

OCCUPATIONAL MEDICINE (OM) IN [name of country] (update e.g. March 2018)

[Please state as accurately as possible what is known and also indicate what is not known in your country]

POPULATION

[Definitions: [E.g.] Employed are persons aged 15 years or older, who during the reference period worked, even for just one hour, for pay or profit or they were working in the family business, or they were not at work but had a job or business from which they were temporarily absent.

Unemployed are persons aged 15-74 who were without work during the reference period (they were not classified as employed), were currently available for work and were either actively seeking work in the past four weeks or had already found a job to start within the next three months.

Inactive are those persons who are neither classified as employed nor as unemployed.

Economically active population (labour force) are persons either employed or unemployed.

Unemployment Rate is the ratio of unemployed divided by total labour force.]

According to the National Statistical Authority:

The total population ofin the latest census of was and the projection for the year was.....

In [e.g. February 2018] the total population aged 15 years and over, was , of whom were employed and were unemployed (i.e. the economically active population ["labour force"] was).

The official unemployment rate (as recorded and calculated in accordance with the above definitions) was circa ..%.

The inactive persons aged 15 years and over were

I. OCCUPATIONAL PHYSICIANS (OPs) AND COVERAGE OF WORKING POPULATION BY OCCUPATIONAL MEDICINE (OM) SERVICES

[Definitions * of micro , small, medium , and large enterprises according to EUROSTAT (31.10.2016)]

micro enterprises: fewer than 10 persons employed;

small enterprises: 10 to 49 persons employed;

medium-sized enterprises: 50 to 249 persons employed;

large enterprises: 250 or more persons employed.

The number of persons employed should not be confused with employees or full-time equivalents; 'persons employed' includes employees but also working proprietors, partners working regularly in the enterprise and unpaid family workers.]

Of theworking population

circa ..% are employed in enterprises with fewer than 10 persons (micro-enterprises),

circa ..% are employed in enterprises with 10-49 persons (small size enterprises)

circa ..% are employed in enterprises with 50-249 persons (medium enterprises),

circa ..% are employed in enterprises with 250 Or more persons (large enterprises) ,

circa ..% are self-employed.

The national occupational health and safety law pertaining to occupational health and safety (which fully/partly conforms with European Union Law * stipulates that OM services should be provided to [e.g. public and private enterprises with workers, or to

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Delete as appropriately

workers employed in enterprises who are exposed to certain noxious substances such as carcinogens and harmful biological agents]. This means, that circa ..% of the employed population (i.e. of the ... million workers) must receive occupational medicine services.

In reality, it is estimated/recorded *(e.g. in studies/ registries) that occupational medicine services are provided: to ..% of the aforementioned million workers, i.e. ..% of the total working population.

These are provided by an estimated/recorded *(e.g. in studies/ registries) number of :

A.

1. X...-Y... physicians who are specialists in OM,
2. U...-V... physicians who are not specialists in OM, but hold other postgraduate academic/professional* qualifications in OM,
3. S...-T... physicians who hold specialties other than in OM,
4. Q...-R... physicians who are not specialists in any specialty.

B.

1. F...-G...private External occupational health or occupational medicine Services [companies] (providing services to an estimated ..% of the total working population),
2. H...-I...public External occupational health or occupational medicine Services [companies] (providing services to an estimated ..% of the total working population),
3. K...-L...private Internal [in-house] occupational health or occupational medicine Services (providing services to an estimated ..% of the total working population),
4. Public Internal [in-house] occupational health or occupational medicine Services (providing services to an estimated ..% of the total working population),

The law stipulates/does not stipulate* provision of any occupational medicine services to the self employed working population.

The law stipulates only/does not stipulate only* that the employer must provide occupational health and safety services which should meet certain standards and requirements to all employees and does not specify/but also specifies* recruitment or hiring the services of physicians in general or specialists in occupational medicine in particular.

The law stipulates/ does not stipulate* that only physicians who are specialists in occupational medicine must provide occupational medicine services .

The law specifies/does not specify* specify that certain occupational medicine services can be provided only by physicians who are specialists in occupational medicine and not by physicians who are not specialists in occupational medicine (e.g. in certain categories of enterprises depending e.g. on size of workforce and/or magnitude of occupational hazards and risks, or to workers employed in certain type of work, or to workers exposed to certain noxious agents), with the proviso/ without the proviso* that they hold at least the following postgraduate academic/professional* qualification.

