

# Occupational medicine postgraduate training in Norway

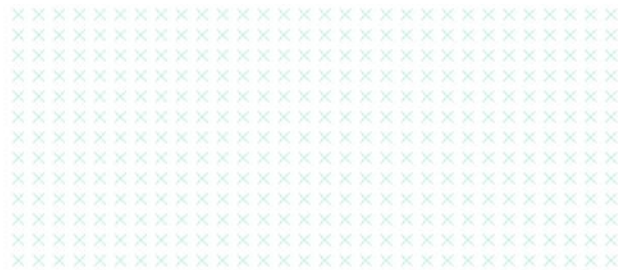
Tor Erik Danielsen, UEMS member





# Education of occupational physicians in Norway

## -revision of specialist education for doctors



UEMS Oslo spring 2018



# Outline

- The background and the framework for changes in specialist education (applies to all medical specialties)
- Comments on the revised curriculum and competences of occupational medicine.
- The work on regulations and plans for the implementation and organization of specialist education in occupational medicine.

# New education system for doctors

- Ministry of Health Dec. 2016:

Specialist education for doctors will be modernized. The reorganization helps the education to be in accordance with the needs of the patients and the medical services, ensuring that we still have high specialist skills in Norway.

Education will continue to be conducted as part of the day-to-day activities at hospitals and other places where doctors receive specialist education.

We need more medical specialists in the future, and they must be able to adapt to the rapid medical development.

Perspectives that have been discussed in the process:  
More specialists, better specialists, faster education

# Main outline for all:

LIS1 is common to all, replacing today's trainees. It consists of one year in hospitals and half a year in the municipal health service.

LIS2 is common competence platform for groups of specialties, i.e. surgical and internal medicine subjects.

LIS3 is unique to each specialty. The specialties that do not have LIS2 go directly from LIS1 to LIS3.

Mandatory topics for all in ethics, communication, guidance (including user involvement, patients and relatives training), health systems knowledge, research understanding and knowledge management, quality and patient safety, laws, interaction.

# The learning process in new specialist education:

Defined competencies

Læringsmål



Activities to reach competencies

Læringsaktiviteter,  
inkl veiledning



Guidance and evaluation

Vurdering,  
inkl veiledning



Individual approval

Godkjenning

# Occupational medicine

in separate revision but grouped with general practice and public health.

In addition to 43 specialities based in hospitals



# Occupational Medicine

The specialty is based on 120 specific competencies in main categories comparable with UEMS proposal



# Competencies for LIS 3 Occ. Med.

## Main responsibilities:

- Promote health and workability in the workplace
- Prevent and investigate work-related illnesses and injuries
- Provide assistance in the event of a work-related and environmental-related health damage and rehabilitation at work

# Competencies – example – generell kunnskap

Theme	Number	Description
General knowledge	ARB-001	Have good knowledge of and independently be able to carry out risk analysis/assessment and communication, including assessment of necessary resources for managing risk.

# Competencies – example – clinical skills

Theme	Number	Description
Clinical work occ.med.	ARB-052	In investigating suspected work-related illness or injury, could independently obtain relevant background information, both about the specific patient, exposure information and current literature, and handle interdisciplinary collaboration with other specialties and occupational groups.

# Activities

## Service as a physician in occ.med.:

- in the OHS (should be registered).
- in hospital departments
- other services where learning goals can be achieved.

## Courses

- Suggested specific 11 courses (> 300 hours)

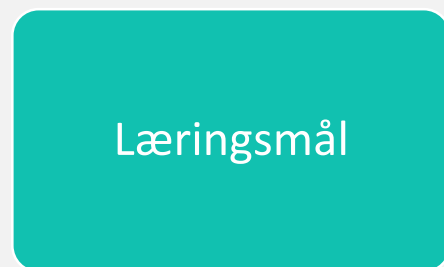
## Group-based tutoring program (includes project assignment) \*

- 120 hours over two years

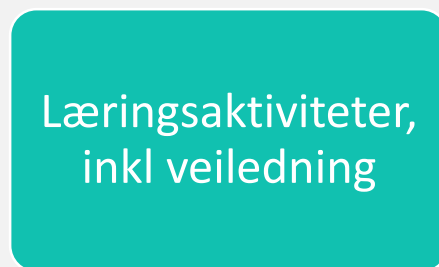
## Individual guidance

# The learning process in new specialist education:

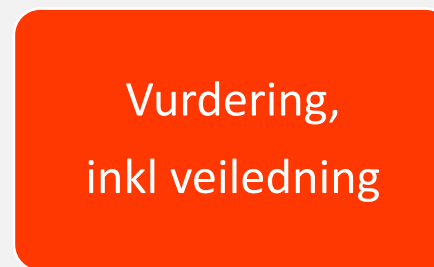
Defined competencies



Activities to reach competencies



Guidance and evaluation



Individual approval



Approved course, group-based supervision, completed service with learning goals approved by supervisor

# Structure

- Individual plans for training activities – each candidate
- Criteria's for and registrations of OHS providing training
- Sufficient positions at hospital departments

# Challenges until 2019

- Get new-employed colleagues running as LIS 3
- Approve corporate health services for education, prepare individual education plans.
  - Who should assist?
- Adapt learning activities to learning goals
  - Ensure feasibility
- Get guidance for all candidates
- Hospitals and STAMI should be alright
- Large corporate healthcare services should be able to handle the tutoring internally
  - Smaller schemes will probably need assistance from external supervisors.
- Funding / resources?

# Norway

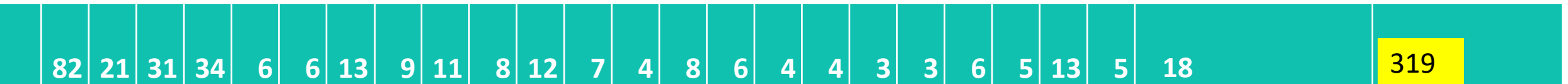
## Occ.med. – approved specialists/year

1994

2000

2017

**SUM**



Many doctors work today in OHS without being in specialization or specialists in occ.med.



- Expert committee on OHS (new report 250518)
  - Improved quality
  - Qualified doctors
  - Emphasize on core occupational prevention

# Great Potential!

- Quality reform for future specialists in our field.
- More doctors in OHS become specialists or LIS 3 in Occ. Med.
- Being an educational institution for OHS could be a quality advantage that can contribute to recruitment.
- Clarification of the role as occupational physician.
- **This reform can help to ensure:**
  - Doctors who have better awareness and better tools for the health and safety of the worker and the work environment.**

