

UEMS Section of Occupational Medicine

Minutes of the Meeting on 1st November 1997
at the UEMS Offices, Avenue de la Couronne, Brussels

Attendees:	Dr Tom McMahon	Ireland (Chairman)
	Dr Ewan Macdonald	UK (Secretary/Treasurer)
	Dr Knut Skyberg	Norway
	Dr Jostein Waage	Norway
	Dr Vlasta Deckovic-Vukres	Croatia
	Dr Stamatopoulos	Greece
	Dr Marc Bregliano	France
	Dr Sven Viskum	Denmark
	Dr Paavo Jappinen	Finland
	Prof Kaj Husman	Finland
	Dr Jacques van der Vliet	Netherlands
	Dr Elizabeth McCloy	UK

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Apologies:

Dr Anna Rask Andersen	Sweden
Dr Gunnar Ahlborg	Sweden
Dr Haldun Sirer	Turkey
Dr Elena Economou	Greece
Dr van Houte	Belgium

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Minutes of Last Meeting and matters arising

The Chairman welcomed representatives who were attending for the first time – Dr Vlasta Deckovic-Vukres, Dr Stamatopoulos, and Dr Marc Bregliano. He reported that as the two French nominees had been received there was no further need for the informal French representative to be invited to the Meeting.

Dr Deckovic-Vukres was invited to give a report on the situation in occupational medicine in Croatia and her report is appended to these minutes (*Appendix A*). In Croatia there are 338 specialists in occupational medicine and 17 trainees in occupational medicine.

Dr Bregliano gave an oral report on the situation in France, where there are approximately 6,500 doctors working in occupational medicine. There was generally a shortage of specialists, with only 60 specialists were being produced per annum. As a result qualified doctors were being given the opportunity to undertake a two-year course to obtain a qualification in this specialty. The average cost of provision of occupational medicine services in France was 350Francs per worker per annum then there followed a general discussion about the cost of the provision of occupational health services which in the UK could range from no expenditure to over £400 per person per annum. Dr McCloy pointed out that contracting out of some elements of occupational health services and their fragmentation meant that it was difficult to measure costs and this was recognised to occur in other countries.

Dr Stamatopoulos viewed the situation in Greece where there are 300 occupational physicians with 46 specialists. 90% of these worked in the private sector. Currently there were 20 doctors in training and historically there has been a lack of interest in training. There were no occupational physicians in the national health system. There was also a lack of interest by the State and a negative attitude towards occupational medicine. A proposed law would restrict the role of the occupational physician in the workplace even further and link that to workplace safety engineers. There was inadequate reporting of occupational diseases in the country. (E Economou Report *Appendix B*)

There then followed a general discussion about the moves in some countries to restrict the role of occupational physicians. It was agreed that this might be a problem in some countries. However, Dr Jappinen pointed out that it was important to strengthen the core competencies.

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Chairman's Report

Dr McMahon reported that he and Dr Macdonald had attended the meeting of UEMS Chairmen and Secretaries. He described his report and tabled an abbreviated version of the Report he had given to the UEMS Meeting. He reviewed the constituency of the management council which was nominated by national medical political bodies from each country. Dr van der Vliet asked what the relationship of occupational medicine was with public health and it was agreed that there should be close liaison. Dr McMahon had close liaison with the Chairman of the Public Health group who is also Irish, Dr Jo Barry.

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Membership

There are still no nominations from Germany or formal representatives from the Netherlands.

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Finance and Subscription

Dr Macdonald reported that a bank account had been opened within the University of Glasgow (account number **831434**) but as yet no money had been received. Two cheques were received at the meeting, from France and Ireland. Cheques should be made payable to the **University of Glasgow** and sent to Dr Macdonald. Dr Macdonald agreed that once money had been received a financial report would be given on the expenditure. He reported that so far several days of secretarial time and considerable cost of faxing and mailing had been incurred but had been borne by the department at the University of Glasgow. In answer to a question from the floor it was confirmed that there would not be enough money in the account once the 150 ECU per country had been received, to pay the Chairman's expenses.

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Correspondence

A request had been received by the UEMS for completion of the draft Chapter 6 "Requirements for the Specialty of Occupational Medicine" of the Charter on Training of Medical Specialists in the European Community. The Secretary had drafted a response basing this on the responses of other specialties. This was tabled at the meeting and is attached to the minutes (*Appendix C*). Dr Macdonald pointed out that the Chapter made provision for the formation of a European Board of Occupational Medicine, the definition of training and requirements of competencies, the requirements for training institutions and the requirements for teachers in occupational medicine, as well as the requirements for trainees and that the Charter could potentially be far reaching. It was agreed in discussion that it was the role of the UEMS Section of Occupational Medicine to form a European Board of Occupational Medicine, should it be considered necessary. Dr McMahon pointed out that the contents of the Chapter 6 had been taken from already existing EU documents and that there was really nothing new. In discussion it was confirmed that some European Boards had been formed and in particular the Urologists had been active in establishing European examinations. After discussion it was agreed that because of the wide diversity of the practice of occupational medicine across Europe, e.g. local legislation, medical organisation and industrial traditions, such an initiative in occupational medicine would not be practicable.

