



Supporting occupational health  
and wellbeing professionals

# OH APPOINTMENT TIME ALLOCATION RESEARCH

# INTRODUCTION

SOM was approached by an Occupational Health professional who was concerned about the variation in time and workload pressure to complete case management, health surveillance and risk assessments. The survey was sent out to SOM's OH Connect email list and widely in social media.

The survey had significant response from over 140 occupational health and occupational medicine practitioners.

As one respondent said, "We need to practice what we preach to clients and make workloads manageable, with a focus on job satisfaction and quality service rather than churning out numbers to continually exceed/increase profits at the expense of dedicated staff."

# TIME ALLOCATION FROM MAIN OH EMPLOYER FOR AN INITIAL OH REFERRAL APPOINTMENT

The respondents' answers varied greatly on how much time employers allocated, highlighting great disparities between approaches by employers.

60% stated having 60 minutes for an initial OH referral appointment. With another 7% of respondents having 70 to 120 minutes, the majority of initial OH referral appointments take an hour or longer.

28% of respondents stated having less than an hour for the initial appointment. The remaining 5% of respondents said that the allocated time differed on the nature of the referral, with more time being allocated to MH referrals.

# SATISFACTION WITH THE ALLOCATED APPOINTMENT TIME LENGTH

65% of respondents reported to be satisfied with the allocated appointment time; independent professional scoring the most positive as they have more control over appointment times. However, many of the comments indicated a time struggle to fit the writing of the report, up-loading of reports to the relevant systems or request further information from other professionals into the designated time.

Practitioners also reported that they feel that the standard appointment time should be go to 120 minutes. With a 2-hour appointment time needed for more complex cases.

Some respondents mentioned a caseload of 6 to 7 referrals a day, which they feel is an unsustainable and impacts on their own wellbeing.

“Usually cases are multiple co-morbidities / complex and often need 40 mins to carry out the consult & 20 mins is just not enough time to complete clinical paperwork & write a good quality report. Usually end up writing reports in my own time which is not good for work life balance.”

# REPORT WRITING TIME

1

We wanted to better understand the designated time for report writing and asked the respondents if dedicated time for this is included into the allocated appointment time.

73% of the respondents said that the referral appointment time included time for report writing of the OH appointment.

With most of the allocated appointment and reporting time being one hour, most practitioners set aside 15 to 20 minutes for their reports, which they say is not sufficient and eats into their time with the employee.

# REPORT WRITING TIME

2

A significant number of respondents reported that one hour is needed to be able to produce a detailed report, but only a small number(6%) mentions having this time.

10% said they have one hour to write up all their reports for the day.

For those who answered that there is no dedicated report writing time within their appointment (N=91), 33 % stated they are provided no-time for report writing and work they work additional (unpaid hours) to write their reports.

A small number of respondents stated that they dictate their reports and that they are typed up by medical typists.

# FURTHER TIME FOR ADMINISTRATION

Respondents' answers differed greatly when asked if they are provided with time for other administrative tasks related to their role.

54% stated that they were provided time, with 30 minutes at the start and/or end of the day to deal with emails, queries, referrals, etc. However they feel this is not sufficient.

This resonates with the 40% who reported not being given any time for additional tasks and having to fit it in during the day.

Those who supervise junior staff say that they are not always provided sufficient time to do so, as they are expected to carry the same case load as before.

# TIME ALLOCATION FOR HEALTH SURVEILLANCE/ FITNESS TO WORK/ SAFETY CRITICAL MEDICAL APPOINTMENTS

Time allocation for follow-up appointments seem to be more aligned across OH employers with respondents' reporting 60 minutes (23%) to 45 minutes (24%) per appointment.

A further 29% stated this varies greatly depending on the nature of the appointment.

"This varies from 10 minutes for skin health surveillance to 60 minutes for combined health surveillance and fit for task medical. Safety Critical is 60 minutes"



