

# Public consultation on the new EU occupational safety and health policy framework

You reply as -single choice reply-(compulsory)	on behalf of an organisation
Please indicate your organisation's name -open reply-(compulsory)	UEMS (European Union of Medical specialists) section of specialists in Occupational Medicine. All the member states associations are represented. This document is a consensus document
In which country are you and/or your organisation based? -open reply-(compulsory)	Main quarters of UEMS are in Brussels since we are a European Organisation

## Necessity and nature of a new EU OSH policy framework

Do you agree with the assessment of the EU OSH Strategy? Did it lead to tangible results? -open reply-(compulsory)

We have the impression that the authors were rather cautious in their evaluation. Although a good reader can find sufficient points to improve and there are also elements where the goals have not been achieved. The recommendations seem to be important. The most important finding is "that all of the consulted stakeholders have strongly confirmed the relevance of the European strategy – even when they did not agree fully with the whole content of the current strategy." This can count in a sector where criticism is the rule. Results and outcome are always multifactorial. It was sufficiently described whether the goals "less work accidents and occupational diseases" were obtained. The conclusion can be that few have been done on the field of occupational diseases and consequently their prevention in the EU.

In order to improve workplace safety and health, do you consider it necessary to continue coordinating policies at EU level or is action at national level sufficient? -open reply-(compulsory)

If one day the EU wants to be a real Union, important policies (as OSH is one) should be coordinated. In the meantime, actions at national level remain as important. The level of well-being-at-work, occupational health and safety is important for the workability of the work force and thus for the prosperity in every country. Differences in the current policy of each country exist, because the history of health and safety at work as well as the composition of the work force is often different in the Member States. Little by little the differences between the Member States should become similarities, which is not possible without coordination, common vision and strategy. Healthy employees and health unthreatening working environments are the most important issues to start working on. Thus, coordinating policies on EU level are necessary.

If you deem such a framework at EU level is necessary, explain why. Which aspects should be covered? -open reply-(compulsory)

Without a framework there is no guarantee to end up somewhere. The EU must certainly avoid that the level of occupational health and safety becomes an element of competition or economy between the Member States. A strategy is needed to level the OSH policies of the member states. To develop a strategy, you need a vision on the future. There is an important mutual relation between health and work. Work can have an impact on one's health and health has an impact on work. Health is a condition to work and a meaningful work is a condition for health. We believe all workers should have access to a safe job that is unthreatening to their health, so they must have access to health and safety professionals who should be organized in multidisciplinary services. A safe and healthy job will permit the workers to produce better, so employers will have better products or services with less collateral damage. All large companies in Europe understood this and have implemented an elaborated OSH strategy. At state level, but also at EU level there is still a long way to go. Step by step all aspects should be covered starting with basic knowledge on safety and health at work in primary school and ending in faculties (by the way, the UEMS Council has adopted the Occupational Medicine European Training Requirement!) There are different lists of occupational diseases in the EU, different criteria and different recognition systems, which is very difficult to understand in the same big Union. It would be a great start to unify these aspects. The criteria should be clear and equal in all EU Member States without any scientific objections.

## Level of commitment

With respect to your answer to the above questions, is there a need for a new EU OSH Strategy or should alternative

measure be considered? Please explain. -open reply-(compulsory)

We can discuss for a long time whether or not we need a common policy, a strategy or only common goals. These are in fact means, not purposes. The EU has to decide which management instruments would give the best outcome. We probably need a mix of common goals, policies and legislation. Detailed legislation did not prove to be holy making by itself, but if there is no legislation at all, chaos is predominant. The health and safety professionals need to work in a stable legislative environment and with clear goals. It is certain that specialists of occupational medicine always perform within the framework of a social security system, and labour itself is also strictly regulated. This makes a common health surveillance system nearly impossible. We understand the difficulty of developing a common strategy on health and safety and not having a common strategy on 'labour' and 'social security'. Maybe a health and safety policy can be a spearhead for a social Europe, bringing the Member States closer together? For example, the differences in occupational diseases: the lists are different in each country, the diagnostic criteria result more from the social security system than from objective medical criteria. This fact raises the issue of discrimination in the EU. Collaboration between the stakeholders is essential. The stakeholders are the employers, the employees, the government and the professionals. Professionals should get a clear voice in the debates, and should not only be consulted as experts. This can add a new dynamic to the social dialogue. If the stakeholders do not support the strategy, it is doomed.

