Editor’s choice: evidence- not event-based practice

This issue is concerned with the provision of occupational health services and the people who provide it; in other words, the effectiveness of occupational health workers and the effects of that work on their health. Continuing the theme, this issue also publishes a number of original papers which examine the effects of health care work on health care workers.

Whilst there are undoubtedly changes taking place within the health service, the changes within the occupational health sector are arguably much greater. They probably always have been, because they reflect the huge changes that take place continuously within industry and the private sector. But do we as occupational health workers change as quickly as our employers? Possibly not, but we need to, and the consequences of not doing so are already visible.

The editorial by Bunn et al. [1] examines the phenomenon of physician assistants in North America, an issue highlighted by the papers of Nicholson [2] and Hooker [3]. ‘Physician assistants’ as a concept was probably previously unknown to many of us, myself included. It is one option, however, which might allow physicians to spread their specialist skills further whilst also retaking a strategic role. This is important if we are going to reach more workers and achieve the national targets. One of the great attractions of our speciality is the opportunity to practise in a wide variety of environments and non-clinical areas. This is not to detract from the importance of clinical occupational medicine, but a chance to develop expertise in fields as far flung as toxicology, ergonomics and human resource issues has undoubtedly attracted some highly talented physicians to the speciality in the past. But in recent years, in the UK, it appears that occupational physicians have handed the strategic and policy mantle to non-physician managers. The increasing number of itinerant specialist occupational physicians who earn their money as hands hired purely to sort out absence and retirement issues may not be a healthy option for our speciality in the long run. Persuading employers of our worth in non-clinical areas is an age-old battle, and one that we have lost in the last 20 years. The challenge therefore is to use options such as physician assistants to enable us to increase our sphere of influence and do the important things rather than simply the urgent ones.

One growth area for occupational health in the UK is NHSPlus, still in its infancy. Ujah et al. [4] examined provision of occupational health services in London NHS Trusts and found not only a significant variation in both the nature and extent of the service provided, but also that 88% of trusts were providing services externally. Some argue that NHSPlus is the nationalized NHS occupational health service we never had in disguise. If Davidson and Shutleworth’s [5] findings are correct, this disguise is thin when the cost of services provided externally is less than those provided internally within the NHS. The growth of NHSPlus suggests that NHS occupational physicians will be increasingly occupied with clinical jobbing, because this is predominantly what employers want, or think they want, in the absence of being advised otherwise. Whilst it might lead to better access to occupational health services for small and medium-sized enterprises, this is still not clear, and if their services are inaccurately priced, it might enhance the speed with which larger organizations contract out. Verow’s [6] study shows that NHS consultant occupational physicians already do quite a lot of clinical work, spending 18 h per week on average seeing patients, not including any subsequent clinical administration. Room for physician assistants here then, but also a good case for working smarter rather than harder.

Waclawski et al. [7] suggest we can do better things rather than do things better. They examined the pre-employment health screening process for student nurses and conclude that routinely obtaining information from the general practitioner wastes everybody’s time. Pre-employment screening in the health service is a good example of something driven more by event than evidence in recent years since the Clothier report. Wynn and Archer’s [8] examination of the Emson case is a warning to occupational health and a powerful reminder that the medical profession is still reflexly reactive and positively poor at proactive. As Khrushchev said, ‘A little pig with its head in the trough can’t see the stars’. Whether it is through physician assistants or evidence-based pre-employment screening, occupational physicians need to be able to see the target in the first place rather than examining it for clues as to where the last arrow hit.

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References

1. Bunn WB, Holloway AM, Johnson GE. Occupational medicine: the use of physician assistants and the changing


