

Diabetes and the fire service

Survey Report

Led by Diabetes UK

In collaboration with the Disability Rights Commission
CFOA (Chief Fire Officers' Association)

Fire Brigades Union

Fire Officers' Association

International Register of Firefighters with Diabetes (IRFD)

National Disabled Fire Association (NDFA)

Retained Firefighters Union (RFU)



“ It is recognised throughout the service that our firefighters with diabetes are amongst the fittest and most reliable people in the brigade... I do not believe there is any stigma at all, in this organisation, with regard to diabetes.”

(East Sussex Fire and Rescue Service)

“ Well-controlled diabetes, in the absence of complications, is not seen as a bar to full career opportunities with the fire service. Those with diabetes are encouraged to take responsibility for their diabetes management and offered full support by the service to achieve this effectively.”

(Central Scotland Fire and Rescue Service)

Contents

	Page
Executive summary	
1 Introduction	9
1.1 Background	9
1.2 Aim of the project	9
1.3 Scope of the report	10
1.4 Confidentiality	10
1.5 Views expressed by respondents	10
1.6 Acknowledgements	10
2 About diabetes	11
2.1 What is diabetes?	11
2.2 Type 1 and Type 2 diabetes	11
2.3 Aim of treatment	12
2.4 Who has diabetes?	12
2.5 Diabetes and pregnancy	12
2.6 Implications for firefighters and control staff	12
3 Methodology	13
3.1 Research among firefighters and control staff	13
3.2 Research among fire and rescue services	13
4 Analysis of survey of firefighters and control staff	14
4.1 Level of response	14
4.2 About the respondents	14
4.3 About their experience	17
5 Analysis of survey of fire and rescue services	33
5.1 Level of response	33
5.2 Number of firefighters with diabetes	33
5.3 Positive treatment	33
5.4 Recruitment policy	33
5.5 Retention policy	34
5.6 Special conditions	34
5.7 Restrictions on duties	35
5.8 Individual assessment	36
5.9 Adjustments made by employers	36
5.10 Equal treatment	37
5.11 Disability Discrimination Act extension	37
5.12 Setting a good example	37
5.13 Discrimination	37

	Page
6 Policies on diabetes	38
6.1 Overview	38
6.2 Service policies	38
7 Conclusions and recommendations	39
7.1 Overview	39
7.2 Recruitment	39
7.3 Informing the service	39
7.4 Individual assessment	40
7.5 Duties undertaken	41
7.6 Driving and diabetes	41
7.7 Lack of awareness and understanding of diabetes	42
7.8 Policies on diabetes	42

Appendices

Appendix 1: About the partners	43
Appendix 2: Glossary	51
Appendix 3: List of respondents by fire and rescue service	52
Appendix 4: List of responding fire and rescue services	53

Executive summary

In October 2004 the Disability Discrimination Act (DDA) was extended to cover fire and rescue services. This means that fire and rescue services now have to consider whether and how to make reasonable adjustments to ensure that firefighters and recruits with diabetes can be fully operational, rather than whether or not they can do the job at all.

Diabetes UK, the Disability Rights Commission, the Chief Fire Officers' Association, the International Register of Firefighters with Diabetes, the National Disabled Fire Association, the Fire Brigades Union, the Fire Officers' Association and the Retained Firefighters Union have joined together to assess progress in eliminating discrimination.

People with diabetes are all different and they manage the condition differently. It will not be appropriate for all people with diabetes to do all the activities associated with being a firefighter and, in some cases, exclusions may be necessary. However, in recruitment and retention, this should be decided on a case by case basis with the ability of the individual being the deciding factor.

The surveys of both firefighters and fire services have shown much that is encouraging. Both prior to and since the Disability Discrimination Act (DDA) extension, practice has improved and cases of discrimination appear to be decreasing.

However, there are no grounds for complacency. There is still work to be done to apply, on a wider scale, the good practice demonstrated by many of the fire and rescue services in our survey. We hope this can be done collectively, rather than leaving individuals to fight for their own rights, and thereby achieve changes for all.

Key findings

Recognition that all cases are individual

- There is widespread recognition of the need to treat all cases individually and without any prejudgement.

Inconsistent application of individual assessment

- There is a lack of consistency in how individual assessment is implemented. Some firefighters' duties are restricted without individual assessment and others are allowed to carry out potentially hazardous duties without being assessed properly.

Delays in some processes

- There are problems with some processes, around individual assessments, taking a long time and so leaving firefighters feeling excluded.

Full range of duties undertaken by firefighters with diabetes

- Duties currently undertaken by individuals with diabetes include a full range of activities, highlighting the fact that there are no duties that cannot be undertaken. However, it is important to remember that this will not be the case for all firefighters with diabetes and that restrictions will need to be applied for some individuals.

Widespread confusion and frustration over driving

- There is widespread confusion and frustration on the issue of driving. DVLA guidance is unhelpful in relation to driving under blue light conditions and it is the judgement of the authors of the report that it is good practice to apply individual assessment.

Lack of awareness and understanding about diabetes

- There still appear to be problems with awareness about diabetes and how it can affect a person's ability to do their job. This is the case with some colleagues and occupational health/medical staff. Improvements certainly appear to be being made on this issue but there is still work to be done.

Conclusions

The report offers a reasonably positive picture with many fire and rescue services clearly engaged with getting the most out of firefighters and other staff with diabetes. The recommendations contained in this report offer a way forward to ensure that any failures or inconsistencies that may be occurring can be tackled.

The good practice already in place clearly shows the benefits to both services and individuals allowing firefighters to maximise their potential. The task is now to learn from that good practice and apply it consistently across the UK.

Recommendations

Recruitment

- All services should base recruitment decisions on the ability of the individual to do the job.
- Where an individual applicant has diabetes a case evaluation should be conducted so that services can make reasonable adjustments.

Informing the service

- All those with diabetes should be encouraged to tell their service. Without disclosure, services cannot make reasonable adjustment nor are they under any obligation to do so.
- Services should reassure those with diabetes that if they do disclose their condition, they will receive case evaluation and individual medical assessment if appropriate.

Individual assessment

- All cases must be assessed on an individual basis with firefighters offered a case evaluation based on open discussion.
- A policy procedure should be put in place detailing the steps that need to be taken to make reasonable adjustments.
- Restrictions on duties should only be made following case evaluation and individual medical assessment with full risk assessment.
- Services should ensure that where duties do present a high risk that an individual assessment is made as to the individual's ability to undertake their duty.
- The process should be dealt with as speedily as possible and should not inhibit or delay promotion or specialisation.
- There should be an appeals process for staff to use if they feel that an unfair decision has been made.

Duties undertaken

- All cases must be assessed on an individual basis.
- Restrictions on duties should only be made following case evaluation and individual medical assessment with full risk assessment.

Driving and diabetes

- No blanket ban should be applied for insulin users driving under blue light conditions. All cases should be assessed individually.

Lack of awareness and understanding of diabetes

- The input of relevant diabetes expertise from an individual's doctor in case evaluation and individual medical assessment where appropriate.
- The provision of information to colleagues of a firefighter with diabetes.

Policies on diabetes

- Key stakeholders should work with Diabetes UK and partners to consider how best practice can be more widely adopted in the recruitment and retention of firefighters with diabetes and to enable fire and rescue services to implement appropriate, consistent policies.

1 Introduction

1.1 Background

Diabetes UK has a history of campaigning against discrimination in employment, especially in the emergency services. The organisation played a key role in securing the extension of the Disability Discrimination Act (DDA) in October 2004 to cover the fire, police and prison services. Like all employers, they are now required to ensure that people with diabetes are medically assessed as to their fitness for work and that reasonable adjustments are made to their working conditions in order to accommodate their requirements.

1.2 Aim of the project

In autumn 2005, 12 months after the DDA extension came into force, Diabetes UK joined forces with the Disability Rights Commission (DRC) on a series of surveys to examine how the emergency services are meeting their new obligations. This is the report of the second tranche of that research – a survey of firefighters and control staff, and fire and rescue services. It follows publication in June 2006 of a report of similar research among police officers and police forces.

This project has been led by Diabetes UK with support from the DRC, the Chief Fire Officers' Association (CFOA), the International Register of Firefighters with Diabetes (IRFD), the National Disabled Fire Association (NDFA), the Fire Brigades Union (FBU), the Fire Officers' Association (FOA) and the Retained Firefighters Union (RFU). The aim was to find out how fire and rescue services are responding to the requirements of firefighters and control staff with diabetes and to identify and share best practice across fire and rescue services in the UK.

It was also envisaged that the findings would provide fire and rescue services with valuable information about how well they currently meet their obligations to people with disabilities in general, as well as to firefighters and control staff with diabetes, following the introduction of the Disability Equality Duty (DED)¹.

¹From December 2006 all public authorities, including fire and rescue services, are required to actively promote equality for disabled people and to produce a disability equality scheme which has been developed through the involvement of disabled people. This is known as the Disability Equality Duty (DED). The DED requires all public authorities to have due regard to:

- promote equality of opportunity between disabled people and others
- eliminate discrimination that is unlawful under the DDA
- eliminate harassment of disabled people that is related to their disability
- promote positive attitudes towards disabled people
- encourage participation by disabled people in public life
- take steps to meet the needs of disabled people even if this requires more favourable treatment.

(Source: DRC)

1.3 Scope of the report

The project involved two strands of research: a survey of firefighters and control staff with diabetes to find out about their experience, followed by a survey of fire and rescue services to find out about their policies. This report sets out the results of both surveys, with conclusions and recommendations based on our findings. It is intended that the surveys will be a basis for providing guidance on how to individually assess firefighters and control staff, and recruits, with diabetes in line with the DDA.

1.4 Confidentiality

The information provided by individual firefighters and control staff is confidential. Individuals have not been named but agreement to quote them and cite their position and fire and rescue service has been obtained. However, some respondents did not provide any contact details and we were therefore unable to gain approval for their quotes. We have marked these cases 'anonymous'.

The same approach has been applied to quotes from employers. All quotes have been checked with respondents, and where permission has been granted, fire and rescue services have been named.

