SEQOHS

Safe Effective Quality Occupational Health Service

Occupational Health Service
Standards for Accreditation

Issue Date: January 2010
Review Date: By January 2015

DISCLAIMER

While the Faculty of Occupational Medicine has taken reasonable steps to ensure that these standards are fit for the purpose of accrediting occupational health services in the UK:

1. **this is not warranted and (to the maximum extent permitted by law) the Faculty of Occupational Medicine is not liable to a service provider or any other person or party in the event that the standards are not fit for purpose.**

2. **the provision of occupational health services by the service provider in accordance with such standards does not guarantee that the service provider will comply with its legal obligations to any third party in providing such services.**

Preface

Assessment of performance against rigorous standards provides the drive, and warrant for accreditation and helps to drive continuous improvement in the quality of services. *Standards for Better Health* (2006)[1] require a rigorous approach to assessment and accreditation of providers of National Health Service (NHS) services. Lord Darzi's *High Quality Care for All: NHS Next Stage Review (2008)*[2] confirms Government support for provider accreditation schemes in the NHS.

Standards are expected for services that provide for the healthcare of people of working age, most of which operate outside of the NHS. Dame Carol Black's review *Working for a Healthier Tomorrow (2008)*[3] advocates clear standards of practice and formal accreditation of all providers who support people of working age. The lack of standards and accreditation was highlighted consistently in responses to the call for evidence by the Faculty of Occupational Medicine, the Society of Occupational Medicine and other organisations.

In August 2008 the Faculty of Occupational Medicine invited stakeholders to join a working group to develop standards and a system of voluntary accreditation for occupational health services in the United Kingdom. Stakeholders included representatives from occupational medical and nursing professional bodies, commercial occupational health providers, employer and worker representative bodies and government departments and regulators*.

Draft standards were published on the Faculty's website on 24th June 2009 for formal consultation, inviting comments by 31st August 2009. 28 people responded to that formal consultation*. The standards were pilot tested with 17 different providers of occupational health services from different sectors and of different sizes in England, Northern Ireland, Scotland and Wales*.

The draft standards were modified in light of feedback and the pilot tests. The standards will be modified further with time as a commitment to continual improvement and to accommodate changes in professional guidance and best practice.

The standards are being introduced one year ahead of the launch of the accreditation scheme. This will permit occupational health services to acquaint themselves with the standards and start to put systems in place to collect the evidence required for the accreditation process.

The standards and system of voluntary accreditation for occupational health services aim to:

(i) enable services to identify the standards of practice to which they should aspire;
(ii) credit good work being done by high quality occupational health services, providing independent validation that they satisfy standards of quality;
(iii) raise standards where they need to be raised; and
(iv) help purchasers differentiate occupational health services that attain the desired standards from those that do not.

These measures should help to raise the overall standard of care provided by occupational health services in the United Kingdom, thus helping to make a meaningful difference to the health of people of working age.

** See Acknowledgements*

[1] Standards for Better Health: Department of Health 2006
[2] High Quality Care for All: NHS Next Stage Review, Department of Health 2008
[3] Working for a Healthier Tomorrow: The Stationery Office 2008

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AIM

The aim of these standards is to support the achievement of **safe, appropriate and effective quality services** by occupational health services in the United Kingdom.

PURPOSE

The purpose of this document is to define the standards and minimum requirements that apply to occupational health services that participate in the United Kingdom voluntary accreditation scheme and to provide occupational health services with a framework for quality assurance.

SCOPE

The standards apply to core clinical occupational health services i.e. services provided by doctors, nurses and occupational health technicians and do not apply to non-clinical services that may sometimes be provided as part of more comprehensive occupational health services, e.g. occupational hygiene and ergonomics.

The standards relate to professional activities and do not extend to an employer's legal responsibilities, which are already addressed by existing laws and regulations. However, no occupational health service will be accredited if it fails to meet all applicable statutory requirements.

The standards and accreditation scheme do not obviate the need for:

- an occupational health service to ensure compliance with all relevant legislation.
- a purchaser to use due diligence when selecting an occupational health service.

It is the responsibility of a purchaser to take reasonable steps to arrange for a competent assessment of their occupational health needs, be that assessment performed by the contracted service or by some independent competent adviser.

It is the joint responsibility of a purchaser and the occupational health service to agree, within their contract or service level agreement, the scope of services provided.

PRINCIPLES

The standards were developed with the following five principles in mind:

Openness
The content of the standards will be in the public domain to ensure that providers, purchasers and workers understand the standards that they should expect from an occupational health service.

Accessibility
Any provider of occupational health services will be able to apply for accreditation, e.g. in-house services in both the public and private sectors and commercial occupational health providers from the single-handed provider[4] to large organisations. The fees charged for assessment for accreditation shall be affordable, realistic and proportionate to the size of the applying OHS.

Significance
Standards and minimum requirements will reflect existing ethical and professional guidance and consensus and are intended to help occupational health services achieve uniform good practice.

Objectivity
Eligibility for the award of accreditation shall be assessed on the basis of the collection and presentation of suitable documentary evidence and on observation.

Prudence
Ideally evidence should be produced as a by-product of another routine activity to avoid causing excessive administrative burden. Applicants should not have to change their own information gathering or reporting cycles to fit the accreditation review, but should use the most recent information they have, provided it has been gathered within the last 12 months.

