

SURVEY

Designed and carried out, from September to October 2018,

by **Dr Theodore Bazas**,

Representative of the Panhellenic Medical Association at the Section of Occupational Medicine of the European Union of Medical Specialists (UEMS OM), Initiator of Working

Group 2 (WG2: "Actions for Advancing OM") of the UEMS OM,

meant to assist in the discussions of the Meeting of WG 2 (of UEMS OM) about the

"Role of Specialists in OM and specific OM tasks – Management for specialist OM services in European countries",

on 9.11.2018, in Bilbao, Spain, in connection with a related Draft Position Statement to be prepared, and presented to this Section for discussion, modification and approval, at one of its Meetings at a later date

QUESTIONS

(SENT BY EMAIL TO 30 NATIONAL REPRESENTATIVES AT UEMS OM SECTION)

"Do physicians holding specialties other than OM have the right by law to work on an equal par with specialists in OM, i.e. in enterprises of any size and magnitude of occupational health and safety risk? [NB. In Greece they do!] .

If not:

1. Do physicians holding specialties other than OM (or trainees in OM) have the right by law to work in enterprises of smaller size (and what size) and of smaller magnitude of occupational health and safety risk (and how is this smaller magnitude determined, i.e. in what type of enterprises or type of work)? And if they do have this right, do they acquire it only after attending some training in OM of a certain duration (and how long is this required short training in OM)?

2. Do physicians holding specialties other than OM (or trainees in OM) have the right by law to work in enterprises *under the supervision of a specialist in OM* or to perform (with or without supervision by a specialist in OM) only certain medical examinations at an enterprise?

If so, how is this situation viewed by the OM Societies or other Medical Organizations in your country, and what actions, if any are being planned to deal with it?

REPLIES

(Replies received from 21 countries up until 2.11.2018, as presented by their authors, with minimal format editing. Countries cited in alphabetical order.)

1. AUSTRIA

1. In Austria there are 2 different ways to practice OM. On the one hand we have the specialists in OM, on the other hand there are physicians with a diploma in OM. The training of the specialists lasts 6 years. A doctor is able to reach the diploma in OM after a training in general medicine or any other speciality and after attending a 3-month training in an academy of OM. Both - specialist and doctor with diploma - are allowed to work in enterprises without restrictions.
2. For doctors of other specialities there is a possibility to examine employees after a permission given by the ministry of social affairs ("Sozialministerium").
3. Doctors are viewed by the medical association.

Dr Karl Hochgatterer

2. BELGIUM

The answer for Belgium is NO to all questions.

Dr Simon Bulterys

3. CROATIA

The answers to all three questions are negative for Croatia. Situation is the same as in Slovenia. Only OM specialists are working for companies of any size.

Dr Jelena Macan

4. CZECH REPUBLIC

According to the Czech law (Act Nr.373/2011 about special health services) is defined "occupational medical service" which is mentioned at enterprise level (certification of medical fitness assessment for work) . This service is allowed for certified general practitioners (without special obligatory training in OM) and certified occupational physicians. Recognition of occupational diseases is allowed for special departments of occupational diseases/occupational medicine certified by ministry of health only.

Dr Milan Tucek

5. DENMARK

1. Do physicians holding specialties other than OM (or trainees in OM) have the right by law to work in enterprises of smaller size (and what size) and of smaller magnitude of occupational health and safety risk (and how is this smaller magnitude determined, i.e. in what type of enterprises or type of work)? And if they do have this right, do they acquire it only after attending some training in OM of a certain duration (and how long is this required short training in OM)?

Yes. Physicians from other specialties than OM have the right to work in enterprises of smaller size, but nobody do.

2. Do physicians holding specialties other than OM (or trainees in OM) have the right by law to work in enterprises *under the supervision of a specialist in OM* or to perform (with or without supervision by a specialist in OM) only certain medical examinations at an enterprise?

Yes.

