

Greece

OCCUPATIONAL MEDICINE IN GREECE (update March 2023)

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A. POPULATION

[Definitions: Employed are persons aged 15 years or older, who during the reference period worked, even for just one hour, for pay or profit or they were working in the family business, or they were not at work but had a job or business from which they were temporarily absent. Unemployed are persons aged 15-74 who were without work during the reference period (they were not classified as employed), were currently available for work and were either actively seeking work in the past four weeks or had already found a job to start within the next three months. Inactive are those persons who are neither classified as employed nor as unemployed. Economically active population (labour force) are persons either employed or unemployed. Unemployment Rate is the ratio of unemployed divided by total labour force.]

According to the Hellenic Statistical Authority (ELSTAT): the total resident population of Greece in the latest census of 2021 was 10,432,481, of which 91.6% were Greek; life expectancy at birth in 2021 was 83 years; age dependency ratio (the ratio of the number of economically non-active persons [aged 0 – 14 and 65 years and over] compared with the number of economically active persons (aged 15 – 64 years) was 57.7; total mortality rate (the number of deaths per 1,000 people) was 12.3, in December 2022; in the third quarter of 2022, the number of persons employed amounted to 4,216,038; the number of unemployed persons amounted to 555,567; the unemployment rate for the third quarter of 2022 was 11.6%; the number of persons outside the labour force, i.e., persons who were neither working nor looking for a job, amounted to 4,276,631. In particular, persons outside the labour force under the age of 75, amounted to 3,060,938.

B. OCCUPATIONAL PHYSICIANS (OPs) AND COVERAGE OF WORKING POPULATION BY OCCUPATIONAL MEDICINE (OM) SERVICES

The large majority of the working population (estimated to be circa 80%-85%) is employed either in enterprises with less than 50 workers, or are self-employed.

The Greek occupational health and safety law pertaining to occupational health and safety (which, at least on paper, fully conforms with European Union Law) stipulates that occupational medicine (OM) services should be provided only to public and private enterprises with fifty or more workers, or workers employed in smaller enterprises who are exposed to certain noxious substances such as carcinogens and harmful biological agents. This means that only circa 15- 20 % of the employed population of 4,216,038 (i.e., only circa 0.8 million workers employed in such enterprises) must receive occupational medicine services. It is noted that, virtually, no other enterprises (i.e. none of those which are not obliged to do so by law) receive OM services.

In reality, in 2022, occupational medicine services all over Greece indiscriminately, were provided to an as yet unknown fraction of the aforementioned 0.8 million workers (a) by 159 specialists in occupational medicine [according to ELSTAT, the Greek Statistical Authority], most of whom are also members of the Hellenic Society of Occupational and Environmental Medicine [HSOEM] and registered in the “Register of Occupational Physicians” of the “Integrated Information System of the Labour Inspectorate” of the newly established (and operational since 1.2.2023) Independent Authority “Labour Inspectorate”. As these specialists have been (and still are) few (compared with those needed to offer services to all employees working in enterprises with 50 or more workers) , in certain prefectures of Greece services by them have (and still are) provided, (b) by another 374 physicians holding specialties other than occupational medicine, or holding no specialties at all (who had worked providing OM services continuously for at least seven years in private or public

enterprises and organisations up until 7 May 2009, (as stipulated in Article 16, 1C of Act of Legislative Content ["Executive Order"] of 20 March 2020 (clarified in the Circular by the Secretary General of the Ministry of Labour of 23.4.2020) , which was ratified by Law 4683 of 10 April 2020 – and listed in a special and ratified formal catalogue included previously in Ministerial Decision 43323/1983 of 7 August 2018) and (c) by physicians who are employed by private External Occupational Health Services [EOHS] ("External Services for Protection and Prevention" [EXYPP]) holding specialties other than occupational medicine, or holding no specialties at all, the Head of which must be a specialist in occupational medicine. The number of the latter (under "(c)") are not officially registered at the Labour Inspectorate, hard to be estimated and thus unknown.

