



## Minutes of the Section Meeting *(final)*

Date: 1-3 April 2022

Location: Die Turnhalle

Address: Jahnstraße 2, 4320 Perg, Austria

### **Company/work-site visit (12:30–16:00 Friday 1 April)**

Our host organised a visit to the ENGEL Austria GmbH factory, where he used to be chief occupational medicine specialist for 33 years. He witnessed employment growing from 1 to 4 thousand. His successor and the company representative provided insight to this modern facility. The family owned company builds customised plastic injection moulding machinery around the world since 1945, currently ~6000/year. We learned that the company introduced the following measures to fight the pandemic: provision of mandatory masks, distancing, more home office. The company doctor (and the HR) is under the director of finances. There are safety managers in every plant. The latest accidents ratio (for the blue-collar workforce) is 2.05, and is steadily decreasing since the 1990-ies. Leased workers feature higher rates. Due to the closed systems there are no skin diseases. The factory is an attractive employer in the region, the work is designed to be good for aging workers too. Sickness rate is low. A significant risk is the handling of heavy machine parts: ergonomic programmes are run on EAWS and BAuA's MLT. There is a mandatory occupational health check upon entry and regular surveillance is done for paintshop workers (isocyanates), the noise exposed and the welders. The company policy prohibits alcohol at work, and considers one free from alcohol dependency after two years. The estimated prevalence of substance use among workers is 15-30%, mostly marijuana consumption. We could observe the highly automated and mechanised work at the plant. (*See Annex 1*)

In the afternoon we had a guided tour to the Perg millstone quarry, where quality millstones have been harvested for centuries. In the evening we had a hearty Austrian dinner at the Manner-Keller, a restaurant built onto cellars in the hillside.

### **Section meeting (9:00-17:00 Saturday 2 April)**

#### **1 Welcome and introductions**

New Romanian and Norwegian delegates introduced themselves.

#### **2 Participants and apologies**

**PARTICIPANTS:** Host: (Austria).

(Belgium), (Czech Republic), (Germany), (Greece), secretary (Hungary), president (Italy), (Latvia), (Luxemburg), treasurer (Luxemburg), (Norway), (Norway), (Poland), (Portugal), (Romania), (Slovenia), (Slovenia), (Spain), (EASOM).

**APOLOGIES:** (Croatia), (Denmark), (Finland), (Finland), (Greece), (Hungary), (Ireland), (Italy), (Poland), (Romania), (Slovakia), (Spain), (Switzerland), (UK).

#### **3 Presentation from the host country**

The Vice-President of the Austrian Society of Occupational Medicine gave an overview on occupational medicine in Austria. The country issued its regulation on company doctors in

1972, which was supplemented by the worker protection act in 1994. Occupational medicine doctors are advisors and their activity is aimed to maximise health of the workers – and to improve the performance. Enterprises can employ a doctor directly, or contract a doctor or an occupational health service. There are minimum prevention times set for occupational health and safety (per employee, office/blue-collar) that the company must realise: 40% safety, 35% occupational medicine, 25% other activities. Companies employing less than 50 workers are exempted: AUVA, the mandatory accident insurer, provides expert visits for them. Medical assessment is done only in certain exposures/trades and the numbers of pre-employment and periodical examinations are decreasing. In the work of the company doctors the return-to-work activities are gaining increasing importance. There are around 1000 doctors having occupational medicine (OM) specialist training, there are 200 full-time-equivalent OM specialists working in Austria. They are aging: a wave of retirement is expected in 20 years. The complete specialist training is 6 years. There are shorter courses for GPs and other specialists. There are 53 items on the list of occupational diseases (closed system) and hearing loss is the leading cause. MSDs are not on the list. Diseases not on the list may qualify for occupational provided the minister signs it (very difficult process). When occupational origin arises the AUVA specialist assess the patient. (See Annex 2)

#### **4 Minutes of the last meeting (Luxemburg)**

The amendment proposals to the minutes of the last meeting were discussed and anonymously accepted. See Annex 3.

#### **5 Introductory outline of the President on the activities proposed for the mandate**

Being the first meeting in his mandate, the new President outlined his visions regarding the future of the Section. (See Annex 3) He emphasised that the Section should work towards an improvement and harmonization of Occupational Medicine practice in Europe, with the more general aim to improve occupational health of workers in Europe. He emphasised that strong commitment is required from delegates and work must be done also in between meetings. Meetings are, rather, the more appropriate moment to discuss results that are achieved during the continuous work. The Greek delegate went further and stated that although the delegates are unpaid, but proposed, selected and appointed and therefore colleagues should work in the working groups in the same way as if they were paid.

The President proposed to involve the former board in the work of the current Section Board. The Greek delegate expressed his disagreement on the basis of missing written UEMS policy regarding the issue. The rest of the delegates agreed with the President. The above involvement of the former board is in order to enhance the work by continuity and provision of colleagues who already have EU policy experiences. However, the responsibilities lay within the actual Board and the Section shall continue receiving information on Board activities.

