



Oslo 1-3 June 2018

## MINUTES

*Meeting: 1-3 June 2018*

### **Company/work-site visit (17–19h Friday 1 June) Oslo Opera**

Our host organised a visit to the Oslo Opera, 'a house you can walk on', which was designed by a Norwegian architect (Snøhetta) and is certified 'green opera' since 2016. The marble-glass outside - oak inside building was opened in 2008, as major part of a city recultivation programme that changes the ill-famed dockyards into a cultural centre (the National Library is just being built). Oslo opera has 3 stages hosting altogether ~500 performances annually equally shared between opera and ballet. The “factory building” (manufacturing for ~20-30 new productions annually) and the “performance building” are separated to provide perfect acoustic insulation. The storehouse is 10 kilometres away. We could observe the cranes, the scenery for a new Hamlet performance in the production area. There were direct textile printer and adjustable sewing tables and seats for the costume makers. The stage, which is the biggest hydraulic installation in Norway, is flexible, thus enabling quick changes. The acoustics were designed to be “Nordic and romantic”, producing the longest reverberation time among operas. We learned that the Opera employs 56 chorus members, 65 dancers, 9 singers and 101 musicians.

Following the visit the group went to the Labour Inspections' office. Tor Erik Danielsen informed us on the organisation of occupational health within the opera. Recently it was outsourced to an external occupational health service. The health check-ups are done in a consulting-room outside the Opera, while nurses are doing the site visits. It was noted that nurses have no structured occupational health education. In the Opera the following issues were raised: noise, manual handling, ergonomics, psychosocial issues (competition, working hours, early retirement), scenic effects versus health and safety (glycol/mineral oil theatrical fog related asthma). (see *Annex 1*)

We learned that in Norway the head of the Labour Inspection in Trondheim and the regional offices employ 650 inspectors (only six medical doctors and only 3 in full time). There are ~17000 risk-based inspections carried out annually. The Inspectorate can be invited to give advice for free. They do not supervise the quality of the individual occupational health care.

The meeting was finished by a dinner at the Opera bar, while a live Swans' Lake performance took place inside, which was screened on the top terrace for the wider audience.

### **Section meeting (Saturday 2 June) Legenes Hus (Akersgt. 2, Oslo)**

#### **1. Participants and apologies**

**PARTICIPANTS:** Hosts: Tor Erik Danielsen, Kristian Vetlesen.

Alenka Škerjanc, president (Slovenia), Klaus Ernst Stadtmüller (Switzerland), Simon Bulterys, treasurer (Belgium), Karl Hochgatterer (Austria), Theodore Bazas (Greece), Jelena Macan (Croatia), Milan Tuček (Czech Republic), Satu Väihkönen (Finland), Ferenc Kudász, secretary (Hungary), Tom O'Connell (Ireland), Fabriziomaria Gobba (Italy), Maja Eglīte (Latvia), Nicole Majery (Luxemburg), Jolanta Walusiak Skroupa (Poland), Pedro Gustavo Reis (Portugal), Emil Vancu (Romania), Elena Pauncu (Romania), Davor Romih (Slovenia), Dick Spreewers (The Netherlands), Nerys Williams (UK).

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Guests: Bernard Maillet (UEMS treasurer), Johannes Kallio (EJD)

**APOLOGIES:** Georg Wultsch (Austria), Ole Carstensen (Denmark), Orfanidis Moysis (Greece), Thomas Kraus (Germany), Marc Jacoby (Luxemburg), Kari Reijula (Finland), Ivo Iavicoli (Italy), Marek Varga (Slovakia), Milan Milošević (Croatia), Marie Cruz Rodriguez Jareño (Spain).

## **2. Welcome and presentation from the host country**

Alenka Škerjanc (section president) opened the meeting on Saturday morning, introducing the new delegates. It was followed by a brief introduction by each participant.

Marit Hermansen (president of the Norwegian Medical Association) gave a video welcome address to the meeting.

Ingrid Sivesind Mehlum (chief physician National Institute of Occupational Health, board member Norwegian Association and Society of Occ. Med.) gave a presentation on occupational medicine in Norway. She informed us that occupational health service (OHS) is mandatory for enterprises in high risk industries, others may provide it employees. There are ~250 OHS in Norway. OHS is accredited by the Labour Inspectorate, which is not about the quality of care. In 80 enterprises approximately 1.5 million workers are covered (~50% of the workforce). Besides the Norwegian Institute of Occupational Health, there are occupational health clinics in the four university and one regional hospitals. They diagnose work-related diseases and provide for compensation issues. We got a brief insight to the strategy for OHS that was developed by experts. One of its recommendation is to mainstream more prevention and less “side services” into OHS. Finally, we were introduced to the COST programme OMEGA-NET that is open for those who wish to join on co-ordination and harmonisation of occupational cohorts. We learnt that the membership of two occupational medicine bodies hugely overlaps. The Norwegian Association is safeguarding interest while the Norwegian Society has scientific goals. We received hardcopies of the English summary of the triennial report on working conditions in Norway.

