

Occupational Health Issues Relevant to Primary Care: Managing the Challenge of Getting People Back to Work

Introduction

While historically Occupational Health has concentrated on the link between occupations and the diseases they cause, more recently emphasis has been placed on the idea that work is good for health.¹ Unemployment is associated with poorer physical health and increased mental health problems, however the negative effects of worklessness have been shown to be reversed on return to work.² The change in sickness certification in the UK from the 'sick note' to the 'fit note' was intended to allow Primary Care clinicians to provide more flexible and detailed advice to workers and employers with the hope of facilitating an earlier return to work.

However, even those with an interest can struggle because of limited undergraduate or postgraduate occupational health training.^{3,4} It is also the case that the evidence for many occupational health interventions is weak⁵ and access to relevant support services is often poor.^{3,6} To make it harder, each patient has their own mix of disease, personal, work and social factors,¹ meaning even specialist Occupational Physicians find fitness for work assessments challenging.⁷

Primary Care Practitioners have long found it difficult to balance their roles as patient advocate **and** contractually mandated sickness certification providers⁸ and as a result many become 'non-interventionists', and do not see the issue of return to work as their responsibility.⁹

The aim of this module is to describe:

- the occupational history and return to work assessment
- assessment and management of work-related:
 - asthma
 - upper limb disorders
 - low back pain
 - stress

This module does not cover the management of asthma, back pain, mental health problems or upper limb disorders. Many of these are covered by other PBSGL modules. Due to lack of space occupational dermatitis is not covered in this module.