Physicians under "(b)" and "(c)" above legally have the job title "occupational physician" (OP), but hold titles in various medical specialties other than occupational medicine or no specialty at all. Physicians under (b) and (c) can be (and are), according to existing Law in force, be recruited to work as OPs in any private or public enterprise and organization, regardless of its type, magnitude of health hazards and health risks present, or size of workforce, whilst they are also practicing their other medical specialty (and earning money in parallel practicing it) or no specialty at all. Thus, they are selected, recruited and work in posts of "occupational physicians" (following tenders for provision of occupational medicine services, which they can afford to win asking for lower remuneration than that asked by specialists in OM, as they earn their living by practicing private medicine holding specialties other than occupational medicine – or a few no specialty at all – or are paid by a private EXYPP, i.e., a private Occupational Health Service, by which they are employed).

This situation reflects the low appreciation and understanding of the value of occupational medicine by many employers, employees, the Government and the Greek medical establishment, as a whole. It has also been allowed to grow, because the Occupational Health Inspectors ("Labour Health Inspectors") of the Independent Authority "Labour Inspectorate" – which is the "Regulating Authority" - have been (or are) too few, to be able to inspect many enterprises (in particular, small or medium size enterprises, that are the majority of enterprises in Greece). Some of them are not physicians. Furthermore, none of them have been (or are) specialists in OM. It is noted that the aforementioned physicians, can and provide OM services anywhere in Greece with low remuneration; their services are considered by specialists in OM to be, by many accounts, of lower quality and less effective than if they had been provided by specialists in OM. Many specialists in occupational medicine work on a part time and some even on a sessional basis, and several are underemployed. This has become apparent, by the fact that some of them also registered with the public National Health System (Service) to work as family physicians (even though they are not trained as General Practitioners, i.e. they are not specialists in General Medicine), for financial reasons.

More specialists in OM are needed for a larger part of the working population to receive OM services. Since 2016, the number of physicians appointed as new trainees in OM has been decreasing each year, and the number of specialists in OM has been increasing very slowly.

In summary: The law does not stipulate provision of any occupational medicine services to the self-employed working population. The Law does not provide for compulsory provision of occupational medicine services by a physician or by a specialist in occupational medicine in all private and public enterprises and organisations where less than 50 workers/staff are employed (except in certain enterprises and jobs where workers are exposed to specific high ill-health risk agents (e.g. lead, ionising radiation). At least 85% of working Greeks are either self-employed or employed in private or public enterprises and organisations. However, there are legal provisions whereby the employer is obligated to provide a healthy and safe

workplace and services of a “Safety Technician” [Safety Officer] regardless of the number of employees employed by him/her.

It is noted that, according to the latest ELSTAT statistics, in 2021, in Greece, licensed practicing physicians (holding any medical specialty or no specialty) were 66,504, which entails a ratio of 637 physicians per 100,00 inhabitants, which is by far the highest number of physicians per 100,000 inhabitants, compared with that in any other country in the European Union.

C. NATURE OF OCCUPATIONAL HEALTH SERVICES

Private and public enterprises and organizations receive OM services by OPs as follows:

1. By employing individual OPs (i.e. including them among their staff), on a whole time basis, as is the case only in very few large-size companies, or
2. by contracting individual self-employed OPs on a part time basis , or
3. by receiving OM services on a sessional, or part time or whole time basis from a private External Health and Safety Protection and Prevention Service (EXYPP), which provides occupational medicine services (and in many cases also safety services) to several enterprises.

D. TRAINING IN OCCUPATIONAL MEDICINE

1. TRAINING

Specialisation training in OM fully conforms to current, existing European Union Legislation. Following six years of training in a medical school and earning a degree in medicine, one becomes a qualified physician and is automatically licensed to practice. A physician, immediately after his qualification (i.e. as soon as he earns his university degree in medicine) may start specialisation training in OM, according to Greek law. This is completed after four years in training in total, which includes the following parts: A. Ministerial Decision No. 64843/2018 determined that four-year long specialisation training of physicians in occupational medicine, is to include henceforth:

A. Twelve months of academic training (which includes preparation of a dissertation, lecture attendance, laboratory training and workplace visits) in a tertiary education establishment including the Department of Public Health Policy of the School of Public Health of the University of West Attica (up until 2019 being the “National School of Public Health”), in accordance with a curriculum and a syllabus revised and then approved by the Central Health Council [KESY] of the Ministry of Health), and then