1.5 Views expressed by respondents

The views expressed by respondents to this survey are not necessarily those of the partner organisations. Some of the comments made by firefighters in particular are critical of the fire and rescue service. In some cases, those criticisms relate to past experiences and there may have been improvements; in others the experience is more recent. Whatever the situation, past or present, those views are no less valid. While the experience and perceptions of their staff may not match those of the employers, there are important lessons to be learned from this survey. We trust that those fire and rescue services who have been criticised by their employees will take the opportunity to address the issues raised and seek to ensure that both new and existing firefighters with diabetes do not feel discriminated against.

1.6 Acknowledgements

Our thanks to our partners and to all those working in the fire and rescue service who took the time and trouble to respond to our questionnaire. Without them this research would not have been possible.

For information about the partners see Appendix 1.

2 About diabetes

2.1 What is diabetes?

Diabetes mellitus is a condition in which the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. Glucose comes from the digestion of starchy foods such as bread, rice, potatoes, chapatis, yams and plantain, from sugar and other sweet foods, and from the liver, which makes glucose.

Insulin is vital for life. It is a hormone produced by the pancreas that helps the glucose to enter the cells where it is used as fuel by the body.

The main symptoms of untreated diabetes are increased thirst, going to the loo all the time – especially at night, extreme tiredness, weight loss, genital itching or regular episodes of thrush, and blurred vision.

2.2 Type 1 and Type 2 diabetes

Type 1 diabetes develops if the body is unable to produce any insulin. It usually appears before the age of 40. Type 1 is treated by insulin injections and diet, and regular physical activity is recommended.

Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). In most cases this is linked with being overweight. Type 2 diabetes usually appears in people over the age of 40, although in Asian and African-Caribbean people it often appears after the age of 25. Recently, more children are being diagnosed with the condition, some as young as seven.

Type 2 diabetes is treated with lifestyle changes such as a healthier diet, weight loss and increased physical activity. Tablets and/or insulin may also be required to achieve normal blood glucose levels.

2.3 Aim of treatment

The main aim of treatment of both types of diabetes is to achieve blood glucose, blood pressure and cholesterol levels as near to normal as possible. This, together with a healthy lifestyle, will help to improve wellbeing and protect against long-term damage to the eyes, kidneys, nerves, heart and major arteries.

2.4 Who has diabetes?

The total number of people in the UK with diabetes is now over two million, representing over 3 per cent of the population. Of this, close to 250,000 people have Type 1 diabetes and over 1.8 million have Type 2 diabetes. Figures for the number of people thought to have undiagnosed Type 2 diabetes are estimated to be up to 750,000.

The prevalence of diabetes is up to six times higher among people from an African-Caribbean or Asian background in the UK.

2.5 Diabetes and pregnancy

Gestational diabetes mellitus (GDM) is a type of diabetes that arises during pregnancy (usually during the second or third trimester). This usually goes away postnatally. However, women who have had GDM are at an increased risk of developing Type 2 diabetes later in life.

Pregnancy affects blood glucose levels in all women (even those without diabetes), so, for women with diabetes, it is a particularly trying time that requires a lot of work and dedication.

2.6 Implications for firefighters and control staff

A firefighter with diabetes that is well-managed should be able to perform their duties in the same way as anyone else, but everyone's experience of diabetes is different. It is crucial, therefore, that every firefighter with diabetes is assessed individually in order to determine whether, and how, their diabetes impacts on their ability to do their job.

(For further information about diabetes see www.diabetes.org.uk)

3 Methodology

3.1 Research among firefighters and control staff

At the end of February 2006 a short questionnaire² was sent to over 80 firefighters and control staff with diabetes known to the International Register of Firefighters with Diabetes (IRFD). At the same time, other partners in the fire and rescue service used their own channels to publicise the survey, including internal CFOA newsletters, circulars and staff forums.

In addition, Diabetes UK issued a press release to a number of relevant publications and the DRC publicised the survey through various existing networks.

3.2 Research amongst fire and rescue services

At the end of April 2006 a similar questionnaire³ was sent to chief fire officers in all 60 fire and rescue services across the UK.

² For a copy of the questionnaire contact Diabetes UK or see www.diabetes.org.uk

³ For a copy of the questionnaire contact Diabetes UK or see www.diabetes.org.uk

4 Analysis of survey of firefighters and control staff

4.1 Level of response

A total of 71 firefighters⁴ from fire and rescue services across the UK responded to the survey⁵, representing the majority of those known to the IRFD. The findings are a reflection of their experience and are summarised below. (Frequency tables are available on request.)

4.2 About the respondents*

Respondents were asked to provide background information both about themselves and their diabetes, and about their experience in the service⁶.

Length of service

The vast majority of respondents (62 respondents – 87 per cent) had been in the service for more than 10 years. Only two had been in the service for two years or less.

Age and gender

Just over half of the respondents (39 respondents – 55 per cent) were aged between 41 and 50. About a fifth (15 respondents – 21 per cent) were over 50 and about the same number (13 respondents – 18 per cent) were between 31 and 40. The remainder were between 21 and 30.

The majority of respondents (65 respondents – 92 per cent) were men.

Ethnicity

Almost all of the respondents (69 respondents – 97 per cent) defined themselves as white British; the remainder (two respondents – 3 per cent) were from 'any other white background'.

Service and position

Responses were received from firefighters in 36 fire and rescue services and were fairly evenly spread. The largest number came from South Wales, Derbyshire and Lancashire (five respondents each), and four from London. There were three responses from each of Hampshire, Kent, Lincolnshire, Somerset, and the West Midlands, with either one or two responses from the remaining 27 services. For a full list of areas represented by respondents see Appendix 3.

⁴ For the purposes of this report, the term 'firefighters' covers firefighters and control staff.

⁵ As with all disabilities, the precise number of firefighters and control staff with diabetes is unknown. It is therefore not possible to say what proportion of all firefighters and control staff with diabetes this represents.

⁶ For the purposes of this report, the term 'service' refers to fire and rescue service.

Just over a third of respondents were firefighters (26 respondents – 37 per cent), about a quarter (17 respondents – 24 per cent) were crew managers. there were seven watch managers and four station managers.

Duty systems worked

About half the respondents (34 respondents – 49 per cent) did whole time shift work, with just under a fifth (12 respondents – 17 per cent) doing whole time flexible duty and the same number (12 respondents – 17 per cent) on retained duties. The remainder were on whole time day crewing duties (six respondents – 8 per cent) or whole time day duty (four respondents – 6 per cent).

When diagnosed

Over half of the respondents (39 respondents – 55 per cent) had been diagnosed more than five years ago. Just over a quarter (20 respondents – 28 per cent) had been diagnosed between three and five years ago and roughly one fifth (12 respondents – 17 per cent) had been diagnosed within the last two years. Eight of them (11 per cent) between one and two years ago and the remaining four (6 per cent) within the last year ie after the extension of the DDA.

Type of diabetes and method of control

Just over half the respondents (37 respondents – 52 per cent) had Type 1 diabetes with a slightly smaller number (32 respondents – 45 per cent) having Type 2. Two respondents (3 per cent) either did not know or did not reply.

Respondents used a variety of methods to help control their diabetes including diet, exercise, insulin and tablets. Among the 71 respondents, 44 were using insulin and 26 were taking tablets.

* Not all respondents replied to every question. In some instances, therefore, the number of responses does not total 71

Table 1: About the respondents

Subject	Number of respondents	Percentage (%) of total respondents
Length of service		
More than 10 years	62	87%
Two years or less.	2	3%
Age		
Between 21 and 30.	4	6%
Between 31 and 40	13	18%
Between 41 and 50	39	55%
Over 50	15	21%
Gender		
Male	65	92%
Ethnicity		
White British	69	97%
Other white background	2	3%
Position		
Firefighters	26	37%
Crew managers	17	24%
Watch manager	7	10%
Station managers	4	6%
Duty systems worked		
Whole time shift work	34	49%
Whole time flexible duty	12	17%
Retained duties	12	17%
Whole time day crewing duties	6	8%
Whole time day duty	4	6%
When diagnosed		
Diagnosed more than five years ago.	39	55%
Diagnosed between three and five years ago	20	28%
Diagnosed within the last two years	12	17%
Diagnosed between one and two years	8	11%
Diagnosed within the last year	4	6%
Type of diabetes		
Type 1	37	52%
Type 2	32	45%
Did not know or did not reply	2	3%
Method of control		
Using insulin	44	62%
Taking tablets	26	37%

4.3 About their experience

Informing the service

The majority of respondents had informed the service about their diabetes and most felt they had been treated positively since doing so (see 'Positive treatment' below).

For example, Case 67 is a retained crew manager in West Sussex. He is 41 to 50 and has been with the service over 10 years. He has Type 1 diabetes and was diagnosed over five years ago. He controls his diabetes with insulin and feels the service has treated him positively. He has never undergone IMA at the request of the service and currently wears standard duration breathing apparatus (SDBA). He does not feel discriminated against, considers his fire and rescue service (F&RS) a good example and finds his colleagues very supportive. Regarding informing the service, he said:

"My immediate line manager responded in a very supportive and positive way. Out on the fire ground he has kept an eye on me through many difficult situations. He operates an open door policy and we have had many discussions on ways to improve and assist my life within the WSF&RS. Ideas and requests have been forwarded up the chain of command promptly and with full backing."

Only two respondents had not revealed their condition to their employer and both were diagnosed recently.

Case 6, a retained firefighter, is one of the two exceptions. Aged 21 to 30, he has been with the service for three to five years. He has Type 1 diabetes and was diagnosed one to two years ago. He controls his diabetes with diet, insulin and exercise. He feels his F&RS would not be a good example for others and feels discriminated against. He explained his decision not to inform the service as follows:

"The situation that I find myself in is largely due to the bad feeling and stigma that surrounds diabetics in my line of work. It is due to this fact that I have chosen to share my condition only with my crew, who have been supportive but have discouraged me from seeking any such promotion that would involve a medical."

It is due to this that I feel that not only the brigade itself but its employees have a misconception about diabetes and discriminate against not only people in the job but also against people wishing to join."

The second respondent (Case 63), who had not informed his F&RS, gave no reason for his decision though he felt that his colleagues were very supportive. He is over 50 and has been with the service for over 10 years. He has Type 2 diabetes and was diagnosed less than 12 months ago. He controls his diabetes with tablets. He said:

“Although I have told my colleagues, my brigade has not been informed of my situation.”

