Competency recommendations for doctors performing medical assessments in the railway industry

Introduction

Legislation

The Railways and Other Guided Transport Systems Regulations 2006
http://www.opsi.gov.uk/si/si2006/20060599.htm

Regulation 23 defines an “assessor” as: Any person who is competent to make an impartial and objective assessment of another person’s competence or fitness to carry out safety critical work.

In the context of medical fitness, guidance published by the Office of Rail Regulation states that the railway undertaking has responsibility to use the services of a competent doctor.


Appendix 1 paragraphs 12 and 13 state:

“This doctor is to be responsible for assessing medical fitness. The “responsible doctor” must be a registered medical practitioner and be competent to undertake this role. This doctor will normally need to be a Member of the Faculty of Occupational Medicine, or have an equivalent overseas qualification. The doctor should have sufficient experience of work on the railways to enable sound judgements to be made, especially for safety critical work.

The doctors specific responsibilities should include the following:

a) to professionally manage the medical assessment system to ensure assessments are carried out competently and at the correct level;

b) to be responsible for all decisions of medical fitness/unfitness made as a consequence of fitness assessments;

c) to ensure that suitable notification of medical fitness/unfitness is supplied to management at all times; and

d) to ensure that confidential medical records are maintained”

Paragraph 16 states:

“The medical assessment to the appropriate medical standard(s) should be carried out by, or under the supervision of, the responsible doctor. This doctor may delegate all, or part, of the medical assessment to others who they supervise, but the doctor retains the overall responsibility for the process and the result.”

ORR guidance
Recommendation

ARIOPS recommends that railway medical practitioners are classified into two groups:-
- “Responsible Doctors” are those who take overall responsibility for such assessments.
- “Medical Assessors” are those who perform assessments under the delegated authority of a Responsible Doctor

The following are recommended as minimum competency requirements for these two groups.

The requirements affirm the established duty of any doctor practising occupational medicine to gain an understanding of the work and work environment of the individuals and organisations for which they provide advice. Guidance from the Faculty of Occupational Medicine should be followed (“Good Medical Practice for Occupational Physicians”; FOM; 2001)

Responsible doctors and medical assessors should be able to produce evidence of development of knowledge and experience in all the areas described below as part of a rolling 5 year programme of continuing professional development.

ARIOPS will not audit or certify compliance with these recommendations. However, ARIOPS recognises that the recommendations may be referred to by rail duty holders or regulators when assessing the competency of railway medical advisors.

Competency recommendations for Responsible Doctors

STATUS
Accredited specialist in occupational medicine, on the specialist register of the GMC, or a specialist registrar in an approved training post whose supervisor is also a railway responsible doctor. Non-specialists who are not in training but who hold AFOM or comparable qualification, may be considered responsible doctors on the basis of equivalent knowledge and experience in the railway industry that can be verified by a responsible doctor having specialist status.

KNOWLEDGE

Regulatory structure of the Railway industry
- Department of Transport
- Office of the Rail Regulator
- Rail Accident Investigation Branch
- Rail Safety & Standards Board (RSSB)
- The railway group: Network Rail, Train operators, Freight companies, Track renewals and ancillary companies.
- Where relevant, knowledge of comparable EU organisations
Requirements for the management of fitness for work on the railways

- Regulations:
  - The Railways and Other Guided Transport Systems (Safety) Regulations 2006
- Railway Group standards:
  - GO/RT 3251 (Train driving)
- Fitness standards owned by the rail duty holder
- RSSB good practice guidance
- Professional guidance notes:
  - DVLA At-a-glance guide
  - ARIOPS/RMAG guidance on specific issues
  - Occupational Health Provider's own guidance

Drugs & Alcohol in relation to Railway Work

- Transport & Works Act offences
- RSSB guidance on Drugs & Alcohol
- Drugs & Alcohol policy of the duty holder
- Role of the Medical Review Officer
EXPERIENCE

Medical
- 2 years full-time equivalent in occupational medicine
- 1 year full-time equivalent as a medical assessor (including approved training)
- Complete Medical Review Officer training if their role includes MRO duties.

Railway operations
- Complete PTS classroom training
- Visit a track maintenance depot
- Observe the passage of trains at close quarters from a place of safety
- Visit a train-care depot or freight yard; climb into a train from track level; observe shunting procedures.
- Walk through large station and observe train despatch procedure
- Footplate experience of mainline working
- Observe signallers at work

SKILLS

There are no clinical skills specific to occupational medicine in a railway environment

UNDERSTANDING OF

- Interfaces with other parts of the railway system managed by the duty holder and how a lack of medical fitness may undermine these management systems
- How knowledge and experience may be applied in the assessment of risk of significant impairment in ability to perform railway work tasks posed by general health conditions.
- How knowledge and experience may be applied to advise railway employers on possible safe systems of work where a significant risk has been determined
Competency requirements for Medical Assessors

STATUS
Full registration as a medical practitioner. Diploma in occupational health (minimum), unless in an approved training post and working towards MFOM

KNOWLEDGE

- **Railway Group standards**
  - GO/RT 3251 (Train driving)
- **RSSB good practice guidance**
- **Professional guidance notes**
  - DVLA “At-a-glance” guide
  - ARIOPS/RMAG guidance on specific issues
  - Occupational Health Provider’s own guidance
- **Fitness standards owned by the duty holder**
- **Drugs & Alcohol in relation to Railway Work**
  - Transport & Works Act offences
  - RSSB guidance on Drugs & Alcohol
  - Drugs & Alcohol policy of the customer

EXPERIENCE

Medical
- 1 year full-time equivalent experience after gaining full registration
- A period, the length at the discretion of the responsible doctor, of practice of occupational medicine in a transport industry
- A period, the length at the discretion of the responsible doctor, of practice in the railway industry, supervised directly by the responsible doctor
- Complete Medical Review Officer training if their role includes MRO duties.

Railway operations
- Complete PTS classroom training
- Visit a track maintenance depot
- Observe the passage of trains at close quarters from a place of safety
- Visit a train-care depot or freight yard; climb into a train from track level; observe shunting procedures.
- Walk through large station and observe train despatch procedure
- Footplate experience of mainline working
- Observe signallers at work

SKILLS
There are no clinical skills specific to occupational medicine in a railway environment

UNDERSTANDING
In the opinion of the responsible doctor, a level of understanding appropriate to the delegated authority and ease of access to advice from the responsible doctor