If so, how is this situation viewed by the OM Societies or other Medical Organizations in your country, and what actions, if any are being planned to deal with it?

We would like to have many more Occupational specialist than the app. 63 specialist working on the hospitals and universities. Only 6 is working in private enterprises, where the 4 is specialists in Occupational Medicine. We are not having enough specialist to offer the companies Occupational Health services from an occupational physicians.

Dr Ole Carstensen

6. FINLAND

In Finland: Number of doctors specialized in occupational health: 767 at age of work, (436 women). About 2,400 doctors in total are working in the field of occupational health, including those who work part time, are on the way to specialization, or work in curative care only.

1. **The minimum** requirement for working in occupational health for under 20 hours per week is completion of a 7 weeks' course organized by the Institute of Occupational Health, during the two first years of practice.

All others working in the field of occupational health for over 20 hours per week must have the specialization or they have started specialization and they are doing it actively.

2. See above

Many of the physicians who work in the field of occupational health (but work e.g. in curative care) for less than 20 hrs a week, practice occupational medicine on an equal part with specialists in occupational medicine (i.e. have the right to work in an enterprise of any size or magnitude of occupational health risk and perform all occupational medicine tasks, provided they do not work so for more than 20 hrs per week)?

YES, this is unfortunately true.

Dr Satu Väihkönen

7. FRANCE

1-The law recognises two possibilities of obtaining the title of specialist: either through an internship, for the interns, or through a process of reconversion of a medical practice and, in this case, it is recognised as a medical collaborator.

In both circumstances, they work under the responsibility of an OM specialist, either in the process of an internship, like any other medical speciality (for the interns) or under certain conditions, related in particular with its employment, for the medical collaborators. In this case, the purpose is to obtain the required competencies that will allow a submission to an evaluation process.

Therefore, no matter the size of the enterprise or the risks present at the workplace, they are not entitled to act totally independent but integrated in an occupational health team, under the supervision of a medical specialist, who is also in charge of the team.

2-Occupational Medicine is considered to be only preventive medicine and it can only be performed by specialists or by those engaged in obtaining a qualification in this field, in accordance with the methodology described above. Therefore, any specialist in a different field of medicine has to abide by these rules.

The questions that are currently being addressed are related to the lack of specialists in OM. The recent changes in the law (from 2017 onwards) have dealt mainly with transferring some competencies for health surveillance to nurses as well as eliminating some restrictions imposed to medical collaborators and to interns.

Dr Pedro Reis

8. GERMANY

In Germany:

In Germany it is not allowed that other specialties work in enterprises regardless of the size of the company.

Only specialists in OM (Arbeitsmediziner [5ys of training]) and physicians in training under supervision of a specialist (sometimes trainees hold other specialties e.g. internal Medicine),

and Physicians with a Special qualification (Betriebsärzte [Physicians with special knowledge in OM (3ys of training)]) are allowed to do the examinations.

We have a lack of OM specialists. Therefore OM societies think about to shorten the duration of training, especially for those who hold already another specialty (e.g. internal Medicine)

As a Betriebsarzt [enterprise physician], you have to hold another specialty first and then you are allowed to add this qualification after three years of training.

Betriebsärzte have the same rights and tasks [as Arbeitsmediziner], but limited experience in giving medical expertise opinion regarding occupational diseases.

Dr Thomas Kraus

9. GREECE

In Greece, 354 physicians, who have worked as “enterprise physicians” [job title] for at least seven years up until 2009 and hold specialties other than OM, have the right to and do practice OM on an equal par (as allowed by law) with the 140 specialists in OM, without most of the former being required to have or having received any training (by attending any Certificate, Diploma courses, Certificate short courses, etc) in OM.

