Academic occupational health under threat

Action by the UFC may virtually finish the discipline

One of the last acts of the University Grants Committee was to consider a review of departments of occupational health. The review shows that the committee that proposed it is out of sympathy with academic occupational health and out of touch with what academic departments have been trying to achieve. Despite noting that "a common European market in goods and services offers the prospect of a larger market in goods and services in general and occupational medicine in particular" and that "there were also clear indications that the demand for occupational health services and thus for training and education in occupational health would increase," the committee has produced a report which if acted on would virtually end occupational health as an academic discipline in Britain. The committee has acted to restrict rather than to expand the subject.

The report's principal recommendation is that there should be central funding for only two departments of occupational health—in Birmingham and Aberdeen. Funding, it says, should be withdrawn from other institutions including the London School of Hygiene and Tropical Medicine. The TUC Centenary Institute at the London School is said to have a "generally rather poor research record in recent years" (although the criteria on which this judgment is based are not given), and the special place it has held in Britain as the only department to offer full time courses to overseas students is underplayed. Many of those in the most senior positions in occupational medicine in developing countries are alumni of the school, and through its courses the institute has been profoundly influential throughout the world. If the institute were to be closed there is no other British university to which overseas students could turn.

The institute has been through a difficult time in the past few years and has suffered from poor management. There has been little support at the highest levels within the school, and it is a tribute to the tenacity of its staff that it has survived the many attacks on it. It will be difficult for the school to maintain its reputation as a postgraduate school of public health without a department of occupational (or environmental) health.

The report says that, although most teaching of occupational nurses takes place outside universities, there is a small requirement for postgraduate training; satisfying a small requirement is probably all that will be possible. It suggests that the University of Newcastle should maintain its skills in teaching occupational hygienists but that otherwise their training should fall to polytechnics, institutes of further education, and other establishments. This would, of course, come about naturally if the report is accepted by the University Funding Council.

The report considers that some of the problems that have beset occupational health departments in recent years have originated because they have done little undergraduate teaching. This can hardly be a serious suggestion; the present undergraduate curriculum contains little space for teaching occupational medicine, and it would be difficult to argue for much more. Who would agree to sacrifice time for this to happen? As long as medical students are taught to consider occupation as an aetiological factor in their patients' illnesses, to take an occupational history, to recognise the more common occupationally related diseases, and to learn how best to rehabilitate their patients back to work they will

probably have done enough. Overwhelmingly, occupational medicine is a subject which is learnt at postgraduate level, and it looks as though this will be increasingly difficult in the future.

Looking ahead to the demise of the department at the London School of Hygiene and Tropical Medicine, the committee make the astonishing recommendation that the University of London should consider appointing two senior lecturers to provide undergraduate teaching. It is difficult to see who would want to take on this peripatetic post; the thought of being on five or more teaching committees or curriculum committees should daunt even the bravest spirit, particularly when there seems to be no suggestion of providing support services. It would be impossible to recommend that any bright young doctor should now consider a career in academic occupational medicine since there would be no career structure and almost no prospects of advancement. To appoint two senior lecturers to different teaching hospitals would be to consign them to academic oblivion for it would be extremely hard for them to establish a satisfactory research base.

It is impossible to believe that there should be no department of occupational health south of Birmingham, and the proposal seems extraordinary to doctors in other European countries, where occupational health is expanding not contracting. In Sweden, for example, which has a population less than that of London, there are more departments of occupational health than in the whole of Britain. Should the London School of Hygiene and Tropical Medicine be closed a chance should be given for someone to create another in London. Instead of appointing two senior lecturers the University Funding Council should consider creating a chair in occupational health and providing the support for the incumbent to develop research and teaching. Money should also be made available to create at least one other post—either a senior lecturer or lecturer post. A professor of occupational health within the university would provide a focus for research and postgraduate teaching; undergraduate teaching is already being provided by the consultants in occupational medicine in London, most of whom also have academic appointments. It is on the quality of research not on the number of hours of contact with medical students that occupational medicine will be judged by those in other disciplines, and research must be given priority.

If the University Funding Council acts on the recommendations of this report then academic occupational health will virtually cease in Britain. The person for whom I have most sympathy is Richard Schilling: rarely can one man have started a department, seen it rise quickly to become the most eminent in the world, and then almost as quickly sink to the point where its continuation is in doubt.

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Correction

Doctors, unethical treatments, and turning a blind eye

An editorial error occurred in this editorial by Dr Richard Smith (29 April, p 1125). Dr James Sharp left King's College Hospital, London, on 30 November 1984 and not in 1986 as published.