Tor Erik Danielsen introduced us to occupational medicine postgraduate training in Norway. Due to the reform in the 1990-ies high number (20-80/year) of specialists were trained that gradually decreased to 3-7 annually. Recently the figure rose to 18 in 2017. It is estimated that one-third of work are done by persons who received no occupational health training. He emphasised the reform of specialist education due in spring 2019 that should produce more specialists in faster education. The general approach has three levels: LIS1 translates to 1 year in hospital and half year in municipal service, candidates compete for these places. LIS2 is a common platform and LIS3 is unique to the speciality. Regarding occupational medicine LIS 1 is directly followed by LIS3. There are 120 specific competencies set for occupational medicine. We also learned that in Norway employers pay directly for occupational health service and that offshore industry is regulated apart from other businesses. (see *Annex 2*)

## **3. Minutes of the last meeting (Leuven)**

Pedro Reis and Theodore Bazas provided input to finalise the minutes, which will be done and circulated with the Oslo minutes. (see attached final Leuven minutes)

It was agreed to slightly modify the agenda in order to better make use of time.

## **4. Information from UEMS Central**

Bernard Maillet briefly informed the newcomer delegates on the history of UEMS. Interaction with European affairs were illustrated by the so-called “Annex 5”, which is setting minimum length of training and needs correction due to errors in profession names, and the European Working Time Directive to which our Section provided valuable input for the negotiations, or the subsidiarity and free movement in health care. He raised the chance that DG Santé will

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cease to exist by 2019. Finally, he gave us briefing on the Marrakesh meeting 27/April/2018 where ETRs were approved and finances of the organisation were discussed. (see *Annex 3*)

### **5. *Reports from meetings***

Tom O'Connell informed us that the 6 days ICOH meeting in Dublin had a budget of 1.8 million Euros, which made organisers very cautious to candidate. Finally, it was a success, opened by the minister and the worksite visit took place in the 4<sup>th</sup> biggest building in Europe (TESCO distribution centre). The next meeting will be held in Melbourne. Marrakesh is candidate for 2024. Participants acclaimed the conference-application that helped in finding the right sessions. There were many non-EU participants. Many were shocked that diseases like silicosis and asbestosis are still significant mortal issues outside of Europe. Workplace health promotion is on the rise.

### **6. *Website***

In the absence of Ole Carstensen Ferenc Kudász gave short information on the latest developments. Ole successfully repaired the Section website after an IT attack. As he will not be delegate in the future, in the next meeting he will introduce us the new Danish delegate, who could also take over the website tasks.

### **7. *Finalisation and adoption of the statement on occupational diseases***

Dick Spreeuwiers briefly presented the text developed by the former working group on occupational diseases. He also thanked the inputs from delegates and admitted that such the text will be a subject to continuous updates. The delegates discussed the draft text in general and most were in favour to disseminate the document. Theodore Bazas recommended certain modifications to enhance the effectiveness of the text and also proposed native language check, which were subsequently done by him, Nerys Williams and Tom O'Connell. The delegates voted to send the document to UEMS Central for adaption by the October meeting. (see attached final revised version, which is uploaded to the website)

### **8. *Finalisation of the country information template***

Theodore Bazas prepared a template to make comparable and more informative country profiles. Properly filled this information could be helpful to understand and learn from each other's national occupational health systems. The template can be used by scaling up information to be as detailed as possible and reasonably achievable. Delegates had concerns about the length of the template and data availability. It was raised that comparable data may be compiled in an MS Excel sheet. Finally, it was agreed that comments would be sent to Theodore who would prepare a revised version to be circulated before the next meeting. (see attached first draft)

### **9. *Co-operations***

Alenka Škerjanc informed us that there is a completely new board for EASOM, whose new president is Begoña Martinez Jarreta (Spain). They will have their meeting in August in Zagreb. The delegates unanimously voted to send the Occupational Disease statement to them to be co-signatories.

Milan Tuček gave an update on ETUI co-operation (contact person: Victor Klempa). Social partners are not satisfied with occupational safety and health issues in Europe and feel concerned about the lack of interest regarding the recognition of occupational diseases. Pedro Reis raised that the Section should communicate with the employers (business) too.

Johannes Kallio (from Finland) introduced himself as the new delegate on behalf of European Junior Doctors (EJD). From his presentation we learned that there were around 300,000

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colleagues in EJD, which have a very active website. Delegates asked information whether there was an age limit and young specialist also participated in EJD. (see *Annex 4*)

After the Lunch Simon Bulterys informed us that the Section joined again the Healthy Workplaces Campaign of EU-OSHA. This time it is about dangerous substances. Ferenc Kudász briefly introduced the Campaign topics and emphasised what delegates could do to disseminate information. He will send an MS Excel file where delegates can easily register their activities. Registration is important in order to show our dedication to the Campaign by reporting towards EU-OSHA. (see attached MS Excel sheet)

## **10. Forming new working groups**

Following brief introduction the WGs had separate discussions and provided initial results.

