Leading Article

Occupational medicine and the clinician

R.I. McCallum

Institute of Occupational Medicine, Roxburgh Place, Edinburgh EH8 9SU, UK.

Occupational medicine has been formally recognized as a specialty since 1978 but until recently it has been practised largely outside the National Health Service so that its content and scope may be unfamiliar to many doctors. The Faculty of Occupational Medicine which has just celebrated its tenth anniversary has, as one of the features of the examination for Associateship, a requirement to pass in a practical clinical test; possession of the diploma of Membership of the Royal College of Physicians (MRCP), however, allows exemption from it. This is a reflection of the origins of occupational medicine in clinical medicine. As the medical historian Henry Sigrist wrote 'occupational diseases are different from other diseases not biologically but socially'. The founding fathers of the specialty, Ramazzini (1633–1714), Charles Turner Thackrah (1795–1833) and Donald Hunter (1898–1978), to name a few, were all general clinicians.

In fact the general practitioner and the medical or surgical specialist are still much more likely to be the first to see occupational disease than a specialist in occupational health. One function of the latter is, of course, that of promoting prevention; indeed occupational diseases as seen in the first half of this century are now uncommon. The activities of occupational physicians together with those of other members of the occupational health team such as occupational hygienists have contributed substantially to improved standards in the workplace, and to the decline in occupational diseases.

Another approach which has been used increasingly over the last three decades is the application of epidemiological techniques in the study of illness (particularly cancers) in working groups, especially in diseases which may occur frequently in the population at large, but may also be caused by specific occupational exposures. However, it remains important to be able to deal adequately with the occupational diseases which still occur and to consider in differential diagnosis the possibility of a work-related disease; there is also always the possibility of a new and unrecorded condition turning up in consulting room or clinic as has happened a number of times within the profes-

sional lifetime of many of us; for example, liver cancer from exposure to vinyl chloride, and occupational asthma from isocyanates and other inhaled materials.

Careers in occupational medicine

Full time or part time work in occupational medicine can now be considered amongst options open to the physician. Qualifications in occupational medicine have been attainable for many years and occupational medicine is recognized by the Joint Committee on Higher Medical Training in the same way as other specialities. Training criteria are also defined by the Faculty of Occupational Medicine which offers an Associateship, for which some practical experience is essential; a course in occupational medicine (which can often be obtained on a day release basis) is not an essential requirement but is desirable. Membership of the Faculty which is based on training posts available in some of the larger industries, is primarily for those interested in becoming full time specialists. Full time university courses for an M.Sc. are also available and introductory courses for those not having time or inclination to take a full formal course have been introduced in recent years.

Occupational health services

Occupational health services are an accepted feature of every organization employing more than a small number of people and the National Health Service is now no exception. The variety of industries whose work forces are catered for by occupational health services is wide and ranges from the manufacturing sector, chemicals, the coal and oil industries, to retailing and the armed forces. Nowadays team work is essential and one has the added interests of working closely not only with occupational health nurses, occupational hygienists, and safety personnel, all of whom have their own training programmes and qualifications, as well as with management and unions towards a common aim: the health and safety of the employees. Not only can one develop a detailed and fascinating interest in these areas of activity but while a

Correspondence: Professor R.I. McCallum, D.Sc., M.D., F.R.C.P.Ed., F.R.C.P. Lond., F.F.O.M.

very high level of medical skill and involvement is demanded the doctor enjoys considerable prestige and is well rewarded. Foreign travel is often part of the job.

In present conditions much time is spent on the effects of health on work and the question of fitness for particular jobs. Indeed this aspect of occupational medicine is now sufficiently important to have merited a book on it with a unique approach: '*Fitness for Work*' (Oxford University Press, 1988), issued as a joint report of the Faculty of Occupational Medicine and the Royal College of Physicians of London

contains chapters on a wide range of medical and surgical conditions, each written jointly by an occupational physician and the appropriate specialist.

In forthcoming issues of the *Journal* it is planned to present a series of papers by occupational physicians, covering a variety of topics in occupational medicine. The writers will deal not only with some of the fascinating problems which affect people at work but also give views on the professional aspects of occupational medicine and the way in which it may develop in future.