Dr Theodore Bazas

10. HUNGARY

1. Do physicians holding specialties other than OM (or trainees in OM) have the right by law to work in enterprises of smaller size (and what size) and of smaller magnitude of occupational health and safety risk (and how is this smaller magnitude determined, i.e. in what type of enterprises or type of work)? And if they do have this right, do they acquire it only after attending some training in OM of a certain duration (and how long is this required short training in OM)?

No.

2. Do physicians holding specialties other than OM (or trainees in OM) have the right by law to work in enterprises under the supervision of a specialist in OM or to perform (with or without supervision by a specialist in OM) only certain medical examinations at an enterprise?

Only as an occupational medicine trainee.

Dr Ferenc Kudász

11. ITALY

In Italy, according to the Decree 81/2008, any employer must perform an evaluation of the occupational health risks for workers; all enterprises (any: private and public, small, medium and large) are included.

Any occupational health risks (including biological, chemical, physical and organizational risks) must be evaluated

In case specific occupational risk(s) is (are) recognized (the large majority, or almost all), a specific health surveillance is required.

Workers health surveillance may be required in case of exposure to:

-physical agents (noise, vibrations ...); -harmful chemicals -biological agents (viruses, bacteria ...); -manual material handling; - use of visual display units-night shift work.

For some occupations, e.g. drivers (list currently being revised), mandatory controls are required for alcohol/drugs use. Usually the frequency of medical examinations is yearly, but with some exception (e.g. for VDU workers: 2 -5 years).

Health surveillance is required:

- upon entering the job; - at specified time intervals
- after being absent for a health related matter for 60 days or more;
- upon leaving the job (in some cases). Health surveillance may also be requested by the worker: - for a job related health problem;
- for a medical condition which may be worsened by the job.

In case occupational health risks are recognized, and health surveillance is therefore needed the employer (all companies, private/public/large/small....) must appoint a "medico competente" (MC).

The MC is in charge of health surveillance of workers, and he also has to collaborate with the employer for the risk evaluation, visiting also the workplace at least once per year, for the information and training of workers on occupational risks, for the organization of the company's first aid team and for the health promotion campaigns. According to the law, only the "medico competente" is in charge of the health surveillance of workers. If needed, the MC can ask for the collaboration of various

health pros, such as specialized physicians like ophthalmologists, cardiologists, dermatologists etc, or others (nurses, audiometrists, occupational psychologists, etc), but at the end, any "formal" final decision is in charge of the "medico competente".

Doctors who want to practice occupational medicine at the company level in Italy (i.e. to be appointed as "medico competente") must apply to be registered in a specific list handled by the Italian Ministry of Health.

To be included in this list (and consequently to have the legal possibility to be appointed as "medico competente" in Italy) now is required the academic title of "Specialist in Occupational Medicine" awarded by a "School of Specialization in Occupational Medicine", i.e. one of the post graduation specialization schools recognized in Italy (as Internal Medicine, Cardiology, etc.). This title is actually achieved by MDs after a four years full-time (paid) university course.

Only University specialization school with specific requirements are entitled for the training of the physicians in Occupational Medicine: currently in Italy there are 26 specialization school in Occupational Medicine, and every year about 80 -100 physicians are admitted for attending the course.

(NB: an exception exists: see answer to your question 2 here below).

Just for completeness: some (few) occupational physicians are working for universities, labor inspection services, national institute for workers compensation; in these specific cases it's not necessarily needed to be included in the list of MCs.

Only MD registered in the specific list of the Italian Ministry of Health can be appointed as MC.

Currently the list of MC includes about 7.000 MDs.

The following criteria must be satisfied to be included in the list:

a) specialization in Occupational Medicine (even if not all specialists can practice as "medico competente –MC-", as all the abovementioned criteria must be satisfied),

b) alternatively, postgrad specialization in Hygiene and Public Health, or Forensic Medicine, but only after an additional (unpaid) one year course (master) of at least 1500 hours of didactic activities including both practical activities and lessons (NB: the frequency is mandatory), and a final exam.

