EDITORIAL

Academic occupational medicine

The long-term future of academic occupational medicine in Britain is seriously threatened. University departments are fewer and smaller than 20 years ago, and there is a prospect of further shrinkage. How has this situation come about, does it matter, and if so, what should be done about it?

Various factors have contributed to the trend. Perhaps most important is a dearth of younger occupational physicians with the interest, ability and motivation to pursue an academic career. This problem is not unique to the UK or to occupational medicine, but our specialty, along with public health medicine, has been affected worse than most. Changes in career structures mean that new doctors now suffer greater financial disadvantage if they opt for an academic path, and because occupational medicine has a low profile in most undergraduate medical schools, the minority who are attracted by the intellectual rewards of research tend to end up in other disciplines. A further discouragement may be the changing nature of occupational health topics requiring research. To many young doctors, questions relating to fitness for work and occupational rehabilitation are likely to be of less interest than the prevention of serious and often life-threatening occupational diseases that inspired the pioneers of occupational health research.

Other threats stem from changes that have occurred in academia more generally. Universities now operate in a highly competitive environment, with funding for the major institutions (including most universities with medical schools) heavily dependent on success in a national Research Assessment Exercise (RAE) that is carried out every 5–8 years. Individuals and departments that perform poorly in the RAE (or are judged likely to perform poorly) increasingly are being axed, in the same way that a financially failing department in the private sector would be closed down or reorganized. Unfortunately, within the medical field, applied research has to date been valued less than basic research in RAEs, increasing the pressure on disciplines such as occupational medicine in which many of the most important research questions are very much at the applied end of the spectrum.

The main functions of academic occupational medicine are research and teaching, and there are no indications that the need for either of these activities is abating. Important new research questions continue to emerge—for example, relating to the prevention of work-related musculoskeletal disorders and mental health problems, the optimal rehabilitation of people who are off work or unemployed because of ill-health, and the management of potential health risks from new technologies such as mobile telephony. And the requirement for undergraduate and postgraduate teaching is, if anything, increasing, with larger numbers of medical students being trained, and a growing demand for continuing professional development.

Could these needs be met without academic departments of occupational medicine? It is conceivable that most teaching could be delivered as a part-time activity by clinicians, many of whom already contribute importantly to meeting the teaching load. However, the administrative demands of running courses, particularly by distance learning, should not be underestimated. If university departments ceased to provide this coordinating function, it would have to be taken over by other bodies.

More difficult to replace would be the role of academic departments in research, and especially in training for research. This is not to belittle the important activities of research organizations outside the universities, such as the Institute of Occupational Medicine and the Health and Safety Laboratory, or of occupational physicians who undertake part-time research while employed in clinical posts. Neither of these resources, however, can provide formal training of new researchers to PhD level without links to a university. And while occupational health research is also carried out by other university departments (for example, of psychology, ergonomics and engineering), it is difficult to envisage that these could between them provide the full range of skilled occupational health researchers that will be needed in the future. Without the necessary researchers, clinical practice cannot be properly evidence based.

In summary, while other organizations and individuals might compensate in the short term, the loss of an adequate research base in universities would be seriously detrimental to the practice of occupational medicine in the longer term, and to its standing alongside other medical specialties and in relation to occupational medicine in other countries.

Responding to the threat will require action on a broad front. First, and most obviously, academic occupational physicians need to put their own house in order. In particular, they must ensure a high output of good-quality research, and continue to lead effectively in the delivery of both undergraduate and postgraduate teaching. They also need to strengthen links with clinical colleagues, and to raise their profile externally. To this end, an action plan was agreed earlier this year at a workshop attended by most of the senior academic occupational physicians nationally.

But the solution will not come from academics alone. Consumers of occupational health research, such as the Health & Safety Executive and Department of Work and
Pensions, must consider the long-term risks to their activities from reduced external research capacity, and also the potential impacts on their ability to recruit appropriately trained staff. Their support is needed to ensure that the assessment of medical research in universities properly recognizes the value of applied research, even if its prime relevance is local rather than international.

In addition, support is needed from occupational physicians outside academia. In debate at this year's Annual Scientific Meeting of the Society of Occupational Medicine, there was a divergence of views on how we should progress, and on whether university departments of occupational medicine are necessary. These differences of opinion need to be resolved because little will be achieved if the profession does not speak with a single voice. To take this forward, the Faculty of Occupational Medicine has agreed to establish an ‘academic forum’ for further discussion and planning.

If, at the end of the day, there is no consensus among occupational physicians that academic departments are needed, then a considered decision may be taken to let events take their course. However, it is important that this should not happen simply by default or through unnecessary procrastination. If there is a desire to prevent further reductions in the national academic base, then concerted action must start as soon as possible.

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