nurse membership of SOM**

Christine Rajah asked whether the executive could remind nurse members that they are now able to become members of the Society of Occupational Medicine and that she felt that this might be a useful association as well as providing access to educational meetings

**Action: to be raised at the HEOPS meeting**

**11) HEFCE 'Improving performance through wellbeing and engagement' project outcomes & UCEA's future stewardship**

JC reported that the final conference on this had been held and that the reports are now available on line but that subscription to the project was costly at £5000. Stewardship of this project has been passed to UCEA who were meeting on October

11<sup>th</sup> regarding the project's future direction and aims. She hoped that UCEA would bring out some guidance on this and felt the project had been useful in Newcastle University

## 12) Frequency of HEOPS Meetings

Dr John Papworth-Smith has offered to host a Spring study day in Leeds. SR explained that the Autumn HEOPS meeting came at a very busy time for occupational health services and wondered whether a single annual HEOPS meeting might be better attended and reduce educational costs. She recommended that meetings should ensure have a balance of lectures and occupational health input and discussion time. In order to achieve this balance, a member of the committee should act as a guide to future hosts of HEOPS meetings regarding content.

**Action: JH will liaise with John Papworth -Smith regarding the spring meeting**

## 13) AOB

- AS informed the committee that UCEA are to undertake an absence benchmarking exercise. He is in a working group with USHA on this. 80 Universities have expressed an interest in taking part.
- EA and the rest of the team that produced the Safety in Fieldwork Guidance have been shortlisted for an IOSH award for Partnership Initiative in the Safety and Health Practitioner Award category
- SR informed the committee that the paper-based childhood vaccination records of those over 19 years age are going through a bulk deletion process. JH has already encountered students who have experienced difficulty getting access to their records. SR explained that both the BMA and the HPA feel that this may lead to increased costs through re testing students and are looking into this further.
- SR was disappointed to note the recent release of a report from the Royal College of Psychiatrists: The Mental Health of Students in Higher Education. She felt that the areas of student difficulty identified in the document were those which were principally managed by occupational physicians; yet no occupational health input had been sought. She felt that this lack of consultation was detrimental to the practical usefulness of the document and meant that it was fundamentally flawed. AMOD agreed and outlined her concerns about some of the data in the document which mentioned prevalence of eating disorders in HEI's but failed to include any UK based prevalence studies. SR was keen for some formal response from HEOPS regarding this matter. IB felt that he should read the document first before issuing a response.

**Action: IB to consider and respond on behalf of HEOPS to Royal College of Psychiatrists regarding: The Mental Health of Students in Higher Education Report**

- SR mentioned that the GMC are commissioning research on mental health and addictions issues in medical students. The GMC will oversee the group commissioning the research will include: a member of MSC, Professor David Cottrell, Dr Claire Gerrada and post graduate deans and representatives from medical schools.
- AMOD had attended a recent ANHOPS meeting on TB screening in which concern had been expressed that the current guidance was going to prove extremely costly and possible unworkable and still relied heavily on one off

screening and BCG rather than symptom screening and awareness training. AS has introduced an online self assessment for TB screening for students returning from electives which he offered to share.

- JC raised concern about how well HEI organisations oversee the hazard and exposure surveillance under COSHH and wondered if this could be raised in general at the next HEOPS meeting as a possible discussion topic.

#### **14) Date and Time of Next Executive Meeting TBA**