

Comments

The concept adopted for the distribution of the requested top 5 priorities from each country was aggregated according to common issues.

To each country a total of 15 points were allocated in order to establish a serial rank that allowed a better understanding of what are the current perceptions throughout the EU.

To achieve this, in order of more to less important aspects, points were distributed from 5 (more important) to 1 (less important) according to the indications provided by each representative.

However, as not every country proceeded this way, we gather a total of just 281 points out of a maximum of 285 as 19 countries provided their answers.

There were three countries that were not possible to obtain answers as there are no indicated representatives yet and therefore they were not requested to provide them – Cyprus, Greece and Malta.

Out of the remaining twenty seven, answers were provided from nineteen. Table 1 indicates countries, its representatives and the answers provided. These had been resumed whenever necessary to be included in the available slots.

As Finland provided priorities from both representatives they have been split in value, apart from the last priority, as to maintain the allocated amount of points to each country. For this reason they are written in red in table 1. In the ordained summary of points, in Doc 1, they are written in italic to express the reason of its value.

The empty slots from Ireland and Hungary are due to the fact of not considering necessary to provide further priorities beyond the ones registered.

Doc 2 refers to a Glossary that is necessary to specify the abbreviated terms used to fill the available space of the slots. Concepts are different from country to country and probably we should set up common concepts with concise definitions to provide precise definitions to several aspects of our activity.

The resulting values, due to the freedom allowed for each country to identify the concerns instead of providing a questionnaire for more concise answers, led to fourteen different subjects – Doc 3. Aggregation of these were performed by similarity and, to maintain the proposed Top 5 subjects intended to express our major concerns, they have been associated whenever the issues were regarded as belonging to a more broader aspect.

Accordingly the resulting associations allowed establishing subgroups with subtotal values that were added to provide grand totals whenever possible.

The major concerns may therefore be regarded as:

1 – Social, legislative and methodological, including, amongst others, the quality, application, access and coverage of the working population in relation to Occupational Health Services (A1 to A6);

2 – Health, in a broader and stricter sense, including mental one, and particularly occupational diseases, whether it refers to the general population or to healthcare professionals, is still a major concern despite all the progresses made in the past decades (B1 to B4);

3 – Occupational Medicine and problems related to its learning and development, including a better awareness among our colleagues from other specialties, is the issue that managed to gather the

highest total for a single theme (C);

4 – Ageing and disability are also present in this list reflecting the current demographic evolution of Europe which has particular incidence in some of its countries (D1 to D2);

5 – A final concern is the economic and social development that is taking place in our developed societies that are creating the opportunity for new risks and related consequences in the health and wellbeing of populations (E).

Top 5 priorities for occupational medicine in European countries

Country	Representative	1	2
Austria	C. Klien; K. Hochgatterer	Active & healthy ageing	Integration of migrant workers
Belgium	S. Bulterys		
Bulgaria	Z. Stoyneva		
Croatia	V. Deckovic-Vukra; J. Mustajb	Occup rehabilitation & disabled workers	Mental Health at workplace
Cyprus			
Czech Republic	M. Tuček	Minimum standards for OD diagnosis	Minimum knowledge in OM for OHS providers
Denmark	O. Carstensen	Develop Clinical Occup&Environm Medicine	Occupational & Environmental research
Estonia	V. Pille; M. Vahisalu	Improvement of legislative framework of OH&S	Integration of private OM into state HCS
Finland	R. Helimakiaro K. Reijula	Master sickness absences Assessing and improving workability	Maintaining good working ability Evaluating, examining work-related diseases
France	Jean-François Gehanno		
Germany	A. Gaessler; T. Kraus	Ageing workforces	Improve management of CD in workers
Greece			
Hungary	F. Kudasz	Actual practice not complying with legislation	Ethics and independence of OM at ≠ levels
Ireland	T. O'Connell	Enhance of OM within medical profession	Require EU directives concise definition of OM
Italy	I. Iavicoli	OD, work related D & environmental related D	Role of the Physician in Risk Assessment
Latvia	M. Eglite	Occ health & working conditions in SME	Unemployed, uninsured & self-employed
Lithuania	Izolda Baikienė		
Luxembourg	N. Majery	Promotion of OH training of young doctors	Multidisciplinary staff implementation in OHS
Malta			
Norway	K. Vetlesen; T. Toedan	Organizational issues & health promotion	Work-life balance & 24/7 economy
Poland	J. Walusiak-Skorupa	Total worker's health	Prevention of disease & health promotion
Portugal	P. Reis	Independent practice and governance of OM	Access to OHS of whole working-age populat
Romania	D. Fotache; E. Vancu		
Slovakia	M. Varga		
Slovenia	A. Skerjanc	Under recognition & under reporting of OD	Occup rehabilitation of Handicapped workers
Spain	M. Vallverdú	Unemployed	Ageing workers
Sweden	Berg Mats; Brisman Jonas		
Switzerland	K. Stadtmueller	Deregulation of OH	Change the system of reporting OD
The Netherlands	J. Vliet	Adverse OH effects, 24/7 economy and crisis	Workplace & life promotion health programmes
United Kingdom	N. Cordell	Common standards in education & training	Linkage with organizations for common voice

