

# Speciality Training experience - NHS and commercial provider formal training

Official

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# The Journey....

- 1993 Graduated - Edinburgh University
- 1994 House officer Jobs
- 1994- 1997 Medical rotation- Cornwall
- 1997-1999 GP training (MRCGP 1999)
- 2000-2003- GP partner/locum, family planning, sexual health, clinical research, MOD army recruitment medicals
- 2004- 2011 Occupational Medicine Specialist Training NHS Fife- Diploma OM/AFO/MFOM
- 2024 - FFOM



# Why Occupational Health?

- Army Medical Recruitment medical – Glencorse Barracks
- GP colleague- MCA and OGUK medicals
- Diploma

# Specialist Training

2004  
OHSAS- NHS  
FIFE/TAYSIDE

7  
CONSULTANTS  
4 TRAINEES

PUBLIC  
SECTOR/ NHS –  
Public sector;  
SPCB, SPS, SW  
and local  
Council

(Dissertation)

<https://www.foundationforpositivementalhealth.com/research/occupational-health/>

MFOM 2011



# The Dissertation

## 'Positive Mental Training' in an Occupational Health Setting.

Dr Jacqueline Thompson



### A Problem

The business costs of mental ill health at work -£billion (1)



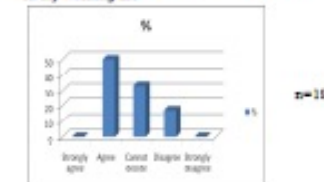
### Qualitative interviews

11 participants (2 controls)

Through content analysis, themes emerged



"The programme has had a positive effect on my working life"



### A Possible Solution?

Individual Cognitive Behavioural Approach most effective workplace intervention for employees with 'Common Mental Health Problems' (2)

### "Positive Mental Training"

- 12 week self help audio programme
- Evidence based approaches (relaxation, cognitive behavioral therapy, mindfulness)
- Origins, peak performance in athletes
- Equal effectiveness to antidepressants in primary care study (3)

### Evaluation using an Exploratory Study

Hypothesis: 'Positive Mental Training' will be:

- acceptable to employees
- reduce employee ill-health
- reduce the duration of sickness absence

### Study Design

Mixed methodological approach

#### Quantitative evaluation

'Partially Randomised Preference' study design:

- Intervention + 'Care as Usual'
- Care as Usual alone
- Random allocation to each group

Measurement via validated questionnaires:

- Clinical Outcomes for Routine Evaluation—Outcome Measure (CORE-OM)
- Hospital Anxiety Depression Scale (HAD)
- Maslach Burnout Inventory—General Survey

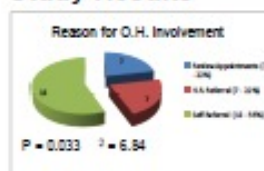
Non-Validated questionnaire:

- Post Intervention Satisfaction questionnaire

Qualitative evaluation

- Semi structured individual interviews

### Study Results



32 participants, 25 female, 7 male

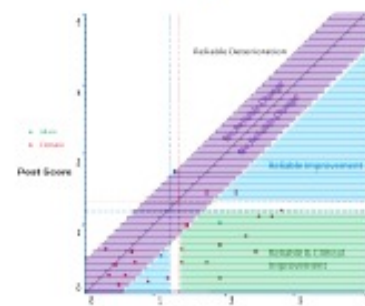
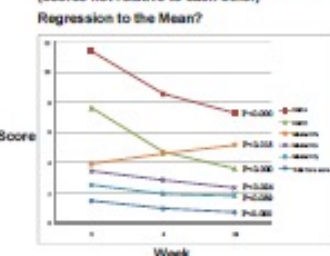
28 intervention

4 controls

Wide range of clinical symptoms and severity.

### Quantitative Questionnaires

Changes to Questionnaire Scores over time (scores not relative to each other)



STUDY:  
60% showed a reliable +/- clinical change  
CORE BENCHMARK:  
Lowest 25th Centile organisations 67-73% reliable +/- clinical change

### What power is required for full study?



For a study at 80% power and 5% significance:  
To show a 50% reduction in total sickness absence: 48 per group.  
To show a 50% reduction in mental health absence: 124 per group.

### Conclusions

- The intervention was popular, safe and acceptable
- Variety of perceived benefits
- Clinical effectiveness not established
- Self referrals motivated to take part
- Self referrals not just the 'worried well'
- High drop out rate

### Recommendations

- Include a randomised arm to establish effectiveness
- Explore client and external factors to identify those most likely to benefit, and to encourage compliance
- OH professionals evaluate own position of influence



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#### References:

- Mental Health at Work: Developing the Business Case. Policy & Research Centre for Mental Health 2007
- Workplace Interventions for People with Common Mental Health Problems: Evidence Review and Recommendations. Beynon, L., Grove, R. British Occupational Health Research Fund, London, 2005
- A benchmarked Feasibility study of a Self-Hypnosis Treatment for Depression in Primary Care. Dobbin A, Maxwell M, Elton R. International Journal of Clinical & Experimental Hypnosis, 2006; 57, 3, 265-275



MEDIGOLD  
HEALTH

# The End Game

- 2011-2014 Consultant Occupational Medicine  
Abermed (International SOS)- OGUK/MCA/Overseas medicals
- 2014-to date  
Health Management (now part of Medigold Health since 2023)  
Consultant Occupational Physician- Medical Director for Pensions  
since 2022)
- Tutor at Edinburgh University/ Appraiser/Clinical and Educational supervisor
- Scottish SOM Committee Member- prize lead

# OH Specialist Training versus Portfolio Pathway?

- Availability of NTN / meeting core requirements
- (Structure of a training programme)
- (Availability of supervision (ES/CS)/ARCP or equiv)
- (E-portfolio access)
- Training contract versus standard OH versus PP contracts- study leave/T and C etc.
- Logistics
- **Timing – CESR open ended**

# Private versus NHS specialist training

- Availability
- Balance between training/operational demands
- Level of supervision
- Contract exposure/experience
- Financial – pension
- Home based/face to face/travel
- Trainee network



# The Lost Dr. Seuss Poem



## I Love My Job!

I love my job. I love the pay!  
I love it more and more each day.  
I love my boss, he is the best!  
I love his boss and all the rest.

I love my office and its location. I hate to have to go on vacation.  
I love my furniture, drab and grey, and piles of paper that grow each day!  
I think my job is really swell, there's nothing else I love so well.  
I love to work among my peers, I love their leers and jeers and sneers.  
I love my computer and its software; I hug it often though it won't care.  
I love each program and every file, I'd love them more if they worked a while.

I'm happy to be here. I am. I am.  
I'm the happiest slave of the Firm, I am.  
I love this work. I love these chores.  
I love the meetings with deadly bores.  
I love my job - I'll say it again - I even love those friendly men.  
Those friendly men who've come today, in clean white coats to take me away!!!!

