

Professor Kevin Bampton, Chief Executive of BOHS and former legal academic, discusses deep misunderstanding and the relationship between occupational hygiene and LEV.

Any lay person, like myself, who is a regular reader of LEV Central on LinkedIn cannot fail to be impressed by the professionalism and insight of LEV practitioners.

This morning, I did find myself dusting off distant memories of physics just to satisfy myself that I understood the flow rate problem being discussed. I'm better at the mathematical side than anything else, having earned myself a footnote in the development of the mathematical *Catalan-Larcombe-French* sequence as my only evidenced contribution to the field.

The eponymous Dr French ("Frenchie", to his friends) and I used to discuss many matters of scientific interest as amateur gentlemen scientists. Both of us had a passionate interest in advanced physics, but both of us accepted we did not truly understand it.



Frenchie used to say, "I know enough to know I don't understand it: but in a deep way." I've carried the notion of not understanding something in a deep way throughout my professional life. It's what, as a legal professional you become truly accomplished in. When one advocates for a client, you have to understand the client's problem enough to persuasively communicate it. Do you understand it properly? Probably not, but you don't understand it at a level that leads to the appreciation of the client's expertise and the importance of it for the case, for the client and for Society.

Occupational hygienists should always be in a position of knowing enough about LEV as a technical endeavour to be able to appreciate what they do not know. Their deep appreciation of the complexity of excellence in LEV needs to be there at the heart of their practice. But that does not make them equipped, competent or appropriate to design, install and test LEV. By the same token, it is vital that LEV engineers understand enough about occupational hygiene to make their installations effective within the operational, practical and behavioural contexts of installation.



However, that deep knowledge should never be confused with the ability to assure clients of occupational hygiene outcomes. In enthusiasm and with all good intentions; or, under pressure from clients and given the shortage of occupational hygienists, this is unfortunately a message that seems to be getting lost as recent HSE enforcement action across the sector is highlighting.

ILEVE's commitment that LEV competence requires an understanding of occupational hygiene is reciprocated by BOHS's commitment that no hygienist should fail to appreciate the vital contribution to workplace health protection provided by LEV specialists. ILEVE's leadership in this space is to be applauded as a high point in interprofessional standards.

As the Faculty of Occupational Hygiene moves forward with the development of a professional register of Occupational Hygienists under the statutory regime that supports other health professionals, the distinction should become a lot clearer.



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I hope that this development will assist LEV specialists to guide clients towards occupational hygienists in the same way as Occupational Medics guide workers towards Primary Care specialists, diffusing some of the pressure to provide occupational hygiene advice themselves.

The partnership between LEV specialists and occupational hygienists needs to be one of deep mutual respect and a clear understanding of what each brings to the party. That way the contribution of our mutual professions becomes more than the sum of its parts. Without it, the only winners will be my former brethren in the legal profession.