Positive treatment

About three-quarters of respondents felt that they had been treated positively since informing the service that they had diabetes. The remaining quarter either had no view (six respondents) or felt that they had not been treated positively (11 respondents). There were no relevant differences between Type 1 and Type 2 respondents, or by whether or not they were insulin users.

A range of respondents in very different situations were positive about their employers. For example, Case 71 was diagnosed with Type 1 diabetes within the last 12 months. He is a leading firefighter in South Wales, is aged 41- 50 and has been with the service over 10 years. He said:

“Once I had been diagnosed with diabetes, the fire service doctor made me take 4 months off work so that I could learn to control my diabetes. I then went back to non-operational duties and am about to undergo an assessment to see if I can go back to operational duties. All being well that should be in about a month, as long as my specialist and fire service doctor get their reports done quickly so that a brigade management team can give me the permission to return.

Apart from the amount of time it has taken (which seems a bit excessive to me as I feel quite capable to carry out my duties), the process has been fair.”

Several respondents were happy with their situation overall and, on the whole, happy with the service’s response to it. A balance between providing the necessary support for people with diabetes, while not treating them as significantly different or a source of risk, emerged as a key variable both here and elsewhere in the study.

For example, Case 25 works as a firefighter. He is 31 to 40 and has been with the service six to 10 years. He is Type 1 and was diagnosed three to five years ago. He controls his diabetes with insulin and feels the service has treated him positively. He does not feel he has been discriminated against and considers his F&RS a good example for others. He has not undergone IMA and currently wears extended duration breathing apparatus (EDBA) and SDBA, and is on the emergency rescue tender/FRU team.

“No big deal was made of the fact that I was diabetic. Once I was fit to return to work, I was treated in exactly the same way as every other firefighter. It is up to myself to control and manage my diabetes, by carrying sweets, food and drink on the machine and wherever I go. No exceptions are made of myself in any form, whether training or operational to the point where I believe people forget I am diabetic.”

Case 60, aged 31 to 40, is a leading fire control operator in Cornwall. He has been with the service over 10 years and was diagnosed over five years ago. He has Type 1 diabetes and controls his diabetes with diet, insulin and exercise. He feels the service has treated him positively, does not feel discriminated against and considers his colleagues very supportive. He said:

"I feel I have not been treated any different because of my diabetes. This includes not being made a special case and asked if I am all right every five minutes. It is expected that I look after myself and ask if I need anything. My colleagues are aware of my symptoms when my blood sugar level is too low or too high and know what action to take."

Those who were less satisfied about their employer's reaction to their condition spoke of ignorance and an apparent lack of interest. For example, Case 4 is a firefighter and has been with the service for over ten years. He was diagnosed with Type 1 diabetes more than five years ago. He felt discriminated against when first diagnosed but has seen considerable changes since the introduction of the DDA. He recalled:

"When I was diagnosed in 1998 the Brigade doctor told me I must finish with the fire service! I fought my case with the help of IRFDUK and since then the brigade has done little to ask about my condition... Occupational Health only found out about me a couple of years ago!"

Case 53 is aged 41-50 and has been with the service over 10 years. He works as a firefighter, has Type 2 diabetes and was diagnosed over five years ago. He controls his diabetes with diet, exercise and tablets. He said:

"When I was first diagnosed over 12 years ago I felt the fire service kept putting barriers in my way with a view to expelling me."

However, as noted above, the majority of respondents said that they had been treated well and for some this had resulted in little or no detrimental impact on their work. For example, Case 59 is an assistant divisional officer. He is aged 41 to 50 and has been with the service over 10 years. He is Type 1 and was diagnosed over five years ago. He said:

"Subject to medicals I have been able to serve overseas on six month operational deployment tours with military to Norway, Bosnia and Kosovo acting in my capacity as senior fire officer."

Some respondents spoke favourably about the manner in which their diagnosis had been handled. For example, Case 11 works whole time flexible duty as a fire safety watch manager. He is 31 to 40, has been with the service for over 10 years and has Type 2 diabetes. He controls his diabetes with diet, exercise and tablets and does not feel discriminated against. He feels that his F&RS would be a good example for others. He said:

“At the time, I was the second firefighter in the brigade to be diagnosed. The first had trouble and almost lost his job but with me there were no problems. I believe this was due to the previous person having won the right to carry on in service.

When I reported that I was diabetic I just had a phone call from the brigade doctor to find out the severity, and was offered support. No fuss was made at all.”

Case 13 is a crew manager. He is 41 to 50 and has been with the service for over 10 years. He has Type 2 diabetes and was diagnosed three to five years ago. He controls his diabetes with diet, exercise and tablets, does not feel discriminated against and feels his F&RS would be a good example for others. He said:

“All the people I have talked to have been supportive. The fact that I was the Regional FBU Fairness at Work Co-ordinator may have had something to do with this.”

Individual medical assessment (IMA)

Roughly two thirds of respondents (44 respondents – 62 per cent) had undergone individual assessment by a consultant diabetologist, occupational health doctor or other medical practitioner at the request of the service.

Just under a third (23 respondents – 32 per cent) had not undergone IMA, and four did not respond to the question.

There was some limited evidence that IMA was more likely among Type 1 respondents than Type 2. Similarly, there was some correlation, though limited, between diabetes type and an insistence on IMA, and a firefighter's subsequent range of duties.

So, for example, Case 12 is a fire safety officer. He has Type 1 diabetes and has undergone IMA at the request of the service. He wears standard duration breathing apparatus (SDBA) and does BA with gas tight suits (GTS) for hazmats. However, he did not undergo IMA before being allowed to undertake these duties.

Case 53 (see above) has Type 2 diabetes and described a very similar situation. He too had undergone IMA at the request of the service, currently drives light vehicles, is a forklift driver, a turntable ladder operator and wears standard duration breathing apparatus. He did not undergo IMA prior to undertaking these duties.

At the same time, there were exceptions. For example, Case 52 is a retained firefighter. He is aged 41 to 50 and has been with the service for over 10 years. He has Type 2 diabetes and was diagnosed three to five years ago. He drives light vehicles, wears SDBA and is an emergency fire appliance (EFAD) driver but underwent IMA before being allowed to undertake these duties.

Towards the other extreme Case 51 from East Sussex has Type 1 diabetes, currently

does emergency rescue work and is a swift water rescue instructor. He had an IMA at the request of the service but was not required to undergo IMA before being allowed to undertake his current work.

Duties currently undertaken

Respondents were asked which of a range of duties they were currently undertaking. As the table below demonstrates, firefighters with diabetes are undertaking the full range of duties. And in all cases, except that of turntable ladder operator, this includes insulin users.

Duties currently undertaken	Number of respondents	%
Brigade driver (light vehicles)	52	73%
Standard duration breathing apparatus wearer	46	65%
Emergency rescue tender/fire rescue unit	17	24%
Fire safety officer	15	21%
Training officer	11	15%
Hydraulic platform operator	9	13%
Forklift driver	6	8%
Console operator	6	8%
Extended duration breathing apparatus wearer	6	8%
Community engagement officer	4	6%
Fire investigation officer	3	4%
Turntable ladder operator	2	3%
Urban search and rescue	2	3%
Ship/Offshore firefighting	1	1%

Just under four in 10 of the respondents (27 respondents - 38 per cent) had, at the request of the service, undergone individual assessment by a consultant diabetologist, occupational health doctor or other specialist before being allowed to undertake any of these duties. As noted above, such assessments were somewhat more common amongst Type 1 respondents than among Type 2.

Case conferences

Case conferences involving the respondent, their manager and a medical practitioner were held in only five cases. All those involved had Type 1 diabetes.

Restrictions on duties

Restricted duties are generally applied when people are recovering from an injury or illness and can vary in degree. For example, a firefighter may be removed from

operational duties and placed on light duties before becoming fully operational again later. In some cases part of an operational role may be restricted, such as offshore work.

Anecdotal evidence suggests that a number of firefighters have had their duties changed or restricted as a direct result of their diabetes, without individual assessment. Driving was known to be contentious and service policies appeared to be inconsistent particularly regarding driving fire appliances, driving under blue light conditions, operating aerial appliances, and undertaking offshore work. This was borne out by the research as respondents reported wide variations in practice.

Just under a quarter of respondents (16 respondents – 23 per cent) had been prevented from undertaking one or more duties as a consequence of their diabetes. For example,

- five respondents had been prevented from driving light brigade vehicles (i.e. those less than 7.5 tonnes)
- three respondents had been prevented from working as a hydraulic platform operator, and/or as a standard duration breathing apparatus wearer, and/or as a member of an emergency rescue tender/fire rescue unit team
- two had been prevented from working as turntable ladder operators.

And, from what the respondents told us it seems that, contrary to best practice, in only a minority of cases (three respondents out of the sixteen affected) were these decisions based on individual assessment of the respondent's case by a consultant diabetologist, occupational health doctor or other medical specialist.

Driving and the Driver and Vehicle Licence Agency (DVLA)

The situation relating to driving is confusing both for firefighters and their employers. Under current DVLA licensing regulations drivers with insulin-treated diabetes are not allowed to hold an LGV licence⁷. For insulin dependent firefighters, this means a ban on driving large fire appliances. However, they are allowed to drive light brigade vehicles (between 3.5 and 7.5 tonnes) if they satisfy the C1 medical assessment.

In addition, DVLA guidance states that 'drivers with insulin treated diabetes should not drive emergency vehicles'. However, this does come with a caveat saying that 'it is for others to decide whether or how those recommendations should be interpreted for their own areas of interest, in knowledge of their specific circumstances.'

This means that it is up to each employer to decide whether or not firefighters with

⁷ People with diabetes on insulin are currently allowed to drive all Group I vehicles (motorcycles and cars up to 3.5 tonnes) subject to one, two or three year reviews of their licence. They are also allowed to drive Group II vehicles in the C1 category (lorries between 3.5 and 7.5 tonnes) subject to individual medical assessment reviewed on an annual basis. Grandfather rights apply to those on insulin and driving LGV vehicles before 1991.

insulin treated diabetes are allowed to drive under blue light conditions. This in turn has an impact not only on a range of vehicles but also on a number of other appliances, including hydraulic platforms, turntable ladders etc. Case 8 below illustrates this point.

Driving and respondents

Almost three quarters of respondents (52 respondents) to the survey were driving light vehicles, one in eight (nine respondents) were hydraulic platform operators, and a small number (six respondents) were forklift drivers.