Masters must be organized by Universities. At the end of the master, and passing the final examination, the specialist in Hygiene and Public Health, or Forensic Medicine can be included in the national list of "medici competenti"

Furthermore, to practice as "medico competente", is also needed:

- a regular involvement in a national program of continuing medical education (CME) for specialists with a minimum number of credits acquired in definite periods

For completeness, the main regulations are:

-General rules come from the Italian Constitution, Civil Code, Penal Code

- Specific rules regarding the OHS come mainly from 2008 "Legislative Decree n° 81/2008 (DLgs81)"Act on health and safety at work"; **it is the current specific legislation in force**; it is a complex law with more than 300 articles and 51 annexes regulating all the activities regarding the prevention of occupational risks and promotion of health of workers; is the implementation of several EU Directives, and covers all occupational risks; main exception: ionizing radiation, regulated by another decree, the 230/1995 (NB: an update according to the new EU Directive is under discussion).

Dr Fabriziomaria GOBBA

12. LATVIA

I could answer to Your letter from 20.09.2018. that in Latvia specialists in Occupational medicine are the only medical specialists licensed by Latvian Society of medicine to provide occupational medicine in any size of enterprises.

Dr Maija Eglīte

13. LUXEMBOURG

In Luxembourg the minimal requirements for an Occupational Health Physician are defined by the law. The training must be over 2 years with a practical training of 2 months. They are not specialist in occupational health. The speciality in Occupational health, as in Luxembourg there is no medical school that could offer the speciality, the medical doctors are trained in the Belgian Universities for the theoretical training. They are allowed to do their practical training in Luxembourg under the responsibility of an occupational health specialist which is recognized by the Belgian Authorities . In my service I am allowed to train 6 trainees.

Dr Nicole Majery

14. NETHERLANDS

No reply received.

15. NORWAY

In Norway, physicians in general have the right to work on an equal terms with specialists in OM, but specified health surveillances require specific competencies in occ. med.

There are suggested to the government that this should change - that only physicians specialized or under specialization in occ. med. should work inn OHS's. These suggestions are strongly supported by our OM society.

Dr Tor Erik Danielsen

16. POLAND

“In Poland:

1. Do physicians holding specialties other than OM (or trainees in OM) have the right by law to work in enterprises of smaller size (and what size) and of smaller

magnitude of occupational health and safety risk (and how is this smaller magnitude determined, i.e. i what type of enterprises or type of work)? And if they do have this right, do they acquire it only after attending some training in OM of a certain duration (and how long is this required short training in OM)?

No, now only OM physicians are allowed to work at OHS and certificate employees if they are exposed to any agents at the workplace (even computer is considered as an “exposure agent”). If a worker is not exposed to any agents at the workplace he can be certified by GP.

The only exception was – in 1997, when new regulations concerning OH were introduced – physicians who work more than 6 years in OHS and who completed special course at Institute of Occupational Medicine could get the same qualifications to certificate employees. Currently the only way to obtain the rights to act as OM physician is to get specialization in OM.

2. Do physicians holding specialties other than OM (or trainees in OM) have the right by law to work in enterprises *under the supervision of a specialist in OM* or to perform (with or without supervision by a specialist in OM) only certain medical examinations at an enterprise?

No, see above. However, our Ministry of Health is going to give some more rights to GP, but it has not happened yet.

If so, how is this situation viewed by the OM Societies or other Medical Organizations in Poland, and what actions, if any, are being planned to deal with it?

So far there is no reason for that.”