[4] The standards apply to single-handed practitioners where they operate directly as a commercial provider. The standards are neither intended to apply to nor designed for single-handed practitioners where they simply provide sessional work to in-house or commercial occupational health services.

Introduction

The following standards and minimum requirements are designed to be applied within a UK accreditation scheme. They articulate the expectations of a safe, effective quality occupational health service, therefore services not participating in accreditation may also find them useful. These are professional standards for occupational health services. Clinicians who deliver occupational health services are also bound by standards set by their respective professional bodies in relation to their practice. Many of these are listed in the list of references on page 26 of this document. Providers of occupational health services must, in addition to ensuring good standards of service delivery, be committed to supporting practice by their clinicians in accordance with the standards set by their professional bodies. Consequently the standards for occupational health services take into consideration and complement the professional standards set by the relevant professional bodies for individual clinicians.

Definitions

A **standard** is something considered by an authority or by general consensus as a basis of comparison in measuring or judging adequacy or quality. These standards have been developed by the Faculty of Occupational Medicine with other occupational medical and nursing professional bodies, commercial occupational health providers, employer and worker representative bodies and government agencies.

In this document standards are expressed as something which occupational health services "must" do as an overriding duty of principle in order to meet the requirements for accreditation. They provide the basis for evaluating quality of service and will evolve over time.

Each standard can normally be met in more than one way. For each standard, a number of minimum requirements and examples of suitable evidence are described.

Minimum requirements are intended to be well-defined and easy to understand. They must be met to satisfy the standards. Many of the minimum requirements relate to statutory or professional responsibilities.

Examples of suitable evidence are the records that applicants can use to demonstrate that they meet the standards and the minimum requirements. The examples are indicative and only illustrate the kind of information that can be used. The examples are not intended to be either prescriptive or exhaustive. Service providers may provide what they consider the most convincing evidence they have available for their achievement of each standard and minimum requirement, whether or not it appears among the examples.

Accreditation will be a voluntary and cyclical process. Accreditation provides independent validation that an occupational health service has demonstrated competence measured against the standards and is considered to be fit for purpose. Accreditation is not an end point. It drives continuous improvement, allowing occupational health services to self-assess their services and performance against standards, identify improvement areas and take remedial actions.

We will publish a detailed explanation of the proposed assessment methods ahead of the launch of the accreditation scheme in 2011.

Who is this guidance for and what is it for?

The main audience of this guidance is providers of occupational health services who wish to seek accreditation.

The following people may also be interested in all or part of this guidance:

- people of working age who use the services of an occupational health service
- employers who purchase or commission occupational health services
- other regulators who have a remit to inspect occupational health services
- the general public

We will use this guidance to assess compliance with a number of processes. These include:

- considering whether a provider that has applied to become accredited is suitable and should be allowed to be accredited
- considering whether a provider that is already accredited continues to be suitable and should be allowed to keep their accreditation

What approach have we taken to develop this guidance?

This guidance has been co-produced with providers of occupational health services, people who use services and a range of other interested people and organisations.

The standards framework

The standards for UK occupational health services are grouped into six domains, as follows:

A. Business probity

B. Information governance

C. People

D. Facilities and equipment

E. Relationships with purchasers

F. Relationships with workers

The standards and minimum requirements relating to each domain are described on pages 7-25.

The accreditation process

Accreditation will become available in 2011. The standards are being published one year earlier to provide occupational health services the time necessary to familiarise themselves with the standards and minimum requirements and to build systems and the necessary evidence files.

It is not the intent of this document to provide details of the accreditation process. We will make further information about the accreditation process available in the coming months. However, we anticipate that assessment will include a combination of:

Pre-qualification questionnaire

Occupational health services seeking accreditation or re-accreditation will have to attest to meeting eligibility criteria for accreditation, providing true and contemporaneous and not misleading information, complying with all applicable laws and regulations and having appropriate insurances. The attestation will have to be signed or co-signed by at least one registered health professional from the occupational health service.

Customer satisfaction surveys

Occupational health services seeking accreditation or re-accreditation will have to provide a list of customers and key contacts from which a sample will be approached to complete and return a customer satisfaction survey answering pre-determined questions.

Web based assessment

This will allow evidence to be submitted online to determine the readiness of the occupational health service for an on-site assessment visit.

On-site assessment visit

External audit will be undertaken by a visit to the occupational health service.

Self assessment

Occupational health services seeking accreditation or re-accreditation will have to undertake self-assessments in years when an external audit is not performed.

Standards for occupational health services

A. BUSINESS PROBITY

The standards for business probity are:

Standard A1	**An OHS must conduct its business with integrity**
Standard A2	**An OHS must maintain financial propriety**

Scope

These standards, minimum requirements and examples of suitable evidence are intended to apply to occupational health services in the UK, in support of their accreditation as a provider of occupational health services.

Not all minimum requirements apply to all occupational health services. The relevance of minimum requirements to different types of occupational health service is identified.

Where the standard and/or any of the minimum requirements are not applicable, the OHS must provide a signed declaration to confirm that they are not applicable.

