Duration of Occupational Health Appointments: Consensus Guideline

Written by Dr Chandrakant Mutalik (15th May 2020) for
The SOM Commercial Occupational Health Service Providers Leadership Group

This document provides guidance on the duration of appointments i.e. time allocated to undertake various occupational health assessments. It is produced by the Society of Occupational Medicine's (SOM) Commercial Occupational Health Service (OHS) Providers group. It does not necessarily represent a view of any individual member of the group or views of all the members of the SOM.

Anecdotal evidence shows a significant variation in the time allocated or available to an occupational health practitioner to do occupational health assessments. There is not much published scientific literature on this subject but in response to the concerns expressed by its members, the SOM conducted a survey[1] on this topic and over 140 members responded to it. The survey showed a significant disparity in the time allocated to do various occupational health consultations, related paperwork and administrative tasks. More than half (57%) said they get 60 minutes and a quarter said they get 45 minutes to do an initial[2] assessment. For others, the time allocated for an initial assessment ranges between 30 to 90 minutes. Most practitioners set aside 15 to 20 minutes of the allocated time to complete their report which reduces the time available for clinical assessment. Independent OH practitioners seem to have better control and can allocate relatively longer appointments compared to the OH practitioners working for commercial OHS providers or in-house OH departments. The reoccurring theme throughout the survey was a high caseload, inadequate time to undertake OH consultations, lack of flexibility for managing more complex cases and insufficient time to undertake related administrative tasks such as report writing. Although more than half (54%) were given dedicated time for admin work, many found it inadequate.

The survey findings also suggested that the OH practitioners are often having to work out of hours causing stress, affecting their work-life balance and feeling undervalued and exhausted. A cross-sectional survey[3] of occupational physicians published in 2012 refers to a link between increased caseload and a feeling of unfinished work. One of the areas[4] that can affect stress levels amongst is work demands and lack of control i.e. workload, work pattern and work environment. Although there is limited scientific evidence in this area, an empirically tested model of job Demands-Control-Support can be applied to improve service and work design in the occupational health settings. We think optimisation of the number of cases and duration of appointment per session is likely to:

- improve the quality of occupational health consultations, management reports and overall service delivery,

---

[1] Work and time pressures leave occupational health professionals 'exhausted' and 'undervalued'

[2] An initial assessment or appointment is a first clinical consultation with the employee in relation to a new management referral.

[3] Lesage, Francois-Xavier & Berjot, Sophie & Altintas, Emin & Paty, Benjamin. (2013). Burnout Among Occupational Physicians: A Threat to Occupational Health Systems?-A Nationwide Cross-sectional Survey. The Annals of occupational hygiene. 57. 10.1093/annhyg/met013.

[4] https://www.hse.gov.uk/stress/standards/index.htm

- enhance job satisfaction amongst OH professionals, improve their wellbeing and work-life balance, and reduce staff turnover,
- increase patients and clients satisfaction.

A clinical triage process is likely to be helpful to determine the time needed to do an assessment. The following factors are likely to be relevant to the triage process.

- Type of consultation e.g. an initial or a follow-up consultation
- The complexity of the underlying medical conditions e.g. significant mental health issues or a combination of health conditions
- Purpose of management referral e.g. health surveillance or a referral following sickness absence
- Commercial factors such as a contractual arrangement with the client.
- Legal or procedural aspects e.g. ongoing litigation or dispute between the employer and employee
- Number of management questions
- Amount of paperwork that needs reviewing before the consultation

The following table gives guidance on the time allocation for common face-to-face and Remote (telephone or video consultations) assessments. It is not an exhaustive list.

Type of appointment/assessment	**Consultation plus admin[5] time**
Initial consultation - standard management referral	45 to 60 min
Follow-up appointment (a follow-up with the same OH practitioner who did the initial consultation)	30 min
Initial consultation - complex management referral e.g. complex mental health condition/s, a combination of health issues or ongoing litigation	60 to 90 min
Consultation with the use of a translator/interpreter	Extra 30 to 60 min
Referral with more than 8 management questions (applicable to both initial and follow-up appointments)	Extra 5 min per additional question or reasonable additional time
Ill-health retirement assessment[6] (the time needed will depend on the pension scheme, nature of assessment, amount of paperwork and complexity. A clinical triage should help in this matter)	90 to 180 min
HAVS Tier 3 assessment	30 to 45 min
HAVS Tier 4 assessment	45 min
Safety-critical medical including audiometry, spirometry and vision test	90 min
Drivers medical[7]	30 min

[5] It can take up to 15-20 minutes per case to dictate/produce a report and complete admin tasks. This time may be allocated separately at the end of each clinical session.

[6] The recommended time for ill-health retirement assessment does not include tasks or time to collate additional medical evidence such as seeking a GP or hospital specialist report.

[7] HSE – Medical standards for drivers

Limitations

It is practically difficult to recommend the exact time needed or should be allocated to undertake occupational health assessments because of variations in set-up, circumstances, procedures, resources and working arrangements of each OHS provider, in-house OH department or independent OH practitioner. For example, admin support, having separate time to review referral paperwork or the use of a paperless record-keeping system may reduce the time needed to complete a consultation/assessment. This document does not provide a rigid framework but the OH service providers and practitioners will be able to adapt it according to their circumstances and clinical needs.

More research and wider consultation with stakeholders are needed on this subject to develop further evidence-based guidance. This document will be kept under regular review and will be updated based on new evidence and feedback from the SOM members.