Dr Jolanta Walusiak-Skorupa

17. PORTUGAL

A. Currently we have the following situations:

1. MDs, not necessarily specialists in any field, that have applied, until 1970 and for a brief period also in 1974, for recognition as an OM physician. Of these, although a few of them underwent a process of evaluation, to the great majority it was attributed, by the department of the Health Ministry that is in charge, a recognition of “competence” to practice without being subject to any restrictions. This attribution is due to a simple registration procedure, which was in accordance with the law at the time, but this law also required an evaluation process. However, this was only done for a few of them and so, due to the constraints of the revolutionary period, in 1974-1975, in the end they were not subject to any kind of evaluation. Therefore, a mere registration entitled them to practice alongside with specialists. At the time a total of almost 2000 MD have required such registration. They are not registered in the College of OM and, due to ageing, nowadays they probably will number less than

- 200 or 300. But in fact, no one knows if they are still practising, how and where. They work under no supervision of OM specialists.
2. MDs, not necessarily specialists in any field, that, fulfilling the criteria established in the law in 1967, are considered as competent as OM physicians, as referred above. They are not registered in the College of OM and, due to ageing, nowadays they probably will number less than 50. But in fact, no one knows if they are still practising, how and where. They also work under no supervision of OM specialists.
 3. MDs, not necessarily specialists in any field, that are qualified as OM physicians, as they obtained such recognition after completing a 2 years cycle of studies and graduated from one of the three recognised academic institutions in the country. This is valid only for those that obtained such qualification until the year 2000. They are also not recognised as specialists but are in the same situation as described in point 1, that is, no one knows who is practising, how and where. They also work under no supervision of OM specialists.
 4. MDs, not necessarily specialists in any field, to whom the department of the Health Ministry that is in charge has conceded “transitory authorisations”, often in disregard of the law, sometimes up to eight years. They are also under the constraints of obtaining the title of OM specialist during that period. But the fact is that quite a considerable number never did so. Nevertheless, it is required that their practice is performed under the responsibility of an OM specialist and, due to multiple requests of the Portuguese Medical Association, the current requests are only conceded in very specific situations and with the agreement of the College of OM.
 5. MDs who are currently in the process of obtaining the title of specialist, either by the approved internship or through a process named PTF (Transitory Plan of Graduation), which is about to terminate. In both situations, they exercise under the supervision of OM specialists. They are identified and may be, or not, specialists in other fields of Medicine.

There are not any restrictions, related to the qualifications of MD, concerning the nature of the activities subject to surveillance by OHS, as long as they are recognised as an “Occupational Physician” and in accordance to the fulfilment of the categories already described.

B. Answers already provided in point A1.

Due to political constraints, there is not a willingness, right now, to question the current agreements with the Health Ministry department that is in charge. However, a proposal was presented in order to establish a procedure that would allow the qualification as a specialist in OM for MD that already have some sort of competencies, and in accordance with dispositions already provided by the law. Eventually, it may require some legal framework established by the European Commission, as it was the case for the minimal requirements to obtain the title of specialist as in Directive 75/362/CEE-1975.

Dr Pedro Reis

18. REPUBLIC OF IRELAND

In the Republic of Ireland, there is generally no specific legal requirement that an enterprise employ a doctor with a specific qualification in Occupational Medicine. However, its custom and practice that large enterprises that employ OHPs full time employ OHPs with Specialist Registration. There are about 80-100 Specialist Occ Physicians & maybe about 200-300 “General Practitioners with an interest in OM” for a workforce of about 2.2 Million workers out of a total population of 4.8 million

Dr Tom O'Connell

19. ROMANIA

1. In the OM field (all workplaces: large or small and medium enterprises) are working like OM specialists just physicians who were specialized four years in the OM specialty. Other specialists are not allowed to work like Occupational Physicians.

2. Before 2010, generalist practitioners with 200 hours of OM preparation/training were accepted to consult workers, but in team with, and under the coordination of an OM specialist. Their competencies were limited at clinical examination.

Residents in OM can work part-time just with OM specialist supervision.

We form residents in OM, the number of specialists is growing in the last years. A problem is that some of them decide to live and work in other EU countries.

Other specialists are not allowed to work like OM specialists.