However, it was reported by a few respondents that in some circumstances there are constraints on driving which have a knock-on effect on other fire service duties.

Case 8 is 41 to 50 and works as a watch manager. He has been with the service over 10 years, has Type 1 diabetes and was diagnosed over five years ago. He controls his diabetes with diet, insulin and exercise. He does not feel he has been treated positively. He underwent IMA before being allowed to undertake his duties, which include light vehicle driver, training officer, fire investigation officer and a standard duration breathing apparatus wearer. However, he has been prevented from operating a hydraulic platform without IMA. He said:

“In some brigades, hydraulic platform operators are also the drivers and these vehicles are LGV class 2 – with an automatic ban against people with insulin-treated diabetes applied. The law, when applied, negates any chance of an individual assessment and therefore it is a perceived waste of time consulting with a doctor.”

As noted elsewhere in this section, DVLA restrictions on driving for those with Type 1 diabetes are a cause for continuing concern and are seen by some as unfair.

Case 14 is a firefighter (control) in Warwickshire. Aged 31 to 40, he has been with the service over 10 years. He has Type 1 diabetes, was diagnosed over five years ago and controls his diabetes with diet, insulin and exercise. He does not feel discriminated against and feels he has been treated positively since informing the service.

He underwent individual assessment at the request of the service before being allowed to drive light vehicles and work as a console operator. However, he is concerned about the restrictions on driving and said:

“I am disappointed that I still cannot get an LGV licence for driving fire appliances. Maybe DVLA and the driving authorities need to be made aware of their responsibilities with regards to the new Act.”

Case 21 is an operational fire officer in London. He is over 50 and has been with the service for more than 10 years. He has Type 1 diabetes, was diagnosed over five years ago and controls his diabetes with diet, insulin and exercise. He feels he has been treated positively and considers his F&RS would be a good example for others.

He currently drives light vehicles, is a fires safety officer and member of the urban search and rescue team. He did not undergo IMA before being allowed to undertake these duties.

“Because of my rank/role I drive a car to calls. This is really no different from driving a fire engine from a risk perspective and the fire service could be more supportive to change the LGV situation with regards to diabetics.”

Promotion and other issues

Only two respondents said that they had been discouraged from seeking promotion because of their diabetes and three said they did not know. One of the two had been discouraged by his colleagues rather his managers (see Case 6 above).

Only one respondent reported being turned down for promotion because of their diabetes. Case 29 is a station officer. He is over 50 and has been with the service over 10 years. He has Type 1 diabetes and was diagnosed over five years ago. He controls his diabetes with diet and insulin and feels the service has treated him positively, except in the late 80s/90s when he believes he was turned down for promotion.

Another respondent, Case 11 from Lincolnshire, talked about being promoted. He said:

“Since diagnosed I have been promoted twice and had an eight month (to date) period of ‘acting up’ to the next rank/role including light vehicle emergency response training.”

At a broader level, eight respondents felt that their diabetes had affected their treatment by the service in some other way, though there were few specific comments and there was no consistent pattern of response.

Adjustments

Respondents were asked whether any adjustments had been made in relation to their employment as a result of their diabetes. The vast majority said that no adjustments had been made. However, eight respondents said the service had made adjustments. These ranged from changes in duties, to changes in working hours; from time off for medical appointments to provision of meals.

For some the adjustments were temporary, following diagnosis or a change in treatment. For example:

Case 42 is a watch manager. He is 41 to 50 and has been with the service over 10 years. He has Type 2 diabetes and was diagnosed three to five years ago. He controls his diabetes with insulin and feels the service has treated him positively. He said:

“(I’ve) recently gone onto insulin, (and they’re) allowing me a period of adjustment and restricted duties, whilst still managing my watch.”

Case 3 is an acting crew manager. He is 31 to 40 years old and has been with the service over 10 years. He was diagnosed over five years ago, has Type 1 diabetes and controls his diabetes with insulin. He feels he has been treated positively and does not feel discriminated against. However, he does not feel his F&RS would be a good example for others. He said:

"I was placed on light duties for a few months when I was first diagnosed until I could prove that my diabetes was controlled. I was then allowed back on the run."

For others the adjustments were more long-term:

Case 40 is a crew manager in Cambridgeshire. She is over 50 and has been working in the service over 10 years. She has Type 2 diabetes and was diagnosed three to five years ago. She controls her diabetes with tablets and feels the service has treated her positively. She said:

"(There was a) change of hours from shifts to day work and time off to attend health gym and medical appointments."

Supportiveness of colleagues

Respondents were also asked how supportive their colleagues had been since the diagnosis. Nearly half the respondents (33 respondents – 47 per cent) felt that their colleagues had been very supportive. The remainder were broadly split between those who thought they were quite supportive (19 respondents) and the remainder (17 respondents) who saw them as neither supportive nor unsupportive. None of them were seen as having been unsupportive.

The numbers are small but there is some limited evidence that Type 1 respondents were more likely to think that their colleagues had been very supportive.

Case 50 is a fire safety inspecting officer aged 31 to 40 and has been with the service less than 12 months. Case 50 has Type 1 diabetes, was diagnosed three to five years ago, and controls the condition with diet, exercise, insulin and tablets. Case 50 feels the service has been supportive but took the neutral view that colleagues had been neither supportive nor unsupportive, and saw the problem partly as a function of lack of understanding and information:

"I had diabetes when I joined and don't think they understand the difficulties I may encounter. I don't feel that my colleagues understand that I have a condition that sometimes affects how I go about my daily routine. Because I don't look ill, they aren't so aware that I can't always do things to the extent they can, i.e. they can be out all day without eating."

Equal treatment

More than sixty per cent of respondents (45 respondents) agreed that the service treats people equally, regardless of their diabetes. Of these, 13 agreed strongly. A further 18 neither agreed nor disagreed, leaving only just over one tenth (eight respondents) who disagreed.

DDA extension

Evidence from the partners in this project suggests that there have been some improvements since the extension of the DDA to cover the fire and rescue service in October 2004.

Respondents were asked whether they had noticed any difference in the way the service had responded to their diabetes since then. Almost 80 per cent (55 respondents) said they had not noticed any difference and a further 11 per cent (eight respondents) were not aware of any, but 10 per cent (seven respondents) said they had noticed a difference.

One respondent (Case 67 – crew manager on retained duties), who had noticed a difference, spoke of the system becoming:

“more open in assessing my individual needs and checking whether I required any additional help or assistance.”

Another, Case 4 – a firefighter (see above), had also seen changes:

“Since two years ago my service has ‘Well Work’ for all Council employees. I see a doctor on a regular basis and he monitors my diabetes. But before there was nothing! I kept my head down regarding my diabetes – I didn’t want to cause any waves, as I had nearly lost my job some years before.”

Further examples of changes include this one from Case 15 (see below for details):

“At the end of last year all personnel had to fill in a ‘Staff Differences’ survey. This identified those with a disability (amongst other things). As a result I was later contacted and asked if there was anything that the service could provide that they currently did not. I asked for paid time off to attend the DAFNE course, this was approved.”

Case 12, a station manager, described the service response to his diabetes as:

“pretty good. (It) was case centred and based on individual awareness and performance, right by the book. It was low key, non threatening and the manager at the time who put me “back on the run” as a watch commander had a good overview of the issues – better in fact than the resident OH practitioner who has since left.”

However, he was less sure of the extent of change and suggested that, again, some ignorance remains:

"I am left alone to self manage, which is how I like it. But a new recruit, the first to join with pre-existing diabetes, is due to start soon who will be...managed by people who don't really understand what's going on locally or nationally regarding diabetes and the fire service."

Case 19 is a firefighter and has also seen changes. Aged 41 to 50, he has been with the service over 10 years. He has Type 1 diabetes, was diagnosed over five years ago and controls his diabetes with diet, insulin and exercise. He does not feel he has been treated positively by the service although he does not feel discriminated against and considers his F&RS would be a good example for others. He feels his diabetes has affected his treatment by the service and said:

"As one of the first diabetic firefighters, I went through a lot of problems with the fire service. It took 11 years before I was back doing full duties, but now I am treated a lot better and more positively."

Case 8 (see above) summarised the situation as follows:

"The current situation is perfectly acceptable but it took 17 years of campaigning and legal challenges to secure what we now have as a right under the DDA. Some people and departments within the service were fully supportive and a few more were obstructive, using the status quo to justify their arbitrary discrimination. The greatest majority of those people who could have made a difference, however, did nothing."

Discrimination

The vast majority of respondents (54 respondents - 80 per cent) did not feel that they had been discriminated against because of their diabetes.

However, eleven respondents (16 per cent) felt that they had experienced discrimination and a few were not sure. The concerns of those who felt they had experienced discrimination varied considerably. Some felt that they had not been treated fairly but did not give any specific examples of the problem.

Some had been diagnosed recently, including Case 20, a leading firefighter/crew manager. Aged 41 to 50, he has been with the service for over 10 years. He has Type 2 diabetes and was diagnosed less than 12 months ago. He does not feel the service has treated him positively. He was taken off the run:

"with no medical support of condition. Off for four months and returned to duties with interview only."

Now he drives light vehicles, is a fire safety officer, a community engagement officer, is on emergency rescue tender and wears standard duration breathing apparatus. He has not undergone IMA and has been prevented from working on emergency rescue. He feels that he has been discriminated against and said:

“Why would OHO take a firefighter off the run without conclusive medical confirmed condition and an understanding of the effects?”

Others gave examples which had occurred some years ago, and were clear that things had improved. For example, Case 15 works as an ADO. Aged 41 to 50, he has been with the service for over 10 years. He currently drives light vehicles, is a fire safety officer, wears standard duration breathing apparatus and is a hazardous materials officer. He has Type 1 diabetes and was diagnosed over five years ago. He controls his diabetes with diet and insulin. He said:

“When first diagnosed I was told by the Occupational Health Adviser that if he had his way I would be thrown out of the service.”

Case 2 is a watch manager. Aged 41 to 50 years old, he has been with the service over 10 years. He has Type 1 diabetes, was diagnosed 14 years ago and controls his diabetes with insulin. He drives a forklift and wears standard duration breathing apparatus but was not individually assessed for that. He has been prevented from driving light vehicles without IMA, based on DVLA guidance. He feels positive about his treatment by the service although he feels he was discriminated against when first diagnosed. He feels his F&RS would now be a good example for others.

