



Title	Occupational Health Consultation Policy	Document No.	CP 068
Author	Laura Hodgkinson	Revision No.	13
Approval	James Murphy	Re-issue Date	Dec 2022

## **Occupational Health Consultation Policy**

### **Background**

This policy sets out the objectives of an occupational health referral conducted by PAM Group clinical staff. It informs clients and their employees how the referral will be conducted, the role of the parties and the escalation process available to the parties.

### **Objectives of this Policy**

1. PAM Group provides occupational health services designed to manage the effect of **work on health** and **health on work**. We concentrate on employee performance, suitability, fitness, wellbeing, and safety issues linked to health at work.

We aim to support our clients and their employees in managing any health issues relevant to the work place. We are not health care practitioners who deliver health care to any person - we are engaged for our medical expertise to advise clients and their employees on health matters.

2. We aim to ensure that an effective occupational health consultation is conducted by our clinical staff to allow a comprehensive report to be written. To achieve this, we recognise the following:
  - The needs of the client (The Employer) to obtain clear advice in a report.
  - The needs and confidentiality of the employee who is participating in the consultation.
  - The professional standards and conduct of the clinician who is conducting the consultation.
3. We work to enable a consultation to be conducted in an open and informative manner to allow the exchange of the appropriate information that will facilitate an occupational health report to be compiled.
4. Where appropriate our clinical staff will offer assistance to explain health issues using wherever possible research-based and in any event well validated information or to provide assistance in resolving an appropriate health matter therefore, minimising the impact on the individual and their ability to work for their employer.
5. To protect the image of PAM Group as an occupational health provider and to ensure the safety and integrity of our clinical staff is protected at all times.

The purpose of the consultation is to conduct a management referral in an open and informative manner in order that our clinician can provide appropriate work/health advice to our client the employer.

### **Clinical Assessment**

Cases which are referred to us are clinically triaged and where deemed appropriate, assessments will be undertaken by telephone, video call or face-to face. When forming a clinical opinion, our clinicians will use a variety of different sources of information and facts, which include one or more of the following:

**History of the illness or injury;** including pain levels, treatment, effect on employment and impact on daily living.



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1. **Observations;** Movement and/or coping strategies where appropriate.
2. **Examination;** A description of symptoms provided by employee or their healthcare provider; health surveillance and assessment or MSK assessment where appropriate.
3. **Logical Reasoning;** based on an assessment of all available information.
4. **Justified Opinion;** based on the evidence and giving explanations.

Our clinicians will wear ID badges in the case of face-to-face assessments and introduce themselves, if not known to the employee, and will discuss the following matters with the employee:

- Ensure the employee is aware of the reason for the referral - which in all instances should have been communicated by the referring manager prior to attending - and explain that a report will be provided to the employer.
- Take a history of the employee's health and/or lifestyle/complete questionnaires where appropriate. Where issues may be genetic or familial, a family health history may also be requested. In all instances, the information provided will be noted in a contemporaneous notes format and the clinician will use occupational health expertise to apply any impact of the clinical or lifestyle information to the workplace/employment.
- Consider the health issue and any likely impact in relation to work on health and health on work.
- Consider where appropriate the effect of any rehabilitation or support that the clinician can signpost that would reduce the impact of work on health and health on work.
- Consider any reasonable adjustments that the employer may be able to make to accommodate the employee back to work.
- The purpose of the occupational health report is to support the employer and the employee; unfortunately, this may, on rare occasions, give rise to an apparent conflict of interest based on the clinician's advice e.g. were the clinician believes workplace adjustments would facilitate a return to work but the employee disagrees. In such circumstances it is the employee's responsibility to discuss outcomes with their employer as it is they who will make the final decision on any actions.
- When a report is completed, it is provided directly to the employer, and it is their responsibility to discuss its contents with their employee (See Consent Section) and to issue a copy if requested.
- All consultation documents are stored and retained according to PAM Data and Privacy Policies which are available [www.pamgroup.co.uk](http://www.pamgroup.co.uk)

## **Consent**

When an employee attends occupational health for any reason; they will be provided with information in relation to the reasons and outcomes of the appointment. This is to allow them to provide informed consent. They can then demonstrate their informed consent either verbally, or in writing. Consent will always be documented in the clinical records or system by the clinician.