EXEMPTION: An OHS which is accredited, as an entity, to ISO 9001 2008 meets the needs of Standard A2 and does not have to provide any further evidence, other than proof of that accreditation.

Standard A1

An OHS must conduct its business with integrity

Minimum requirements:
The following minimum requirements apply to all OHS:

A1.1	An OHS **must** only publish information about services which is factual and verifiable

The following additional minimum requirement applies to all OHS except single-handed practitioners:

A1.2	An OHS **must** take reasonable steps to ensure that all of its staff are honest and trustworthy

The following additional minimum requirement applies to an OHS that outsources work to another organisation:

A1.3	An OHS **must** maintain systems to check the qualifications of and monitor the standard of work that is outsourced to third party providers

The following additional minimum requirement applies to an OHS that undertakes research:

A1.4	An OHS **must** only conduct or participate in research compliant with published professional ethical guidance

Examples of suitable evidence:

A1.1	A file containing all information about the service published in leaflets or on a website or in CV's and used for the purpose of promoting its services with objective data to verify that the information is factual and verifiable
A1.2	A documented procedure for recruitment and selection process that includes obtaining references As a minimum, a system of self declaration for criminal convictions and any investigations or disciplinary action by an organisation responsible for regulating a health care professional, e.g. GMC, NMC, NCAA, HPC
A1.3	Documentation of regular contract performance reviews
A1.4	List of research undertaken AND documentation of the following: ethical approval, company consent and consultation with employees, or the documented rationale why any of these was not necessary

Standard A2 An OHS must maintain financial propriety	
Minimum requirements: *The following minimum requirement applies to all OHS:*	
A2.1	An OHS **must** have appropriate systems of financial and asset control to protect the services that it provides to customers
The following additional minimum requirement applies when an OHS sells services:	
A2.2	An OHS **must** provide purchasers and potential purchasers with clear and user-friendly information on fees
Examples of suitable evidence:	
A2.1	Written procedures for budgetary control and auditing Demonstration of clear lines of budget responsibility Demonstration that income and expenditure are tracked Records of internal or external audit of budget or accounts Submission of annual accounts to Companies House or to the Charity Commission
A2.2	*This minimum requirement will not be audited but will be assessed by customer questionnaire*

Standards for occupational health services

B. INFORMATION GOVERNANCE

The standards for information governance are:

Standard B1	**An OHS must maintain adequate occupational health clinical records**
Standard B2	**An OHS must implement and comply with systems to protect confidentiality**

Scope

These standards, minimum requirements and examples of suitable evidence are intended to apply to occupational health services in the UK, in support of their accreditation as a provider of occupational health services.

Not all minimum requirements apply to all occupational health services. The relevance of minimum requirements to different types of occupational health service is identified.

Where the standard and/or any of the minimum requirements are not applicable, the OHS must provide a signed declaration to confirm that they are not applicable.

EXEMPTION: An OHS which is accredited, as an entity, to ISO/IEC 27001:2005 and/or ISO 9001 2008 meets the needs of these standards and does not have to provide any further evidence, other than proof of that accreditation.

Standard B1
An OHS must maintain adequate occupational health clinical records

Minimum requirements:
The following minimum requirements apply to all OHS:

B1.1	An OHS **must** ensure that occupational health clinical records, wherever held, are maintained to standards which meet legal and regulatory compliance and professional practice recommendations
B1.2	An OHS **must** ensure there are clearly defined arrangements for backing up computer data, back-up verification, a safe back-up system and authorisation for loading programmes where a computer is used

The following additional minimum requirement applies when an OHS sells services:

B1.3	An OHS **must** ensure that procedures exist for the transfer of records on change of contract or closure of business

Examples of suitable evidence:

B1.1	A system of internal or external clinical audit or peer review performed within the last 12 months confirms that a representative sample size# of occupational health clinical records confirms that entries are legible and documented in such a manner that they cannot be erased, are dated and signed or otherwise identified with the name of the author *# Guidance to be provided based on ISO2859*
B1.2	A policy or documented procedure for managing the risks associated with clinical records in all media, which includes a description of the: duties and legal obligations that apply to records, process for creating, tracking, retrieving and backing-up records, process for retaining and disposing of records, process for monitoring compliance with all of the above, AND Documented evidence of checks of understanding of the process
B1.3	The OHS has a documented policy for transferring data on transfer of services, and the transfer process is included in contracts with purchasers Where a transfer has taken place in the past year, demonstration that each party involved had a nominated individual responsible for the transfer process

Standard B2

An OHS must implement and comply with systems to protect confidentiality

Minimum requirements:

The following minimum requirements apply to all OHS:

B2.1	An OHS **must** ensure that staff understand their responsibility to protect confidentiality
B2.2	An OHS **must** ensure that paper occupational health clinical records, wherever held or transported, are accessed, stored and disposed of safely and securely
B2.3	An OHS **must** ensure there is an effective policy to control access to computerised data and to prevent unauthorised access at all times
B2.4	An OHS must ensure that the intellectual property of customers is protected

Examples of suitable evidence:

B2.1	Signed confidentiality agreements for all OHS staff (to include confidentiality of customers' commercially sensitive information, where applicable) A documented confidentiality/privacy policy (to include confidentiality of customers' commercially sensitive information, where applicable) and documented checks of understanding of the policy* Records to demonstrate that all staff have been trained in relation to privacy*
B2.2	Occupational health clinical records are kept in lockable rooms or cabinets and there is a signed declaration that only OH staff have access to the keys
B2.3	A documented procedure which defines how password protection and encryption of sensitive data on computers has been implemented AND records to show that any computers disposed of in the preceding 12 months had the entire hard disk fully wiped clean of data
B2.4	Contracts define how the intellectual property of customers is protected Standard business terms define how the intellectual property of customers is protected Signed confidentiality disclosure agreements for all contracts with purchasers * Not applicable in the case of single-handed practitioners

Standards for occupational health services

C. PEOPLE

The standards for occupational health staff are:

Standard C1	**An OHS must ensure that its staff are competent to undertake the duties for which they have been employed**
Standard C2	**An OHS must ensure appropriate supervision**

Scope

These standards, minimum requirements and examples of suitable evidence are intended to apply to occupational health services in the UK, in support of their accreditation as a provider of occupational health services.

Not all minimum requirements apply to all occupational health services. The relevance of minimum requirements to different types of occupational health service is identified.

Where the standard and/or any of the minimum requirements are not applicable, the OHS must provide a signed declaration to confirm that they are not applicable.

Standard C1

An OHS must ensure that its staff are competent to undertake the duties for which they have been employed

Minimum requirements:

The following minimum requirements apply to all OHS:

C1.1	An OHS **must** ensure that its clinical staff are registered with the relevant regulatory body on the appropriate part(s) of its register(s)
C1.2	An OHS **must** ensure that its staff have the knowledge, skills, qualifications, experience and training for the tasks they perform

The following additional minimum requirements apply to all OHS except single-handed practitioners:

C1.3	An OHS **must** support its clinical staff in maintaining continuing professional development and revalidation
C1.4	An OHS **must** ensure that all staff have an annual appraisal and that their personal development plans for continuing professional development meet the needs of the individual, the occupational health service, and its clients
C1.5	An OHS **must** familiarise new staff with the OHS policies and procedures, duty of confidentiality, health and safety and their roles and the roles of others and accountability for service quality and delivery

Examples of suitable evidence:

C1.1	A list of all clinical staff and pre-employment and annual verification of GMC, NMC, HPC certification for every employed or contracted health care professional held on file
C1.2	A list of all clinical staff and documentary evidence of qualifications, training, continuing professional development for all healthcare professionals Defined roles and responsibilities for all staff Protocols to specify the scope of practice of each health care professional and checks of adherence Satisfactory Society of Occupational Medicine Quality Assured Appraisal Scheme assessed evidence of maintaining a knowledge base
C1.3	A list of all clinical staff and documentary evidence of adequate participation in CPD for every doctor and PREP for every nurse
C1.4	A documented procedure which defines the process to ensure that copies of annual appraisals are retained in employee's personnel files and have a clear personal development plan A list of all staff and dates of last annual appraisals Personal development plans link continuing professional development to the needs of the individual, the occupational health service, and its clients Satisfactory Society of Occupational Medicine Quality Assured Appraisal Scheme assessment of managing an occupational health service
C1.5	Orientation manual and records of completion

Standard C2

An OHS must ensure adequate clinical supervision

Minimum requirements:

The following minimum requirements apply to all OHS

C2.1	An OHS **must** employ at least one occupational health professional who has a qualification in occupational medicine or nursing
C2.2	An OHS **must** verify that all clinical staff are professionally indemnified
The following additional minimum requirement applies to all OHS other than single-handed accredited specialist occupational physicians:	
C2.3	An OHS **must** have access to an accredited specialist in occupational medicine
The following additional minimum requirement applies to all OHS other than single-handed practitioners:	
C2.4	An OHS **must** demonstrate clinical governance and maintain documented protocols that ensure the delivery of services that reflect current evidence based guidelines, national guidelines and Approved Codes of Practice
C2.5	An OHS **must** have systems in place to detect and address, as early as possible, unacceptable clinical practice and concerns regarding a member of staff's conduct, performance or health

Examples of suitable evidence:

C2.1	The names and qualifications of at least one nurse with a recognised qualification in Occupational Health Nursing from a UK University together with demonstrable experience and/or one doctor with a recognised qualification in occupational medicine together with demonstrable experience
C2.2	Valid insurance/indemnity certificates for all clinical staff
C2.3	An organisation chart showing the lines of reporting AND a contract and service level agreement with an accredited specialist in occupational medicine to provide clinical supervision of the services provided
C2.4	Written protocols covering the range of work carried out with references to relevant external documents and audits of compliance with written protocols Training records to show that relevant staff have been trained and understand the requirements of the protocols
C2.5	Copy of a whistle-blowing policy and process which allows employees to raise concerns about the manner in which services are delivered Documented complaints procedure, grievance, job performance & capability & disciplinary process/procedure and performance appraisal process

Standards for occupational health services

D. FACILITIES AND EQUIPMENT

The standards for occupational health facilities and equipment are:

Standard D1	**An OHS must conduct its business in facilities that are safe, accessible and appropriate for the services provided**
Standard D2	**An OHS must ensure that medical equipment is safe and appropriate for the services provided**
Standard D3	**An OHS must ensure that any medicines are handled appropriately**

Scope

These standards, minimum requirements and examples of suitable evidence are intended to apply to occupational health services in the UK, in support of their accreditation as a provider of occupational health services.