According to EUROSTAT statistics, in the year, the licensed practicing physicians (holding any medical specialty or no specialty title) were, which entails a ratio of ... physicians per 100,00 inhabitants.

II. ORGANIZATION AND MODE OF PROVISION OF OCCUPATIONAL HEALTH SERVICES

Private and public enterprises and organizations receive OM services by physicians who provide OM services (regardless of whether they are Specialists in OM or not) as follows:

1. By employing individual physicians (i.e. including them among their staff), on a whole time/part time basis, as is the case mainly in , ..% of all enterprises, or

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Delete as appropriately

2. by contracting individual self-employed physicians on a part (or whole) time basis , as is the case mainly in , ..% of all enterprises or
3. by receiving OM services on a part time or on a whole time basis from a private (or public) external Occupational Health or Occupational Medicine Service [company] , with/without the proviso* that these Services [companies] employ solely/mainly/some* physicians who are specialists in OM.

PROFESSIONAL TRAINING AND ASSESSMENT OF SPECISALISTS IN OM

1. SPECIALISATION TRAINING

Specialisation training in OM fully/partly* conforms to current existing European Union Legislation. Following ... years of training in total, in a medical school and earning a degree in medicine, one becomes a qualified physician and is licensed to practice.

A physician, immediately/ ...year(s) after his/her qualification he/she earns his/her university degree in medicine, may start specialisation training in OM, according to law. This is completed after another four/ six *years in training in total, and includes the following parts: *[The following are for guidance].*

- A. ... months training in clinical specialties in training posts approved by the,
- B. ... months of academic training, and
- C. ...months of practical training, in training posts approved by the,

of which ...months in

- (a)...
 - (b)...
 - (c)...
- etc.

2. DIFFICULTIES AND DEFICIENCIES IN SPECIALISATION TRAINING

A. TRAINING DEFICIENCIES REGARDING:

Approval, structure, academic staffing, funding of courses, certification of trainees, certification of trainers and of training programs, qualitative and quantitative adequacy and appropriateness of clinical, academic, on the job training, training in public and private enterprises, universities, hospitals.

.....

B. ASSESSMENT/EXAMS IN SPECIALISATION TRAINING

Assessment for the acquisition of the title of specialist in occupational medicine is effected, at the training stages specified bellow, by:

1. Oral exams (vivas) (at the end of the ... year of training, by an examination committee/examiners*),
2. Assessment of multiple choice questionnaire (at the end of the ... year of training, by an examination committee/examiners*)
3. Assessment at Clinical exams (at the end of the ... year of training, by an examination committee/examiners*)

*

Delete as appropriately

4. Completion by candidates and assessment by examination committee/examiners of individual electronic platform (or work journal) of work performed by them, at the end of the ... year of training, or continually every months.
5. Assessment of an MSc Dissertation or equivalent study on an OM subject (at the end of the ... year of training).

Examiners are selected (and trained) as follows:...

Examinations are conducted as follows:...

Feedback is (or, is not) effected, in relation to:

- 1.training, as follows:...
- 2.Exams, as follows:...
3. Examiners, as follows:...

SUMMARY OF TRAINING AND ASSESSMENT REGARDING OTHER POSTGRADUATE QUALIFICATIONS OR CERTIFICATES IN OM

III. OCCUPATIONAL MEDICINE PRACTICE

FRAMEWORK OF OCCUPATIONAL MEDICINE PRACTICE

1. Other Occupational Health Professionals (by type and numbers)
 - Occupational health nurses,occupational psychologists,ergonomists,occupational hygienists,safety officers,[others]
2. Summary of Undergraduate training of medical students in OM:....
3. Summary of Training in OM of physicians during their specialisation training in specialties other than OM:....
4. Summary of laboratory facilities (type, number, “coverage”) relevant to occupational medicine practice:...
5. Degree of incorporation of occupational health and occupational health risk and protection subjects into other stages of vocational and general education:....

