

**PRESENTATION  
MADE BY  
DR THEODORE BAZAS,  
MD, PhD, FFOM(RCP, London), MSc(London), DIH(Conojnt Engl)  
SPECIALIST IN OCCUPATIONAL MEDICINE (JCHMT, UK)  
REPRESENTATIVE OF THE PANHELLENIC MEDICAL ASSOCIATION (GREECE)  
AT THE SECTION OF OCCUPATIONAL MEDICINE  
OF THE EUROPEAN UNION OF MEDICAL SPECIALISTS**

**OF A SHORT SURVEY ON THE  
“ROLE OF SPECIALISTS IN OM AND OF PHYSICIANS HOLDING SPECIALTIES OTHER  
THAN OM PRACTICING OM INCLUDING THOSE PRACTICING OM ON AN EQUAL  
PAR (EXECUTING ALL OM TASKS, BY LAW) WITH THEM, IN EUROPEAN  
COUNTRIES”,**

**AT THE MEETING OF THE SECTION OF OCCUPATIONAL MEDICINE  
OF THE EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS),  
IN BILBAO, SPAIN, ON 9.11.2018**

T. BAZAS, 9.11.2018

## QUESTIONS

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

**Do physicians holding specialties other than OM [“non-OM specialists”] 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?**

T. BAZAS, 9.11.2018

## **If they do not have this “general” right:**

**1. Do physicians holding specialties other than OM [“non-OM specialists”] (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 “restricted” 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 [“non-OM specialists”] (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 “non-OM specialists” (or trainees in OM) have any of these “general” or “restrictive” (1 or 2 above) rights , 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?**

## A. CURRENT PRACTICE OF OM IN EUROPEAN UNION (EU) COUNTRIES

According to **legislation in force, at present and henceforth** (i.e. disregarding previous, currently obsolete transitional legal provisions, which have allowed physicians with inadequate OM knowledge and experience to practice OM in the past, but, in certain European countries, also to continue to do so), in European countries, as allowed by law:

1. **All OM tasks** can be executed always: dissimilarly in different European countries
2. **Certain specific OM tasks** can be executed: dissimilarly in different European countries
3. **Certain other OM tasks**, such as pre-employment medical examinations (as allowed for by law) or medical examinations of employees on entry into an enterprise pension fund, can be and are executed: dissimilarly in different European countries

**UEMS OM SECTION WG2 “ACTIONS FOR ADVANCING OM”: SURVEY IN EUROPEAN COUNTRIES (INITIATED & CARRIED OUT BY DR T. BAZAS, REPRESENTATIVE OF GREECE AT THIS SECTION, IN OCTOBER 2018)**

**TABLE. SUMMARY RESPONSES: PHYSICIANS PRACTICING OM TASKS BY PHYSICIAN’S QUALIFICATION AND BY COUNTRY**

COUNTRY		PHYSICIANS CLASSIFIED BY QUALIFICATIONS REQUIRED TO EXECUTE OM TASKS, IN 2018 AND ONWARDS						SUGGESTED OR EXISTING OM PRACTICE RECTIFYIND ACTIVITIES & ARRANGEMENTS		
		ONLY: OM SPECIALISTS (+ - OM TRAINEES, + - NON-OM SPECIALISTS SUPERVISED)	ONLY: OM SPECIALISTS (+ - OM TRAINEES, + - NON-OM SPECIALISTS) & COMPETENT THROUGH OM TRAINING	ONLY: OM SPECIALISTS (+ - OM TRAINEES), & COMPETEN & BY PERMISSION, UNSUPERVIZED NON-OM SPECISLISTS	ONLY: OM SPECIALISTS & BY PERMISSION UNSUPERVISED NON-OM SPECIALISTS	ONLY : COMPETENT BY TRAINING, UNSUPERVISED	ONLY: OM SPECIALISTS & BY PERMISSION UNSUPERVISED	MULTI DISIPLINARY OH ARRANGEMENTS	MORE NON-OM SPECIALISTS & PHYSICIANS TO SPECIALISE IN OM	SHORTENING OF OM SPECIALISATION PERIOD IF LONGER THAN 4 YEARS
1	Austria			X						
2	Belgium	X								
3	Croatia	X								
4	Czech Republic						X			
5	Denmark	X							X	
6	Finland		X							
7	France	X						X (Nurses)	X	
8	Germany		X							X
9	Greece						X			
10	Hungary	X								
11	Italy		X							
12	Latvia	X								
13	Luxembourg					X				
14	Norway	X (pending)				(?)				
15	Poland	(?)				X		X (GPs)		
16	Portugal	X							X	
17	Rep.. Ireland					X				
18	Romania	X								
19	Slovenia	X								
20	Switzerland	(?)				X				
21	U.K.	(?)				X		X (GPs etal)		
<b>Total</b>		<b>10</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>1</b>

## THREE MODELS OF EXECUTION OF OM TASKS BY PHYSICIANS, ALLOWED BY LAW

developed since the European Framework Directive on Safety and Health at Work (Directive 89/391 EEC) and the EU “Minimum Training Requirements Directive” (Directive 36/2005/EC)

1. Only **Specialists in OM** (fully trained), or “**Competent in OM**” physicians (holding specialties other than OM (“non-OM specialists”), following 2-3 **years** of specific postgraduate training in OM), may execute all OM tasks, under any circumstances (size or type of enterprise, magnitude of occupational health (OH) risk).
2. Any “**non-OM specialists**”, considered competent **by the employer** (without any specific training in OM or following **short** specific training in OM), may execute, unsupervised by an OM specialist, **all OM tasks**, or certain specific, or certain “mundane” OM tasks.
3. Any **non-OM specialists**, (without any specific training in OM or following short specific training in OM) may execute, unsupervised by an OM specialist, **all OM tasks**, under any or most of the following circumstances (size, or type of enterprise, magnitude of OH risk).

