THE BELGIAN SYSTEM AND SITUATION

UEMS OM section 28 october 2017
Every company is obliged to have an internal service for prevention and protection at work, with an Internal Prevention Advisor (<20 the employer can do this).

Depending on risks and number of employees, this IPA has to have a formation level none, 3, 2, or 1.

- E.g. company with >1000 employees IPA = safety engineer with 1 year extra in safety
- E.g. company with 200 – 1000 employees IPA = bachelor with level 2
- E.g. company with < 200 employees IPA = someone that followed a 7 days formation in well being at work
- SME: none
A company can adhere to an external service if it has not all the competencies itself (Occ. medicine, Occ. safety, psychosocial factors at work, Ergonomics, industrial hygiene, ), so nearly all do so.

Occupational medicine is nearly always (>> 90% of market) outsourced except in some large companies.

The non medical part is extending rapidly, certainly Psychosocial factors at work.
OCCUPATIONAL MEDICINE IN BELGIUM

External services

• 211,000 employers nearly all serviced by external services, except 70
• Some 4,2 mio work force
• 3,880,559 employees serviced by external services in 2016
• 11 external services, big 5 have nearly 80% of market share
• Total revenue 388 mio €, obligatory forfait is 260 mio €
OCCUPATIONAL MEDICINE IN BELGIUM

- Some 950 Occ. Physicians, in total 750 FTE
- Some 60 work in internal services and outsourcing continues
- The others in 10 external services
AGE OF THE OCC. PHYS. IN 2017 (EXT. SERVICES)
OCCUPATIONAL MEDICINE IN BELGIUM

Non-medical personnel:

- 764 employees in IDEWE external service
  - 175 Occupational physicians 23%
  - 213 Occupational health nurses 28%
  - 191 Non medical prevention advisors (75 PAPS) 25%
  - 185 supporting staff (ICT, client support, HRM...) 24%
OCCUPATIONAL MEDICINE IN BELGIUM

EVOLUTION

- Well being at work under HR in the companies
- The old opposition between safety an occ. med. has disappeared
- Occ. health becomes more and more multi- or even interdisciplinar
- Collaboration between disciplines makes them stronger
  - Psychologists tend to policy making
  - Engineers are good in procedures
  - Occupational health nurses are good performers
  - Doctors are person-driven
LANDSCAPE OF EXTERNAL SERVICES
Market share 2016 (number of employees)

- IDEWE: 20.3%
- MENSURA: 18.7%
- SPMT-ARISTA: 14.4%
- PROVIKMO: 12.8%
- SECUREX: 11.1%
- ATTENTIA: 8.3%
- CESI: 7.4%
- MEDIWET: 2.5%
- CLB: 1.8%
- PREMED: 1.6%
- CPS: 1.1%

(idewe logo)
FINANCING OF EXTERNAL SERVICES BEFORE 2016

• Per employee: risk and medical exam driven
• If yearly exam (occ. Risks) 120 €
• If 3-yearly exam (screen and food) 40 €
• If 5-yearly exam 24 €
• No periodic exam 17 €
FINANCING OF EXTERNAL SERVICES SINCE 2016

• Depending on sector: 5 categories
• xx € /employee /month
• From 43 € to 115 € / year
• E.g. only office work, schools = 43 €
• E.g. distribution, shops, horeca = 80 €
• E.g. hospital, police, fire brigade = 115 €
TASKS OF EXTERNAL SERVICE IN LARGER COMPANIES

• Total contribution is divided with 153 € = number of Prevention Units
• Cost of prevention advisor:
  o Physician 1,25 PU /hour
  o Other prevention advisor 1 PU /hour
  o Nurse or other prevention officer 0,75 PU/ hour
• E.g. hospital with 2000 employees = 230.000 € = 1520 PU
**TASKS OF EXTERNAL SERVICE: LARGER COMPANIES**

• Order of spending Prevention Units:
  o Occupational medicine: health exams
  o Psycho-social activities: intake of complaints, risk inventory of psychosocial factors, prevention of stress
  o Others collective prevention like company visit, committee, ....

• If not sufficient: extra PU = 117 €
SMALLER COMPANIES

• Get standard services included in the contribution:
  o Obligatory medical exams
  o Company visit (depending on sector yearly, 2 yearly, 3 yearly)
  o Participation in the OHS committee
  o Psycho-social complaints
  o Examination of severe accidents at work
  o OHS policy advice
  o ...

• Extra services 117 € / hour
OCCUPATIONAL MEDICINE

- From periodic medical exams done by occupational physician
- Oriented periodic interventions supervised by occupational physician
• From periodic medical exams

• Medical exams on demand, at recruitment, during sickness, after sickness, pregnancy, re-integration...
FUTURE OF OCCUPATIONAL MEDICINE
WORKING GROUP IN THE BELGIAN ASSOCIATION

• Occupational medicine for all
• Not only for active workers, but also for potential workers (unemployed, independent, students...)

• Medical contacts not always effected by the physician, but is supervisor
• Exam/contact at entrance in a sector
  o Biological baseline
  o Vaccination
  o Information on risks in the sector
FUTURE OF OCCUPATIONAL MEDICINE
WORKING GROUP IN THE BELGIAN ASSOCIATION

• Personal prevention plan, depending on
  o Sector and risks
  o Individual
  o Age dependent
• Personal care plan if needed e.g. (re)-integration
• Physician will only be medically active in referral and on demand
• Physician will stay in contact with the company and the committee for policy making