

MEDICAL SERVICES

PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

Training & Development

Guidance on Occupational Health Assessments for the Disability Employment Adviser (DEA)

MED-GOHADEA~001

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Medical Services

Foreword

This Guidance has been produced as part of a Continuing Medical Education programme for medical advisers approved by the Department for Work and Pensions Chief Medical Adviser to carry out medical Occupational Health Assessments for the Disability Employment Adviser in Jobcentre Plus.

All those undertaking medical assessments must be registered medical practitioners who in addition, have undergone training in disability assessment medicine and hold either the AFOM or the DDAM qualification. The overall training includes theory training in a classroom setting, supervised practical training, and a demonstration of understanding as assessed by quality audit.

This Guidance must be read with the understanding that, as experienced medical practitioners and disability analysts, the registered medical practitioners will have detailed knowledge of the principles and practice of diagnostic techniques, and therefore such information is not contained in this Guidance.

In addition, the Guidance is not a stand-alone document, and forms only a part of the training and written documentation that a registered medical practitioner receives. As disability assessment is a practical occupation, much of the guidance also involves verbal information and coaching.

Thus, although the Guidance may be of interest to non-medical readers, it must be remembered that some of the information may not be readily understood without background medical knowledge and an awareness of the other training given to medical advisers.

Office of the Chief Medical Adviser

August 2012

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Introduction

This document provides guidance on the completion of Occupational Health Assessment reports for the Disability Employment Adviser Service based within Jobcentre Plus. This work constitutes a fresh contribution to the Atos Healthcare contract with the Department for Work and Pension from September 1st 2005.

These assessments provide an opportunity for employed registered medical practitioners who hold either the AFOM or the DDAM qualification, to develop skills in the analysis of disability within the context of work. The reports support the JobcentrePlus focus on provision and enabling of work for the disabled Client.

The guidance provides a background to:

- ☐ The role of the Disability Employment Adviser.
- ☐ The services offered by the DEA to their Clients.

It also demonstrates how medical advice - in the form of an Occupational Health Assessment - can promote the Department for Work and Pensions' vision of work as the best form of welfare.

1. The Role of the Disability Employment Adviser

The Disability Employment Adviser (DEA) is a specialised adviser at the Jobcentre Plus. The role is unique amongst advisers, as the DEA offers support to Clients who may or may not be in receipt of Benefit.

Their Clients are those, who have a condition or a disability, and who consider that they have work related issues arising from that. They may not be in receipt of benefit e.g. some of the Clients are employed, but are experiencing problems at work because of a deteriorating disability or a new condition. However a key area of responsibility for the DEA is to help find work for those Clients who have identified work barriers because of disability.

DEAs deliver a personalised service to their Clients, providing them with support to overcome their employment challenges. In order to deliver such a service, the DEA must develop strong relationships with local employers to encourage good working practices for people with disabilities; and actively encourages their recruitment, training and retention.

To fulfil these functions the DEA requires an in depth knowledge of the effects of health conditions and disabilities on work capability.

There will be occasions when it would be advantageous to the DEA to obtain medical advice on a particular case. Although the DEA has a process in place to gain information from GPs or hospital specialists who are involved with their Client's case management, the opportunity to gain a full Occupational Health Assessment (OHA) is also open to them.

2. The Client at Jobcentre Plus

The DEA's Clients have concerns about obtaining work or being in work because of a condition or disability. The DEA helps them to overcome such barriers to work, using the following methods as appropriate to the individual.

- ☐ The DEA will provide a personal support to the Client.
- ☐ An in depth interview will be carried out to explore the Client's skills, qualifications and work experience and will concentrate on the difficulties they encounter in a work situation.
- ☐ The Client will be encouraged to view work as something which they can reasonably achieve, and they will work towards agreement of suitable job goals.
- ☐ The Client will be advised of benefits available whilst in work; appropriate financial calculations will be demonstrated to them and discussed.
- ☐ The Client will also receive information about access to jobs and will gain from the DEA's close working relationship with local employers, Social Services, local and national disability support groups and other support organisations.
- ☐ The Client will also receive ongoing monitoring and support.
- ☐ **During these exchanges it is possible that the DEA will require medical advice, and therefore a referral to Atos Healthcare for an Occupational Health Assessment will be arranged. The Client is asked to give informed consent for the examination and for the report to be completed and then used by the DEA for job-related purposes.**

3. The Referral for an OHA

The DEA makes a referral to Atos Healthcare using form OHA1JP (see Appendix A).