Not all minimum requirements apply to all occupational health services. The relevance of minimum requirements to different types of occupational health service is identified.

Where the standard and/or any of the minimum requirements are not applicable, the OHS must provide a signed declaration to confirm that they are not applicable.

Standard D1 is intended to apply to facilities that are provided by the occupational health service that is seeking accreditation, including mobile units.

Where the occupational health service is a contractor and the premises are provided by the purchaser, both parties should work together to ensure that the facilities meet these standards.

Standard D1

An OHS must conduct its business in facilities that are safe, accessible and appropriate for the services provided

Minimum requirements:

The following minimum requirements apply to OHS that provide clinical facilities:

D1.1	An OHS **must** implement and monitor systems to ensure the general health and safety of service users, staff and others
D1.2	An OHS **must** take all reasonable steps to ensure that services are delivered in facilities that facilitate access by persons with a disability
D1.3	An OHS **must** take all reasonable steps to ensure that the facilities are suitable with respect to design, layout and service users rights to privacy and dignity
D1.4	An OHS **must** ensure that the facilities provided for service users are well maintained
D1.5	The OHS **must** provide hand hygiene measures in examination and treatment rooms

Examples of suitable evidence:

D1.1	Documented risk assessment identifying risks, hazards and control measures Documented plan to deal with any emergency Documentation from the OHS to the purchaser/landlord identifying any aspects of the purchasers'/landlords' facilities which do not meet minimum requirements
D1.2	Documented assessments of each facility's compliance with the Disability Discrimination Acts 1995 and 2005, along with any improvement plans Inspection or peer review confirms that the OHS facilities provide easy access for disabled people Facility design plans to confirm that: there are no physical features making it impossible or unreasonably difficult for disabled persons to access and use the OHS
D1.3	Records of inspection shows that consulting rooms provide privacy, i.e. doors and walls are adequately soundproof and people are unable to see in through windows Questionnaire surveys show satisfaction regarding privacy
D1.4	*This minimum requirement will not be audited, but will be assessed by customer questionnaire*
D1.5	Inspection or peer review confirms that the facilities have hand hygiene measures available in examination and treatment rooms A list of examination and treatment rooms and details of the hand hygiene measures made available

Standard D2

An OHS must ensure that medical equipment is safe and appropriate for the services provided

Minimum requirements:

The following minimum requirements apply to all OHS making use of medical equipment:

D2.1	An OHS **must** provide medical equipment relevant to the services provided
D2.2	An OHS **must** have systems in place to ensure regular inspection, calibration, maintenance and replacement of medical equipment and that it is safe to use

The following additional minimum requirements apply to all OHS which provide an immunisation service:

D2.3	An OHS **must** ensure that dedicated vaccine refrigerators are provided and maintained if vaccines are stored

Examples of suitable evidence:

D2.1	A list of the services provided and the equipment used, along with manufacturers technological information sheets for medical equipment
D2.2	Protocols to ensure regular inspection, calibration and maintenance and replacement of medical equipment that has a designated owner responsible for maintaining the protocol and documented evidence of adherence to the protocol Records of inspection and calibration of medical equipment Maintenance contracts and certificates for medical equipment ISO9001 accreditation
D2.3	The vaccine refrigerator is lockable or in a locked room, has a minimum/maximum thermometer and is connected to a designated electricity outlet and there are records of daily temperature readings A suitable and sufficient procedure for maintaining the cold chain for stored vaccines and documented checks of adherence to the procedure

Standard D3

An OHS must ensure that any medicines are handled appropriately

Minimum requirements:

The following minimum requirements apply to any OHS which stores or dispenses medicines:

D3.1	An OHS **must** ensure that nurses follow a recognised framework for medicines management
The following additional minimum requirements apply to all OHS which provide an immunisation service:	
D3.2	An OHS **must** ensure that staff who advise on or give immunisation are clinically competent according to national minimum standards for immunisation training
D3.3	An OHS **must** ensure that emergency treatment is always immediately available for anaphylactic reactions whenever immunisation is undertaken
D3.4	An OHS **must** ensure that staff follow DH guidelines for storing, handling, administering and disposing of vaccines

Examples of suitable evidence:

D3.1	A procedure or protocol for medicines management signed by a doctor which addresses: ordering medicines, safe custody, administration, disposal, and in the case of immunisation, consent AND documented evidence of checks of adherence Comprehensive paper or electronic audit trail of ordering, receipt, supply and disposal of medicines Peer review or clinical audit of practice
D3.2	A list of all staff who perform immunisation and training records from an external provider Records of internal training against a policy or protocol for vaccine management which addresses: receiving vaccines, maintaining correct temperature of stored vaccines, handling vaccines during immunisation sessions, disposal of vaccines, actions in the event of interruption of the cold chain and the treatment of anaphylaxis Peer review or clinical audit of practice
D3.3	A list of equipment and the presence of in-date drugs that are available to deal with anaphylaxis
D3.4	A suitable and sufficient procedure for storing, handling and administering vaccines and documented checks understanding of the procedure

Standards for occupational health services

E. RELATIONSHIPS WITH PURCHASERS

The standards for relationships with purchasers are:

Standard E1	**An OHS must deal fairly with purchasers**
Standard E2	**An OHS must be customer focused**

Scope

These standards, minimum requirements and examples of suitable evidence are intended to apply to occupational health services in the UK, in support of their accreditation as a provider of occupational health services.