B. Twenty eight months training in clinical specialties in training posts in State Hospitals and Health Centers, approved by the Ministry of Health, in accordance to training programs, which specify knowledge, competences and skills to be acquired by the trainees (recently having been determined in Ministerial Decision Γ5α/Γ.Π.οικ.37581/2022 issued on 7.6.2022 on “Training in the specialty of occupational and environmental medicine”). They pertain to the following fields: internal medicine, chest medicine [pneumology], dermatology, ophthalmology, Ear Nose Throat (ENT) medicine, orthopaedics and emergency medicine, and also cardiology, psychiatry – the latter two fields not having been parts of the specialisation training in OM before 2018), and then

C. Eight months of practical training, of which:

six months in one or more organized Occupational Medicine Services in one or more State Hospitals, or in private or public enterprises or organizations (where various occupational health risks and possible ill-health effects may be present to ensure comprehensive practical training in OM) approved for this training purpose by the Ministry of Health and meeting certain criteria mentioned in the aforementioned Ministerial Decision issued on 7.6.2022, (in which issuing a list of such enterprises and organisations is provided for), and two months in Centers for the Protection from Occupational Hazards (KEPEK) and other Structures and Services of the Ministry of Labour dealing with occupational health and safety.

The above A and B parts of specialisation training may be provided in any order.

A log book for recording all training activities is to be used throughout training and completed by the trainee and signed by the trainer confirming the training. Training targets for each year of specialisation (regarding knowledge, competencies and skills to be acquired) are determined in the Ministerial Decision of 7.6.2022. However, it is difficult to know to which extent UEMS European Training Requirements [ETRs] are met, during specialisation training in OM in Greece, on account of the deficiencies outlined below.

2. DIFFICULTIES AND DEFICIENCIES IN TRAINING

There are no structured and approved (by an appropriate medical authority) specialization training programs for physicians during their attendance of the practical part of their specialization training in an enterprise (six months). Nevertheless, trainees and their trainers must complete a logbook (the “logbook of training of specialising trainee”) by recording all training activities in it. Since July 2022, in accordance with a Ministerial Decision, certain private or public enterprises and organizations (e.g. companies and hospitals) are approved for specialisation training in occupational medicine by the Ministry of Health. They must employ at least 100 staff/workers, employ a specialist in occupational medicine, have an occupational medicine Service/ Department/ “Surgery” with measurement and other equipment appropriate with respect to health surveillance of employees in relation to the type of their occupational exposures present in the workplace of the enterprise/organization in which they work. No additional accreditation or seniority is required for the trainers themselves.

The occupational physicians (OPs) in hospitals where they exist (be them specialists in occupational medicine or not), provide OM services to hospital staff only, except in one hospital, in which the OM Unit provides OM services to local enterprises too. Most of them are individual OPs, i.e. they provide an occupational medicine service without being supported by other occupational health professionals. In 2022, there were only four specialists in occupational medicine (OM), holding “director’s grade” (i.e. top clinical grade) working in the Greek [State] National Health System (Service). There are Occupational Medicine Services at few State Hospitals only. There are very few occupational medicine outpatient clinics or clinical occupational medicine Departments or Services in hospitals, providing services to employees of enterprises or to the public in general. Consequently, trainees in OM in Greece have very few opportunities to deal with and learn from diagnosed or suspected cases of occupational diseases, during their training.

Following the incorporation of the National School of Public Health of the Ministry of Health, as a Department of Public Health Policies, into the School of Public Health of the University of West Attica, in 2019, there is a Professor of Occupational and Environmental Health and

History of Public Health, at said Department. There has never been and there is still no other Department or post of Full Professor with Occupational Medicine as a sole or complementary constituent of its title in any Medical School at a University in Greece. There is only one Associate Professor of Occupational Medicine, at the Medical School of the University of Thessaly. There is also a Full Professor in Hygiene in a Medical School, who is also a specialist in occupational medicine at the Democritus University of Thrace. No other of academic staff holds an academic post in occupational medicine at any grade at a Medical School or academic or research institution in Greece.

There are only two postgraduate courses (MSc courses) in occupational health, which are attended also by physicians:

One (entitled “Program of Postgraduate Studies in Workplace Health”) is organized by the Medical School of the (State) Democritus University of Thrace, in Alexandroupolis (capital city of the Thrace Region in North East Greece), and the other (entitled “Occupational and Environmental Health”) is organized by the Medical School and the Department of Political Science and Public Administration of the (State) National and Kapodistrian University of Athens. The Hellenic Institute for Occupational Health and Safety (“EL.IN.Y.A.E.”) provides short, continuing education courses on occupational health and safety, which are also attended by physicians holding specialties other than occupational medicine.