“At first, 14 years ago, I was medically retired up to winning my appeal. This was the only time I felt discriminated (against) by the fire service.”

Case 39 is a watch manager. Aged 41 to 50, he has been with the service over 10 years. He has Type 1 diabetes and was diagnosed over five years ago. He underwent IMA following an appeal against retirement on medical grounds. He was reinstated and currently works as a fire safety officer following IMA. Initially he felt discriminated against but now feels the service has treated him positively and that his F&RS would be a good example. He said:

“(I was) discriminated against but only around the time of my proposed medical discharge after my diagnosis.”

Other respondents had specific, current problems. For example, Case 48 is a firefighter, She is 41 to 50 and has been with the service over 10 years. She has Type 2 diabetes, was diagnosed 1 to 2 years ago and controls her diabetes by diet and tablets. She feels that the service has not been supportive and feels discriminated against. She said:

“I requested a reduction in my working hours and this was granted, but due to a restructure of control, I am now being denied this reduction and face

returning to my full time hours, despite my condition. (But) I have received the support of my Red Watch colleagues.”

For a few people there was a feeling that the overall attitude to those with diabetes was still somewhat negative. This negative feeling was reflected by Case 6, a retained firefighter (see above)

“There is a strong feeling that people with diabetes cannot do the job. This is reflected in the types of medical questions that are asked in application forms etc.”

Another respondent, though he did not feel that he had been specifically discriminated against, felt that his diabetes had affected his treatment by the service. Case 18 is a leading fire control operator. He is aged 21 to 30 and has been with the service six to 10 years. He has Type 1 diabetes and was diagnosed over five years ago. He controls his diabetes with insulin and does not feel he has been treated positively. He said:

“(It was) used as an excuse by management whilst (I was) on sick leave for some problems I was having at the time.”

Setting a good example

More than 60 per cent (43 respondents) thought that their F&RS would be a good example for others to follow. However, there was some uncertainty here, with about a quarter of respondents (19 respondents) having no view on the question. Seven respondents felt that their F&RS would not be a good example to follow.

Lack of awareness and understanding of diabetes

Although the overall picture is relatively positive, some respondents remained concerned about misunderstanding or ignorance about diabetes both amongst occupational health/medical staff and other colleagues.

Amongst occupational health/medical staff: Case 3 is an acting crew manager. Aged 31 to 40, he has been with the service over 10 years. He was diagnosed over five years ago, has Type 1 diabetes and controls his diabetes with insulin. He currently drives light vehicles and wears standard duration breathing apparatus, for which he underwent IMA. He feels he has been treated positively and does not feel discriminated against. However, he does not feel his F&RS would be a good example for others and is critical of the brigade doctor. He said:

“When I was first diagnosed I felt that the brigade didn’t really have a clue what was involved with diabetes and especially the Brigade doctor. I felt he was making things up as he went along. For instance I was made to do four day shifts followed by four night shifts (off the run!) back to back, before being allowed back on the run. I would love to know what the point was! I would like to think that in the meantime they have come up with a set procedure for anyone else who is diagnosed in the future.”

Case 35 is a retired sub officer. He was in the service for 32 years (26 of those with diabetes). He has Type 1 diabetes and controls his diabetes with insulin. He feels the service has treated him positively but encountered ignorance amongst medical staff. He said:

“When I informed the fire service, the BMO originally said that I could no longer be employed operationally, but changed their mind when I informed them that another firefighter had been allowed to continue his duties the previous year.....

The unfortunate problem then, and to a certain amount still, is the limited knowledge that BMOs have about the control of diabetes and rely purely on dated information.”

One respondent spoke of a ‘seemingly complete lack of knowledge and understanding at OHO level’ which had affected his treatment by the service and a second made a comparable point, echoing other respondents’ views on an improving situation as knowledge of diabetes becomes more widespread.

Ignorance among colleagues: A number of respondents had encountered ignorance amongst their colleagues. For example, Case 17 is a firefighter. Aged 41 to 50, he has been with the service over 10 years. He has Type 1 diabetes and was diagnosed over five years ago. He controls his diabetes with insulin and feels the service has treated him positively. He has undergone IMA at the request of the service but was allowed to work in emergency rescue and wear standard duration breathing apparatus without IMA. He was prevented from driving light vehicles without IMA and operating a hydraulic platform without IMA. He does not feel discriminated against. He said:

“On the whole I have been treated very well. With the changes in work routines after the strike, one particular officer suggested that “if I couldn’t last without food because of the new meal break times, then I should xxx off and get another job!” I of course made him apologise.”

Case 50, a fire safety inspecting officer (see above) said:

“It would be helpful if my colleagues were more aware of diabetes. I think the recruitment stage was good at HO but now there is little information and communication given to individual work sites away from HO. If I had had a physical impairment they might be more aware of my limitations and how to offer support. Communicating basics such as regular breaks and/or meal times and possible problems facing someone with diabetes may be useful. I find being a woman with diabetes more difficult to explain to colleagues as they are all men and appear uninterested in personal issues relating to each other... This makes explaining I need to eat etc more embarrassing than it would be in a different (mixed colleague) environment.”

Ignorance amongst senior staff: The importance of understanding and awareness amongst senior staff was also raised. Case 57 is a watch manager. Aged 41 to 50, he has been with the service over 10 years. He has Type 2 diabetes, was diagnosed three to five years ago and controls his diabetes with diet, insulin and exercise. He feels the service has treated him positively and that he had good advice from his brigade medical officer, but he was critical of some senior officers. He said:

“Good advice from brigade medical officer. My line managers however have changed several times since diagnosis and I would be surprised if they were aware.....

Because of the nature of the condition it is assumed that if you are at work then you must be fit and healthy. Also, I used to work 130 miles from my home address, which wasn't ideal, and I applied for a transfer nearer home. This transfer was submitted 18 months ago and has only been accepted recently. I would have hoped that due to the nature of the condition this would have taken on a degree of some urgency.”

Attitudes to insulin users

There is evidence from the survey that insulin users are more likely to experience problems than those who do not use insulin. The survey also shows (see above) that insulin users are more likely to undergo IMA at the request of their employer. Just under a third (13 respondents) of the 44 insulin users felt that either they had not been treated positively and/or that they had been discriminated against. In many of these cases problems had been experienced on diagnosis. Of the 27 who were not using insulin, less than a fifth (five respondents) said they had experienced problems. Two of these had been diagnosed very recently and one was within the last two years.

As illustrated by a number of the cases quoted above, the data from both insulin users and non-insulin users suggests that problems arise predominantly with the first cases experienced by the service and/or their occupational health/ HR staff.

Experience of firefighters diagnosed recently

We looked closely at the experience of those who had been diagnosed within the last 12 months (four respondents) to assess whether there had been any improvements since the extension of the DDA in October 2004. We also looked at the experience of those diagnosed one to two years ago (eight respondents). Two of them had not informed the service about their condition and were not included in the analysis that follows.

Seven out of the 10 who had informed the service were positive about their treatment. Areas represented included South Wales, Essex, Cheshire, Derbyshire, Devon, Fife and Cornwall. See Case 71 above for an example.

However, two out of the three respondents who had been diagnosed within the last 12 months (and had informed their F&RS) did not feel they had been treated positively and one respondent who had been diagnosed within the last one to two

years felt the same. (See Cases 20 and 48)

However, one recent recruit who was diagnosed several years ago, Case 50 (see above), although critical in some other respects, was positive about the recruitment experience and said:

“They employed me knowing I was insulin dependent and the medical officer was positive and reassuring that my condition would not affect my ability to perform the role.”

Retained firefighters

Fourteen (20 per cent) of the respondents worked on a retained basis. Eight had Type 1, six had Type 2. The vast majority were positive about their experience and their feedback was very similar to that of their colleagues:

- 11 out of 14 (79 per cent) felt they had been treated positively since informing the service about their diabetes.
- 10 out of 14 (71 per cent) felt they had not been discriminated against.
- 9 out of 14 (64 per cent) considered their service to be a good example for others.
- 8 out of 14 (57 per cent) had undergone IMA at the request of the service.

One respondent (Type 1) had not informed the service about his diabetes and felt very negative – see Case 6 above.

Case 5 was recruited to retained duties after diagnosis and is a typical example of some of the positive experiences. A retained firefighter, aged 31 to 40, he has been with the service for three to five years. He has Type 1 diabetes and was diagnosed three to five years ago. He is positive about his treatment by the service and feels his F&RS would be a good example for others. He said:

“I am currently working the retained duty system and am currently working as a whole time airport firefighter as well. I was actually recruited to my retained position having diabetes already, so it was a big achievement... but because of that I feel I am scrutinised more than someone who developed the condition whilst in the service already.”

5 Analysis of survey of fire and rescue services

5.1 Level of response

There were 34 responses to the employers' survey, representing 56 per cent of the 60 fire and rescue services in the UK. Respondents were mostly HR or occupational health staff, some were occupational physicians or medical advisers (six), some were in equality and diversity (three) and others in Health and Safety (one). (See Appendix 4 for a list of respondents.)

5.2 Number of firefighters⁸ with diabetes

The majority of employers who took part in the survey knew how many firefighters had diabetes. In most cases where numbers were known they were fairly small. None of the respondents had more than six insulin users, ten had only one and seven of them had none that they were aware of. Nine respondents had no non-insulin users and four were uncertain about the precise number. Best estimates have been included as necessary.

In total, employers were aware of 65 insulin users and 49 non-insulin users.

5.3 Positive treatment

The vast majority of respondents (29 respondents) felt that firefighters with diabetes were treated positively by their service.

5.4 Recruitment policy

About two-thirds of respondents (23 respondents) said that they did not have policies in place specifically for the recruitment of people with diabetes. In their comments, however, many reported that their service had broad recruitment policies which covered diabetes or referred to the requirements of the DDA, or to ODPM, CFOA/DRC, OH or ALAMA guidance.

There was considerable emphasis on the importance of individual assessment rather than blanket or 'in principle' limitations. So, for example, Hertfordshire F&RS said:

"Each case is assessed on its merits by our OH team, guided by the ODPM guidance on firefighter fitness but interpreted by the Occupational Health team."

⁸ For the purposes of this report, the term 'firefighters' covers firefighters and control staff.

