The practice of occupational medicine is undoubtedly rooted in the past. We even have a tradition that all good occupational medicine lectures begin with a quote from Ramazzini. The consequence of this ‘retro’ appeal is that we are more tactical than strategic in our outlook. The world of work is profoundly different from 30 years ago. To date, we have seen regulation imposed more as a result of political negotiation than identified need. Never before has the need for a coherent strategy at national and corporate level been more serious, a view with which the UK Health and Safety Executive appear to agree.

Existing practices appear to be Taylorist in approach, rather more concerned with identifying the worker who fits the job than vice versa. It is therefore stimulating to discover others share one’s views about the contribution of occupational medicine to the strategic management of a company or indeed a nation in stark contrast to a boring clinical practice trapped in the age and perspective of the ‘certifying factory surgeon’.

We need to concern ourselves with strategies for the reduction of the impact of ill health. Addressing this strategic opportunity requires on the one hand, the traditional and high quality tools of prevention including advice, education and training, immunisation, personal protective equipment etc., and on the other, prompt, efficient and effective treatment. The two should never be mutually exclusive. The differences in outcomes between occupational injury on the one hand and sports injuries on the other are to do with deployment of appropriate resources as and when required, not when the ‘system’ says you can have them. Prevention and treatment are twin objectives serving the same purpose and perhaps it is time to create new methods of working, between occupational medicine and other specialties too long separated by a lack of mutual understanding.

Environmental stewardship is concerned with workplace risks as much as product and process integrity. This is where occupational physicians add immense value to their company, whether in the public or private sector, through their knowledge of toxicology, public health medicine, epidemiology, and diverse other disciplines. If we are to offer services in these areas, it is essential that we maintain current our knowledge of both technical and workplace thinking. This means giving equal consideration to subjects like management sciences, toxicology and epidemiology as we do to clinical medicine, as well as taking the time to become familiar with the processes in our companies and their associated technological and organisational issues. We must also attempt to integrate the material into a coherent plan.

Improving the general health of the workforce is another area of strategic opportunity, which could perfectly well be translated into reducing health care costs. Health promotion has attracted a great deal of attention amongst human resource managers and others. Considerable effort is put in place by many occupational health departments for lifestyle screening etc. Some evaluation is even made public. But, do these programmes actually change behaviour? Are such changes carried through to improved health outcomes? In companies with limited resources and in the face of very considerable competition, should expensive health screening programmes be maintained? Or should they be replaced with low cost health promotion policies e.g., sensible drinking, exercise activities at lunchtime etc? The area is controversial, but nonetheless can do much to indicate that an employer values their workforce as well as lead the internal marketing of occupational health services. Health promotion is a product for which there is a demand and we must deliver the best quality available.

Occupational medicine contributes much to the human resource and employee relations functions where current issues have significant health-related compounds. This brings us out of the warring world of sickness absence into areas straddling scientific, technical and social aspects of the workplace. Strengthening these opportunities will produce good health and employment outcomes. It will define and resolve the privacy and ethical issues related to health and work.

Motivation, creativity and productivity are key issues if the successful organisation is to sustain corporate advantage. Given the acquisition of organisational process skills, we can do much to promote intangible areas of strategic management that are critical to competitive advantage. Business best practice and change leadership is an important growth area where occupational medicine can forge further strategic alliances and make a high value contribution to corporate performance.

Regulation is anathema to the business world as it is regarded as an attempt to undermine competitive advantage. Others consider product and safety standards with effective enforcement the best combination for national advantage. The trick, of course, it to anticipate those standards that spread internationally. Divorce regulations from their strategic context or fail to place them with a strategic framework and they become costly irrelevancies. Promoting regulatory compliance in occupational health is not an end in itself but rather a means to an end.

Making these strategic alliances requires information management capabilities; appropriate training to make practitioners as comfortable in management and organisational settings as they are clinical situations; and the capacity for practitioners to bring to bear their knowledge and expertise across a range of disciplines to address the problems of the whole world of work — a different perspective from sickness absence.

Occupational ill-health is an unintended product of an organisation’s activities. A logical, management objective should be to maintain the operation at lowest cost, which includes minimisation of ill health. Splendid isolation in the human resource or employee relations department will not allow maximisation of its corporate value. To paraphrase Alexander Pope, the proper place for occupational medicine is where people are working. Occupational medicine is not a ‘nice-to-have-add-on’ but an integral component of the strategic and operational management of an organisation.

Dr Denis D’Auria
Honorary Editor

REFERENCES

Occupational Medicine is an international peer-reviewed journal which aims to encourage the critical appraisal and enhancements of standards of medical practice for the benefit of the workforce. The Journal presents an up-to-date information service of use to anyone interested in the promotion of health and safety in the workplace. It invites articles with an international perspective, covering areas such as work-related injury and illness; accident and illness prevention; health promotion; occupational disease; health education; the establishment and implementation of health and safety standards; monitoring of the work environment; and the management of recognized hazards. Contributions are welcomed from practising occupational health physicians and research workers in related fields and should fall into one of the following categories: Original Paper; Review; Viewpoint; Balance of Opinion; Case Report; Letter to the Editor or Book Review. Guidance of how to present your paper for potential publication is given in the Notes for Authors, which are published in this issue or are available from either the Honorary Editor or the Publishers. Articles to be considered for publication should be sent to the Honorary Editor, Occupational Medicine, c/o The Society of Occupational Medicine, 6 St Andrew’s Place, Regent’s Park, London NW1 4LB, UK.

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