Whilst this form is to an extent self explanatory, perusal confirms that it will provide an outline of the current health issues and the reasons for the referral. A previous work history is useful information for the examining doctor, as are the Client's job goals.

Relevant documents will normally be sent by email from Glasgow to appropriate local administrative staff for use by the examining medical practitioner. It is advisable to have a look at these in advance of the day of assessment so that there is sufficient time for any preparation that may be required e.g. background reading.

It is not a function of the assessment to consider if the Client is fit for work. The Occupational Health Assessment is designed to assist the DEA to form a view of the Client's limitations, restrictions and abilities within the defined area of work or whilst training for work in their chosen field. It is therefore important to note the job goals or details of the current employment if the Client is in work. The DEA has a very close and sometimes long term relationship with their Client and does not require the examining doctor to elaborate on details they already know such as current, previous and desired work activities. DEAs are also very familiar with the Equality Act (2010) and are unlikely to require routine EA advice.

Always check the Client's signature, which confirms consent for an examination and the completion of the report. The wording at consent also confirms that the Client has understood the purpose of the report and is in agreement with its use by the DEA.

Where a Client is less than 18 years of age their parent or guardian must provide consent.

The form may have, attached to it, additional information in copy format.

Full attention to the content of the form and any attached information is essential if the medical assessment is to respond to the DEA's requirements for that case.

Most commonly the Occupational Health Assessments are carried out at the MEC, unless a home visit is necessary. On occasions the registered medical practitioner will be asked to visit the Client at their place of work. This will usually be because the Client is already in employment but describes a specific issue or concern related to that work. The medical practitioner will NOT be required to conduct a formal work place Ergonomic or Health and Safety assessment. The purpose of the workplace visit is to carry out an Occupational Health Assessment. Clearly the physical examination may need to be curtailed under the circumstances.

4. Opening the Case Notes

The following detail advises how to open your email attachments **for assessments undertaken in MEC's** and return the completed form to the Glasgow based administrative team.

1. Access the email account, which will contain the email sent from the Glasgow Corunna House scheduling section with the referral form and the report template attached, on a thin Client in the examination room.
2. Left double-click on the email from the scheduling section that is relevant to the JCP Client to open it. Once opened the email will fill the whole of the computer screen.
3. Press forward on the opened email (if reply is pressed at this point the report template will not be attached when the email is sent back to the scheduling section).
4. Type the email address R Glasgow Resource Team into the "To..." field on the email.
5. Open the referral form and any other associated documentation that is required for the medical examination.
6. Left double-click on the report template to open it.
7. Complete the report template based on the medical examination.
8. Once completed, save the document in Microsoft Word by clicking on the icon in the left-hand corner of the toolbar at the top of the screen that resembles a floppy disc. This will save the completed report template to the open email.
9. Close the report template.
10. Click send on the open email to return the completed report template to the Glasgow Resource Team.

Any deviation from the above process may result in the Team not receiving a completed report template for the undertaken examination.

If **unexpected findings** are discovered during the course of the examination, please refer to the Guidance for Health Care Professionals Handbook MED/S2/HCPDLAAAASHB~0010 or the Revised WCA Handbook MED-ESAAR2011HB~01

Once the examination has been completed the local medical examination administrator will fax the AC1 and AC3 to the Corunna House scheduling section.

When a **domiciliary visit or a workplace visit is carried out**, the report form is completed as a paper copy. On return to base the examiner should forward the report to Coruna House Glasgow where it will be typed.

5. Conducting the medical examination

It is a requirement that the examination will satisfy all aspects of Atos Healthcare Professional Standards. The Client must be put at their ease with an explanation of the process you will take them through. You must confirm that you have seen and read the referral details sent to you by the DEA. Encourage the Client to provide more information about their condition and to describe how they view work now and in the future. Use open questions for most of the interview and explore in depth those issues related to work.

Gain agreement for any aspect of the physical examination and provide explanations of what you are doing as you proceed with it.