1. MAIN DUTIES/TASKS OF OCCUPATIONAL PHYSICIANS (OPs) ACCORDING TO LAW

[Please specify whether by OPs specialists in OM or also other physicians providing OM services are meant.]

a. **ADVISORY RESPONSIBILITIES OF OCCUPATIONAL PHYSICIANS** ¹

b. **WORKERS HEALTH SURVEILLANCE BY OPS** ²

c. **COLLABORATION BETWEEN OCCUPATIONAL PHYSICIANS & OTHER OCCUPATIONAL HEALTH AND SAFETY PROFESSIONALS** ³

2. DIFFICULTIES AND DEFICIENCIES IN OCCUPATIONAL MEDICINE PRACTICE

a. STRUCTURAL, ORGANISATIONAL AND OPERATIONAL DEFICIENCIES ⁴
.....

b. ISSUES RELATED TO DIAGNOSING AND REPORTING OCCUPATIONAL DISEASES ⁵
.....

c. DEFICIENCIES IN LEGISLATION AND ITS ENFORCEMENT ⁶
.....

d. COMMUNICATION ISSUES. ADVOCACY FOR OM ⁷
.....

e. PRIORITIES REGARDING OM AS VIEWED BY:

[Three, maximum, for each category of stakeholder]

1. SPECIALISTS IN OM:.....
2. POLITICIANS:.....
3. UNIVERSITIES:.....
4. EMPLOYERS:.....
5. WORKERS TRADE UNIONS:.....

THE MOST CONTENTIOUS ISSUES REGARDING OM ARE ⁸:

[Five, maximum]
.....

IV. NAMES AND CONTACT DETAILS & WEBLINKS OF NATIONAL SOCIETY OF OCCUPATIONAL MEDICINE AND OTHER RELATED INSTITUTIONS

.....

V. NAME AND AFFILIATION OF SPECIALIST IN OCCUPATIONAL AUTHORIZING THIS REPORT

.....

The following notes include examples for guidance.

¹ [Advice to the employer, the employees and to their representatives, in writing or verbally, with respect to measures that must be taken to protect the physical and the mental health of employees. Advice on subjects regarding: A. The planning, programming, modification of the production process, construction and maintenance of work installations and premises, in accordance with rules of occupational health and safety, B. The adoption of measures when new materials are introduced and used in the production process, and on procurement of equipment, C. a. Matters of work physiology and work psychology, ergonomics and occupational health and hygiene, b. the arrangement and

shaping of working posts, c. the working environment, and d. the organization of the production process, D. The organisation of a service for the provision of first aid at work, E. The initial placement and change of working post on account of health reasons, temporarily or permanently, as well as the integration and re-integration of handicapped people into the production process, also by making recommendations for reforming the working posts. 3. The OPs are not allowed to be used for confirming whether an employee is justifiably (or not) off sick].

² [1. Medical checks of the employees in relation to their working posts, after they are employed or on changing working posts, as well as periodic medical checks according to the judgment of the Work Inspectors of the Ministry of Labor pursuant to requests by the Occupational Health and Safety Committee (a committee the establishment of which in any enterprise is provided for by Law, when workers in a public or private firm wish to establish it), whenever the above is not stipulated by law. The OPs take care of the execution of medical examinations and of the measurements of hazardous agents of the working environment in conformity with specific laws and regulations applicable in each case. The OPs assess the medical fitness of workers to work for specific posts, evaluate and register the examination results, issues certificates concerning the above assessments and communicates them to the employer. The content of these certificates must secure medical confidentiality.

2. The Ops supervise the implementation of measures for the protection of the health of employees and for accident prevention. To this end: A. They regularly inspect the working posts and report on any omission and negligence, suggest measures to cope with these omissions and supervise their implementation, B. They explain to workers the necessity for the correct use of personal protective equipment, C. They investigate the causes of diseases brought about by work, analyse and evaluate the investigation results and propose measures for the prevention of diseases, D. They supervise the conformity of the employees with the occupational health and safety rules, inform the employees about occupational health hazards and the means used for their protection. E. They provide emergency medical care in cases of accidents or sudden illness. Carry out vaccination programmes for the employees at the instruction of the responsible Health Directorate of the Prefecture in which the enterprise is located.

3. The OPs are obliged to keep the medical confidentiality and the commercial confidentiality.

4. The OPs announce the cases of work related diseases suffered by employees to the Work Inspectorate (to the Centres for Prevention of Occupational health and Safety Risks of the Ministry of Labour/Health through the management of the enterprise in which they work,

5. The OPs are ethically independent in relation to the employer and to the employees.

6. If specific enterprises do not have the necessary infrastructure the OPs are obliged to refer employees elsewhere to have certain necessary complementary examinations as appropriately. Thereafter they are informed about the examination results and evaluate them.