**B. CURRENT PLANS AND ACTIVITIES IN SOME EU COUNTRIES TO IMPROVE CERTAIN OM TASKS  
BEING EXECUTED IN VIEW OF SMALL NUMBERS OF OM SPECIALISTS**

1. MULTI DISIPLINARY OH ARRANGEMENTS,
2. MORE NON-OM SPECIALISTS & PHYSICIANS TO SPECIALISE IN OM (OR TO RECEIVE SOME  
OM TRAINING),
3. SHORTENING OF OM SPECIALISATION PERIOD IF LONGER THAN 4 YEARS

**C. QUESTIONS THAT HAVE TO BE DISCUSSED, AND EITHER BE ANSWERED BY CONSENSUS OR INDICATE WAYS WHEREBY THEY COULD BE STUDIED FURTHER IN EUROPEAN COUNTRIES).**

(NB. SOME ANSWERS MAY APPEAR OBVIOUS, BUT WOULD BE NECESSARY THE DRAFT POSITION STATEMENT):

- 1. Could, and perhaps should certain OM tasks be left to non-OM specialists (who should have received a minimum amount of training in basic aspects of OM), who would perform them at a lower cost? [“Can an orthopedic surgeon perform tasks that a gynecologist performs”?]**

**If so, which tasks and under which circumstances** (duration and content of postgraduate training, size of enterprise and magnitude and type of OH risk)

Should **cost** be **considered** and **specific criteria** be **stipulated by law** regarding execution of certain OM tasks by non-OM specialists?

An **interim arrangement** until there are enough specialists in OM in a country, or not? <sup>9</sup>

2. Considering “**Optimum**” number of specialists in OM considered to be adequate in a European country?

(and relevant criteria taking into account other OH professionals, administrative and laboratory infrastructure, & existing employment and productivity model in a country) ?

### 3. new European Directive

A. Determining “competence” of non-OM specialists in enterprises allowed to fulfill specific or certain less specific (“mundane”) OM tasks, and related criteria (e.g. merely short courses or complementing training to acquire the specialty of OM)?

B. Stipulating that in EU Member States (before a set deadline) OM should be practiced only by OM specialists and by trainees in the specialty of OM under supervision of OM specialists?

C. Stipulating (a) which are the specific OM tasks, if any, that can be performed by specialists in OM only and (b) which are the general OM tasks that can be performed by non-OM specialists, under what circumstances in each type of private and public enterprises? 10

- 4. Which are the specific tasks that only specialists in OM can and should perform (with or without collaborating with other OH professionals, as appropriately), because these tasks distinguish the specialty of OM from other medical specialties, and their execution by OM specialists results in the best possible benefit to workers**

**and enterprises can be achieved?** For example, could an indicative non exhaustive list include the following? (a) Assessing health effects of work, i.e. diagnosing occupational diseases, and exacerbation of non occupational diseases by occupational factors, (b) performing (or coordinating, or contributing to, or definitively interpreting the results of) occupational health risk assessments i. in large enterprises, ii. in circumstances where work [“exposures”] are complex or potentially very unhealthy, and iii. when insuring an enterprise (i.e. “the employer”) against OH risk (c) assessing and ultimately and definitively give an expert opinion on working people medical fitness to work i. in circumstances where work [“exposures”] are complex or potentially very unhealthy or requiring special physical or mental health characteristics, and ii. on return to work after “serious” illness or injury, (where work might possibly affect work performance or health), (d) design, coordinate, assess and interpret the results of occupational epidemiologic studies (such as intervention studies, operational studies to reveal occupational health effects, studies to reveal new occupational health hazards), (e) interpret the sickness absence rates values and patterns, at an enterprise, (f) identify priorities in annual occupational action plan at an enterprise, (g) contribute to major accidents preparedness and response, and to provision of emergency health care in circumstances arising from or specific health hazards.

**5. Which are the tasks that physicians holding specialties other than OM can perform that**

**Specialists in OM should also be allowed to perform (e.g. primary health care tasks,**

**examinations of workers on entry into an enterprise insurance scheme.).**

**Can we, National Representatives at the UEMS OM Section agree  
on the following short, preliminary Position Statement?**

“In European countries, a physician who **does not hold and is not fully qualified** in the Specialty in occupational medicine (OM) must not be allowed to execute **all** the tasks which are **specific** to OM, in **all** enterprises of **any size** and **magnitude of any type of occupational health risk** (“exposure”), as if he were a specialist in OM. This practice should not be allowed by law, because it results in a situation of reduced and inadequate protection of workers’ health and decreased concomitant enterprises’ productivity compared with the level of protection and productivity achieved when a specialist in OM performs the specific OM tasks.”

## **D. RECOMMENDATIONS**

Related Position Statement by the UEMS OM Section, eventually to be addressed as  
appropriately to:

OM Societies, National Medical Associations,

University Medical Schools,

Ministries of Health,

Ministries of Labour [Employment],

Employers' Federations,

Workers' Trade Unions.

Mass media

( and via UEMS in Brussels to the European Parliament and the European Commission) 14