### **WG1**

Alenka Škerjanc, who will not strictly bind herself to any WG, gave a brief presentation on WG1 that will carry on work already done on European exams. Actual tasks are developing the questions database, testing examinations (pilot by the end of this year), compiling standard literature. She invited to join the WG those who train doctors and countries that adapt the EU examination. The pilot is open to anyone. The exam will be in English and will take place in Brussels. Members: AS, FG, EAP, ME, SV, JWS.

Heads for the subgroups (Framework for practice, Clinical Practice, Fitness for work, rehabilitation and disability assessment, Hazard recognition, evaluation and control risk, Business continuity, disaster preparedness, emergency management, Service delivery and quality improvement, Leadership, policy development, professionalism, Epidemiology and preventive health, Research methods, Effective teaching and educational supervision) were found. It was agreed to invite further experts (including former Section delegates) to the group. (see *Annex 5*)

### **WG2**

Theodore Bazas, who also circulated his proposal before the meeting, introduced us the aims of WG2: persuading politicians to act. Means could be producing guidance notes/statements that can be distributed in national associations. Prioritising issues and target groups is an important step. He proposed to work in pairs and act as a clearing house of successful advocacy activities. Members: TB, TOC, DS, PGR, KV, JM, FK. Bernard Maillet also participated.

Differences in national situation and perception of the case were discussed (East-West, North-South). The matrix of topics and audiences could provide a map to start with. An alert was given on the intention in certain countries that non-specialists could be practicing occupational medicine on an equal par with (fully trained) specialists in occupational medicine. (see *Annex 6*)

### **WG3**

Tor Erik Danielsen briefly outlined the subject of WG3: quality of occupational health service. They plan to consider the delegation of tasks to other specialised workers. Members: TED, KES, SB, KH, MT, NM, EV, DR, NW. Johannes Kallio participated in this group.

Occupational health services are providing value for the companies. However, doctors are too few and expensive for certain tasks. Emphasis was put on team work in occupational health. (see *Annex 7*)

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### 11. *Section finances*

Our treasurer, Simon Bulterys showed us the payments done by countries. He emphasised that it is still very difficult and time consuming to get contributions from certain countries. The actual balance was 1712.24 Euros. The Section has to prepare to the new situation that is due to the following costs: European exam pilot, UEMS Central will collect administration fee, the Bilbao meeting may incur extra expenses. There are countries with two delegates and other send only one delegate. The delegates could choose from two options: pay per country 300€ or pay per delegate 250€. We were reminded of the Helsinki 2017 decision: pay per country. (Dual contribution from the country plus the attending delegates would be far too complicated.) The votes were: 16 *per country*, 1 *per member*, 1 *abstained*. (see Annex 8)

### 12. *CME (and related) events*

- [European Union of Medicine in Assurance and Social Security](#), Maastricht
- Congress on occupational health, Marseille
- 7<sup>th</sup> congress on occupational health, Pula
- [Conference of the International Ergonomics Association](#), Firenze

### 13. *Next meetings*

We discussed possible dates for the next meeting, which will be held in Bilbao (Spain), where the Basque Association is kindly helping us in organisation. As EU-OSHA is operational only on Friday morning, the following schedule was proposed. Friday: discussions with EU-OSHA, Section meeting, gala dinner. Saturday: worksite visit. *Follow-up: the date agreed at the meeting is not convenient and the meeting is postponed to 9-10 November.*

31/May-1/June 2019: Azores (Portugal)

27-29/September 2019: Łodz (Poland).

### 14. *Any other business*

The Section Board (and the national member associations) received an invitation from UEMS Central to nominate delegates to a newly created MJC Adolescent Medicine.

Ferenc Kudász gave a brief overview on the data collection done because of the UEMS 60<sup>th</sup> anniversary, thanking all delegates who kindly helped finalising the historical list.

The Section was informed on the recently published statement: “European Medical Organisations stress the importance of the central role of medical doctors in the diagnosis, treatment, and coordination of multidisciplinary care”, which may be translated to our speciality and occupational safety and health too.

### 15. *End of meeting and Gala dinner*

The meeting closed at 17:00 p.m.

In the evening the delegates were hosted for a delicious dinner at the stylish restaurant Karlsborg Spiseforretning, where Tone Eriksen, president of the Norwegian Association joined the group. She informed us on the latest news: the report recently provided to the government may have beneficial effect on the development of occupational medicine in Norway.

The Section is grateful for the well organised meeting and for the hospitality.

Alenka Škerjanc  
president

Ferenc Kudász  
secretary