7. The OPs keep a medical file for each employee. The results of any medical, laboratory and para-clinical tests following examination of an employee are also kept in this file, and they are recorded in the employee's "Occupational Health Risk Book". The OPs also keep securely the medical files of employees exposed to certain noxious (hazardous) agents. These employees must have certain medical examinations and tests in relation to their occupational exposure by law, whilst medical confidentiality must be kept at all times. 8. The OPs examine any employee (working in the same enterprise where the OPs provide occupational medicine services) who seeks the OPs' advice with respect to his/her occupational health. 9. The employer is obliged to ask either the Safety Officer (see below) or the OPs, or a private external Occupational Health and Safety Service, which provides occupational medicine and safety services, and written occupational health risks assessments of all parts of his/her enterprise.

10. The OPs providing occupational medicine services to Local Government (to Local Authorities, i.e. Municipalities, which are the equivalent of Borough Councils in the UK) can, at their discretion, stipulate any kind of appropriate medical examinations, tests and vaccinations they deem useful, in addition to those provided for by law for workers in certain high risk jobs].

³ [The OP and the Safety Officer of an enterprise are obliged to collaborate with each other and also with the Occupational Health and Safety Committee of the enterprise, where such Committee has been established.]

⁴ [Not all Occupational Physicians carry out all the tasks mentioned above, which are provided for by law. The extent to which their responsibilities are dispensed varies, depending on the size, prosperity, management and occupational health and safety culture of each enterprise. As primary health care is

not properly and fully developed in Greece (e.g. there are not enough Family Doctors – the equivalent of “General Practitioners” in the UK), occupational physicians perform certain primary health care duties, partly substituting for family doctors. Specialists in OM, for the purpose of diagnosing (or excluding) an occupational disease, or for assessing medical fitness to work, may refer a worker for certain laboratory tests, only for the purpose of initial diagnosis (according to a very recent Ministerial Decree). By contrast, several employers expect the OP to regularly prescribe medicines and make referrals for tests, as if he were the family physician of a worker. Also, not many occupational physicians carry out written assessments of occupational health risks or initial occupational hygiene measurements. OPs do the best they can, within the limitations imposed on them by the lack of preventive culture, the scarcity of appropriate laboratory facilities, the low status of occupational medicine in relation to other medical specialties, and the current economic crisis in the country. There is no structured career for occupational physicians. Process protocols for use in occupational health practice by occupational physicians have very recently been introduced, following the work of a Scientific Committee of the Hellenic Society of Occupational and Environmental Health (HSOEH) and are now implemented in a few private and public enterprises and organizations. Extension of their application in enterprises all over Greece proceeds at a slow pace. There are very few nurses collaborating with occupational physicians in private or public enterprises and organizations. There is no recognized specialty of occupational health nursing. In many enterprises secretarial, logistical and other necessary support to the work of the OP is inadequate, or appropriate enterprise surgery premises (and also facilities and equipment) may be absent. There are not enough laboratories for measuring or testing agents related to occupational hazards. Among the few major such laboratories are those of the Centre for Occupational Hygiene and Safety of the Ministry of Labour and of the National Institute for Occupational Health and Safety.]

⁵ [No cases of diagnosed occupational diseases have been reported to date by employers (who should report them, according to law) to the Regional Centres for the Prevention of Occupational health and Safety Risks of the Ministry of Labour (which should record them, according to law) since 2009. The employer, according to law, is responsible for reporting such cases, following diagnosis by occupational physicians. More often than not, appropriate past or current measurements and testing of noxious occupational agents are not available to enterprise OPs, to enable them to diagnose, beyond any reasonable doubt, whether a disease is occupational or not. No sufficient occupational history of patients is taken or recorded in clinical departments in hospitals. Collaboration between occupational physicians and physicians holding other specialties treating sick workers is scarce. Another contributory factor for non-diagnosis is probably that many occupational physicians might not have dealt with enough cases of occupational diseases during their specialization training. Furthermore, definite diagnosis of occupational diseases is pursued by workers only when they wish to claim disability pension. If they do so, a Committee of the Centre for Certifying Disability of the National Insurance Administration examines the worker who claims it and may disagree with the diagnosis and prognosis of the enterprise OP. As regards workers compensation for occupational injury, the law of tort exists in Greece. Thus, in some circumstances employer and employee might agree on non-reporting a case of an occupational disease. This may happen when the employer benefits the worker (in certain instances, possibly also at the workers’ suggestion) by permanently and unnecessarily assigning unduly lighter or restricted duties to him after he recovers and returns to work (following absence owing to a diagnosed occupational disease). At the same time, the employer does not appear to admit to negligence, i.e. he does not risk to be shown to have been negligent in his duty to provide a healthy and safe working environment, because he avoids having the case taken by the worker to court. This may, however, delay remedial, preventive measures which ought to be taken by the employer to make work healthier. In our country, there is not a separate, specific public “Insurance Fund against Occupational Health Risk”, (into which each employer would pay in premiums, the magnitude of which would depend on his firm’s occupational health and safety risk record) which would cover health care and disability pension of workers afflicted by an occupational disease or work accident, as appropriately.]