Close the assessment by asking the Client if there is anything more he/she wishes to tell you and advise that the completed report will be returned to the DEA.

This is no more than a basic outline of the examination standard, and more details of the Atos Healthcare Professional Standards are now provided

Medical Examiners must be:

- presentable in appearance
- courteous in approach
- punctual.

Occupational Health Assessments must be:

- legible
- comprehensive
- consistent within themselves
- impartial
- clearly understandable
- medically correct
- free from embarrassing, confidential and harmful information.

6. Completing the Occupational Health Assessment Report

This section of the guidance notes sets out each question area in chronological order.

1. Current medical conditions (including duration, prognosis and medication)

1. This must address the current health condition(s) identified in the referral form OHA1JP.
2. Ensure that this covers ALL the main disabling conditions - the Client may wish to add to the detail supplied at the interview with the DEA and more conditions may emerge when discussed with you.
3. Explain the diagnosis when necessary.
4. Provide details of:
 - ☐ Date of onset.
 - ☐ Diagnosis as the Client understands it (with explanations for the DEA if necessary).
 - ☐ Symptoms.
 - ☐ Treatment at present and any planned for the future. Outline the purpose of the treatment and describe any side effects if they impact on function in any way. Enquire as to the time taken for analgesics to work when taken on rising.
 - ☐ Client's view of the future developments of this condition.

2. Secondary conditions (including duration, prognosis and medication)

These conditions should have minimal or no functional effect for the Client, and therefore be of no relevance to work.

Their status is underscored by listing them in Box 2 - namely that they exist but are of secondary importance to the DEA's consideration of the Client's restrictions in work.

Again list:

- ☐ Date of onset.
- ☐ Diagnosis as the Client understands it (with explanations for the DEA if necessary).

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- Symptoms.
- Treatment at present and any planned for the future. Outline the purpose of the treatment and describe any side effects if they impact on function in any way.
- Client's view of the future developments of this condition.

3. How does the Client feel they are affected by their condition(s)

Focus on what the Client can do as well their limitations and restrictions.

Detail pertinent activities of daily living, describing what the Client can or cannot manage

Detail the Client's perceptions of the work-related problems arising from the condition/disability.

What does the Client feel is preventing them working?

What are their barriers to employment?

What are the Client's perceptions of the future and work?

If the Client is in work at present, what are the difficulties in their current employment and what adjustments have been put in place to help them?

Medical Services

4. Relevant clinical assessment

- Provide a brief personal description, including use of aids and appliances.
- Where mental health is a concern outline a mental state assessment (appearance, behaviour, speech, mood, thought, perceptions, intellect and cognition, insight and addictive behaviours).
- For musculoskeletal conditions, consider an MSO to outline overall functional ability.
- Focus on a regional examination for specific problem areas.
- Describe posture, stance, movements, gait, balance and MOBILITY.
- Provide a cardio-respiratory or neurological examination if appropriate.
- Remember the DEA will require an explanation of any medical terminology.
- Where vision is the problem provide visual acuity, visual fields and an assessment of colour vision when needed.
- When hearing is described as a difficulty record the ease or otherwise of communication at this interview, and consider a conversational voice test.

Medical Services

5. Details of specific working conditions to be avoided

These must be related to the conditions considered and the functional restrictions which arise from them e.g.

Avoiding heights, water and lone working situations in those with epilepsy.

Avoiding inhaled irritants and sensitisers in those with asthma.

Avoiding undue lifting strain in certain musculoskeletal conditions.

Avoiding outdoor working and cold, wet conditions in certain chronic respiratory conditions.

Avoiding shift work in type 1 diabetes mellitus.

Avoiding solitary working in the young and less responsible, and in certain mental health conditions.

Avoiding high pressure situations, or working to tight deadlines, in mental health conditions.

6. Suitability of previous/future employment aspirations relating to the Client's medical condition

The answers here are a continuation of box 5. Where the occupation under consideration requires activities unsuited to the limitations and restrictions imposed by the condition, the problem must be set out for the DEA.

In certain circumstances the Client may wish to engage in employment where legislation prevents their participation. The legislative restrictions need to be set out for the DEA.

An example would be a Client with diabetes who wishes to drive a delivery van despite having sudden attacks of disabling dizziness and syncopal feelings in response to his current insulin regime. Here DVLA will be required to consider his fitness to drive before he progresses into such an occupation.