Discussion Paper in relationship between EASOM, ENSOP and UEMS

Dr Jacques van der Vliet tabled a document outlining his perspective of the roles of EASOM, ENSOP and UEMS, which was generally agreed to be reasonably accurate (*Appendix D*). He drafted this document because of enquiries within his country about why there needed to be three European organisations. There was general agreement for his document but it was pointed out that he, as a representative of ENSOP, could not define what the other organisations did. (*Appendix E*)

Glasgow Concordat

This document, which had been appended to the Minutes of the previous meeting, was discussed and endorsed, with one change; namely "The Chairperson's regular dialogues or meetings shall comprise A recognised co-ordinating mechanism for occupational physicians in the EC".

Dr van der Vliet discussed the development of ENSOP (The European Network of Societies of Occupational Physicians) which was due to have its first general assembly in 1998. The Board had already been informed and Dr Aresini of DG5 had been invited to the Board and had been supportive of such an organisation.

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Review of Purpose Statement and Objectives

The review of purpose statement and objectives were again discussed and the following was agreed:

The purpose of the UEMS Section of Occupational Medicine.

In addition to the objectives of the UEMS, the Occupational Medicine Section will promote the development of the occupational medicine specialty in Europe with the aim of improving the health of people at work. To achieve this the section has the following objectives:

- a to influence the European Union legislators
- b to collaborate with appropriate agencies
- c to advance and harmonise the quality of specialist medical practice
- d to identify the common areas of the discipline, including the competencies and to provide training programmes for specialty and non-specialist doctors.

8 Future Strategy

The Chairman discussed the need to develop a future strategy and the formation of working groups. He felt it important that the committee made significant progress within the next 18 months to 2 years. In this respect he proposed the formation of working groups.

9 Formation of Working Groups

9.1 Dr McMahon proposed that there should be a group to consider developing how to develop the proposed networks, with the aim of influencing key decision-makers, in order to achieve the purpose of the UEMS Section in Occupational Medicine. There needed to be a strategy for influencing and liaising with:

- a politicians
- b trade unions
- c EU legislators
- d Bilbao centre
- e the Dublin centre

In addition every member of the section should assist in identifying

- who are the key people in each country
- who do we know in each country

All members were asked to list these individuals and send the details to Dr Van der Vliet, who would lead this group.

It was agreed also that the Secretary would circulate the mailing lists for the whole group with fax and e-mail numbers. (*Appendix F*)

9.2 It was agreed that there needed to be a working group to collate the information on

- i) The numbers of occupational physicians in each country
- ii) Number of specialists and level of training of others in each country
- iii) Length and duration of specialist training
- iv) Access to occupational health training
- v) What do occupational physicians do?
- vi) Where do occupational physicians work, i.e. factories, hospitals, private or government
- vii) Who employs occupational physicians

- viii) Is there a legal basis for occupational health provision over and above the EU Law?

It was agreed that Prof Husman, Dr Macdonald and Dr Bregliano would undertake this work. Prof Husman would produce a questionnaire to be circulated round all countries.

There then followed a general discussion on issues of importance to the Section.

- i) Inequalities in health, due to occupational factors, across Europe
- ii) The need for the Section to be aware of impending legislation in order to be able to influence the same.
- iii) A growing need for screening for substance abuse in a number of countries and the ethics thereof. A secondary issue was the increasing demand for genetic screening.
- iv) Social partnerships. The influence on these partnerships in the workplace and occupational health provision and research
- v) The growing problem of mental health at work
- vi) Differing organisation of occupational health services and their delivery across Europe.
- vii) Ethical issues in the practice of occupational medicine. In general discussion it was pointed out that ICOH had published ethical guidelines, as did the UK and other countries.
- viii) Quality standards and quality assurance in occupational medicine
- ix) Clinical guidelines in occupational medicine
- x) Evidence based occupational medical practice
- xi) A need to identify topics which may attract sources of funding

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Any other business

There was discussion about the need for improved funding of the Section which has become more active.

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Date of next meeting

It was agreed to be **4th April 1998 at 10.30am in London**. The meeting would be between 10.30am and 3pm. The venue would be confirmed later but would probably be the Royal College of Physicians, Regents Park.