Assessment for the acquisition of the title of specialist in occupational medicine is effected by an Examination Committee of the Ministry of Health only by administration of a multiple choice questionnaire and of an oral exam, on completion of specialization training. Neither clinical, nor practical exams are conducted to that end. As allowed by law, some examiners are not specialists in occupational medicine themselves.

There is a lot of room for improvement for the specialisation training in occupational medicine (OM) in Greece. This training was somewhat improved (at least on paper), but adequately, when it was detailed in a Decision by the Minister of Health, in July 2022. However, the old model (structured in three modalities – following in an ostensibly logical order – the first being theoretical training (12 months), [which includes mainly lectures and a few factory/enterprise visits, attendance of study days and Medical Congresses, and elements of emergency medicine], followed by hospital-based clinical training, in hospital wards and outpatient clinics of specialties related to OM but in occupational diseases wards or OM outpatient clinics, which do not exist (28 months), and then, lastly, followed by Ministry of Labour and Labour Inspectorate (2 months) and practical training (6 months) in an enterprise or a hospital with an organized OM Service – was used and built upon:

At present, no European Training Requirements (ETRs), issued by the European Union of Medical Specialists (UEMS) in 2013 (pending to be updated) are implemented (although many training topics and elements of them are included in Greek specialisation training in occupational medicine). Neither are targets determined for summative assessment of acquired knowledge, skills and competences required at the end of each year of the four-year long training. This is not preceded, by 1-2 years of training in clinical specialties prior to the beginning of actual four-year long specialisation training, so that more time can be allocated to actual occupational medicine). Practical training (provided in Services and Units of the Ministry of Labour and of the Independent Authority “Labour Inspectorate” dealing with occupational health and safety (two months), and in organised OM Services in enterprises/organisations/hospitals (six months only) is too short. Trainers during practical training are very few and most of them are not trained to be trainers. There are no officially approved training programs during practical training in enterprises. Quality control in

accredited enterprise training posts in OM is absent (although their suitability with regard to training has to be renewed annually until a definitive list of such posts is approved). The CanMEDS framework (or any other similar European framework that identifies and describes the abilities physicians require to effectively meet the health care needs of the people they serve, for that matter) is not applied as regards OM. Entrustable Professional Activities (EPAs) are not implemented.

As from July 2022, there is a logbook to be used for recording elements of trainee's training progress throughout the course of specialization. However, there is no assessment of trainees during or at end of the enterprise/organisation practical training; the only assessment at the theoretical training is done by confirmation of adequate attendance at lectures and tutorials in specific medical and paraclinical examinations and by way of assessment of a dissertation. The final exams include only written exams (by use of a multiple choice questionnaire) and oral exams; there is no feedback from trainees regarding the training they received.

Notably, the order of the theoretical and the clinical part of specialisation training in OM is not fixed, so that knowledge, skills, and competencies can progress gradually, and, thus, new expertise built on the previous one.

Vacancies are not advertised for posts of specialists in occupational medicine who could become (a) trainers, who would provide specialisation training in clinical OM with proper emphasis on OM aspects, or (b) training coordinators, or (c) senior academic staff in Medical Schools, who would also participate in OM specialisation training, postgraduate training, and contribute to OM undergraduate medical education.

This happens because A. either requests for approval and funding of such posts made by Hospitals or University Departments (placing their requests for OM posts at the bottom of their list of the requested posts) are turned down by the Regional Health Authorities (YPE) of the National Health System (Service) or the General Assembly of Professors of Medical Schools respectively, or B. because priority requests made by the Ministry of Health, and the Ministry of Education for creation of such OM posts, funded by these Ministries, are nullified, by Hospitals by reallocating funds received for such posts to other specialties allegedly "needed more", and by Medical Schools, by reallocating funds received for such posts to other specialties after they intentionally not electing any suitable candidate at any professorial grade, respectively.

Moreover, there is inadequate transparency, in regard of criteria with respect to selection of Training Centers. At present, there is no Committee of Occupational Medicine at the Central Health Council of the Ministry of Health to select enterprises suitable for practical training, and the criteria specified by the Ministerial Decision of June 2022 for such selection are too few. No regular Quality Management within institutions providing OM specialisation training, i.e., OM Training Centres or OM Services of enterprises, in accordance with the current relevant UEMS guidance, is used as a feedback instrument for quality improvement.

