# CORRESPONDENCE

## Occupational Health in the new NHS

Sir,—Although some of the fears expressed in your editorial (1992;49:297–8) might be justified, we would be grateful for the opportunity to sound a more optimistic note. The growth in the practice of occupational medicine in the NHS has been steady, as has the professional quality of many of the consultants who are now able to stand comparison with consultants in longer established medical specialties. The problem of the untrained part timer exists, but the provision of appropriate training in conjunction with the practice of audit[1] in the NHS should go some way to solving this.

In a recent audit of randomly sampled medical consultation records in three Scottish Health Boards, we have, among other things, compared 130 consultations by seven "career" occupational physicians (consultants, senior registrars, and academics) with 125 consultations by 12 "non-career" physicians (mostly part time general practitioners). Statistically significant differences suggesting more effective performance by the career physicians were found in six out of 10 indices studied, for example in reaching a specific diagnosis (91% compared with 67%) and in recording occupational implications (96% compared with 74%). In one Occupational Health Service where internal audit had been introduced, there was some evidence of improving standards. These results, which are part of a study commissioned by the Faculty of Occupational Medicine, are to be reported in detail shortly.

Your statement that many of the traditional roles of occupational medicine, including consultations such as those we studied "can almost all be carried out by trained occupational health nurses with a minimum of medical intervention because relatively little diagnostic acumen is required" is, in our view, defeatist for the specialty as a whole, as well as lacking in objective justification. Such an attitude would ensure that all occupational medicine remains in the doldrums and continues to be practised in an undisciplined way; we believe it is not shared by many of our colleagues. In our opinion the clinical problem solving skills and critical reasoning that promote advances in the practice of other specialties are equally likely to be effective in occupational medicine. Indeed, the fact that they have hitherto been little deployed in this specialty makes it fertile ground, and there are signs that the new generation of NHS consultants is already exploiting this. We believe that such doctors will be able to show their real value to sceptical managers.

We understand one cause of your pessimism. The lowly state of British occupational medicine is illustrated by a review of the number of British papers judged worthy of publication in the British Journal of Industrial Medicine. If our optimism is justified, this progressive decline will soon begin to be reversed.

R AGIUS
*Department of Public Health Sciences, The University of Edinburgh Medical School, Edinburgh EH8 9AG*
H F V RIDDLE
*Occupational Health Service, Fife Health Board, Kirkcaldy KY2 5AD*
A SEATON
*Department of Environmental and Occupational Medicine, University Medical School, Foresterhill, Aberdeen AB9 2ZD*

1 Agius RM. Peer review audit in Occupational Medicine. *J Soc Occup Med* 1990;40:87–8.

Sir,—You make a number of observations about occupational health in the NHS (1992;49:297–9), repeatedly drawing negative conclusions about their significance. Does it matter that there are more nurses than doctors or that many of the services are nurse based? This is true of most clinical specialties. It is more relevant that an increasing number of trainees and appropriately trained consultants are now in post. It is upon them that the future of the specialty depends.

Trainees, preferably at senior registrar grade need practical skills in hygiene and toxicology. The AFOM syllabus and examination are too theoretical and do not encourage the attainment of these skills. The membership diploma also has its limitations. If research is to be encouraged trainees should aspire to an MD or PhD bringing them into line with other specialties. The membership itself should be used to prove specialist competence in the discipline of occupational medicine, rather than for the production of a dissertation. Management skills must also be developed during training. Properly trained doctors will be able to undertake much of the routine hygiene and environmental work in hospitals. This will help to safeguard their future in the increasingly cost efficient NHS.

Only in departments servicing large units may a multidisciplinary team, including a hygienist, be viable. We believe that medical consultants are better qualified than others to lead these teams but individual consultants will have to prove their worth.

We were surprised at your assertion that pre-employment screening, assessment of fitness for work, and investigations of poor work performance require little diagnostic acumen. In our experience clinical medical skills are essential to these activities.

The specialty of occupational medicine both inside and outside the NHS needs a stronger research base. Occupational physicians often have little or no research experience and for those that do undertake research there are too few opportunities to present their work. Rather than publicly writing off occupational medicine within the NHS, you would, we submit, be better considering the issues of training and research for NHS occupational physicians.

R H McBRIEN
A B STEVENS
*Occupational Health Service for the Health and Personal Social Services, 91 Lisburn Road, Belfast BT9 7AE*

## Byssinosis in developing countries

Sir,—In his review of byssinosis (1992;49:217–9) Parikh suggests that "attempts should be made to harvest clean cotton" and "to some extent hand pickers can be trained to reduce the bract content." These suggestions follow his observation that "reduction in dust concentration by control devices is the most important step in the prevention of byssinosis, but at present such devices are unknown in developing countries."

Accepting that the development in techniques of dust control is the prime ingredient in the reduction in incidence in developed countries to