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Federal Employers' Liability Act (FELA):

Competencies in Occupational Environmental Medicine in the FELA Arena of Railroads

An Excerpt from the FELA Case Study, Prepared by Kevin Trangle & Associates

Competencies in Occupational Environmental Medicine in the FELA Arena Of Railroads

Accreditation Council for Graduate Medical Education (ACGME) is an independent not-for-profit physician-led organization that sets and monitors professional educational standards essential in preparing physician to deliver safe, high-quality medical care to all Americans. It is the only certifying agency. It is based in Chicago. It is comprised of almost 250 people overseeing this process. The accreditation process by ACGME uses specific specialty committees to determine for each of the subspecialties in medicine what uniform set of standards is in order to become accredited.

It sets out the requirements, best practices, scope of training and scope of involvement for each specialty. It is based upon these 28 specific review committees that the standards for who does what in medicine in America is set. The following discussion is based upon the ACGME approach toward relegating and delegating specific responsibilities to specific professions. The focus will occur on the occupational medicine subspecialty and its role in medicine and performing activities within the workplace and within the scope of practicing medicine in general in this country (www.acgme.org/about).

Stemming from this oversight committee, the American College of Occupational and Environmental Medicine (ACOEM) issued a guidance statement specifically based upon the core competencies as defined by the ACGME (JOEM; Volume 56 (5).

Occupational and Environmental Medicine focuses on interactions between work and health and physicians in the workplace. It includes managing employee absences, work capacity, return-to-work issues, disability, and assessing fitness for work, advising appropriate work restrictions and implementing employment wellness programs in the context of preventive medicine.

Occupational and Environmental Medicine (OEM) physicians typically and by design interact with a wide range of other professionals and provide guidance as to necessary treatment, procedures, and fitness for duty and return-to-work issues. Board certification in this discipline entails understanding and mastering of core competencies as indicated above.

The core competencies are defined in depth and include the following:

1. *Clinical OEM;*
2. *OEM-related law and regulations;*
3. *Environmental health;*
4. *Toxicology;*
5. *Return-to-work;*
6. *Work fitness disability and disability management;*
7. *Hazard recognition, evaluation and control;*
8. *Health and productivity;*
9. *Public health, surveillance and disease prevention;*
10. *Disaster management.*

Under the clinical aspects of what is necessary as core competency is clearly defined that it is the purview of the occupational doctor to look at the history, signs, symptoms, physical findings, laboratory, imaging and other data in order to determine a treatment plan. This is necessary both in terms of work-related injuries in workers' compensation cases but also in non-work-related injuries where fitness for duty is an issue and almost always is in the work setting.

Therefore, OEM doctors are often asked to identify, evaluate and opine upon treatment modalities, types of treatments and efficacy of treatments. This is defined in evidence-based ACOEM position statements and in the ACOEM Guidelines to Clinical Practice.

Requirements for clinical specialties are outlined ranging from cardiology and dermatology to orthopedics and many others. Specifically, in the musculoskeletal region, an occupational doctor is noted to be able to clearly understand the anatomy, physiology and pathology of the musculoskeletal systems as well as appropriate treatment, management and duration of such interventions based upon clinical evidence.

These include spinal disorders including low back disorders as well as cumulative trauma and degenerative disease disorders. It is clearly defined by the ACOEM organization as well as by the American College of Medical Education that this is in the purview of the occupational doctor and is commonly used in both assessing work-related treatment programs and plans as well as fitness for duty and the appropriate placement ergonomically of individuals with medical issues including orthopedic and spinal issues.

A subset of the physicians who are part of the ACOEM include the Occupational Health Centers medical center group. This is comprised of almost 100 of the largest medical centers and medical directors that do these types of evaluations and provide care for the workforce. It is in the purview of the occupational medical director to do periodic medical evaluations, episodic medical evaluations with job transfers or following an injury or surgical or other medical treatment. It is incumbent upon the occupational medical director and specialist to be able to evaluate job fitness. This includes understanding musculoskeletal injuries, the pathophysiology of the problem, the clinical setting of the problem, extent of impairment, surgical intervention and what that portends in terms of future care, treatment and work capability.

Dr. Trangle stated "This is what I did as Medical Director the Hospital." It is part of the management and expectation of the occupational doctor to understand the peer-reviewed literature on these types of medical problems, interventions, and surgical procedures.

Although a specialty surgeon is clearly skilled in the techniques of providing surgery, doing the actual operation and the approach, there is no specific indication that only the person doing the technical task is capable of assessing the future of the epidemiological course of events of any particular individual. Peer-reviewed literature with published studies of specific kinds of operations, return-to-work and fitness for duty issues clearly falls in with the category of occupational medicine. There are other subspecialties that also review the literature and that have practitioners that are clearly competent to provide opinions such as orthopedic surgeons, physiatrists, neurologists and others. One does not have to be a surgeon trained in a specific technique to offer opinions as to prognosis, return-to-work issues and future fitness for duty.

The American Medical Associates (AMA) has similarly published the role of the OEM doctor based upon understanding of the individual responsibilities in the medical field.

The occupational environmental specialist deals with absenteeism and productivity, return-to-work, fitness for duty and understanding accommodations and future course of various treatments, illness and medical interventions. Even the American Academy of Family Physicians has corroborated based on the ACGME, the American Academy of Family Practice and the ACOEM what is needed for a practitioner in order to be at least knowledgeable somewhat in what occupational medicine entails. Clearly, the above factors play a critical role.

Lastly, the role of the physician's return-to-work process following disability is noted in the reference document, once again further refined, identifies and reinforces the role of the occupational physician in understanding return-to-work practices. Without belaboring the point, return to work involves understanding the issue for which the individual went out of work and, in this case, understanding spinal pathology, spinal clinical findings and spinal surgical interventions and the future statistical evidence-based outcomes.

In addition, understanding economics and job activities in the workplace is paramount. **The occupational physician is the one who is best determined to play that role in return-to-work policy.** In many cases, the occupational and environmental medicine physician needs to look up a specific medical disease, illness, treatment or surgical procedure in order to determine the peer-reviewed evidence of future expected interventions. Further, understanding ergonomics of the actual the job itself and visualizing the job and seeing the job, either in person or by film, is part of the comprehensive responsibility of occupational and environmental medicine.

In short, the occupational and environmental physician plays an integral role in the recovery of workers' injury or illness, understanding the future expected course of events, costs and medical interventions as well as the integration of this individual on an ergonomic basis into the workplace wherever possible based upon capabilities.