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An employee has the right to refuse to provide their consent or withdraw/refuse to give consent during the appointment. Where consent has been refused or withdrawn then the employer will be advised of this, but no medical advice will be provided in relation to the referral.

Where further medical evidence (FME) from the employee's healthcare provider is required, it will be always be obtained in accordance with the Access to Medical Records Act (1988). The person's rights will be explained and a signature obtained. Consent for clinical procedures may be written or verbal or according to relevant clinical guidelines and best practice.

### **Prior Sight Processing**

Where a Consultation Report is provided by an occupational health physician who is regulated by the General Medical Council. An employee has the right of prior sight, to view the report before it is provided to their employer. This is part of the consent process. The employee has the right to review the report before it is sent to their employer and ensure that the report is accurate and there are no false statements in the report. Once the report has been viewed then the employee should provide their consent and the report is released to their employer.

Prior sight consent is the right to verify and does not extend to the right to challenge or change the professional opinion of the physician. The employee has the right to refuse consent in which case the report will not be provided to the employer and a factual report will be sent to the employer *"The employee has refused their consent for this report to be releases this matter is referred back to the employer as an employment matter."* No health information will be sent to the employer where consent is withheld. Prior sight rights do not apply to reports written by all occupational health nurses who are regulated by the Nursing Midwifery Council.

Prior sight processing is the processing of health information that is confidential and PAM Group take this matter very seriously. In order to conduct this process PAM Group use a secure email transfer service called Egress. This allows the email containing the report to be sent in a secure format without it being copied or transferred. In order for an employee to obtain the report they will be required to register with Egress and set a secure password for their account. This is free to the employee and is safe to do so. When an email is sent using Egress the employee accesses Egress enters in their password and then enters in a second password that is on the report this password is their date of birth as 6 numbers e.g., 1<sup>st</sup> January 1990 = 010190.

PAM Group provide guidance and training videos on how to use Egress on our main clinical platform see [www.ohiosystems.co.uk](http://www.ohiosystems.co.uk)

### **Policy Direction**

1. In normal circumstances an employee should attend the consultation on their own, be it remotely or face-to-face to enable confidential information to be discussed. Where an employee has a significant learning disability, or communication/ language problem then a suitably qualified assistant may be invited into the consultation to assist.
2. Should an employee request to be accompanied by a family member or trade union representative or colleague during a consultation this third party acts as an Observer. At these appointments our clinician may require to be accompanied by a member of the client's management team. This may be in person or via a conference call (remotely).



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- It is the responsibility of the client to ensure that all of their employees are aware of this policy and practice before they attend a consultation should an employee wish to be accompanied by an observer during the consultation, they must first seek the approval of their employer so that arrangements can be made.
  - Any person supporting the employee attending an appointment is doing so in the role of an observer and not as the employee's representative. Where the employee feels they need a representative, PAM offer a different service called a "Case Conference", Where an employee is accompanied and represented, either remotely or face-to-face, PAM cannot assure the employee of their details being kept confidential as we hold no responsibility for the actions of others.
  - It is not PAM's role to be involved in employment disputes between the employee and the employer, where we believe that the occupational health consultation is becoming an employment dispute matter we will suspend the appointment and either refer it back to management or propose a Case Conference. Where we have employees being accompanied either remotely or face-to-face, we may need to ensure that we have scheduled enough time for the appointment as these types of appointments usually take longer.
  - Where an observer is requested on the day of the appointment without prior agreement then the appointment may need to be postponed to allow further preparation to be completed. The clinician will provide a report to management indicating the reason for the postponement and request the appointment is rescheduled.
  - Where a clinician feels that other parties such as managers, trade union representatives, or other health care professionals should be involved in a consultation they will request attendance. This meeting is known as a Case Conference and will be consented by the employee so it is clear that health information is to be discussed with third parties.
3. Clinicians will not engage in any confrontation or dispute with an employee in the process of a consultation. In circumstances where there is any potential for misunderstandings, the clinician will temporarily adjourn the consultation to request that a member of the client's management team attends or takes part in a conference call. If a member of the management team is not available to take part then the referral will be postponed and re-arranged later once the issue to be clarified has been completed.
4. Postponed consultations are charged to clients at the full rate as is any future consultation.
5. In the event where the employee or another party is considered threatening, abusive or aggressive to any member of the PAM Team then the clinician appointed will close the consultation and complete a Consultation Incident Report CIR (Appendix 1).
- A CIR should be completed by a clinician and the report to the client should note a CIR was raised in relation to this consultation. Copies of the report should be given to the local Client Manager, the relevant PAM manager and a copy retained in the employee's occupational health record. The employer is expected to discuss conduct with the employee.
  - Where the incident is of such a serious nature then individual statements should be completed by any relevant witnesses. (See Appendix 2)



