LETTERS TO THE EDITOR

doi:10.1093/occmed/kqv182

Occupational health issues amongst UK doctors: a literature review

Dear Sir,

Vijendren and colleagues paper reported on their literature review of reported work-related conditions affecting doctors [1]. I was interested to read their comments that presumably at the time of their research there were ‘no published studies on work-related skin disorders specific to doctors within the UK’. However, I would like to point out that in the January 2015 edition of this journal, my paper entitled ‘A survey of occupational skin disease in UK health workers’ was published [2]. My study was the first time that such work in the UK had been undertaken and reported on. I was able to demonstrate the prevalence of self-reported work-related skin symptoms in both clinical and non-clinical staff in a population of UK healthcare workers. For clinical staff, this was 20% (doctors 20%, nurses 20% and allied health professionals 19%) and for non-clinical staff, it was 7%. Furthermore, when I compared data concerning clinical staff who reported work-related skin symptoms to matched controls, I found statistically significant differences regarding: a history of eczema, redness of skin, use of moisturizers and hands washed >20 times per day.

Kathryn Campion

e-mail: kathryn.campion@buckshealthcare.nhs.uk

References


Re: Wither or whither now training in occupational medicine

doi:10.1093/occmed/kqv185

Dear Sir,

Alastair Leckie’s decision to publish a personal perspective on occupational medicine training, as an editorial, must represent a plea for occupational physicians (OPs) in the UK to respond [1]. I hope therefore that this letter will be one of a number that his article generates.

My immediate view is that the context of the current situation needs deeper consideration. Our young speciality was established and driven forward by some pioneers, against a back drop of significant numbers of doctors involved and, at least in the military, a clear intent to produce more. This is increasingly no longer the case. As the editorial indicates declining training numbers are not confined to occupational medicine, but issues around general practice and paediatrics etc. feature extensively in the media and NHS planning. The situation with our speciality does not appear to be energizing anybody other than OPs themselves.

Alastair reports that ‘this is at a time when political recognition of the speciality is higher than it has ever been before’. Is this correct? Political awareness of fitness to work is certainly high, with major emphasis on the vast welfare budget and its control. It seems, however, that those who have sought to represent us have not been fully successful in demonstrating any crucial role for highly trained OPs in this activity. Major initiatives may have had some OP input in their design but appear to have little in their delivery. Fit Work, both in Scotland and the rest of the UK, is the most recent example.

Occupational disease is the other half of our role, and this seems to have no political perspective whatsoever. Real occupational illness exists and is important in the UK, though the nation’s principal diagnostic system now appears to be patient perception through the Labour Force Survey. On two occasions the regulator has gone to consultation on ending the statutory requirement on employers to report occupational disease, and while this has been retained, compliance remains a major issue. The regulator itself has chosen to shed most of its own accredited OPs. There have been none at all in Scotland for a number of years. I understand there may still be at least two in the UK, so the statutory requirement for an Employment Medical Advisory Service (EMAS) of medical practitioners (pleural) [2] may still be being met. It is perhaps open to question, however, if there is compliance with the role required of this service by statute [3].

The editorial mentions the challenge of getting occupational medicine into the undergraduate curriculum, indicating an aim for such activity as ‘recruitment to the speciality’. For some years I was fortunate enough to have a role in coordinating occupational medicine input to MB ChB training at a Scottish University. I am confident that