

# BRITISH MEDICAL JOURNAL

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*Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.*

## A coordinated occupational health service in the NHS

SIR,—Dr C C Baker (26 February, p 665) is right to draw attention to the urgent need to develop and coordinate occupational health services within the National Health Service. But the recent national survey of existing services<sup>1</sup> indicates that considerable manpower is already committed, with the employment of 370 doctors (mainly part time) and 592 nurses (mainly full time). The disturbing feature of this survey is that over 85% of the doctors and over 60% of the nursing staff have no occupational health qualification and it is not perhaps surprising that many services have developed in a piecemeal fashion without achieving their full potential impact.

Occupational medicine is now recognised as a specialty within the arrangements of the Joint Committee on Higher Medical Training, and formal training programmes leading to membership of the Faculty of Occupational Medicine ensure that those who reach the professional standards required have abilities and skills equivalent to NHS consultants in other disciplines. High standards are also expected of nurses who attempt study after registration leading to the occupational health nursing certificate. It is essential, therefore, to recruit suitably qualified persons to provide leadership in the development of future services, but despite the agreement implicit

in the recent Department of Health and Social Security circular<sup>2</sup> health authorities continue to advertise regularly in your columns for part time unqualified staff. The time has come to hold all further recruitment until a consultant is appointed for each region. His task will not be easy, and with responsibility for up to 100 000 NHS employees and possibly a similar number of local authority workers his clinical and administrative skills will be sorely stretched. One of his initial priorities must be to ensure that existing manpower investment in this field is being used appropriately and harnessed towards the development of specialist occupational health teams whose responsibilities cover more manageable numbers of employees. In each region the medical input to such teams will require the establishment of a consortium of occupational health consultants, each of whom will have responsibility for one or more district health authorities. In the meantime the regional consultant posts are to be welcomed as a first step.

Not all parts of the NHS, however, show the degree of incoordination implied in your leading article. Within the NHS in Scotland the principle of consultant grade doctors for occupational health has now been established for two years and five appointments have been

made with more in the pipeline. At recent appointment committees for such posts no shortage of suitably qualified applicants has been apparent, and with a more manageable unit of responsibility (each consultant covers one health board) the incumbent has a greater opportunity to devote part of his attention to teaching and research. To help coordinate services the Scottish Home and Health Department has recently set up a directors of occupational health services group, on which all 15 health boards in Scotland are represented. Although it is still at an early stage of development, the initial progress of the group is encouraging. Plans are also well advanced to create a senior registrar training post so that the NHS can take its place with other industries in the provision of occupational health services in the future. While differences in the administrative structure of the NHS in Scotland may have facilitated the progress so far, it is clear that positive steps are being taken to promote development, coordinate activity, and plan for the future.

In 1968 the Tunbridge report<sup>3</sup> summarised the advantages in the provision of occupational health services for staff, and since that time public awareness of the benefits of preventive medicine and health promotion has increased. There is more widespread understanding of