Any occupation requiring use of respiratory protective equipment is unsuited to Clients with breathing difficulties, as is any occupation requiring significant exertion or heavy lifting.

Those with visual impairment hoping to undertake any form of driving must satisfy the minimum legislative requirements for the task in hand, and the DEA should certainly be informed if there are concerns that this is not so.

Clients with significant visual impairment should not work near moving machinery, nor at heights.

There are many more examples of specific occupational restrictions which will require an explanation for the DEA.

Medical Services

7. Is any other employment related help required before commencing work/training

List suitable work place adjustments in this box, and justify appropriately.

Adjustments to the work place include:

- ☐ Widening doorways and providing ramps.
- ☐ Redesigning lay out of office furniture for the wheelchair user.
- ☐ Low level light switches, toilets etc.
- ☐ Good lighting and strong contrasting colours on corridors and stairs.
- ☐ Move to another place of work.
- ☐ Move to work on ground floor.
- ☐ Provision of lifts or stair lifts.
- ☐ Speaking voice in lifts.

Adjustments to work arrangements include:

- ☐ Change or reduction of working hours.
- ☐ Change of role and duties.
- ☐ Provision of a mentor, translator, reader, supporter.
- ☐ Signers.

Adjustments to equipment include:

- ☐ Adapted keyboard or screen.
- ☐ Software to provide larger print for the visually impaired.
- ☐ Improved seating.
- ☐ Adapted telephone.

Adjustments to training:

- ☐ Training for alternative duties.
- ☐ Modified notes/manuals - Braille, larger print, audio or video tapes.

Adjustments to terms and conditions:

- ☐ Recognition of need for absence related to treatments or the condition itself.

Medical Services

8 Additional comments (note here if you are recommending that further information from a GP or specialist is obtained by the DEA)

If recommending additional medical evidence, explain why and advise a suitable source.

Answer any specific questions raised by the DEA at "reasons for referral" on form OHA1JP, if they have not been addressed in the earlier sections of this report.

Describe any variability of the condition, if not already addressed elsewhere in this report.

Comments on prognosis may be appropriate here, and are essential if your opinion differs from that of the Client. Avoid harmful information.

Comments on any attached evidence may also be appropriate at this point. This is particularly necessary if your advice differs from such evidence. In such cases, provide a critical evaluation of the attached information and explain why your opinion differs. Do not simply ignore conflicting evidence.

7. A case example

The following case example serves to demonstrate the approach to completion of the form and the standard of assessment the DEA requires.

The referral from the DEA

Reasons for referral to Atos Healthcare Medical Services

- ☐ How would this Client's medication impact on a return to work?
- ☐ What could trigger an acute mental health episode in this Client?
- ☐ How would the Client's domestic issues impact on the planned return to work?
- ☐ Please provide guidance on the Client's current ability to cope with the mental pressure of a training environment and paid employment opportunities
- ☐ What strategies could be adopted to overcome health barriers - particularly anxiety and low self esteem?

Current health conditions

Mild schizophrenia - hears voices during acute episodes

Brief working history

Self employed gardener for 15 years

More recently- catering assistant for 2 years, finishing 4 years ago

Job goal

Warehouse work

Further information

Lives with mother in a remote rural area with limited public transport. Is unable to drive due to health problems

Medical Services

The Occupational Health Assessment

Medical in Confidence

To:	Clients Surname: <i>Smith</i>
	Client's First Name: <i>Jimmy</i>
	NINO: ZR123456D

Occupational Health Assessment Report

1. Current Medical Conditions (including duration, prognosis and medication)

Schizophrenia 4 year history, acute onset aged 34 years with no obvious precipitant. Initially he was admitted (formally) to in-patient care for several months for assessment and stabilisation, then discharged to care of the Community Mental Health Team (CMHT). He is no longer under the terms of the Mental Health Act. He sees his CPN every 3 weeks and his Consultant Psychiatrist every 3 months at present, and receives Olanzapine (potent oral antipsychotic agent) 20mg daily. He had previously been on different antipsychotics which caused him significant side effects – however this drug suits him well. He lives with his mother who checks he has taken this daily, although he usually complies independently with all his treatment. His CPN is pleased with his progress and hopes he will remain stable given ongoing adherence to therapy.