#### **6 Information from UEMS Central**

The President gave brief overview of actual issues in relation to our Section ranging from negative interest rates and UEMS bond to ETRs being assessed. The next UEMS Council will take place on 29-30 April 2022 in Brussels.

The European Junior Doctors (EJD) has not yet nominated any colleague to join our meetings. It is preferable to have someone from the 2nd year of training. The costs of participation are borne by the delegating country.

The Greek delegate, who is the coordinator of the subgroup on "Prevention - Preventive

Measures", informed the Section that the work of the UEMS ad hoc Working Group on COVID-19 is well underway and is expected to be completed in the foreseeable future.

The Portuguese delegate proposed to invite the UEMS Secretary to our next meeting.

We learned that ETRs are to be accepted by the countries and by the other sections as well.

## **7 Website**

The Danish delegate managing the website could not attend but sent a brief report. Last year the section webpage have been stable without hacking attack. There are about 1500 visitors monthly, from the USA, Canada, Australia and Europe. Front page and the "Training section" count for 90% of the visits.

It was agreed that the names of the President and the Treasurer should be updated and only one contact person address should remain ([Secretary.UEMS.OccMedicine@gmail.com](mailto:Secretary.UEMS.OccMedicine@gmail.com)). The country profiles should be updated and the template will be circulated. (See *Annex 4*) and updates are to be sent to the Danish delegate and the Secretary.

## **8 Section finances**

The past and the current treasurers provided an overview. Fees were not collected in the previous year as the pandemic halted activities linked to travels. At the moment the Section has enough budget for the upcoming expenses (travels to the EC, preparation and realisation of the EU exam). The balance was 9377.2 Euros. The Treasurer participated in the UEMS Treasurers meeting. Information was provided on management fee issues, on the negative bank interest rates and benefits of paying back partly the Domus Medica Europaea loan in advance by UEMS issuing a bond for its Sections, and on the possibility to fund common projects. Delegates are kindly asked to help the Treasurer in getting the fees paid. (See *Annex 5*)

## **9 Updates on the European Exam in Occupational Medicine**

The organisation of the exam is going on, however, the date was not set. The President asked the delegates to inform the Secretary on the expected number of candidates from their countries to set the most suitable date. (Follow-up: the date is 24/October/2022) The Greek delegate confirmed that he informed the Panhellenic Society, however, they have not provided feedback. We learned that the Belgian association is promoting the exam in Belgium. The Slovenian delegate will ask UEMS Central of the title the specialist can have after successfully passing the EU exam. (Follow-up: the text below was approved by the UEMS Chief Executive.

*Xxxx Yyyyyy, MD, specialist in occupational medicine  
with Certificate of the UEMS European Assessment in Occupational Medicine)*

The Greek delegate proposed that statements given by those who passed the exam could be put on our webpage. This initiative was anonymously welcomed and the Secretary will mail them.

## **10 Reports from meetings**

The Section had organised a special session at the 33<sup>rd</sup> ICOH meeting. It focused on the EU exam and delegates involved in the examination and a successful examinee gave presentations.) <https://www.sciencedirect.com/journal/safety-and-health-at-work/vol/13/suppl/S>

## ***11 Working groups***

The President emphasised that WG requires active participation from all members. WG should have a number of members adequate to the activity/activities proposed (enough but not too many), have clear aims and objectives, support from delegates, a timeline and set deadlines. Each delegate is supposed to participate in one, maximum two WGs (ad-hoc WGs do not count). It was agreed that the person who directs the workflow should be called co-ordinator. Working Groups should be active in between meetings and deliver results at the upcoming meetings for discussion, and report at least yearly. Inactive WGs should be revised. WGs are concluded when the objectives are achieved (output prepared).

As circulated before the meeting, the following proposals were made on working groups:

- Alcohol at the workplace (ad hoc, to update the Section's Statement from 2013)
- Advocacy (continuation of the former WG)
- Evidence-based health surveillance (in line with a German initiative)
- Promoting of OM in medical schools (create a model of minimum teaching of OM to undergraduate students, to be published on the website)
- EU exam (developing the question bank)
- Updating the ETR (it is rather old, note: recently ETR proposals are assessed more strictly)
- Creating web-articles on OM to the OSHwiki

Many delegates gave opinions and remarks on the proposals. We learned: there were UIMC recommendations on substance abuse; non-risk based surveillance cannot be done in Norway.

The alcohol WG operates only until the meeting in Spain in May, where members will contribute to the workshop (AlHaMBRA EU project). It was agreed that the proposed Advocacy WG merged the Promoting of OM in medical schools and the OSHwiki proposals and be renamed to "Increasing the visibility of OM". Thus the WG will have tasks one after the other, starting with focus on the promotion of OM in medical schools. The WG will provide input to EASOM's survey which would serve as a basis for the recommendation on a model of minimum undergraduate OM teaching in all European Medical Schools. The results of the survey will be presented at the Belgrade summer school and it was proposed that the Portuguese delegate would attend.