If EU level action is necessary in order to improve workplace safety and health, do you consider it necessary to set broad goals and priorities and to coordinate national policies at EU level? -open reply-(compulsory)

Yes. Setting goals and priorities has got the advantage to mobilize people and institutions. The process of deciding which goals and priorities can help to develop a common vision is what the EU lacks at this moment! There is a risk that the whole attention is directed to the defined priorities and goals. As stated before, it should never lead to less OSH in individual Member States with a relative high level of OSH! Member States should thus be encouraged to develop their OSH strategy further on in line with the EU strategy and not lose their ownership by waiting for the next EU-steps, a risk that really exists.

What would be the added-value of including specific targets into a possible new EU OSH policy framework to measure progress in improving workplace safety and health in the EU? -open reply-(compulsory)

Targets and Key Performance Indicators are important management tools. Of course every Key Performance Indicator has got its own weaknesses, but a set of Key Performance Indicators such as there are in a Balanced Score Card can help to reach the targets. It is clear that there is a lot of room for progress in workplace safety and health in the EU. If a strategy cannot be made concrete and be measured in specific targets, it will probably remain philosophical. Targets can help and motivate the people on the field. We wish to emphasize that the targets must be defined by all stakeholders. It means that they must be developed and agreed upon also by the professionals. As UEMS specialists of occupational medicine we are certainly willing to participate in this process. The goal must be to create a clear framework and an easy statistical follow-up, to avoid dumping processes and above all – to improve and equalize the care for the well-being and health of all EU workers.

Should a new policy framework include a list of objectives, actions, calendars and actors involved in the implementation of actions or should it be limited to setting a vision for the future, and a definition of goals and priorities? -open reply-(compulsory)

We think it will be difficult to have a common vision and a common definition of goals and priorities. The rest comes later or simultaneously and must be discussed by the stakeholders (also the professionals) in the EU and in the Member States. The Member States should not have the perception that the EU will do all the actions for or instead of them, they need to be actively involved.

## Content of a new EU OSH policy framework

What are the key challenges in the OSH area?

How would you prioritise them? -open reply-(compulsory)

The question worldwide is how to get people being able to work and how to keep them safe and healthy in a relatively long working life. Modern occupational health has a role to play in the adaptation of working conditions/jobs/labour, in general health promotion, in coordinating absenteeism and rehabilitation of workers. Well-being at work is clearly a multidisciplinary task. Avoiding work accidents and occupational diseases are obvious goals. Beside occupational diseases, work-related diseases have even more impact on health and work and must not be forgotten. Apart from technical safety there are behavioral safety and development of a preventive culture that should still get more attention. The overall impact is difficult to measure. It is certain that the benefits of OSH are larger than reducing the cost of occupational diseases and accidents for society. Key Performance Indicators of different natures are needed. Key challenges are: In general - • Complexity of the contemporary society including information • Globalisation processes • The new generation at work • Presenteeism More specific - • Healthy ageing at work • Duration of a working life • Stress in private life and at work • Mental health

problems • Muscular-skeletal disorders • Work and new technologies • Communication and balance between older and younger workers • Gender differences • Disabled and handicapped workers' ability to work • To start working again after a long period of unemployment • Green jobs • Outsourcing, short life-cycle private entrepreneurship • Self employed • Managing staff • Promotion of healthy and safe life beyond retirement The impact can differ from one country to the other. Anyway, some common priorities can be defined. Every country has to define its own supplementary priorities besides the common EU ones.

What practical solutions do you suggest to address all or some of these challenges? -open reply-(compulsory)

In the past the occupational physician was the protector of workers who were ignorant of the risks linked to their jobs. Today general practitioners and other clinical specialists usually take curative care for (acute and chronic) sick workers but they often advise the workers only not to go back to work. They do not have either the knowledge about the risks of their work places or the experiences to suggest adaptations of the jobs to their patients. Specialists of occupational medicine combine the global knowledge of health and risk assessment of work places. Occupational medicine is actually at the cost of the employer only. It means that there is no access to it for the unemployed or for independent workers. It is necessary to solve this deficiency in the organisation of OSH, for instance with incentives. How to answer to the challenges? • To set clear priorities and goals • To define a time frame for the preparation of a programme • To define implementation • To define statistical reporting and evaluation • To set up EU studies and surveys with common agreed methodology

Do you consider that such a framework should develop initiatives to provide further protection for vulnerable groups of workers and/or for workers in specific high risk sectors? -open reply-(compulsory)