A number of respondents said they had nothing specific for diabetes but, like East Sussex, mentioned their 'diversity, equality and fairness policy'. Others referred to their general disability policies and procedures:

"We do not have a policy that is specific to diabetes. We have a procedure which deals with disability issues from recruitment through to disabilities emerging in the course of employment. Each case is handled on an individual basis. The procedure has been agreed in principle by our members but may be subject to some minor change following the latter stages of consultation." (Kent F&RS)

Other contributions varied from the critical ('Why do we need a policy? If so, then we'd need policies on dozens of other much commoner illnesses.': Nottinghamshire) to the broadly supportive ('I believe in a sensible, pragmatic approach based on individual assessment.': Lancashire).

And South Wales F&RS told us:

"We do not have a recruitment policy which solely applies to people with diabetes. Our recruitment policy aims to comply with the requirements of the DDA and would address recruitment issues relating to people with diabetes."

In summary, respondents claim to have, or believe that they could put in place, detailed provision for diabetes and its implications, whether distinct from or part of wider recruitment policies and procedures.

5.5 Retention policy

As with recruitment, almost half of the respondents said they did not have specific retention policies for those with diabetes. Most of them dealt with it as part of their general staff management procedures, including medical assessments as necessary by occupational health (OH) and other specialists, plus, again, considerations of diversity, equality and fairness, etc.

Just under two-thirds (20 respondents) of the employers said their policy includes case conferences and a similar number (21 respondents) said they include reasonable adjustment. However, although the situation had not yet arisen, some assumed the policy would include these provisions and answered 'yes' to the question. It was not clear whether this was always part of a specific diabetes-related procedure.

5.6 Special conditions

Employers were asked whether they impose any special conditions on firefighters and control staff with diabetes. Respondents mentioned a range of such conditions including regular OH reviews, annual medical checks (rather than the standard three-yearly checks), individual risk assessments, etc. DVLA guidance on driving was

also mentioned by a number of respondents both here and elsewhere. Several of those answering 'no' added that there were no special conditions once the individual level of risk had been assessed.

5.7 Restrictions on duties

Thirteen employers reported that firefighters and control staff are prevented from undertaking certain duties. The majority (11 respondents) stated or implied that this would be dependent on individual assessment of health and capability, based on risk assessment, OH and other medical judgements, i.e. there was no prevention in principle. The few restrictions that were mentioned (see below) tended to be applied only after a range of tests had been undertaken.

Two respondents (East Sussex and West Sussex) mentioned potential problems with ship/offshore firefighting for insulin users. West Sussex also mentioned international rescue, and using extended duration breathing apparatus, again for insulin users. These tasks were thought to be potentially problematic given the need to eat and take medication regularly.

"Shift work with maritime team involves long periods at sea with possibility of no access to food or new supplies of insulin and with possibility of significant delays and risks in recovery to shore in an emergency." (East Sussex F&RS)

"Restricted under DVLA guidance if on insulin, otherwise individual decision depending on control of diabetes and any diabetic complications. We would probably restrict off-shore work. Extended BA may be an issue if unable to eat regularly/take medication regularly. Would require an individual risk assessment. International rescue would need to have adequate supply of medication availability of food etc." (West Sussex F&RS)

Aside from these two cases only one other fire and rescue service (Tyne and Wear) drew a distinction between insulin and non-insulin users. They suggested that insulin users would have to undergo assessment for all the listed tasks whilst non-insulin users would not, though this would be 'dependent on individual clinical presentation'.

The majority of services do not apply blanket restrictions and focus instead on individual assessment. Lancashire F&RS is a typical example:

"Each firefighter is individually assessed for fitness. Currently our three ID diabetics are fully operational. One is a BA trainer. Potentially they can do all activities." (Lancashire F&RS)

In summary, the employers' overall view was that over and above any legal requirements, sufficient tests are undertaken to ensure that each firefighter or other member of staff with diabetes will not be a danger either to themselves or to others in the roles and tasks that they undertake.

5.8 Individual Assessment

As noted elsewhere, employers put particular emphasis on individual medical assessment (IMA). For some, it was simply a question of ensuring that relevant staff would see the occupational health doctor so that necessary information would be obtained as a precursor to further action if required.

“Regular yearly surveillance by occupational health practitioner to assess they are well with their diabetic control, with treatment and secondary prevention. If they are hypoglycaemic a report is obtained from their treating physician.” (Derbyshire F&RS)

Other respondents spoke of a similar process specifically including a diabetologist as appropriate, and/or GPs and carers. Additional checks would be undertaken in some cases, for example if a member of staff 'is newly diagnosed or if concerns (are) raised by the individual or manager'. (Essex F&RS)

The respondent from Hampshire put diabetes in a broader context, noting that they would 'require occupational health screening for all staff with a disability'.

Overall, the employers suggested that they had, or if necessary could generate, processes to stay in touch with diabetes and other medical conditions and to take whatever action was necessary.

“For many years our policy on employment of existing staff who develop diabetes has followed the principles and requirements that have since been enshrined within the DDA.” (North Yorkshire F&RS)

“We do not have specific policies in relation to diabetes but each individual would be assessed taking advice from appropriate specialists and applying the Medical Guidelines provided by ODPM.” (Warwickshire F&RS)

5.9 Adjustments made by employers

Half the respondents (17 respondents) said that adjustments had been made by their service to accommodate firefighters with diabetes. These ranged from allowing a firefighter to have food on the way to a job, to changing shifts from night to day-only duties. The implied context for these changes was that such adjustments can be seen simply as elements of good management taken as necessary across a range of disabilities and staff needs.

In some cases respondents also emphasised the importance of ensuring that colleagues of those with diabetes are aware of its possible effects and any action that might be required.

“We have six insulin dependent firefighters and one control operator. In each case, regular work colleagues have been educated about diabetes and informed on how to recognise and manage any incident in the work-place such as hypos.” *(East Sussex F&RS)*

“Breaks not taken alone - others on the shift aware in case of emergency.” *(West Sussex F&RS)*

A number of respondents mentioned adjustments made following diagnosis or a change in medication, often on a temporary basis to allow both the service and the staff member time to come to terms with the new situation and its implications.

“Restrictions of duties following a new diagnosis. A review/risk assessment followed a period for psychological and physiological adjustment.” *(Central Scotland F&RS)*

5.10 Equal treatment

The vast majority of respondents (31 out of 34 or 91 per cent) felt that their fire and rescue service ‘treats people equally, regardless of their diabetes’. This compares with 60 per cent of firefighters and control staff who were asked the same question.

5.11 DDA extension

Just under half the employers said that changes were made to policies regarding people with diabetes in response to the DDA extension in October 2004. Some others pointed out that their procedures had already been in line with DDA requirements.

5.12 Setting a good example

Just over half the respondents felt that their treatment of firefighters with diabetes would be a good example for others to follow. The remainder did not reply or felt that they did not have enough information to make a judgement. No respondents suggested that their’s would not be a good example to follow.

5.13 Discrimination

Two fire and rescue services had been accused of discrimination. The first was some 15 to 20 years ago and the firefighter concerned was reinstated. The second case is pending.

6 Policies on diabetes

6.1 Overview

The survey of firefighters shows quite clearly that there are inconsistencies in the way firefighters with diabetes are treated across fire and rescue services in the UK. This raises important questions about service policies and adoption of the DRC/CFOA guidance (the 'Red Book')⁹ and other materials.

There are, of course, gaps in our information, but, some fairly firm conclusions can be drawn from the responses to our survey of employers. Feedback shows that very few have specific policies on diabetes, whether for recruitment or retention, and that a range of sources are being used to determine how to handle each case. Whilst individual assessment is to be welcomed, there is a need to ensure that practice within and between fire and rescue services is consistent and is based on common principles.

6.2 Service policies

Six of the employers provided us with a copy of their policies. Two were specifically about people with diabetes while the others addressed disability management more broadly.

Both of the diabetes-specific policies stressed the need for individual assessment and contained positive statements about diabetes. However, neither could be held up as a model of best practice for the following reasons:

- One policy made no mention of hypos awareness and/or mental fitness when stating criteria for monitoring or/and assessment;
- Regarding restrictions on duties, one policy states that 'the firefighter should be restricted from jobs where it would be difficult and/or hazardous to stop an operation to treat a (hypoglycaemic) reaction'. This statement could apply to most firefighting duties;
- Neither of the policies consistently and clearly state that an external specialist consultant should be involved in reviews and decision-making.

The other more general disability policies clearly stated that it is the employer's responsibility to comply with the Disability Discrimination Act (DDA) and showed a commitment to avoiding discrimination. However, we are concerned that where there is no specific written policy on diabetes, everything depends on the level of knowledge and expertise of the OH service.

⁹ Disability Discrimination Act (DDA) Part II Employment Provisions: Guidance to Fire and Rescue Service Managers, known as the 'Red Book'

7 Conclusions and recommendations

7.1 Overview

The results of the surveys are encouraging, highlighting many examples of good practice as seen by both firefighters and fire services. Three quarters of the firefighters who responded felt that they had been treated positively. This is clearly benefiting both the individuals and the services, with firefighters with diabetes being able to operate to their full potential.

There is evidence to suggest that the situation has improved over the years due to a number of factors. The campaigning of individuals and a number of far-sighted fire services and the extension of the DDA appear to be making a difference. There also clearly remains work to be done to ensure that the good practice evident in the report is applied as standard across the fire service.

All decisions regarding people with diabetes must be based on the ability of individuals to carry out their duties to the required standard and the needs of their condition. This report offers examples of good practice which all fire and rescue services should look to deliver. It also offers recommendations which will provide services with a way forward in fulfilling their duties and legal obligations, both to their firefighters and to the wider public.

7.2 Recruitment

Most of the services who responded to the survey highlighted the need to assess each applicant on their individual merits.

Recommendations

- All services should base recruitment decisions on the ability of the individual to do the job.
- Where an individual applicant has diabetes a Case Evaluation¹⁰ should be conducted so that services can make reasonable adjustments.

7.3 Informing the service

The vast majority of respondents have informed the service of their diabetes. This survey may, however, not have reached firefighters or other staff who may not yet have declared their diabetes. It is impossible to assess how likely this is.

Recommendations

- All those with diabetes should be encouraged to tell their service. Without

¹⁰ See 7.4 for a definition of 'Case Evaluation'.

disclosure, services cannot make reasonable adjustment nor are they under any obligation to do so.

