Notification of occupational diseases to the Department of Labour is a requirement of the Occupational Health and Safety Act of 1993 (OHSA), and the Compensation for Occupational Injuries and Diseases Act of 1993 (COIDA). Lung diseases in miners have to be notified to the Medical Bureau for Occupational Diseases in terms of the Occupational Diseases in Mines and Works Act of 1993, while the Health Act of 1977 requires that lead and pesticide poisoning be notified to the Department of Health (Fig. 1).

**Background.** Notification of occupational diseases to the Department of Labour (and in limited situations to other agencies) is an important aspect of surveillance and planning for interventions as well as compensation. A survey of general practitioners (GPs) was conducted to assess their knowledge and practice with regard to reporting of occupational diseases.

**Design.** Descriptive telephonic survey.

**Setting.** Independent general practices in the Western Cape.

**Participants.** One hundred and forty GPs were randomly selected from a provincial sampling frame of 1 000 GPs.

**Main outcome measures.** Knowledge of notification procedures for occupational diseases, and problems encountered with the reporting system.

**Results.** Of a total of 109 GPs interviewed, 75% had diagnosed more than one case of occupational disease in the last 6 months. Twenty-four per cent of the total (95% confidence interval [CI] 16 - 32%) indicated that they were aware of the notification requirements, and 5% (95% CI 0.8 - 9%) knew the appropriate legislation. Only one GP notified the appropriate authority once the diagnosis was made. Factors influencing their reporting practice included lack of guidelines for diagnosis of common work-related conditions, lack of information regarding referral channels, problems with communicating with the patient and employer, and poor knowledge of the reporting process itself. Lack of motivation as a result of poor feedback on cases reported and the labour-intensive administration required, were also cited as factors.

**Conclusion.** Although the majority of GPs diagnose occupational diseases, knowledge and practice regarding notification are poor. Recommendations to overcome obstacles to notification include a simplified, uniform notification system, adequate training and support of GPs, and timely feedback to GPs.
force and the authorities, we conducted a telephonic survey among GPs in the Western Cape. The focus was on diseases notifiable to the Department of Labour under the OHSA and COIDA.

METHOD
A descriptive survey was carried out using the South African Medical Association (SAMA) database of GPs in the Western Cape (including members and non-members). A systematic random sample of 140 GPs was selected, of whom 125 met the criteria for selection, viz. GPs in independent practice. Of this number, 109 could be traced telephonically. A letter was faxed to all selected GPs briefing them about the study. The GPs were subsequently telephoned and an interview time was arranged. The interviews were conducted by a senior research student.

Respondents were asked via a structured questionnaire whether they diagnosed occupational disease; the frequency of such diagnosis, with examples; and problems encountered in the diagnosis of occupational disease. They were also questioned on the notification requirements and the relevant legislation. Only those GPs who were aware of this process entered the next phase of the interview. They were asked to comment on past experiences and problems encountered in notifying occupational diseases. The data were analysed as simple proportions.

RESULTS
The response rate was 87.2%. The 109 responding GPs qualified between the years 1948 and 1995, and were drawn from all the health regions in the province. Of this total of 109 GPs, 87 (80.7%, 95% confidence interval (CI) 74 - 89%) had previously diagnosed an occupational disease and were questioned further. Of these 87, 59.8% had seen fewer than 5 such cases in the last 6 months, and 34.5% had seen more than 6 cases. Only 5.7% had not seen any patients with occupational disease in the last 6 months.

Occupational respiratory and dermatological disease together comprised more than 75% of cases diagnosed. With regard to diseases of the lung and pleura, occupational asthma accounted for 34% of cases and asbestosis for 24%. Most of the dermatological cases were contact dermatitis. Just over 50% of cases diagnosed in the musculoskeletal category were back ailments. In the eye, ear, nose and throat category, 53% were eye problems, 25% upper respiratory tract conditions (e.g. rhinitis), and 20% hearing-related problems. In the category ‘other’, 50% of cases were reported as ‘allergies’.

Of the group of 87 GPs who had previously diagnosed occupational disease, 60.9% stated that they did not experience problems with diagnosis, 25.3% had problems, and 14% were not sure. Problems mentioned included difficulty in identifying the exposure and in establishing the link between disease and exposure at work, and lack of experience in the field of occupational health.

Fig. 2 describes the GPs’ responses on occupational disease notification. Although 26 (24%) (95% CI 16 - 32%) of respondents stated that they were aware of the notification requirements, only 5 respondents were aware of the legislation governing reporting of occupational diseases, and only 1 respondent knew the appropriate authority for notification.

Of the 26 GPs who were aware of the notification requirements, 18 (17% of the total sample) reported that they had sufficient time to notify the authorities. The remainder cited difficulty in accessing the appropriate forms and contact numbers, and the labour-intensive administrative process as reason for not notifying. Factors reported as influencing the decision to notify included duration of exposure, severity of the disease, ability to establish a definite link to work, and whether the disease was a ‘listed’ condition. Other problems reported in the process of notifying occupational disease included problems in diagnosis and referral and in communicating with the employer, inadequate information regarding the notification procedure, and insufficient feedback from appropriate authorities.

Only one GP knew who to notify, viz. the Chief Inspector in the Department of Labour. The rest of the notifying GPs mentioned notified various other authorities, including local authorities and the Department of Health.

DISCUSSION
A labour force survey conducted in the UK indicated that approximately 7% of visits to the GP are work-related. This is not surprising as 48% of the work-related illnesses seen were musculoskeletal, 10% respiratory and 10% psychological, all common reasons for visiting doctors.

In South Africa in 1991 only 104 claims for occupational
The collaborative project initiated by the National Centre for Occupational Health (NCOH) in 1996, called the Surveillance of Occupational Respiratory Diseases (SORDSA), 2,3 aimed at developing a model surveillance programme for occupational respiratory diseases.

The poor knowledge of practitioners with regard to notification procedures may be partly a consequence of the limited attention paid to the process of reporting notifiable conditions during undergraduate medical training. Additional factors that may play a role in underreporting are the inaccessibility and complexity of the notification forms, lack of motivation owing to poor or absent feedback from the authorities on reported cases, and possibly a lack of monetary compensation.

This study highlights the need for a simplified, user-friendly notification system, which is uniformly acceptable and understandable. A study at King Edward VIII Hospital looking at underreporting of notifiable conditions under the Health Act, alluded to the need for a short, simple and accessible form to improve the reporting rate. 6

In the sphere of occupational health, the following could be done to improve the reporting of occupational diseases: (i) the Departments of Labour and Health should provide support to GPs regarding notification procedures, including feedback on reported cases; (ii) the reporting format needs to be simplified; (iii) the importance of notification for occupational disease control and surveillance should be included in undergraduate training and continuing medical education for doctors; and (iv) GPs should consider notification as part of their holistic management of patients. 2

The authors acknowledge the assistance of the South African Medical Association for access to their database and all the GPs who selflessly made time for the interviews.

References

Accepted 18 June 2000.