Since his discharge from hospital he has experienced three episodes of low-grade auditory hallucinations when he will “hear voices coming from objects in the room”. These seem to have occurred as a result of external stressors; none have required re-admission and have responded rapidly to increased support from CMHT and adjustment of medication, but he became more socially withdrawn and dependent on his mother’s care during, and for a few weeks after, the episodes.

There is no current or previous history of any alcohol or substance misuse.

2. Secondary conditions (including duration, prognosis and medication)

He is otherwise well with no significant current or past medical history.

Medical Services

3. How does the Client feel they are affected by their condition(s)?

He feels a general loss of confidence in his ability to cope with the stresses of work – although he would very much like to return to some job, the thought of this does worry him at times. He admits to being very socially withdrawn for a year or so after he became ill, but now will occasionally see some friends. His mood is quite stable at present and he is generally quiet, preferring to avoid conflict, but recognises himself that he can become irritable if put under pressure or stress.

He sleeps well but finds the days are long and gets bored quite often.

He is now able to recognise some of the signs that he is becoming unwell and can call his CPN to arrange review sooner than expected.

During a typical day, he rises around 11am, washes and dresses himself and will make tea and toast for his breakfast most days. Then he takes his dog, Steve, for a walk in the fields near his house. His mother works part-time in the local village store, and on days she is out he will make a hot snack for his lunch and copes well in the kitchen. He tidies his own room but his mother tends to look after the rest of the chores. He still enjoys pottering in the garden, given good weather, and will spend a half hour in the greenhouse with his tomato plants. He sometimes watches daytime TV until his mother comes home and prepares supper. His friends phone him every few days for a chat, and once a month or so he takes the bus into town and meets them for a coffee for an hour – he enjoys catching up with their news and likes the company. They have known him for a long time and have been quite supportive and understanding since he became ill. In the evenings he generally chats to his mother, or goes up to his room to watch a film. He used to be a keen weekend sportsman, playing football and cricket with the village teams; he has not returned to this as he lacks confidence but will go to the park and watch matches occasionally.

Medical Services

4. Relevant Clinical Assessment (to include mobility hearing, visual acuity, colour vision where appropriate)

Physical examination is normal.

Attended exam centre with his mother – felt worried by the journey to an unfamiliar area – but she remained in the waiting area while he was interviewed. Very pleasant man, looks well, neatly dressed with good eye contact. Speech was slightly rapid initially and he admitted he was anxious about the interview, but this seemed to settle once rapport established and interview under way. Mood otherwise normal. Easy to talk to, fully oriented and cognitively intact. Exhibited good insight at exam. No evidence of any thought disorder or other psychotic phenomena.

Medical Services

5. Details of specific working conditions to be avoided (include warning signs e.g. epilepsy and effect of medication)

He should be protected from direct contact with the public, either face-to-face or by telephone.

He should not be expected to work amongst large groups or crowds of people.

There should be no tight deadlines, unexpected demands or uneven workload.

He is unable to drive due to his condition.

He should not be expected to travel any great distance from his home.

6. Suitability of current/future employment aspirations relating to Client's medical condition.

He has 15 years experience as a self-employed gardener, and latterly spent 2 years as a catering assistant before leaving this when he became ill.

He hopes to gain employment in a warehouse.

He is physically fit and is motivated to work.

If in this position, he would be working with a small group of people and there would be no public contact, and if tasks would occur singly and the workload would be generally predictable then warehouse work would be suitable for this Client.

Although he would be unable to drive (including forklift trucks) he is mentally alert and aware of dangers.

Medical Services

7. Is any other employment related help required before commencing work/training e.g. part time hours/support worker/special aids or equipment?

He should have a phased introduction to part-time work initially.

The training and induction period should be extended to twice the normal, to reduce stress and allow for proper pacing.

Ongoing one-to-one support or “buddying” for a fairly lengthy period will be required, reducing as appropriate over time (perhaps increasing his confidence) but maintaining regular weekly contact with “buddy” to provide feedback and support.

The “buddy” should be made aware of the diagnosis, with the consent of the Client, educated about this and the signs of a possible worsening of the condition.