Not all minimum requirements apply to all occupational health services. The relevance of minimum requirements to different types of occupational health service is identified.

Where the standard and/or any of the minimum requirements are not applicable, the OHS must provide a signed declaration to confirm that they are not applicable.

Standard E1
An OHS must deal fairly with purchasers

Minimum requirements:
The following minimum requirement applies to all OHS

E1.1	An OHS **must** provide customers with the appropriate numbers of staff, skills mix and amount of equipment for the services they are contracted/employed to deliver
The following additional minimum requirements apply to any OHS which charges purchasers directly for providing its services:	
E1.2	An OHS **must** provide purchasers and potential purchasers with clear and user-friendly information on fees
E1.3	An OHS **must** agree with customers, at the outset and at contact reviews, the services to be delivered and the resources required to deliver the service and the extent and scope of any business continuity planning that is required to protect service delivery
E1.4	An OHS **must** agree with customers, at the outset, the processes for referrals to the OHS, case management and reporting of cases of occupational disease and any onward referral of workers for further investigation

Examples of suitable evidence:

E1.1	*This minimum requirement will not be audited but will be assessed by customer questionnaire*
E1.2	*This minimum requirement will not be audited, but will be assessed by customer questionnaire*
E1.3	*This minimum requirement will not be audited, but will be assessed by customer questionnaire*
E1.4	*The process for referrals, reporting injuries and cases of occupational disease and for referring workers for the opinion of another health care professional and for special investigations is included in contracts and/or service level agreements, or some other document* *Service level agreements containing such information*

Standard E2
An OHS must be customer focused

Minimum requirements:
The following minimum requirements apply to all OHS:

E2.1	An OHS **must** understand purchasers' needs based on reliable and recent information
E2.2	An OHS **must** define an explicit service level agreement for each customer organisation so that customers understand from the outset what they can expect from the service
E2.3	An OHS **must** ensure ongoing familiarity with the hazards, risks, processes and controls for each purchaser's operations, where a comprehensive OHS is provided
E2.4	An OHS **must** use formal and informal methods to regularly seek information about customer satisfaction from purchasers and referring managers

Examples of suitable evidence:

E2.1	*This minimum requirement will not be audited, but will be assessed by customer questionnaire*
E2.2	Service level agreements for each customer organisation that stipulate the range of services that are included and excluded in the contract for services as well as target waiting times for appointments and the process for providing feedback to employers on suspected and confirmed new cases of work related ill health Standard business terms define service level agreements Tracked key performance indicators
E2.3	Records of systematic workplace inspections and/or feedback Records of meetings with managers at customer organisations
E2.4	*This minimum requirement will not be audited, but will be assessed by customer questionnaire*

Standards for occupational health services

F. RELATIONSHIPS WITH WORKERS

The standards for relationships with purchasers are:

Standard F1	**An OHS must ensure that workers are treated fairly**
Standard F2	**An OHS must respect and involve workers**

Scope

These standards, minimum requirements and examples of suitable evidence are intended to apply to occupational health services in the UK, in support of their accreditation as a provider of occupational health services.

Not all minimum requirements apply to all occupational health services. The relevance of minimum requirements to different types of occupational health service is identified.

Where the standard and/or any of the minimum requirements are not applicable, the OHS must provide a signed declaration to confirm that they are not applicable.

Standard F1
An OHS must ensure that workers are treated fairly

Minimum requirements:
The following minimum requirements apply to all OHS:

F1.1	An OHS **must** inform workers about how their personal health information is recorded and used, how to access their personal information and their rights in relation to how their personal health information is used and shared
F1.2	An OHS **must** ensure that clinical staff obtain informed consent for procedures and for the use of workers' personal health information in accordance with professional guidelines
F1.3	An OHS **must** ensure that workers are informed of the professional role of clinical staff and the purpose of different interventions
F1.4	An OHS **must** promote a culture of equality and treat workers fairly, uninfluenced by their age, beliefs, colour, culture, disability, gender, lifestyle, race, religion, sexuality and social or work status

Examples of suitable evidence:

F1.1	Copies of leaflets which define workers' rights and documentation of how these leaflets are distributed Health questionnaires and other health forms that are given to workers contain explicit statements to describe how personal health information is used and how workers may access that information Minutes of meetings with workers and/or their representatives to demonstrate that such information has been communicated A protocol which defines how workers are informed about: how their personal health information is used and how workers may access that information and documented evidence of adherence to that protocol
F1.2	Procedures or protocols for health consultations and procedures which define: the process for ensuring that the worker understands the reasons for attending the consultation and or performing the procedure, whether or not consent is required and the form of that consent (implied, verbal or signed) is clear
F1.3	Copies of leaflets which define the professional role of clinical staff and the purpose of different interventions Explicit statements appear on health questionnaires and other health forms that are given to workers to describe the professional role of clinical staff and the purpose of different interventions Minutes of meetings with workers and/or their representatives to demonstrate that such information has been communicated
F1.4	A diversity or equality policy and documented evidence of adherence to that policy Records of training of all staff and signed statements of understanding of the policy Customer feedback from workers, their representatives or worker focus groups A signed attestation by a single-handed practitioner that there have been no complaints, or that any complaints have been properly addressed