3	4	5
Return after illness & integration of persons w/ CI	Positioning of OM within MP & Academia	Improvement of working conditions
Active & healthy ageing	Unemployed	Enhancement of OM within MP
Role of OP in risk assessment at workplaces	Fitness assessment for work and vulnerable work	Clear competence in OH between GP and OP
Pos effects of working life & professional future	Prognosis & counselling of persons with OD	Increase focus on international Occ&Envir Med
Organization & Improvement of ES of MD OHS	Improving conditions to motivate OM preference	Ensure sustained OH research
Match the right population to health exams	Shift present curative care of workers from OHS	
Risk assessment/evaluation of workplaces	Preventing occupational accidents	Promoting wellbeing
Psychosocial aspects at the workplace	Underreporting of work related-diseases	Return to work management
OH for non-organized workers	Ageing workforce	
Work with EU TU for standards in EU directives		
Advice for P&H promotion in WP & reducing HC c	Health Effects of New technologies	Active and healthy ageing
Prognosis & counselling of persons with OD	Under recognition & underreporting of OD	Active and healthy ageing workforce
Mental health issues	Occupational health in SME	Promotion of collaboration with stakeholders
Common PG training in hospitals & OHServices	Broader field of action for OM besides exams	Promote independent role OM in partnership
Active & healthy ageing	Improving the quality of OHS	New system of financing of OHS
Promote OM in academia & medical practice	Linkage with OM of countries out of Europe	Common recognition of OD in Europe
Migrant workers	Presenteism in healthcare professionals	Young workers unemployment & instability
Public Health	Collaboration with GP	New Risks
Research on underreporting of OD	Improve funding & research on OM	Improve attraction for young doctors
Active & healthy ageing	Unemployed, uninsured, self-employed	Handicapped, stigma, mental health
Hazards & risks of new working environment	Sharing best practice in deliverance of OM	Promote OM & raise influence in Medicine, business & Gov

A1

Require EU directives concise definition of OM	4
Role of the Physician in Risk Assessment	4
Access to OHS of whole working-age population	4
Linkage with organizations for common voice	4
Role of OP in risk assessment at workplaces	3
<i>Risk assessment/evaluation of workplaces</i>	1,5
Work with EU TU for standards in EU directives	3
Improving the quality of OHS	2
Promotion of collaboration with stakeholders	1
New system of financing of OHS	1
Sub-total	27,5

A2

Unemployed	5
Integration of migrant workers	4
Unemployed, uninsured & self-employed	4
OH for non-organized workers	3
Migrant workers	3
Unemployed	2
Unemployed, uninsured, self-employed	2
Young workers unemployment & instability	1
Sub-total	24

A3

Improvement of legislative framework of OH&S	5
Actual practice not complying with legislation	5
Deregulation of OH	5
Integration of private OM into state HCS	4
Collaboration with GP	2
Clear competence in OH between GP and OP	1