⁶ [In our country, the term “Occupational Physician” (OP) is used to signify a specialist in occupational medicine. However, it is used also as a job title for physicians who are not necessarily specialists in occupational medicine; i.e. they may be specialists in other medical specialties providing certain OM services as best as they can. This anomaly allowed by law has been rectified for the most part by law amendment, following action taken also by the Society of Occupational and Environmental Medicine, but it is still partly accepted and allowed by law (even though, by and large, priority must be given by

law to specialists in OM when an employer is seeking an OP): There is no legal obligation for private companies to widely and publicly (or specifically in medical journals and newsletters) advertise a post for an occupational physician.

The responsibilities of occupational physicians working in enterprises (either in the public or in the private sector of the economy) are provided for by law. However it may be further specified in their contracts of work, which may vary between enterprises. Some of these contracts, in certain private or public enterprises and organizations, may not be adequate or even appropriate for a physician, insofar as they may not promote the provision of high quality OM services. A case in point are posts for OPs offered to the applicant who claims or accepts the lowest remuneration, not considering adequately his/her qualifications and experience). Furthermore, none of the Health Work Inspectors of the Ministry of Labour is a specialist in OM (as there is no relevant legal provision for it). These Inspectors are either physicians holding specialties other than OM, or are other health professionals, e.g. chemists. They merely attend a six months long course in occupational health and safety, before they start exercising their duties. Consequently, a paradox occurs: Whenever an enterprise OP makes a written recommendation recorded in the official register "Book of Written Recommendations by the OP" (held, according to law, in every enterprise) and the employer decides not to conform with it, the Health Work Inspector of the Ministry of Labour must arbitrate, even though he is much less of an expert than the specialist in OM, who has made the recommendation to the employer. Many specialists in occupational medicine do not have enough job security on account of being selected after submitting a tender, in many instances every year, and not by virtue of their professional experience and qualifications].

⁷ [Communicating the value of OEM, to employers, educators, workers, and physicians is inadequate. There have been hardly any Congresses on OM in our country, and very few papers reporting on studies on OM subjects are published in medical journals or presented at Medical Congresses (as compared with the number of papers on subjects of other specialties). On a positive note, the Society of Occupational and Environmental Medicine publishes a peer reviewed scientific journal of occupational medicine. The Institute for Occupational Health and Safety (established by the Employers and the Employees Association) publishes a professional journal addressed to employers, managers employees, and all occupational health and safety professionals, including occupational physicians. There is inadequate collaboration between the Ministries of 1. Health, 2. Labour, and 3. Education, on occupational medicine and occupational health matters. There is virtually no education on issues of occupational workplace hazards and protection against them in primary and in general secondary education. The economic advantages and value of OM cannot be appreciated sufficiently by many employers during the economic crisis currently plaguing Greece. Generally, public opinion does not recognize that OM is a high priority, or that OPs have the same standing as physicians holding other clinical medical specialties. It is noted that OM was recognized and established as a medical specialty in our country, in 1987.]

⁸ [The main issues are:

1. Communicating the value of OEM,
2. Improving related legislation and its enforcement,
3. Improving training in OM, and
4. Improving OM practice, e.g. terms and conditions in contracts for OPs.
5. Improving the diagnosing and reporting cases of occupational diseases.

Tackling these issues is a challenge, because of many infrastructural, manpower (e.g. currently, shortage of staff teaching OM) and economic difficulties to overcome.]

NATIONAL REPORT TEMPLATE DRAFT FOR UEMS OM SECTION (FOR CONSIDERATION AND DISCUSSION) PREPARED BY:

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