- Services should reassure those with diabetes that if they do disclose their condition, they will receive Case Evaluation and Individual Medical Assessment¹¹ if appropriate.

7.4 Individual assessment

There appears to be some confusion over individual assessment and when and how it should be applied. Many fire and rescue services do apply Individual Medical Assessment in relation to undertaking particular duties and many apply a less formal assessment process depending on the circumstances. There are however many inconsistencies.

There are cases where firefighters may have been discriminated against without individual assessment being applied. There are also cases where individuals have been allowed to undertake potentially high risk duties without any assessment made of their individual case.

Case conferences involving the individual, their manager and a medical practitioner are very rare, despite being recommended in the DRC/CFOA guidance (the 'Red Book')¹².

In the interests of clarity the use of two distinct terms may be useful:

Case Evaluation (CE)

Using information which could include medical or other specialist sources, to understand what effect the individual's diabetes has on their ability to do their job and to decide what reasonable adjustments can be made. This should be undertaken when an individual's role changes or there is a change in their medical condition. If reasonable adjustments are made they should be reviewed annually.

Individual Medical Assessment (IMA)

A formal medical review of an individual's diabetes and how it affects them, carried out by specialists. This should be undertaken before any restriction is placed on duties.

Both case evaluations and individual medical assessments should only be made when an individual's diabetes is likely to affect their ability to do their job.

Another important factor to consider is the length of time this process can take. Some firefighters clearly feel that they have been kept away from the job for too long while awaiting assessment.

¹¹ See 7.4 for a definition of 'Individual Medical Assessment'.

¹² Disability Discrimination Act (DDA) Part II Employment Provisions: Guidance to Fire and Rescue Service Managers, known as the 'Red Book'

Recommendations

- All cases must be assessed on an individual basis with firefighters offered a Case Evaluation based on open discussion.
- A policy procedure should be put in place detailing the steps that need to be taken to make reasonable adjustments.
- Restrictions on duties should only be made following Case Evaluation and Individual Medical Assessment with full risk assessment.
- Services should ensure that where duties do present a high risk that an individual assessment is made as to the individual's ability to undertake the duty.
- The process should be dealt with as speedily as is possible and should not inhibit or delay promotion or specialisation.
- There should be an appeals process for staff to use if they feel that an unfair decision has been made.

7.5 Duties undertaken

Duties currently undertaken by firefighters with diabetes include the full range of activities such as brigade driver (light vehicles), standard and to a lesser extent extended duration breathing apparatus wearer, hydraulic platform operator, turntable ladder operator and ship/offshore firefighting.

Among many services there is a recognition that restrictions may need to be applied but that it should be on the basis of individual assessment.

Restrictions have been placed on a number of individuals for a variety of duties although in the majority of cases they were not based on IMA.

There are clearly roles where the risks are greater but the fact that there are firefighters with diabetes currently undertaking these roles shows that no assumptions should be made about the impact of the condition.

Recommendations

- All cases must be assessed on an individual basis.
- Restrictions on duties should only be made following case evaluation and individual medical assessment with full risk assessment.

7.6 Driving and diabetes

Driving is an area where there is clearly both confusion and frustration. Insulin users are currently barred from holding a licence for driving vehicles over 7.5 tonnes. They can, however, hold licences for vehicles between 3.5 and 7.5 tonnes, subject to medical checks.

Current DVLA guidance is unhelpful when it comes to driving under blue light conditions, stating that insulin users should not drive emergency vehicles but then providing a caveat which leaves it up to individual employers to make the decision. Many progressive services have chosen to use the scope given by the DVLA and currently have firefighters driving light vehicles in blue light conditions. The partner organisations in this project would like to see such practice extended across the service with clear support from the DVLA.

Recommendations

- **No blanket ban should be applied for insulin users driving under blue light conditions. All cases should be assessed individually.**

7.7 Lack of awareness and understanding of diabetes

The report highlights the fact that improved understanding of diabetes among both colleagues and occupational health/medical staff would be a real help. While many of those problems seem to have been in the past, it is vital that improvements in the level of knowledge and understanding of diabetes and how it might affect a firefighter's ability to do their job continue.

Recommendations

- **The input of relevant diabetes expertise from an individual's doctor in Case Evaluation and Individual Medical Assessment where appropriate.**
- **The provision of information to colleagues of a firefighter with diabetes.**

7.8 Policies on diabetes

Many fire and rescue services seem to operate according to best practice but very few have written policies that reflect this. The majority refer to ODPM, CFOA/DRC, ALAMA or DVLA guidance but differences between these documents lead to inconsistencies in practice.

Recommendations

- **Key stakeholders should work with Diabetes UK and partners to consider how best practice can be more widely adopted in the recruitment and retention of firefighters with diabetes and to enable fire and rescue services to implement appropriate, consistent policies.**

Appendix 1: About the partners

1 Diabetes UK

Diabetes UK is the charity for people with diabetes. We stand up for the interests of people with diabetes by campaigning for better standards of care. We also fund research to improve the treatment of diabetes and to find a cure, and we provide practical information and support services to help people manage their diabetes better. We have over 170,000 members and a network of offices across the UK. We are one of the largest patient organisations in Europe.

Diabetes UK works for people with diabetes, their carers, family and friends. We represent the interests of people with diabetes by lobbying the government for better standards of care and the best quality of life. Diabetes UK spends over £6 million on research every year to improve the treatment of diabetes and we hope our research will ultimately lead to finding a cure for diabetes.

Diabetes UK's mission is 'to improve the lives of people with diabetes and to work towards a future without diabetes'.

Specifically we want to:

- set people free from the restrictions of diabetes
- ensure the highest quality care and information for all
- end discrimination and ignorance
- ensure universal understanding of diabetes and Diabetes UK
- achieve a world without diabetes.

For more information about Diabetes UK visit our website at www.diabetes.org.uk or phone us on **020 7424 1000**.

2 The Disability Rights Commission

The Disability Rights Commission (DRC) is an independent body, established by Act of Parliament. We enforce the Disability Discrimination Act 1995 and 2005 (DDA), tackle discrimination and promote the benefits of an inclusive society.

What the DRC does

The DRC:

- supports disabled people in securing their rights under the DDA
- solves problems by achieving solutions, often without going to a court or employment tribunal
- supports legal cases to set new precedents and test the limits of the law
- works to change organisations and sectors through formal investigations and

good practice development

- provides an independent Disability Conciliation Service for disabled people and service providers through Mediation UK
- works to strengthen the law so that it protects more disabled people
- organises campaigns to shift attitudes and to change policy and practice
- produces information on rights for disabled people, good practice for employers and service providers and research reports on disability rights
- holds events and conferences to build business networks and raise awareness of disability issues
- creates networks with other organisations to increase the profile of disability rights.

What the DRC does not do

The DRC does not give advice or information on any of the following areas, except when relating to discrimination on the grounds of disability:

- benefit entitlement
- provision of community care services
- provision of medical treatment

You can contact the DRC Helpline by voice, text, fax, post or by email via the website. You can speak to an operator at any time between 08:00 and 20:00, Monday to Friday.

Contact details:

Address: DRC Helpline, FREEPOST, MID 02164, Stratford upon Avon, CV37 9BR
Telephone: **08457 622 633**
Textphone: **08457 622 644**
Fax: **08457 778 878**
Website: **www.drc-gb.org**

3 Chief Fire Officers Association (CFOA)

Aims

CFOA's aim is to continue as the professional voice of the UK Fire Service, assisting and supporting our members to fulfil their leadership role in improving the well-being of local communities in all matters relating to the Fire Service's activities. This will lead to improvements in the social, economic and environmental well-being of all communities through considered and professional utilisation of Fire Service resources.

Objects

The charitable objects of the Association, set out in the Memorandum of Association, are to reduce the loss of life, personal injury and damage to property

and the environment by improving the quality of fire fighting, rescue, fire protection and fire prevention in the United Kingdom.

Activities

To achieve CFOA's aims we will:

- develop policies on issues which affect our members and through their employing Authorities, the service, working in partnership with stakeholders in order to influence public policy issues and opinion formers in the National, European and International communities
- continuously improve the professional standards of our membership and help them attain high levels of expertise and effectiveness by developing their knowledge, skills and understanding to ensure competence
- provide a range of services for our members, both centrally and through appropriate networks to facilitate methods of working in pursuance of the above.

Contact details:

Address: The Chief Fire Officers Association
9-11 Pebble Close, Amington, Staffordshire B77 4RD
Tel: **01827 302300**
Website: **www.cfoa.org.uk**

Alternative contact:

Chris Turnock
CFOA Lead Officer on Disability Matters
Tel: **01606 868812**
Email: **chris.turnock@cheshirefire.gov.uk**

4 International Register of Firefighters with Diabetes (IRFD)

About the IRFD

Founded in 1991, the International Register of Firefighters with Diabetes was set up to network with and campaign for firefighters who were diagnosed with insulin-treated diabetes. During the 1980's, people whose diabetes was controlled using insulin were absolutely barred from working as operational firefighters. This was an incontrovertible national policy.

The primary reason for the creation of the register was to pursue the right to ensure an individual assessment was made rather than the arbitrary, punitive and discriminatory blanket bans. Within a year of the start of our campaigns, it became clear that a number of other professions were also affected by these bans. Bans applied via a process of unscientific and often unreferenced rules based on pre-conceived assumptions rather than any evidence.

Who we represent

- 250 firefighters and fire control officers with diabetes from around the world (140 in Europe, of whom 120 are in the UK)
- people from other professions where employment discrimination has occurred.

What the IRFD does

- Offers training and advice to employers to assist with internal policy making and problem solving for people with diabetes in potentially hazardous professions.
- Advocacy work for internal grievance or medical appeals procedures.
- Advocacy work for Employment Tribunals, Judicial Reviews and Appeals (accredited expert witness for the Disability Rights Commission).
- Liaison and partnership work with the Greater London Authority Disability Network, Diabetes UK, The International Diabetes Federation, The London Fire Brigade's Disability Working Group and the All Party Working Group for Diabetes at Westminster.
- Training – London Fire Brigade.
- Raising awareness with TV, radio and news media. Since 1989, the activities of the IRFD have been publicised on national television and radio, in magazines and national newspapers. Current media archive covers over 70 such events.
- International presentations number over 50, where the intention has been to raise the awareness of diabetes discrimination to the public, employers and healthcare professionals alike.
- The IRFD publishes an employment handbook for people with diabetes and their employers, edited and endorsed by Dr Geoff Gill MD FRCP consultant endocrinologist and reader in medicine.
- We campaign to strengthen or modify laws that ensure fairness at work is not compromised by the use of misguided advice.