The aforementioned situation pertaining to specialisation training in OM, in the present economic and organisational circumstances cannot be reversed and UEMS ETRs for occupational medicine will not really be fully implemented in Greece, unless many changes propelled by strong political will and guided by expert's advice take place simultaneously with a multisectoral holistic approach.

There is very little OM taught to undergraduate medical students. In 2021 and 2022, occupational medicine was not taught to undergraduate medical students as a separate unit course or module. In two of the smaller Medical Schools it was taught as an “elective” unit course, in the smallest School as a compulsory unit course, and in four Schools only in a fragmented, deficient uncoordinated way, usually by physicians holding specialties other than occupational medicine, as part of other unit courses. The extent and quality of teaching of occupational medicine in other study unit courses is currently unknown and almost impossible to assess.

A survey (with a 100% response rate) carried out in the period April to June 2022, in all seven Greek Medical Schools, revealed that in the academic year 2021-2022, only 5.6% of Greek medical students graduating that year would have received training in occupational medicine. This may partly account for the fact that very few medical graduates (and fewer every year) choose to specialise in occupational medicine, and possibly also for the fact that very few cases of diseases are suspected to be of occupational origin by physicians holding specialties other than OM, in Greece.

E. OCCUPATIONAL MEDICINE PRACTICE

1. MAIN DUTIES OF OCCUPATIONAL PHYSICIANS ACCORDING TO GREEK LAW

I. ADVISORY RESPONSIBILITIES OF OCCUPATIONAL PHYSICIANS (OPs)

The OPs make suggestions and recommendations and provide advice to the employer, the employees and to their representatives, in writing or verbally, with respect to measures that must be taken to protect the physical and the mental health of employees.

The OPs provide advice on subjects regarding:

- (a) The planning, programming, modification of the production process, construction and maintenance of work installations and premises, in accordance with rules of occupational health and safety,
- (b) The adoption of measures when new materials are introduced and used in the production process, and on procurement of equipment,
- (c) i. Matters of work physiology and work psychology, ergonomics and occupational health and hygiene, ii. the arrangement and shaping of working posts, iii. the working environment, and iv. the organization of the production process,
- (d) The organisation of a service for the provision of first aid at work,
- (e) The initial placement and change of working post on account of health reasons, temporarily or permanently, as well as the integration and re-integration into the production process of handicapped people and of people discriminated against, victims of violence, domestic violence, harassment including sexual harassment, also by making recommendations for reforming or reasonable adjusting working posts.

These duties have recently been expanded as to include prevention, diagnosis, management and mitigation of psychosocial problems at work, including bullying and harassment and sexual harassment (see E. II. (n) below).

The OPs are not allowed to be used for confirming whether an employee is justifiably (or not) off sick.

II. WORKERS HEALTH SURVEILLANCE BY OPs

The OPs carry out medical checks of the employees in relation to their working posts, after they are employed or on changing working posts, as well as periodic medical checks according to the judgment of the Occupational Health Inspectors (“Labour Health Inspectors”) of the Independent Authority “Labour Inspectorate” pursuant to requests by the Occupational Health and Safety Committee (a committee the establishment of which in any enterprise is provided for by Law, when workers in a public or private firm wish to form it), whenever the above is not stipulated by law. The OPs take care of the execution of medical examinations and of the measurements of hazardous agents of the working environment in conformity with specific laws and regulations applicable in each case. The OPs assess the medical fitness of workers to work in specific posts, evaluate, record and register the examination results, issue certificates concerning the above assessments and communicate them to the employer. The medical confidentiality of the content of these certificates, according to law, is protected.

