



Medical Advisory Service

Occupational and Environmental Medicine, Public Health, and Toxicology Consultants

Effective Referrals from Managers

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Referrals to the occupational medicine service or consulting physician are often vague and the reasons for referral are often unclear. Whether it is an internal referral from an operating unit in a company to their HSE department's occupational medicine service or an external referral to an occupational physician on contract or in the community, managers can get more out of the referral with a little preparation.

Insurance companies learned this a long time ago and referrals for independent medical evaluations are usually very specific and accompanied by the information the physician actually needs. On the other hand, internal referrals or referrals to an outside consulting occupational physician are less well organized and frequently the physician has to ask the worker "Why are you here?" That is not ideal, for anyone concerned.

The occupational medicine service or the occupational physician needs help to answer the questions that matter and to use time effectively – the time available for the encounter and the time the employee spends away from the job.

Three elements are key to a satisfactory referral: professionalism, information, and communication.

- **Professionalism.** The manager must understand that the physician will respect confidentiality and abide by ethical standards. The manager is not entitled to information on the diagnosis of a condition or to the medical record of the worker. (See the ICOH Code of Ethics.)
- **Information.** The manager cannot expect the physician to work in a vacuum and provide a useful consultation. The physician needs to know why the worker has been referred (an absence problem, suspected occupational disease, fitness for duty?), what occupational hazards there are on the job, and the specific job duties. The request needs to be accompanied by as much documentation as the situation requires.
- **Communication.** Without violating confidentiality, the supervisor or manager and the physician need to be free to discuss fitness for duty (is the employee fit, unfit, or fit with certain accommodation?), what accommodation might be possible, when an employee is likely to be able to return to work, and what hazards might be present in the workplace.

Communication should be both ways. The client has to articulate what is needed and the occupational physician or other health profession has to provide an informative and useful consultation.

It is more important for managers simply to tell us what they need instead of specifying a particular service by name. However, managers must be encouraged to provide Occupational Health with the information we need. The best way to do this is with a single-window of contact and a form, which if at all possible should be on-line.



Table: Referring a Case for Occupational Medicine Consultation: Checklist of Information Needed

Provide at least the following information for cases referred to Occupational Health for medical evaluation:

- Reason for the referral
- Question to be answered (as specific as possible)
- Job description, with clear statement of unusual hazards or requirements
- Known or suspected hazards on the job.
- Duration of employment, both with the current employer and in the current job assignment
- Performance issues (if relevant)
- Pre-existing disability, if any, and job accommodation (adaptations made to help a person with a disability to stay on the job)
- Expectations for this employee
- Whether this is a general problem (i.e. affecting several employees) or specific to this one employee
- Who to contact for further information