Of course there is need for protection of vulnerable groups or specific high risk sectors. But what are vulnerable groups? Youngsters, women, older workers, workers with disabilities, the sick people etc... so finally, there is a focus on everybody. As UEMS specialists of occupational medicine we are convinced that every worker and everyone participating or able to participate in the economical activity should have access to occupational health. Everybody is or will be part of a certain vulnerable group at some time in their life. What are specific high risk sectors? The construction sector, the cleaning sector, the health care sector, the transport sector, the energy sector, the nanotechnology sector.... In the end almost all sectors? It is obvious that every sector has its own risks, and a strategy on a high level cannot include all particularities of the different sectors. The EU framework should encourage the sectors at EU level as well as at a Member State level to develop their own action plan. It must be developed together with their stakeholders, and we repeat that the occupational health professionals have to be included in the development and the implementation of these action plans.

Do you consider that measures for the simplification of the existing body of EU OSH legislation should be included in such a political instrument? If so, which ones would you suggest? -open reply-(compulsory)

We support the idea that a new EU Directive on Occupational Health and Occupational Health Services may become a good political instrument.

Do you think that such a framework should specifically identify and address the challenges posed by the ageing of the working population? If so, which measures would you suggest? -open reply-(compulsory)

It depends on what it is meant by this question. We are not sure how to define ageing of the working population because at all ages we are an ageing population. In every period of our ageing life we run certain risks – unemployment and injuries when we are young, work family balance when we grow up, losing physical strength and psychological strength later on ... The ageing work force poses of course a major challenge, which does not imply we have to focus on the elderly. The care how to get people to work in good health until they are retired starts when workers are young and needs a broad and multidisciplinary approach. Among measures there are: General health promotion Stress reduction and coping with stress Reduction of risks at work Job enrichment

What measures would you suggest to reduce the regulatory burden on SMEs and micro-enterprises, including reducing compliance costs and administrative burden, while ensuring a high level of compliance with OSH legislation by SMEs and micro-enterprises?\* -open reply-(compulsory)

The question in itself suggests that OSH is first and foremost a privilege for workers in larger companies, because it is more difficult to realize in SME's. It is true that legislation is often elaborated through social dialogue between employers' organisations and trade unions and they often speak from the perspective of larger companies. Nevertheless, it is possible and necessary to develop a strategy that also works out for SME's. Most SME's are joined in sector organisations. The collaboration between professionals and that sector level enables a lot - such as the developing of common preventive measures, health promotion activities, advises, best practices... Thus, compliance costs and administrative burdens can be largely diminished and the interventions will be supported. Furthermore, the employers in SME's are willing to pay sufficient attention to prevention, but it is not their primary focus, neither are a lot of other obligations they are confronted with. They are helped with actions and practical tools, adapted to their reality, not with administrative systems.

Do you have any views on the role of social dialogue at EU and national level to the identification, preparation and implementation of any new initiatives to improve health and safety at work? -open reply-(compulsory)

As stated before, the participation of all stakeholders is essential. Social dialogue is limited to organisations of employers and employees, representing in fact larger companies so far. The dynamics in this social dialogue often disappears, with everybody in his own trenches. The EU should find ways to reanimate the social dialogue in the field of OSH. Bringing in fresh ideas from independent people, like the professionals, and good practices of the field itself may help. On condition that the professionals are not only consulted as experts, but have a real say, better outcomes are expected. Probably all incentives were not enough evidence based and the activities were not targeted well enough. Mere political discussions are far from being sufficient. Furthermore, it has been forgotten that there are independent workers a large part of the work force, who are generally not represented in the social dialogue. They should be involved through their sector organisations, certainly in the implementation phase of the strategy.

Add any further aspects that in your view were not sufficiently taken into account by the above questions? -open reply-(compulsory)

In the documents you can hardly find a word about the professionals of OSH. In searching above 250 pages of the documents, the word 'occupational physician' has not been found. It seems as if the specialists of occupational medicine do not exist, are not organised in services, not doing researches .... And do not need to be involved? Specialists of occupational medicine all over the EU are very actively present among workers, involved in medical surveillance and risk assessment and management of their workplaces, in professional rehabilitation activities and also in health promotion as members or leaders of a team. Specialists of occupational medicine possess data on health as well as on other problems of their workers and their researches are published in scientific papers. We are very much involved in solving occupational problems within a team with the other occupational health and safety collaborators. But unfortunately we have not been invited to be more actively involved in creating EU OSH Strategy so far. The EU can play an important role in promoting and coordinating the research in OSH, and also in the development and expansion of best practices. There is nearly no link or collaboration with WHO. It is a pity since WHO declared Occupational Safety and Health as a basic health.