Dr Elena-Ana Pauncu

20. SLOVENIA

In Slovenia, specialists in OM are the only medical specialists licenced by the Medical Chamber to provide occupational medicine in any size of enterprises.

Dr Alenka Skerjanc

21. SPAIN

No reply received.

22. SWITZERLAND

In Switzerland companies mandate medical doctors on different occasions: entry of new people to the pension fund of the enterprise; clarification of sickness absence; campaigns for medical screening for whatever reason and purpose; support in OHS issues; (list not exhaustive). That's primary the companies decision what kind of doctor and which person they want to mandate.

If the company want support in OHS issues from a doctor, it depends on the type of company if regulations demand a Occupational Physician or not.

The key criterion is if the company has to manage "specific dangers". These dangers are described in table 1 of EKAS guideline No 6508 (see <http://ekas.ch/index-fr.php?frameset=208&page=1268> – in French, also available in German and Italian - choose directive 6508).

There is no absolute need to mandate a OccDoc but if they do so, it must be a specialist. it depends on the companies own assessment if it falls in that category or not.

If the company concludes, that there is no exposure with such specific dangers, they may do the whole processes of hazard evaluation and risk assessment without specific support.

SGARM acknowledges that there are differences in the need of OccDoc's support between different companies. We do not favour an obligation for all companies to contract OccDocs. As we are quite few in the country we support the idea that (expensive) specialists work more on special and complicated OHS tasks than to do the "routine work" which we find is mostly boring (perform routine medicals without any special reason).

Nevertheless we have a project that our society puts up a training course for non-specialists to teach them OccMed basics and principles in order to improve the work of those, who have mandates in companies and to broaden the network(-s) OccDocs □> nonspecialists and to improve their services for workers.

Dr Klaus Stadtmüller

23. SLOVAKIA

No reply received.

24. UNITED KINGDOM

"Do physicians holding specialties other than OM have the right by law to work on an equal par with specialists in OM, i.e. in enterprises of any size and magnitude of occupational health and safety risk?"

No right by law but employers can employ who they wish. HSE may challenge them as to if the person is a "competent person" under the law but some people who are not Occ Physicians are competent to do the task for which they are employed e.g. appointed doctors.

In the UK many OH services are owned, managed and run by oh nurses and other professionals such as oh physiotherapists and operate without doctors.

Anyone can call themselves an occupational physician as it is not a protected title but the professional associations advise caution in over estimating competence. The only role you need to be an accredited specialist for is a Consultant in the NHS but many Trusts have these doctors at arms length and not an integral part of the service which is delivered by nurses. Any person who is competent can be a Locum Consultant in the NHS.

The reference to competent person comes from the Management of Health and Safety at Work Regulations 1992. It is the employers duty to appoint someone competent.

The UK is well advanced in multi disciplinary work and in task shifting in occupational health and general clinical medicine and particularly in disability assessment medicine. This is encouraged by the professional societies to address the skills gap and lack of available trained practitioners.

Dr Nerys Williams

[Clarification by Dr Theodore Bazas of the term “physician competent to provide occupational medicine services”, in the UK]: In the UK, The companies are free to get their H&S advice from whomever they want, but they are required to get the advice from "competent" sources. In Occupational Medicine, an easy way to demonstrate competence is by having recognition from the Faculty of Occupational Medicine (FOM) (e.g. holding the MFOM, i.e. Membership of FOM). They might also be deemed competent if they can show they had comparable training in another country, or if they had been in post for many years and could show they had had appropriate training (this latter would be hard to show). So, although “competent” generally means Faculty of Occupational Medicine [FOM] of the Royal College of Physicians recognised, they cannot say this with absolute authority as there may be exceptions - hence this wording. The Management of Health and Safety at Work Regulations 1992, include in considerable detail, all actions that an employer must take in order to conform with health and safety legislation and safeguard the safety and health at work of all his employees.]

Acknowledgements and many thanks are due to the Representatives of 21 countries who responded to this survey