Standards for occupational health services

Standard F2 An OHS must respect and involve workers	
Minimum requirements: *The following minimum requirements apply to all OHS:*	
F2.1	An OHS **must** use formal and informal methods to regularly seek information and feedback from workers and/or their representatives
The following additional minimum requirement applies to in-house OHS:	
F2.2	An OHS **must** consult and involve workers or their representatives regarding the provision of OHS and material occupational health issues
Examples of suitable evidence:	
F2.1	Worker feedback, customer satisfaction surveys from workers or focus groups A folder containing relevant e-mails and other informal feedback A complaints procedure which defines the circumstances in which workers may make a complaint, to whom workers should complain, and how complaints will be managed A comprehensive paper or electronic audit trail of all complaints received, the investigations performed, responses to workers, and any remedial measures Satisfactory Society of Occupational Medicine Quality Assured Appraisal Scheme assessed manager feedback
F2.2	Minutes of meetings with workers or their representatives regarding occupational health issues, e.g. provision of services, accident and disease statistics, sickness absence information and recommendations for corrective actions. Documents to show that all workers have been informed of the occupational health provision and the services that it offers to workers

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	Domains					
	A	B	C	D	E	F
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The Employment Practices Code 2005	X	X				X
The Public Interest Disclosure Act 1998			X			
The National Health Service (Complaints) Amendment Regulations 2006			X			

Glossary

Accredited specialist
An accredited specialist in occupational medicine is a doctor whose specialty is recorded as occupational medicine in the General Medical Council's list of registered medical practitioners. He/she is a doctor who has completed specialist training in occupational medicine approved by the Postgraduate Medical Education and Training Board (PMETB) or its predecessor the Specialist Training Authority (STA) or an appropriate competent authority in other Member States of the European Economic Area. Others will have been found eligible by the PMETB or the STA following an assessment of the specialist training undertaken and/or the specialist qualifications awarded elsewhere.

Audit
The evaluation of an organisation's systems, processes or product that investigates whether defined standards and minimum requirements are satisfied.

Clinical audit
Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery (National Institute for Health and Clinical Excellence).

Clinical governance
Clinical governance provides a quality framework through which healthcare organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish.

Clinical practice guidelines
Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate healthcare for specific clinical circumstances. They aim to provide evidence-based interventions to improve patient outcomes.

Clinical supervision
Clinical supervision is a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence. Clinical Supervision is central to the process of learning and to the scope of the expansion of practice and should be seen as a means of encouraging self-assessment analytical and reflective skills.

Clinician
A clinician is a professionally qualified person providing clinical care to patients.

Competent
Competent means that the individual can perform the task with ability.

Contract reviews
Contract reviews are periodic evaluations performed by the service provider and the customer to ensure that the agreement specifies all of the customer's requirements and that all of those requirements are being satisfied.

Customer focus
Customer focus is one of the keys to business success. It is an organisational attitude and behaviour of satisfying the needs of customers. Achieving customer focus involves ensuring that the whole organization puts customers first.

Customer satisfaction surveys
Customer satisfaction surveys measure the degree to which customer expectations of a service are met or exceeded. Customer feedback is relatively easy to measure in practice and can be a valuable tool for quality improvement.

Data
Data refers to all records and correspondence.

Diversity
Diversity is the acknowledgement and respect of differences within and between groups of people. This can be along the dimensions of race and ethnicity, gender, sexual orientation, age, religion or beliefs and disability.

Equality
This means recognising that while people are different and need to be treated as individuals, everyone is the same in terms of having equal value, equal rights as human beings and a need to be treated with dignity and respect.

Fit to practise
The health professional possesses the appropriate knowledge, skills and experience to practise safely and effectively.

Health care professional
A healthcare professional is associated with either a specialty or a discipline and belongs to one of the following groups: medical and dental staff, nurses, midwives and health visitors, allied health professionals, e.g. clinical psychologists, dieticians, physiotherapists, ambulance staff/paramedics, other professionals who have direct patient contact, e.g. pharmacists, medical photographers, medical records staff.

Health care
Health care refers to services provided for or in connection with the prevention, diagnosis or treatment of illness, and the promotion and protection of public health.

Minimum requirement
A minimum requirement is a characteristic that services must have and which affect the ability to satisfy legal or professional obligations or a customer's need.

Occupational health technician
Occupational health technicians provide technical components of a clinical service and perform designated health measurements. Occupational health technicians are required to have professional supervision and to work under the guidance of established protocols and procedures.

Glossary (continued)

Peer review
Peer review is a structured, consistent and objective evaluation of an organisation or its services or processes reflecting accepted standards. It should be performed by true peers i.e. similar professionals.

Quality
Quality is used in this document to denote a degree of excellence.

Quality assurance
Quality assurance refers to the planned and systematic activities in a quality system that give confidence or make certain that quality requirements for a product or service will be fulfilled.