Contact details

Contact: Tim Hoy, UK Secretary
Email: diabetesd@tiscali.co.uk
Mob: **07970 380 955**
Website: <http://myweb.tiscali.co.uk/diabetesemployment/>
or <http://welcome.to/irfduk>

5 National Disabled Fire Association (NDFA)

The NDFA is a new body currently being set up by a disabled firefighter for other disabled firefighters. It is the vision of Duncan White, a serving firefighter in Somerset, who is hard of hearing and wears a hearing aid in both ears. Following his own personal experiences and acknowledging the needs and requirements of the Disability Discrimination Act, Duncan identified the need for an Association for use by both employee and employer to work together to ensure best practice is adopted and demonstrated in all areas of disability.

NDFA aims to promote disability rights and equality of opportunity within the Fire and Rescue Services of the United Kingdom and the wider community. It will be open to all disabled fire service employees in the UK.

NDFA's mission is to be an umbrella organisation providing support for individuals, like-minded organisations and pressure groups to ensure that:

- the Disability Discrimination Act (DDA) is applied and adhered to
- best practices are shared between fire and rescue services and fire authorities
- instances of poor management are identified, rectified and the lessons learnt are shared
- legislation is current and relevant.

And also:

- to mediate between employer and employee
- to be a source of knowledge and experience and to be used to educate and train
- to be a link and forum for all individual staff disability groups.

It is hoped to launch the NDFA in the spring of 2007, with a conference open to all fire and rescue service personnel living with and affected by disability. This event will be widely publicised once long term funding for the Association has been secured.

Contact details:

Contact: Duncan White
Email: djwhite@somerset.gov.uk
Mob: 07771 574 201

6 Fire Brigades Union (FBU)

The FBU represents over 85 per cent of the uniformed staff of the UK fire service. Our members are frontline public service workers - covering the roles of firefighter to area manager, including emergency fire control staff and firefighters working the retained duty system.

The FBU campaigns and lobbies on key issues affecting our members and the public at large. We're working to protect and improve the fire and rescue service, improve safety in the workplace and end discrimination and harassment at work. We are focused on winning for our members, whether they are firefighters working the wholetime or retained duty system, emergency fire control staff, or managers in the UK fire and rescue service. We also support external campaigns, from those seeking better employment rights for all workers in the UK to efforts to secure proper trade union and human rights in Colombia.

The FBU has a clear structure to make sure all members can have their say. The union is divided into 13 regions, each with its own regional committee made up of representatives from every branch in each region plus regional officials.

The governing body of the FBU is the annual conference. The union's policy is decided by delegates elected from branches, regions and the union's sections. Policies decided at conference are carried out by the Executive Council (EC), elected from the regions and the sections.

Our sections are a way to get involved on an equal basis with everyone else in the union. They enable the union to reflect particular experiences and enable members with common interests to come together and work on key issues affecting them.

- retained members
- emergency fire control staff
- officer members
- women members
- black and ethnic minority members
- lesbian and gay members.

The FBU fully supports the work being done by Diabetes UK and partners, it is our view that this can only lead to a better informed workforce about the effects of diabetes on firefighters/emergency control staff and hopefully encourage brigade managements to adopt standard practices across the UK fire service, so everyone connected with the fire service through out there career is treat fairly and equally.

Contact details:

Contact: General Secretary: Matt Wrack
Address: Bradley House, 68 Coombe Road, Kingston upon Thames,
Surrey, KT2 7AE
Phone: **020 8541 1765**
Fax: **020 8546 5187**
E-Mail: **office@fbu.org.uk**

7 Fire Officers' Association (FOA)

The Fire Officers' Association was formed in 1994 and was granted a Certificate of Independence in June 1995. Membership is open to members of the fire & rescue service regardless of rank. Collectively, the Association represents middle managers. Individual representation is available to all members.

Management of the Association is vested in a group of experienced and dedicated people comprising the Executive Board who, with the exception of the Chief Executive and other full time officials, are all serving managers in Local Authority Fire & Rescue Services. Their managerial experience within the service enables them to understand fully the wide range of issues facing a modernising fire & rescue service.

As a professional organisation, the FOA aims to provide a first class service to all members. In our Association the members' interests come first. We are fully committed to enhancing members' terms and conditions of service and in promoting an efficient public service.

The Association believes that the interests of our members are best served through the process of consultation and negotiation. In this way we can play a constructive role in the changes that are inevitably taking place within the service.

Contact details

Contact: Neil Hoskin
Email: marmot999@aol.com
Mob: 07967 839 626
Website: www.fireofficers.org.uk

8 Retained Firefighters Union (RFU)

The Retained Firefighters Union (RFU) was formed in 1976 due to the pending strike action which eventually took place in 1977 and lasted for 9 weeks. Retained firefighters throughout the UK could not and would not strike leaving their communities without an emergency service. So a union, the RFU, with a no-strike constitution was born.

The first perception of being a non-strike union is that people say, 'if you are a non-strike union you are toothless, you've nothing to use as a weapon against the brigade'. This is not true. There are many ways of challenging unnecessary brigade changes in the fire service. Our methods include using consultation, the media and most important the strength of feeling from our friends and neighbours in the community. As a last resort legal proceedings have in the past proven to be as instrumental in getting the job done as threatening strike action.

This has gained the RFU a great deal of respect from chief fire officers and elected members around the country, and it doesn't risk anyone's life or property in the

process. We also believe that the partnership approach is likely to lead to longer-lasting agreements and stability. The power of argument is more powerful in the longer run than the argument of power.

The RFU is run for the retained by the retained, the majority of the staff at our head office are, or have been retained firefighters so there is no better understanding of how the retained system works and how the retained personnel are best served than by the RFU.

60 per cent of appliances are crewed by retained firefighters. Unfortunately the general public still are not aware that retained firefighters exist let alone that their local fire station is a retained one! We strive to make sure they do.

Contact details

Contact: Phil Grimes, Health and Safety Representative
Email: phillip.grimes@ntlworld.com
Mob: **07984 085 666**
Website: www.rfuonline.co.uk

Appendix 2

Glossary

ADO	Assistant divisional officer (now station manager)
ALAMA	Association of Local Authority Medical Advisers
BA	Breathing apparatus
CFOA	Chief Fire Officers Association
DAFNE	Dose adjustment for normal eating
DDA	Disability Discrimination Act
DED	Disability Equality Duty
DRC	Disability Rights Commission
DVLA	Driver and Vehicle Licensing Agency
EDBA	Extended duration breathing apparatus
EFAD	Emergency fire appliance driver
F&RS	Fire and rescue service
FBU	Fire Brigades Union
FOA	Fire Officers' Association
FRU	Fire rescue unit
GDM	Gestational diabetes mellitus
GTS	Gas tight suit
HO	Head office
ID	Insulin dependent
IMA	Individual medical assessment
IRFD	International Register of Firefighters with Diabetes
NDFSEA	National Disabled Fire Service Employees Association
ODPM	Office of the Deputy Prime Minister
OH	Occupational health
OHO	Occupational health officer
OHU	Occupational health unit
RFU	Retained Firefighters Union
SDBA	Standard duration breathing apparatus

Appendix 3

List of respondants by fire and rescue service	Number of respondants	Percentage (%)
South Wales:	5	7%
Derbyshire:	5	7%
Lancashire:	5	7%
London:	4	6%
Hampshire:	3	4%
Kent:	3	4%
Lincolnshire:	3	4%
Somerset:	3	4%
West Midlands:	3	4%
Cheshire:	2	3%
Cleveland:	2	3%
Cornwall:	2	3%
Defence:	2	3%
Devon:	2	3%
East Sussex:	2	3%
Merseyside:	2	3%
Strathclyde:	2	3%
West Sussex:	2	3%
Wiltshire:	2	3%
Avon:	1	1%
BAA:	1	1%
Cambridge:	1	1%
Cumbria:	1	1%
Essex:	1	1%
Fife	1	1%
Gloucester:	1	1%
Hereford:	1	1%
Highlands & Islands:	1	1%
Leicestershire:	1	1%
Lothian and Borders:	1	1%
Mid & West Wales:	1	1%
Royal Berkshire:	1	1%
Suffolk:	1	1%
Northern Ireland	1	1%
Tyne & Wear:	1	1%
Warwickshire:	1	1%

Appendix 4

List of responding fire and rescue services

F&RS	OH	HR	E/D	H&S			
Berkshire		●		√			
Buckinghamshire		●		√			
Cambridgeshire (Joint response)	●		●				
Cheshire	●			●			√
Cornwall		●			√		
County Durham		●		√			
Derbyshire	●			√			
Dorset		●			√		
Dumfries & Galloway		●		√			
Essex		●			√		
Gloucestershire		●		√			
Hampshire			●				√
Hertfordshire	●			√			
Humberside	●			√			
Isle of Wight (Service support)							
Kent		●					√
Lancashire	● (Physician)						
Leicester	● (OH & Safety)						
Lincolnshire		●		√			
Nottinghamshire	● (Physician)						
Northern Ireland	● (OH, Safety & Welfare)						
Oxfordshire		●		√			
Central Scotland (Medical Advisor) √	●						
Lothian & Borders (Medical Advisor) √	●						
Shropshire			●				√
Somerset		●			√		
Staffordshire	●			√			
East Sussex (Occupational Physician)							
West Sussex (Policy Development)							
Tyne & Wear	●			√			
South Wales (Medical Advisor)							
Mid & West Wales		●		√			
Warwickshire	●			√			
North Yorkshire (Staff Risk)							

Key: OH – Occupational Health
 HR – Human Resources/Personnel
 E/D – Equality/Diversity
 H&S – Health & Safety

Other differences and variations are detailed in the relevant entries above.

The views expressed in some of the quotes reproduced within this report and the views expressed by those surveyed do not necessarily represent the views of Diabetes UK and partner organisations.



The charity for people with diabetes

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Registered charity no. 215199

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