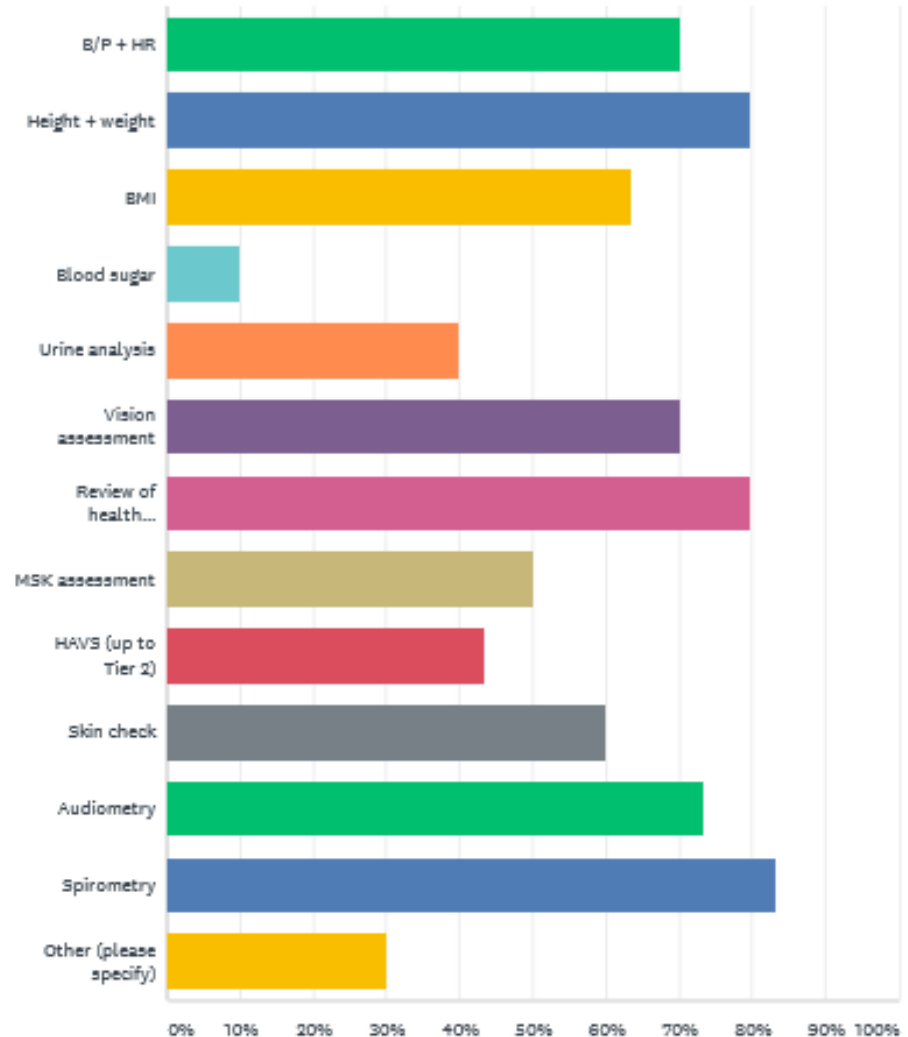
# WHAT IS INCLUDED IN THIS HEALTH SURVEILLANCE/ FITNESS TO WORK/ SAFETY CRITICAL MEDICAL.

## Top 6:

- height and weight
- spirometry
- review of health
- B/P & HR
- vision assessment
- audiometry

## Bottom 5:

- blood sugar
- urine analysis
- whisper test
- Chester step test



# SATISFACTION RATE WITH THE ALLOCATED APPOINTMENT TIME LENGTH FOR HEALTH SURVEILLANCE / FITNESS FOR WORK/ SAFETY CRITICAL MEDICALS?

70% of respondents stated that they are satisfied with the allocated appointment time for follow-up appointments. With independent professionals mentioning that they have the flexibility to agree time needed on a case-by-case basis.

Reasons for dissatisfaction with the appointment times are related to needing more time to support complex cases. Pre-set rigid timeframes do not allow practitioners the flexibility to change appointment times as they see fit.

# OTHER COMMENTS

- “Its not as simple as this questionnaire implies so many attendees take less or more time it needs flexibility to balance out.”
- “I work for myself, so allocate the right amount of time that I think I need.”
- “Those that dictate appt times and customers underappreciate the prep and associated admin that goes with case work even with slick IT systems.”
- “No clinical supervision provided. Cases can be complex and draining and expected to see anything between 9-14 a day. I feel burnt out.”
- “OH advisors / Nurses often feel undervalued by OH provider. [...] Need to practice what we preach to clients and make workloads manageable with a focus on job satisfaction and quality service rather than churning out numbers to continually exceed / increase profits at expense of dedicated staff. “

# CONCLUSION

The allocated time for initial OH assessments , follow-up appointments and related work tasks (administration, referrals, supervision and peer support) differs greatly across OH employers, ranging from 30 to 120 minutes. In most cases this includes time for writing reports, filing and research. For the shorter time allocations (an hour or less) this means practitioners often work additional unpaid hours to catch-up on admin.

Independent OH professionals report longer appointment times and better workload management, as time allocation is agreed with the employer on their assessment of the referral. This gives them more flexibility than their colleagues who have to work within pre-set time scales.

Re-occurring themes throughout our survey were high caseload, restricting allocated appointment times that do not allow for flexibility for more complex cases and not sufficient time for additional (admin) tasks.

# RECOMMENDATIONS

- For SOM to complete