Promote independent role OM in partnership	1
Sub-total	23
A4	
Organizational issues & health promotion	5
Multidisciplinary staff implementation in OHS	4
<i>Match the right population to health exams</i>	1,5
<i>Shift present curative care of workers from OHS</i>	1
Broader field of action for OM besides exams	2
Sub-total	13,5
A5	
Independent practice and governance of OM	5
Ethics and independence of OM at ≠ levels	4
Sub-total	9
A6	
Occ health & working conditions in SME	5
Occupational health in SME	2
Sub-total	7
Total	104
B1	
<i>Master sickness absences</i>	2,5
<i>Assessing and improving workability</i>	2,5
Total worker's health	5
Mental Health at workplace	4
<i>Maintaining good working ability</i>	2
Prevention of disease & health promotion	4
Workplace & life promotion health programmes	4
Positive effects of working life& professional future	3
Advice for P&H promotion in WP & reducing HC costs	3
Mental health issues	3

Public Health	3
Promoting wellbeing	1
Sub-total	37
B2	
Minimum standards for OD diagnosis	5
OD, work related D & environmental related D	5
Under recognition & under reporting of OD	5
<i>Evaluating, examining work-related diseases</i>	2
Change the system of reporting OD	4
Prognosis & counselling of persons with OD	3
Research on underreporting of OD	3
Prognosis & counselling of persons with OD	2
Underreporting of work related-diseases	2
Under recognition & underreporting of OD	2
Common recognition of OD in Europe	1
Sub-total	34
B3	
Presenteeism in healthcare professionals	2
Sub-total	2
B4	
<i>Preventing occupational accidents</i>	1
Sub-total	1
B5	
Improvement of working conditions	1
Sub-total	1
Total	75
C	
Develop Clinical Occup&Environm Medicine	5
Enhance of OM within medical profession	5

Promotion of OH training of young doctors	5
Common standards in education & training	5
Minimum knowledge in OM for OHS providers	4
Occupational & Environmental research	4
Organization & Improvement of ES of MD OHS	3
Common PG training in hospitals & OHService	3
Promote OM in academia & medical practice	3
Positioning of OM within MP & Academia	2
Improving conditions to motivate OM preference	2
Linkage with OM of countries out of Europe	2
Improve funding & research on OM	2
Sharing best practice in deliverance of OM	2
Enhancement of OM within medical profession	1
Increase focus on international Occ&Envir Med	1
Ensure sustained OH research	1
Improve attraction for young doctors	1
Promote OM & raise influence in Medicine, business & Gov	1
Total	52
D1	
Active & healthy ageing	5
Ageing workforces	5
Ageing workers	4
Active & healthy ageing	3
Active & healthy ageing	3
Active & healthy ageing	3
Ageing workforce	2
Active and healthy ageing	1
Active and healthy ageing workforce	1
Sub-total	27

D2

Occupational rehabilitation & disabled workers	5
Improve management of CD in workers	4
Occupational rehabilitation of Handicapped worker	4
Return after illness & integration of persons w/ CD	3
Fitness assessment for work and vulnerable workers	2
Return to work management	1
Handicapped, stigma, mental health	1
Sub-total	20
Total	47

E

Adverse OH effects, 24/7 economy and crisis	5
Work-life balance & 24/7 economy	4
Psychosocial aspects at the workplace	3
Hazards & risks of new working environment	3
Health Effects of New technologies	2
New Risks	1
Total	18

Top 5 priorities for occupational medicine in European countries

Glossary

& - and

* - New value

CD – Chronic Diseases

≠ - different

D – Diseases

ES – Educational System

EU – European Union

GP – General Practitioners

Gov – Government

HC – Healthcare

HCS – Health Care System

MD – Multidisciplinary

MP – Medical Profession

Occ – Occupational

OD - Occupational Diseases

Occ&Envir Med – Occupational and Environmental Medicine

OH – Occupational Health

OHS – Occupational Health Services

OM – Occupational Medicine

OP – Occupational Physician

Pos – positive

PG – Post Graduation

P&H – Prevention and Health

SME – Small and Medium Enterprises

TU – Trade Unions

WP – Workplace

1º - Issues regarding training, promotion, knowledge of OM, enhancement and value	50
2º - General health and mental health	37
3º - concern about OD	34
4º - concepts and cost of OH/OM at EU level and national level	27,5
5º - Ageing issues	27
6º - organizational issues of OH/OM and relationship with health systems	23
7º - Unemployed and several categories of workers not usually covered by OH	20
8º - New economy and risks	18
9º - Ability to work and disablement/handicapped	17
10º - Deliverance of OH	13,5
11º - Ethics and independence	9
12º - OH and SME	7
13º - Health of OH professionals	2
14º - Occupational accidents	1