In this issue of *Occupational Medicine*

This issue of *Occupational Medicine* has an education theme. Allender and Venables have already published research resulting from their questionnaire survey of occupational health provision in UK universities. This is a significant employment sector with 340 000 employees and >2 million students, many of whom will have occupational health needs similar to those already employed for instance in health care. In the first of two papers [1], they present the characteristics of the occupational health services among the 117 universities included in the study over a 3-year period. Not surprisingly, they found significant variation in service nature and provision. The average service was small, typically one nurse and a doctor half-day per week or a third of the staffing level for the equivalent employed population in the National Health Service. Only half of universities had in-house provision and one in five universities either had no formal provision or relied on campus medical services which are unlikely to offer specialist expertise. Worryingly, a number of universities did not have a mechanism for core services such as management or self-referral. In a second paper [2], they examine the reasons for the wide variation in staffing levels and found, not surprisingly, that a third of the variation was explained by university size. However, after adjustment for other factors neither research activity nor high-need disciplines such as health care studies appeared to explain the amount of investment made by universities in their occupational health provision. While the authors welcome updated governmental guidance published by the Health and Safety Commission in 2006, they feel that more focused guidance is required on specific topics such as staffing and core functions. They suggest that this could be developed by relevant bodies and point to the important role of HEOPs, the recently formed special interest group on higher education. This model has worked very well in local authority for instance (ALAMA), but it does beg the question as to why many employment sectors effectively rely on voluntary initiatives to enable development of important services such as occupational health.

The occupational health of those who educate us is examined further in two papers looking at the occupational health of teachers [3,4]. In a study of almost 500 non-university teachers in Spain, Moreno-Abril and colleagues found workload, poor job satisfaction and female sex to be associated with psychiatric morbidity. However, personality characteristics and a negative perception of the workplace were strong influencing factors in determining cases. And if the strain in Spain is mainly on the brain, O’Connell finds the same in Ireland where the commonest reason for ill-health retirement in Irish schoolteachers is mental ill-health. His finding that 46% retired for these reasons is similar to Bavarian head teachers (45%) and Scottish teachers (37%).

Elsewhere in this issue, we have papers reviewing occupational causes of dental erosion [5] and the relationship between smoking and injury in newly recruited marines [6]. Finally we take a look at the Epworth Sleepiness Scale but hope that this issue would not contribute to your score!

John Hobson  
Honorary Editor

References