The following delegates are the co-ordinators of the WGs: Alcohol (MCR), Visibility (TB), Evidence (TK), Exam (AS), European Training Requirements (to be confirmed).

Delegates expressed their interest regarding the WG and co-ordinators should send the list of members to the Secretary. Delegates who apologised can and should join in the WGs afterwards. See Annex 6 for WGs and members.

## ***12 Co-operations***

The EASOM summer school will be held in Belgrade. A survey is circulated to get overview of undergraduate teaching of OM in the countries.

The EU-OSHA Healthy Workplaces Campaign on musculoskeletal disorders will be finished this autumn. Delegates are kindly requested to fill in the attached form (Annex 7) by showing how they promoted the Campaign and send it back to the Secretary who will compile a report to the Agency. It is important to show our contribution. The next campaign in 2023-2025 will be on "Safe and healthy work in the digital age". EU-OSHA is to be invited to the next section meeting.

ETUI organised meetings on COVID-19 as occupational disease. Some delegates contributed to the reports that are available on their website (<https://www.etui.org/news/covid-19-occupational-disease-long-and-winding-road-compensation>). Currently they shift their focus to carcinogens at work.

European Commission: a visit to Commissioner Schmit is under organisation. The EC has specific interests (carcinogens, asbestos) and the Section can provide expert opinion. Furthermore, the Section can provide a contribution to the advancement of the state of occupational health in the EU. During the talks the Section is represented by the members from the (extended) Board. Further delegates will be asked to join in and contribute to the activities when specific names or expertise is required by the EC.

The Secretary briefly presented the Europe Beating Cancer initiative that the Section joined in order to enhance literacy concerning carcinogens at work. Occupational origin is too rarely considered by clinicians, who focus mostly on treatment.

### **13 CME (and related) events**

- 13/April/2022 Long COVID (Live Webinar by ACOEM)
- 4/May/2022 Findings of the latest ESENER study on the Human health and social work activities sector (on-line by EU-OSHA)
- 8/June/2022 Teisinger's day of toxicology (Prague, Czechia)
- 13-14/June/2022 Healthy Workplaces Good Practice Exchange event (Brussels, Belgium) with workshops on Mental health and MSDs, Removing the barriers for OSH in education and training, Digitalisation and OSH, Sustainability strategies – inclusion of OSH
- 15/June/2022 Seminar of occupational MSDs (Prague, Czechia)
- NIVA courses. <https://niva.org/courses/>

### **14 Next meetings**

7-9/October: Aachen (Germany) – confirmed

Spring/2023: pending

Autumn/2023: Slovenia – to be confirmed

Delegates are invited to assess the possibility of organising future meetings in their countries.

### **15 Any other business**

Papers are now accepted in English at the scientific journal of the Catalan Society of Occupational Health "*Archivos de Prevención de Riesgos Laborales*". It is an indexed journal, peer-reviewed, open access, and free of charge for authors. Link to the journal: <https://archivosdeprevencion.eu/index.php/aprl/about>

The Board was informed of an online event organised by the Society of Occupational Medicine (UK) on the “value of occupational medicine working with other medical specialties”. The UEMS President (Prof. Papalois) was invited to co-introduce the topic with the Patron of SOM during the initial welcomes of the event. We contacted the organizers, and declared our availability and interest in a direct involvement of the Section of Occupational Medicine in the initiative. The organizers expressed their apologies for not having involved us from the beginning, and invited the President of the Section to participate in a round table in the following event organized by SOM. Not being possible for the President to be present in person, we asked the availability of the UK Representative, who accepted and participated on the behalf of our Section. She sent her brief report on the launch of “The Value proposition” on 23/March. The first version of the document had been published in 2017. As a result the

Australian and New Zealand Societies produced their local version of the document which sought to set out the argument for employers to use OH services. This document has now been updated with the more recent evidence and is appended. Its key finding is the paucity of good quality evidence on the value of OH. The launch was accompanied by a debate around whether the lack of evidence about return on investment for OH services was useful and a problem or not as other levers influenced employers or buy services. UEMS-OM section members are invited to read the document and use it freely to influence enhanced provision of OH in their own countries. The document has a creative commons license allowing its use without restriction.

### ***16 End of meeting and Gala dinner***

The meeting closed at 17:00 p.m. We could visit the organiser Austrian delegate's well-equipped private practice.

The Austrian Society for Occupational Medicine invited the delegates to an elegant dinner at the meeting venue, which used to be a gymnasium.

On Sunday the guided tour to the city of Steyr unfolded its history from antique and medieval times to the changing steel industry and the flooding river. A copious spring snow bade us farewell.

The Section is grateful for the well organised meeting and for the great hospitality. Special thanks to the organiser and his nice family for their kindness and all the effort spent in the organization, including arranging transport between the locations.

Fabriziomaria Gobba  
president

Ferenc Kudász  
secretary