The OPs supervise the implementation of measures for the protection of the health of employees and for accident prevention. To this end:

- (a) They regularly inspect the working posts and report on any omission and negligence, suggest measures to cope with these omissions and supervise their implementation,
- (b) They explain to workers the necessity for the correct use of personal protective equipment,
- (c) They investigate the causes of diseases brought about by work, analyse and evaluate the investigation results and propose measures for the prevention of diseases,
- (d) They supervise the conformity of employees with the occupational health and safety rules, inform employees about occupational health hazards and the means used for their protection,
- (e) They provide emergency medical care in cases of accidents or sudden illness. Carry out vaccination programmes for the employees at the instruction of the responsible Health Directorate of the Prefecture in which the enterprise is located.
- (f) The OPs are obliged to keep the medical confidentiality and the commercial confidentiality.
- (g) The OPs announce the cases of work related diseases suffered by employees to the Centres for Prevention of Occupational Health and Safety Risks [KE.P.E.K] of the Independent Authority “Labour Inspectorate” (of which KE.P.E.K are a part) through the employer of the enterprise in which they work,
- (h) The OPs are ethically independent in relation to the employer and to the employees.
- (i) If specific enterprises do not have the necessary infrastructure, the OPs are obliged to refer employees elsewhere to have certain necessary complementary examinations as appropriately. Thereafter they are informed about the examination results and evaluate them.
- (j) The OPs keep a medical file for each employee. The results of any medical, laboratory and para-clinical tests following examination of an employee are also kept in this file, and they are recorded in the employee’s “Occupational Health Risk Book”. The OPs also keep securely the medical files of employees exposed to certain noxious (hazardous) agents. These employees must have certain medical examinations and tests in relation to their occupational exposure by law, whilst medical confidentiality must be kept at all times.
- (k) The OPs examine any employee (working in the same enterprise where the OPs provide occupational medicine services) who seeks the OPs’ advice with respect to his/her occupational health.

- (l) The employer is obliged to ask either the Safety Officer (see below) or the OP , or the private external Health and Safety Protection and Prevention Service (EXYPP), which provides occupational medicine services (and in many cases also safety services), for written occupational health risks assessments of all parts of his/her enterprise.
- (m) The OPs providing occupational medicine services to Local Government (to Local Authorities, i.e. Municipalities, which are the equivalent of Borough Councils in the UK) can, at their discretion, stipulate any kind of appropriate medical examinations, tests and vaccinations they deem useful, in addition to those provided for by law for workers in certain high-risk jobs.
- (n) Law 4808/2021 on “Banning bullying and harassment at work” there are provisions on:

A. Obligations of employer regarding reinforcement of understanding the “concept” of psychosocial risks; assessment of such risks and taking measures to prevent, control and contain them, taking into account work organisation and social relations.

B. Reinforcement of competencies of occupational physicians (OPs) with respect of provision of i. advice on issues concerning also work psychology, including on bullying, harassment at work, such as sexual harassment, on initial placing and transfer to a new working post on account of health (including mental health reasons), as well as on placement or re-integration of working people in the production process, who have been discriminated against or have been victims of bullying and harassment, including sexual harassment or domestic violence, possibly also by recommending transformation or plausible adjustments of work posts, ii. management and emergency treatment also of incidents of violence.

C. Determination by the employer (in enterprises with more than 20 employees) of in-house policies against violence and harassment at work, provision of information thereon, and on management of cases of incidents of violence and harassment.

D. Integration of European Parliament Directive of 20.6.2019, regarding balance between occupational and family life of parents and carers.

E. Matters concerning duration and distribution of working hours and rest.

Employers do in many enterprises seek and receive advice also from occupational physicians In regard to A., C., D. and E. .

III. COLLABORATION BETWEEN OCCUPATIONAL PHYSICIANS AND SAFETY OFFICERS (“SAFETY TECHNICIANS”)

The OP and the Safety Officer of an enterprise are obliged to collaborate between themselves and also with the Occupational Health and Safety Committee of the enterprise, where such Committee has been established.

2. DIFFICULTIES AND DEFICIENCIES IN OCCUPATIONAL MEDICINE PRACTICE

Not all Occupational Physicians carry out all the tasks mentioned above, which are provided for by law. The extent to which their responsibilities are dispensed varies, depending on the size, prosperity, management and occupational health and safety culture of each enterprise.

