General practitioners' knowledge of notifiable, reportable, and prescribed diseases

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See editorial

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For most patients with an occupationally related illness or injury the family doctor is often the first port of call. With recent estimates suggesting that over 90% of registered patients consult their general practitioners over five years,¹ family doctors can play a key part in diagnosing and treating ill health that may be linked with work, in preventing further cases by notifying the right people (reportable diseases),² and in enabling the patient to claim benefit under the Industrial Injuries Scheme (prescribed diseases).³

Subjects, methods, and results

The Health and Safety Executive recently investigated general practitioners' awareness of health and safety legislation and its relevance to their practices. A survey was carried out by means of a telephone questionnaire on 24 randomly selected practices in each of the 20 areas covered by the Health and Safety Executive in Great Britain. These were prearranged, when possible, with the senior partner at each of the practices. Interviewers were employment medical or nursing advisers from each of the area offices. Respondents were senior partners at the practices, or, if this was not possible on the day, practice managers. Included in the survey were three questions designed to compare knowledge of notifiable, prescribed, and reportable diseases. The interviewer asked respondents whether they knew what was meant by a notifiable disease. Respondents who answered yes and gave an appropriate definition were then asked to give two examples. The same process was repeated for prescribed and reportable diseases. A total of 466 questionnaires were completed and included in the subsequent analysis. This represents a response rate of 97%. In all, 323 of the survey respondents were general practitioners, approximately 1% of all general practitioners in Great Britain.

The table shows the proportion of partners who properly defined each disease category as well as the proportion correctly identifying two diseases (or injuries in the reportable category). Only a third of all partners included in the survey could correctly define a prescribed disease. Of these, approximately a fifth

failed to give two relevant examples. Knowledge of reportable diseases and injuries was lower still: only a quarter of partners knew the definition, with less than half of them giving two relevant examples. Almost all partners in the survey correctly defined a notifiable disease, although only two thirds could give two relevant examples.

Knowledge of notifiable, prescribed, and reportable diseases and injuries among 321 general practitioners. Values are numbers (percentages (95% confidence intervals))*

Disease category	Partners knowing definition	Partners correctly identifying two diseases/injuries
Notifiable diseases	318 (99 (98.0 to 99.9))	209 (65 (60.0 to 70.4))
Prescribed diseases	103 (32 (27.0 to 37.2))	81 (25 (20.3 to 29.8))
Reportable diseases/injuries	78 (24 (19.9 to 29.3))	32 (10 (6.6 to 13.1))

*In two completed questionnaires answers to the three questions of interest were invalid.

Comment

While showing that general practitioners knowledge of notifiable diseases is far from complete (already shown by Voss⁴), these results also highlight the lack of knowledge about diseases that are linked to patients' occupations. Although the identification results are somewhat difficult to interpret, general practitioners' knowledge of the relevant definitions can be seen to be poor. Indeed, such a low degree of knowledge makes any subsequent analysis almost redundant. Improving medical practitioners' awareness of prescribed and reportable diseases and injuries (by increasing doctors' training in recognising work as a cause of illness) would not only help improve the quality of life of people with occupational diseases (through disablement benefit) but also improve the quality of information on the incidence and prevalence of occupational disease as a whole.⁵

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1 Office of Health Economics. *Compendium of health statistics*. 8th ed. London: OHE, 1992.

2 Health and Safety Executive. *A guide to the reporting of injuries, diseases and dangerous occurrences regulations 1985; HS(R)23*. London: HMSO, 1986.

3 Benefit Agency. *If you think you have an industrial disease*. London: Benefit Agency, 1991. (Leaflet N12.)

4 Voss S. How much do doctors know about the notification of infectious diseases? *BMJ* 1992;304:78.

5 Boillat MA, Noel B. The need for more reliable information on the incidence and prevalence of occupationally related problems. *Occup Med* 1994;44: 123-4.

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Industrial injury benefit for occupational asthma in north east of England

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Occupational asthma is the commonest occupational lung disease in the United Kingdom, with an estimated 1000 cases identified annually.¹ Industrial injury benefit has been available since 1981 for asthma caused by several defined agents, and since October 1991 benefit has been available whatever the cause, provided that the diagnosis of occupational asthma has been established to the satisfaction of an adjudicating officer of the benefits agency.² We reviewed the data on all

claimants presenting to the Newcastle office of the Benefits Agency Medical Service over a one year period after the October 1991 revision of the regulations. We paid particular attention to the interaction of this service with the other medical services in the region.

Patients, methods, and results

Overall, 205 subjects (180 men) claimed benefit for occupational asthma over the study years. Their median age was 54 years (age range 17-76), 88 subjects being over the age of 60. Only 25 had been advised to apply by a medical practitioner, the others having decided to apply themselves or on the suggestion of a workmate or union representative.

Most subjects had evidence of airflow obstruction, 121 having a forced expiratory volume in one second of less than 80% of predicted values and 100 a ratio of