Learning from teachers

‘Education, education, education’ was the priority of the Labour government when it came to power in 1997. Although it was joined by health and ‘Bobbies on the beat’ as the key political issues during the recent election, it can be argued that of the three, education is the only one capable of positively influencing the other two. In any developed society, education is the essential public service. Like health, however, education is another one of those potentially bottomless pits, a billionaire black hole never satiated no matter how much money is thrown into it. Like health, expectations of education, whether governmental or public, constantly run ahead whilst the service struggles to stand still. It demands money for the latest high-tech hardware: for scanners read computers and technology labs. But the hardware does not provide the service. Like health, unless you have the software, the actual service providers, it all goes backwards. And like health, the service providers appear to be in short supply, struggling to cope and demoralized. Teachers and nurses now top the stress league tables, and their managers are close behind [1].

There are now over 400 000 teachers in England and Wales, and during the year 2000 numbers rose by over 5000, although there remain almost as many vacancies in January 2001 as a year before [2]. Teachers have high absence rates; over half (56%) took sick leave during 2000, and those who were off took an average of 10 working days during the year. Provisional figures show that 9370 teachers retired during 1999–2000, 26% of these being on the grounds of ill-health. One-third of retirements were otherwise premature, which means that less than half (44%) of all teachers actually retire at or after the age of 60. Almost half (45%) of the premature retirements occurred in the age group 50–54, 43% of these being due to ill-health. About half of all teacher ill-health retirements are because of mental ill-health, which means that one in eight teachers finish work for this reason [3]. For those aged between 50 and 54, it is one in four.

If the teaching profession is struggling to recruit, then a haemorrhage at the other end of the career scale potentially threatens the service, and this has been reality in some areas in the last 6 months. The shortage has been made worse by changes in recent years that prevent—quite rightly, many would argue—teachers who had retired one day on health grounds from returning the next as supply teachers. So, as well as recruiting, the government might be well advised to prevent the premature exodus of skilled employees.

In this context, retirement on health grounds is an important issue. Ill-health retirement is the ground where health and education meet, often in the office of the occupational physician. The production of the Occupational Health Guidance for the Training and Employment of Teachers, *Fitness to Teach*, by the Department for Education and Employment (DfEE), in December 2000 is therefore welcome [4]. Commissioned by the DfEE, the guidance has been prepared by the Faculty of Occupational Medicine supported by the Association of Local Authority Medical Advisers. It is an excellent document that all occupational physicians should at least see, whether they advise a local authority or not. It is clear and concise, and contains many neat practical tips that reveal that this has been written by practising occupational physicians with much experience in the occupational health seat. In many respects, it is a good model for providing occupational health in any occupational setting, and it could also be used as a blueprint for other similar professional or occupation-specific guides. The guidance is aimed at occupational health personnel. It states that ‘its primary objective is to achieve appropriate and consistent recommendations . . . in the assessment of fitness to entry to teacher training and during employment including in relation to applications for ill-health retirement’ and it does appear to fulfil these aims.

But will it help the teachers? Will it reduce their pressure and lower their stress? Will it help prevent premature retirement on health grounds? Will it help education meet the high expectations the public has of it?

The primary goal of occupational health must be prevention if we are to promote and maintain the mental well-being of all staff. Unfortunately, this laudable aim all too often gets lost amidst the rush to advise on absence and retirement. Talking to teachers reveals that often their main concerns are not teaching, but external factors such as paperwork, government guidelines and the old chestnut of interpersonal relationships. Frequently the stress is not in the classroom, but in the staffroom or when the Ofsted inspector calls, and it is in areas like these that the best opportunity for primary prevention may lie. In fairness, the guidance document is not primarily concerned with interventions to reduce risk, although there is a brief section on the occupational health aspects of teaching duties, including psychological hazards.

Once a teacher is off with stress, the chances of a return to long-term work appear very low indeed. Many occupational physicians would argue that by that time the battle is already lost. The guidance provides practical advice on helping teachers return, but the reality of many of these excellent recommendations is often difficult. Headteachers are not interested in phased return when
their financial support to fund a supply teacher disappears along with the sick note. Relocating a teacher to a different school is almost unheard of, and effective communication to encourage early referral with a service that can operate from a hundred different sites in one authority can be difficult.

In terms of advice on recommending ill-health retirement, the guidance is clear and direct. Along with the previously produced ALAMA guidance, occupational physicians now have good foundations on which to make recommendations with confidence [5]. This could be expected to lead to consistency in recommendations for ill-health retirement that at least would provide clarity to the teaching profession and help foster more meaningful discussions about rehabilitation. However, the Teachers’ Pensions Agency continues to accept applications from general practitioners who are unlikely to have had sight of the guidance and will have less interest in facilitating rehabilitation. You do wonder, however, how long it will be before there is meaningful dialogue about the reasons for this stress epidemic and its resulting exodus.

Nonetheless, this type of document is very welcome and will provide some light down a long and very dark tunnel. Not only may this document be useful for the teaching profession, it also provides a template that could be applied elsewhere. The thought that has gone into producing this document, which should facilitate greater consistency and transparency in the recommendations of occupational physicians regarding teachers, is a good step forward. And whilst ‘putting the plug in’ is unlikely to cause this particular bath to overflow, the next step should be a more thorough investigation of the causes of this wastage of teachers, and a proposal for its prevention.

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References