Research
Research is the gathering of data, information and facts and aims to derive generalisable new knowledge.

Scope of practice
Scope of practice refers to the areas of a health professional's occupation where they have the knowledge, skills and experience to practise safely and effectively.

Service level agreement or customer service agreement
A service level agreement or customer service agreement is a document which specifies the services that will be delivered and the way in which they will be delivered to ensure uniform understanding.

Staff
The entire group of people who work at an organisation including those who are:
- employed / agency / bank / voluntary
- clinical e.g. nurses, doctors and occupational health technicians
- non-clinical e.g. administrative staff.

Workers
Service users of an occupational health service.

Acknowledgements

Many individuals contributed to the development of these standards, especially:

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Paul Nicholson OBE (Chair), Faculty of Occupational Medicine
Michelle Aldous, Constructing Better Health
Cynthia Atwell OBE, Royal College of Nursing Society of Occupational Health Nursing
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Geoff Davies, Commercial Occupational Health Providers Association Ltd
Eva D'Souza, Health & Safety Executive
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Sharon Horan, Horan Health Associates
Judith Howard-Rees, Gipping Occupational Health Ltd
Anne Jewell, University Hospital Birmingham NHS Trust
Graham Johnson, BUPA Wellness / Royal College of Nursing Society of Occupational Health Nursing
Sayeed Khan, EEF, The manufacturers' organisation
Helen Kirk, Royal College of Nursing Occupational Health Forum
Ian Lawson, Confederation of British Industry
Jenny Leeser, BUPA Wellness
Paul Litchfield OBE, BT Group plc
Ewan MacDonald OBE, University of Glasgow
Ira Madan, Department of Health / NHS Plus
Grace Mehanna, Business in the Community
Susan Murray, Unite the Union
Kevin O'Connor, Northern Health and Social Care Trust
Hamish Paterson, Association of National Health Service Occupational Physicians
Simon Pickvance, Sheffield Occupational Health Advisory Service
Richard Preece, Society of Occupational Medicine
Chris Pugh, Duradiamond Healthcare
Anne Raynal, Health & Safety Executive
Joy Reymond, UK Rehabilitation Council
Doug Russell, Union of Shop, Distributive and Allied Workers
Dil Sen, Health & Safety Executive
Simon Sheard, Capita
Delia Skan, DETINI
Mark Simpson, AXA ICAS Wellbeing
Jeremy Smith, Association of Occupational Health Nurse Practitioners (UK)
Jacques Tamin, Faculty of Occupational Medicine
Rob Thornton, Faculty of Occupational Medicine
Hilary Todd, Society of Occupational Medicine
Kate Venables, Higher Education Occupational Practitioners
Caroline Whittaker, University of Glamorgan
Ben Wilmott, Chartered Institute of Personnel Development
Nigel Wilson, University of Liverpool
David Wright, ATOS Healthcare

Acknowledgements (continued)

Pilot Test Occupational Health Services

Army Primary Healthcare Service
Ashling Occupational Health Ltd
ATOS Healthcare
Belfast Health and Social Care Trust
BUPA Wellness
Cardiff & the Vale NHS Trust
Corporate Health Ltd
Corporate Medicare
Health Management
OHSAS
Pfizer
Premier Occupational Healthcare Limited
PTH
RWE npower
Serco Occupational Health
Ann Sutton
York Hospitals NHS Trust

Consultation Responses

Peter Baxter, Addenbrookes NHS Trust
Linda Bell, Business Medical Ltd
Mary Boughton, Federation of Small Businesses
Sherwood Burge, Heart of England NHS Trust
Isabel Burrows, Acorn Occupational Health
Jo Cartwright, Sound Advice Safety & Health Limited
Janice Craggs, Newcastle University
Marianne Dyer, Duradiamond Healthcare Limited
Nicki Finan, Health Initiatives
Liz Griffiths, Association of Occupational Health Nurse Educators
Clare Haddow, CHOHS Ltd
Lynn Holland, Tempus Software
Carla How, Scotia Chirporactic Ltd
Judith Howard-Rees, Gipping Occupational Health Ltd
Ira Madan, Parliamentary Occupational Health Service
David Maslen-Jones, Southend University Hospital NHS Foundation Trust
Mandy Murphy, London Confederation of Occupational Health Practitioners
Jon Poole, Dudley & Walsall NHS Trust
Pauline Proud, Company Health Ltd
Paul Roberts, Enlighten Ltd
Hugh Robertson, TUC
Gordon Shepherd, Ark Occupational Health
Maria van der Pas, Occupational Health Nurse Providers to the Police Service
Crishni Waring, Serco Occupational Health
Simon Wheeler, Warwick IC Systems Ltd
Barbara Whitby-Smith, Avon Partnership Occupational Health Service
Christopher Woon, South West Network of Occupational Health Managers
Liz Wright, Abermed Ltd

These standards were developed in partnership by representatives of the following organisations:

Supported by the Department of Health

Occupational Health Service Standards for Accreditation

Citation details:
Occupational Health Service Standards for Accreditation. London. Faculty of Occupational Medicine. 2010.

ISBN 978-1-86016-374-6 £20

On publication this document will be available at: www.facoccmed.ac.uk

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Charity Commission No 1035415. Scottish Charity No SC040060

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