He will require time to attend his CPN and outpatient clinics on an ongoing basis.

Liaison between his CMHT practitioners and any Occupational Health personnel will be vital. They may require the opportunity to arrange case conferences for crisis management and review as needed.

Given his home location, his working hours should be tailored to suit public transport if alternative travel arrangements cannot be made.

Medical Services

8. Additional Comments (note here if you are recommending that further information from a GP or specialist is obtained by the DEA):

In answer to your specific questions;

How would this Client's medication impact on a return to work? - his medication controls his condition but whilst he needs this he may have episodes when concentration is reduced. He should not operate machinery or drive for this reason.

What could trigger an acute mental health episode in this Client? He should avoid stress and unfamiliar situations wherever possible.

How would the Client's domestic issues impact on the planned return to work? He should work locally and avoid travel to unfamiliar places. He is unable to drive.

Please provide guidance on the Client's current ability to cope with the mental pressure of a training environment and paid employment opportunities. Care should be taken in his training arrangements to reduce stress and prevent loss of confidence.

What strategies could be adopted to overcome health barriers - particularly anxiety and low self esteem? One- on- one training and mentoring to give confidence in his skill development.

I understand that the individual may request a copy of this report and I confirm that there is no harmful information included.

Doctors Staff ID Number: 54321a

Date: *2/07/2011*

Doctors Name
(PRINT): *Dr Trevor Graydon*

8. Quality Control

All registered medical practitioners who are newly introduced to Occupational Health Assessments will have full audit of their reports until a satisfactory standard has been confirmed.

Approved status is awarded once this standard is demonstrated.

All reports in this work strand will be subject to random audit under the IQA procedures. Registered medical practitioners will be informed of their audit outcomes and will receive feedback on any quality issues or reworks received.

The IQAS Audit Attributes for OHA reports are as follows.

Key Requirements	Attribute Description	Attribute Code
Appropriate Medical Examination (s)	Diagnosis recorded and explained if necessary	S67
	Current medical treatment described	S18
	Medication recorded	S37
	Side effects recorded and explained	S66
	Current symptoms described	S19
	Appropriate clinical and past history recorded	S10
	Current work situation described	S20
	Account of average daily activities functionally focused and relevant	C19
	Clear record of a careful structured examination of all relevant areas	C01
	Examination focussed on relevant areas	C05
	Record of appropriate mental health assessment, if indicated	C08
	Clinical tests appropriate to specific conditions applied and recorded	C13
Medically reasonable and logical	Clear indication given of prognosis, consistent with the evidence	R58
	Secondary conditions correctly identified	R168
	Advice that the Client is capable of doing work as described, consistent with evidence	R02
	Advice that the Client is incapable of doing work as described, consistent with evidence	R04
	Opinion on functional limitations clear, appropriate and in keeping with clinical findings	R34
	Work related health issues, which might pose a problem for the worker, adequately described	R123
	Advice on workplace adjustments reasonable	R124
	Advice on workplace adjustments clear, appropriate and in keeping with the clinical findings	R139
	Advice supported by adequately detailed justification	R14
	Decision on further evidence appropriate	R92
	Additional FME appropriately sourced	R40
	Appropriate category of any additional FME	R199
All medical issues addressed	Details of Clients health and work related perceptions, explained	R131
	Variability of clinical condition detailed	R127
	Current treatment, its effects, and impact on function described	R128
	Aids and appliances appropriately identified	R129
	Relevance of Equality Act adequately addressed	R142
In keeping with Consensus of medical opinion		
	Advice conforms to consensus of medical opinion and balance of probabilities	R01

MCQ Guidance on Occupational Health Assessments for the Disability Employment Adviser (DEA)

Instructions:

This is a multiple-choice questionnaire, which means you are asked a series of questions and given a choice of possible answers for each. Only one answer is correct in each case.

You should attempt all questions, tick the answer you believe to be correct and return your completed MCQ to your local MSC.

