

Occupational medicine in Hungary

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National characteristics - population

Change in the Hungarian population aged 15-74 (1000 individuals)



- Total population: 9,938,000 (census 2011)
- Population aged 15-64: 6,530,400 (2015)
 - Working population: 4,175,800
 - females 45,8%
 - Employees: 3,731,800
 - fixed term contract: 423,800
 - Entrepreneur: 424,800

Unemployment rate (aged 15-74)

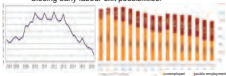
Significant part is in „public employment“ – low skill jobs

Cross-generational unemployment.

Intra country migration of labour force is weak.

Employment of aged persons is gradually growing (low basis).

Closing early labour exit possibilities.



Source: Central Statistical Office (KSH)

Labour shortage?

Shortage of professionals in Hungary

1. Skilled worker
2. Driver
3. Engineer
4. Accountant, finance
5. IT expert
6. Group leader
7. Physician
8. Machine operator
9. Salesperson
10. HORECA

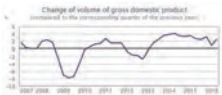
Source: ManpowerGroup Survey 2015

Employers facing with labour shortage in Hungary



GDP

- In 2015 (per capita): \$14,027



Source: Central Statistics Office (CŠH)

Sectorial shares in the Hungarian GDP (%)

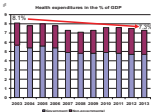


Expenditures on health care (in GDP%)



Health care

- Active medical doctors: 35,854 (2015)
 - 36.5 doctors/10000 inhabitant



Life expectancy,
mortality and
morbidity
figures are dire.

Source: Central Statistics Office (CSO)

History – roots of OM in Hungary

- Mining Law (1030): safe employment of miners
- Medieval times: Mutual savings banks for miners (helping ill miners, own physician)
- 1800-s: industrial medicine, public health
- *József Fodor*: strict work hygiene rules
- *Imre Tóth*: mining health
- Mandatory plant licensing and regular medical inspections
- *Vilmos Friedrich*: diseases by industrial sectors (1900)
- General insurance for workers (early 20th century)
- National Institute of Workers Insurance (1927)
- Compensation (ILO Convention)
- Mandatory health surveillance (lead)
- *Imre Pacsért*: biomonitoring, Lead Examination Station

History – recent OM

- National Institute of Occupational Health (1949)
- Soviet system
- Public health common umbrella, regional stations (work health inspection authority)
- Physicians in factories (curative and preventive roles)
- Only ~50% of workers covered

History – transformation of OM

- Fall of Socialism, privatisation
- Provision of occupational health services is not a state duty anymore
- Complete shift to prevention (no sick-leave)
- Legal foundation of private OHS provision (1995)
- Preparation for EU accession (2004)
- Health promotion tasks appear
- Players: in-house services, big (multinational and national) services, small services, general practitioners' part-time micro-services
- Labour inspection and work hygiene inspection jointly under a single minister (Ministry for National Economy)

Hungarian system of OS&H



Hungarian OSH strategy

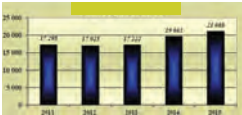
Previous strategy (2002-2007): „mission not accomplished”

- Reasons: no resources, no responsables, no milestones.

New strategy 2016-2022

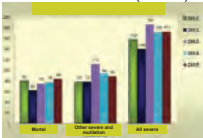
- **1. Improving the competitiveness of enterprises** (tools, management, practices, insurance)
- **2. Maintaining the workability of workers** (psychosocial, MSDs, cancers, ergonomics)
- **3. OSH training, education** (continuing education, chemical safety, vulnerable, precarious)
- **4. information, communication** (publications, μ SMEs, research)
- **5. OSH research & development** (statistics, climate change, ageing, emerging, services database, integrated authority, co-operation, risk-based inspection, legislation update)

Accidents at work (total)



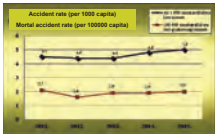
Source: annual report of the Labour Inspection Department (Ministry for National Economy)

Accidents at work (severe)



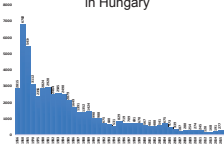
Source: annual report of the Labour Inspection Department (Ministry for National Economy)

Accident rates



(Source: Annual report of the Labour Inspection Department; Ministry for National Economy)

Registered occupational diseases in Hungary



Legal foundations of OM in Hungary

- ILO - C161 1985 *Convention sur les services de santé au travail* (HU ratified: 1988, 3rd in Europe)
- Directive 89/391 - OSH "*Framework Directive*," - Complete harmonisation before EU accession
- Act on OSH (1993)
- Decrees (of ministers) on occupational health services (1995, 1998)
- Maintenance of legislation is continuous

Tasks of OH Services

By itself:

- Fitness-for-job examinations
- Investigation and reporting of occupational diseases
- Examination of health effects due to work environment and work
- Counselling concerning personal protective equipments
- Chemical safety at work
- Information on health and safety
- Work-related vaccinations
- Care for chronically ill workers
- Driving licenses
- (Employability, fitness-for-profession examinations)

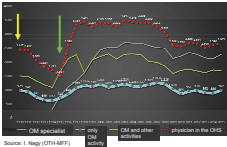
Tasks of OH Services

As a participant:

- Identification of workplace risk sources (risk assessment)
- Occupational health, -physiology, -ergonomics, -hygienic tasks
- Organisation of workplace first aid
- Rehabilitation (return to work)
- Development of disaster plans

Set in legislation (27/1996. NM).