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- CIR's will be investigated by a member of the company's management team and discussed with the client to agree any appropriate action.

## **Consultation Complaints**

In order to deliver effective occupational health services from time to time a client's employee may report that they feel aggrieved at the advice of the clinician or how the consultation has been conducted. Where such incidents occur People Asset Management wish to resolve the matter without further delay or suffering to any party, the following complaints process sets out how the company will manage these issues.

1. Should a client's employee feel aggrieved about any part of the consultation they should be invited to complete a Consultation Incident Report (CIR) to send directly to PAM. See **Appendix 1**.
2. CIR'S must be completed by, and accepted from, the employee only and not the Manager as such complaints are outside of the employment relationship and as such must be kept separate. CIR's are available at our clinics or from our website [www.pamgroup.co.uk](http://www.pamgroup.co.uk)
3. A CIR will be investigated by a member of the company's management team and a written response will be provided directly to the complainant. The purpose of the investigation will be to resolve the complaint or explain in further detail any decision that the company feels is appropriate.
4. A review of CIR's will be carried out as part of the company's ISO 9001 quality management and clinical governance procedures and trends and recommendations implemented.
5. Any complaint received will be discussed with the clinician involved and all relevant documentation will be reviewed.
6. Where the investigation reveals a breach of professional codes of conduct for clinicians then internal disciplinary measures will be taken **and** a report will be forwarded by PAM to the appropriate governing body for further consideration and appropriate action PAM will consider whether it is appropriate to suspend clinicians pending further investigation in such circumstances.
7. Employers should ensure that clinicians are informed in advance of the Consultation of any employment-related grievances which may impact on the employee's consultation so that it can be clarified with the employee that the consultation does not form part of any on-going employment disputes.
8. PAM provides independent OH Advice which may from time-to-time conflict with the expectations of the employee and/or their primary or secondary health care providers, however, this does not constitute a 'complaint' as clinicians are engaged by employers for their opinion to assist with management decisions. It is the employer's decision whether to rely on an OH Report when making deployment/employment decisions or information from other health providers e.g. an advisory 'Fit Note' from a GP however in all instances, clinicians are not the decision-makers and are not party to employment-related grievances, conflicts or decisions.
9. Complaints which are employment related will be referred back to client managers and are not dealt with under this Consultation Policy.



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PAM Directors appreciate the opportunity to review and reflect on our ways of working and are happy to accept CIR's with comments, considerations or recommendations from client managers or employees.

Consultation Feedback Reports should be posted to:

**The Managing Director, People Asset Management Ltd, Holly House 73 Sankey Street Warrington  
WA1 1SL**

**Statement of Purpose**

Occupational Health Reports are provided to the employer with advice related to the effects of health on work and work on health and is not intended for any other purpose. For the avoidance of doubt a report does not offer medical advice for the benefit of the employee(s) being assessed.



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Where the incident is of a serious nature please have witness statements completed to support CIR.

**Appendix 1**

**CONSULTATION INCIDENT REPORT**

Clinician's Name		Employer Name	
Date & Time		Employer Location	
Employee Full Name		Employee's Role	
Name of Person Completing CIR		Employee / Clinician*	

\*circle

**Brief Outline of the Nature of the Incident**

**Resolution**

Have any witness Statements been completed relating to this incident? Yes/No

Please provide a copy of this CIR to

**Position**

**Name**

**Date**

Client Contact

OH Manager

Employee File

Report completed by

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Sign

Print

Date