Name (Please Print):	Date:
Signature:	Base (MSC):

Question		Possible Answers		Tick box
1	XXXXXXXXXX	A	XXXXXXXXXX	
		B	XXXXXXXXXX	
		C	XXXXXXXXXX	
2	XXXXXXXXXX	A	XXXXXXXXXX	
		B	XXXXXXXXXX	
		C	XXXXXXXXXX	

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3	XXXXXXXXXX	A	XXXXXXXXXX	
		B	XXXXXXXXXX	
		C	XXXXXXXXXX	
4	XXXXXXXXXX	A	XXXXXXXXXX	
		B	XXXXXXXXXX	
		C	XXXXXXXXXX	
5	XXXXXXXXXX	A	XXXXXXXXXX	
		B	XXXXXXXXXX	
		C	XXXXXXXXXX	
6	XXXXXXXXXX	A	XXXXXXXXXX	
		B	XXXXXXXXXX	
		C	XXXXXXXXXX	

Appendix A - Referral for an Occupational Health Assessment Form OHA1JP



Part of the Department
for Work and Pensions

Disability Employment Adviser (DEA) *Referral for an Occupational Health Assessment*

Regional
Code:

Referral
Code:

**Full guidance on using the OHA1JP is in Jobcentre Plus
Guide 34**



Customer Details	DEA Details
Name: Address: Tel Nos: Mobile: Home: Date of Birth: NI Number:	Name: JCP Address: Tel Nos: Mobile: Office:
General Practitioner Name: Address: Tel No:	

Assessment of Customer's Abilities:

Reasons for referral to Medical Services (Please ensure you are specific): • • •
Please tick here if you have included further information: <input type="checkbox"/>
Current Health Condition, as explained by customer:
Please tick here if you have included further information: <input type="checkbox"/>
Brief Working History, including any rehabilitation undertaken:

Medical Services

Customer's Job Goals:		
or Current Employment:		
Position:		
Employers Name:		
Address:		
Tel Nos:	Mobile:	Office:
Please tick here if you have included further information: <input type="checkbox"/>		
Further information relevant to customer's capacity for work and current occupational choice:		
Please tick here if you have included further information: <input type="checkbox"/>		
Please give any dates the customer is not available for assessment.		

Medical Services

Customer's Consent

I agree that a confidential Occupational Health Assessment report should be provided by Medical Services, to enable Jobcentre Plus to assist me in finding suitable employment or retain my current employment. I agree that a copy of the report may be sent to my own doctor. The name and address of my doctor is on Page 1. For this purpose I am willing to be medically examined.

- **Note: If the customer is under 18 years of age then this form must be signed by their Parent or Guardian**

Signed
(Customer/
parent/guardian)

Date

Signed (DEA)

Date

Data Protection Act 1984: Jobcentre Plus may put the information you give onto a computer. Any personal details you provide will be safeguarded as required by the Act.

Please return this form to:
[DN: ATOS, Glasgow address to be inserted]

Note for DEAs: Please ensure you send only photocopies of any additional documents and retain the originals. All additional documents will be scanned, therefore they should be sent in plastic wallets and not stapled.

Appendix B - Occupational Health Assessment Report

Medical in Confidence

To:	Client's Surname:
	Client's First Name:
	NINO:

Occupational Health Assessment Report

1. Current Medical Conditions (including duration, prognosis and medication)

2. Secondary conditions (including duration, prognosis and medication)

Medical Services

3. How does the Client feel they are affected by their condition(s)?

Medical Services

4. Relevant Clinical Assessment (to include mobility hearing, visual acuity, colour vision where appropriate)

Medical Services

5. Details of specific working conditions to be avoided (include warning signs e.g. epilepsy and effect of medication)

6. Suitability of previous /future employment aspirations relating to Client's medical condition.

Medical Services

7. Is any other employment related help required before commencing work/training e.g. part time hours/support worker/special aids or equipment?

Medical Services

8. Additional Comments (note here if you are recommending that further information from a GP or specialist is obtained by the DEA):

I understand that the individual may request a copy of this report and I confirm that there is no harmful information included.

Doctors Signature:

Date:

Doctors Name
(PRINT):

Observation form

Please photocopy this page and use it for any comments and observations on this document, its contents, or layout, or your experience of using it. If you are aware of other standards to which this document should refer, or a better standard, you are requested to indicate this on the form. Your comments will be taken into account at the next scheduled review.

Name of sender: _____ Date: _____

Location and telephone number: _____

Please return this form to: XXXXXXXXXXXXXXXXXXXX
Training and Development Co-ordinator
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