Occupational medicine and services



Occupational Health Services

OHSs: 2738 (usually private practices)

- Average Worker/OHS ratio: 830-2155
- Covered employers: 91,207
- Covered employees: 2,207,180
- Coverage rate: >90%
 - Differences among sectors, employers' size, quality

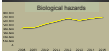
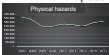
Occupational Health Consultations: 107

Tertiary (national) level: Occupational Health Department
at the Office of the Chief Medical Officer (OTH-MFF),
formerly independent OMFI

Source: I. Nagy (OTH-MFF), CSO, OSAP 1485

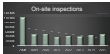


Exposures at work



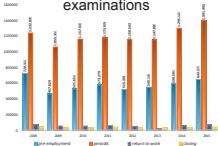
Source: Annual reports of occupational health services.

Work of OHSs



Source: Annual reports of occupational health services

Fitness-for-job medical examinations



Source: Annual reports of occupational health services.

Reporting of occupational diseases

- The first observing physician has (should have) to report the suspicion to the regional labour inspection body.
- The inspecting authority confirms the exposure (magnitude, duration, etc.).
- The national occupational health body (currently called OTH-MFF) gives expert opinion on the diagnosis and exposure. The committees may ask for further data.
- The public health insurance fund issues the decision on recognition.
- Underreporting is substantial.
- The recognised cases do not reflect the true occupational health situation in Hungary.

Types of occupational diseases

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Skin	68 6.1%	33 6.8%	30 6.8%	21 11.2%	26 13.8%	58 7.1%	18 8.8%	23 9.6%	23 18.2%	16 9.8%	26 10%	68 20%
Noise (HL)	149 28%	63 13.7%	26 8.7%	8 2.7%	8 1.8%	4 1.8%	8 2.2%	18 7.8%	3 1.7%	1 0.8%	3 1%	13 4.7%
Miscellaneous	60 11.8%	76 16.8%	73 21.2%	68 24.8%	118 61.8%	90 28.4%	87 21.8%	68 18.8%	28 28.8%	21 13.8%	28 18.8%	38 11%
Other respiratory	68 6.8%	67 9.8%	68 13.7%	28 13.8%	18 7.8%	18 8.2%	18 2.8%	11 4.8%	8 8.7%	14 8.2%	8 4.2%	18 2.8%
Zoonoses	87 12.8%	101 18.8%	87 18.8%	7 2.7%	8 2.2%	13 8.1%	8 1.8%	8 2.2%	8 4.2%	18 8.8%	18 8.2%	38 14.1%
Other infectious	68 8.8%	101 11.8%	26 7.1%	28 18.7%	27 14.2%	68 18.8%	80 28.7%	14 28.4%	28 21.7%	11 28.4%	68 28%	87 24.2%
Intestinal diseases	73 18.8%	68 8.8%	23 8.8%	8 2.7%	8 8.8%	8 2.8%	18 8.8%	8 2.2%	3 1.7%	23 13.7%	8 4.1%	8 2.2%
MSDs*	68 7.2%	33 7%	38 8.4%	28 18.7%	28 8.2%	28 14.2%	28 18.2%	18 7.8%	13 10%	18 8.8%	28 13.8%	11 11%

Case numbers and percentage of total occupational diseases.

Source: Annual reports on occupational diseases and excessive exposures

Challenges of OM in Hungary

- Price competition
- Conflict of interests (dependency from employer)
- Unsettled relation with public health care and national health policy
- Lack of guidelines
- Ageing and ill workforce (and occupational medical personnel)

About the Hungarian Society

MÜTT

- Started in 1946
- 7 regions
- Conferences from 1960
- Members ~650



Addition to OM training

- Hungarian medical universities provide OM specialisation (postgraduate) training. (Note: Pregraduate medical training is six years)
- OM is taught by university departments responsible for teaching public health or general practice.
- OM is a basic/first specialisation (no previous other specialisation is required)
- OM training is 2 years of university training (e.g. internal-, emergency medicine, OM of important Hungarian sectors) and 2 years of practical work at an accredited employer
- Parts that were fulfilled in a previous specialisation can be counted in.

Addition to OM CME

- Every medical specialist (who wants to work independently: not under specialist control) is required to participate in CME (attending at courses)
- CMEs are registered at universities, who are accrediting courses. There is a central on-line register for CME.
- Practice licenses have to be renewed every 5 years based on CME points collected in that period
- OM CME has the following parts:
 - Practical points (testified by the employer)
 - Mandatory refresher OM „grand“ course (at least one/5 year)
 - Optional OM courses (points depending on length and content)
 - Optional non-OM courses (points depending on length and content)