

OCCUPATIONAL LUNG DISEASE

KEY WORDS FOR WORKING IN OCCUPATIONAL LUNG DISEASE CARE

workplace health, networked, employment impact, diagnostic pathways, exposure-response, problem-solving, legal framework

BACKGROUND

Working in Occupational Lung Diseases (OLD) is different from that in other subspecialties where the focus is intensely personal; you and your patient. In OLD you cannot help but get involved in wider concerns about industry, disease prevention, safety, employment and the like. Occupational issues are constantly surprising (there are always new ways in which work can make people ill) but tend also to be fixable.

The UK has a long and proud history in occupational lung disease. It's a great specialty for people who are interested in what goes on outside hospitals and for those who like to identify and solve new problems.

HOW IS CARE STRUCTURED AND FUNDED?

Care is multidisciplinary in larger centres, and includes doctors with a special interest in occupational lung disease, clinical nurse specialists, and physiologists. Care is structured around published standards of care provided by national ([British Thoracic Society](#)) and other guidelines but varies from centre to centre due to local Trust arrangements and differing needs of the local workforce. The workload is predominantly outpatient-based with inpatient diagnostic tests being offered only in a handful of highly specialist centres. Clinicians therefore retain other clinical, research or managerial duties when working full time.

The services are funded through a standard NHS tariff; although an application for specialist commissioning was agreed by the respiratory clinical working group this process paused some time ago. Occupational lung disease clinics are joined in an informal but very supportive network, GORDS ([Group of Occupational Respiratory Disease Specialists](#)), which meets three times a year at different venues across the UK.

WHERE ARE THE OCCUPATIONAL LUNG DISEASE SPECIALIST CENTRES?

There are specialist centres in Birmingham, Belfast, Edinburgh, Liverpool, London, Manchester, Newcastle, Nottingham, and Sheffield. Contact details can be found at:

<http://www.hsl.gov.uk/centreforworkplacehealth/gords/contact-information>

THE IMPORTANCE OF RESEARCH IN OCCUPATIONAL LUNG DISEASE

The study of OLD requires engagement between clinicians, epidemiologists, immunologists and, increasingly, basic scientists; the introduction and practical use of state-of-the-art 'omic techniques is especially exciting. Workplace disease often occurs in outbreaks requiring a public health approach to their investigation and the identification of a cause and remedial action. More clinically, new occupational agents – often asthmagens - are discovered each year and keeping employers, regulators and the medical profession up to date is a key aspect of published research in the field.

Linking these strands requires collating a network of specialist interests to produce a coherent message, which often results in statutory guidance or good practice recommendations via the [UK Health and Safety Executive](#).

Occupational lung disease specialists are involved in any or all of these aspects of research and publication and are members of a number of major UK based, European and International research networks.

WHAT DOES THE DAY TO DAY ROLE INVOLVE?

The workload of an occupational lung disease service is almost exclusively outpatient-based. Some centres run dedicated specialty clinics whilst others see patients within more general respiratory outpatient activity. Inpatient work is focused around elective admissions for specific inhalation challenges, the “gold standard” diagnostic investigation for occupational asthma; or around more standard investigative techniques such as lung lavage and biopsy. Regular MDTs are held either within centres or across linked services, to ensure that cases are discussed and managed appropriately.

Most OLD clinicians also spend time liaising with occupational health providers and/or employers and make visits to workplace environments which can be critical in understanding occupational exposures in the assessment of putative cases of occupational disease.

Some clinicians are involved also in medico-legal work relating to personal injury claims by patients against their employers.

WHAT SKILLS DO I NEED?

A solid **grounding** in most types of respiratory disease; and an **enthusiasm** for continual learning – many cases involve novel exposures and very specific occupational tasks and environments and curiosity is key.

Empathy; putting yourself into the patient’s position and being able to understand and advise on their decision making, which is critical not only to their health but also to their future employment.

Diplomacy; in dealing with a collection of “stakeholders” – your patient, other healthcare professionals in primary, secondary and occupational health care, employers, other employees, regulators etc.

A desire to **educate** others in a niche specialty to raise the profile of common presentations and key diagnostic approaches in the more general environment of a GP surgery, general respiratory clinic or admitting “take” and occupational health services. One in six cases of new adult asthma, for example, is said to be the result of an exposure in the workplace.

HOW DO I BECOME AN OCCUPATIONAL LUNG DISEASE PHYSICIAN?

Whilst all trainees are advised to observe a specialist outpatient clinic and attend a course prior to completion of specialist training, individuals with a special interest in OLD tend to spend a minimum of one year working in a unit; most take three to four years out of programme and gain a higher degree or other specific qualification, such as [a diploma in occupational medicine](#) whilst gaining clinical expertise. Opportunities for post-CCT fellowships are intermittent and best discussed on an individual basis with a specific centre.

Constant variety of causes and cases requiring a forensic and curious approach means that no two clinics are the same; OLD physicians pursue continual learning within a friendly and engaged collaborative network. The ability to help patients with career and life-changing decisions about their future health at work is incredibly rewarding.

INSPIRED? HOW DO I FIND OUT MORE?

The world of OLD in the UK is very supportive and in recent years has welcomed an unprecedented number of very high quality recruits. All centres are happy to be contacted for advice on how to get experience in order to understand more about the subspecialty.

Contact details are available at <http://www.hsl.gov.uk/centreforworkplacehealth/gords/contact-information>; alternatively any members of the [BTS Occupational and Environmental Lung Disease SAG](#) can help (all or most are members of GORDS).

Two centres currently have dedicated websites with a wealth of helpful information and contact details:

- London: www.lungsatwork.org.uk
- Birmingham: www.occupationalasthma.com