As primary health care is not properly and fully developed in Greece (e.g. there are not enough Family Doctors – the equivalent of “General Practitioners” in the UK), occupational physicians perform certain primary health care duties, partly substituting for family doctors. Specialists in OM, for the purpose of diagnosing an occupational disease (or excluding the occupational origin of a disease), or for assessing medical fitness to work, may refer a worker for certain laboratory tests, only for the purpose of initial diagnosis (according to a very recent Ministerial Decree). By contrast, several employers expect the OP to regularly prescribe medicines and make referrals for tests, as if he/she were the family physician of a worker. Also, not many occupational physicians carry out all the requisite written assessments of occupational health risks or initial occupational hygiene measurements. OPs do the best they can, within the limitations imposed on them by the lack of preventive culture, the scarcity of appropriate laboratory facilities, the low status of occupational medicine in relation to other medical specialties, and the current economic climate in Greece.

There is no structured career for occupational physicians. Process protocols for use in occupational health practice by occupational physicians have recently been introduced, following the work of a Scientific Committee of the Hellenic Society of Occupational and Environmental Medicine (HSOEM) [“EEIEP”] and are now implemented in a few private and public enterprises and organizations. Extension of their application in enterprises all over Greece proceeds at a slow pace. There are very few nurses collaborating with occupational physicians in private or public enterprises and organizations. There is no recognized specialty of occupational health nursing. In many enterprises secretarial, logistical and other necessary support to the work of the OP is inadequate, or appropriate enterprise surgery premises (and also facilities and equipment) may be absent. There are still not enough laboratories for measuring or testing agents related to occupational hazards. Among the few major such laboratories is the Laboratory of the Hellenic Institute for Occupational Health and Safety (“EL.IN.Y.A.E.”). In recent years, private occupational health and safety companies (“External (i.e. not in-house) Protection and Prevention Services” [EXYPP]), have increased their capacities for measuring various noxious agents in the workplace.

The Ministry of Labour, Welfare, and Social Insurance, on the 13th of September 2021, started operating the “ERGANI “Information System. By law No. 4808/2021, all employers must register with “ERGANI” platform (information system) and implement an electronic system of registration of working hours of their employees, which shall be real-time connected to it. Specifically, by using the Digital Employment Card, the start and end of the daily work, the duration of break, and any extra hours over the working schedule are, in real-time, registered in the ERGANI platform.

Occupational physicians (OPs) providing services to private or public enterprises and organizations must also register and use such card. Their registration ensured that henceforth no OP could be recorded as offering services to different companies or organisations at the same time, on the same day. This was also checked in the past by the employer who had to announce to the KE.P.E.K. the days of the week and the times on those days that the OP would be providing services at an enterprise, so that an Occupational Health Inspector (“Labour Health Inspector”) could confirm the OPs presence in the company premises, by visiting the company himself/herself). Their registration also ensured that no OP could register himself/herself as providing occupational medicine services to companies for an inordinate number of hours in total, within a five-days long working week (i.e. possibly, appearing on record to work longer than seven days a week).

A drawback of OPs having to use this card is that they face being fined (“automatically” by “ERGANI”), if they are even a few minutes late in arriving at their workplace. Most OPs in Greece work on a part time or a sessional basis, in each enterprise. Consequently, on

account of the digital card being used by them on checking in, their arriving a few minutes late at the firm where they provide OM services, could actually result in them having to pay a fine, regardless of the reason for being a little late (e.g., a medical or occupational health risk emergency in another firm where they had been providing services on the same day before arriving late to the next firm). This issue is being addressed with the aim of hopefully being successfully resolved soon.

3. WORK OF OCCUPATIONAL PHYSICIANS DURING THE PANDEMIC

On the whole, occupational physicians (OPs) contributed significantly to the effort of controlling the pandemic in the workplace, both in private and public enterprises and organizations, spearheading or collaborating in related preventive, advisory, management, educational and clinical activities. However, Greek Laws and Executive Orders (“[Emergency] Acts of Legal Content”) related to COVID-19, very rarely, made reference to OPs:

For example, in Law 4722/15-9-2020, pertaining only to the Civil Service, concerning confirmation of grounds for obligatory remunerated leave of absence and staying at home, on an exceptional basis, it was stipulated that, in the following document submitted and signed by the Department Head to that end “it must be confirmed and co-signed either by the Insurance Controller Physician, or the occupational physician, or any other physician available in the Department/Service in question that (a) the employee belongs to a vulnerable high risk group and that this special leave of absence is justified on grounds of limited spaciousness [at its workplace] and high density of working people in it, and (b) whether he has any other skills, on account of his work experience, which enable him to perform other duties and (c) [whether there are working conditions securing his safety and health at work in alternative work post(s)].”

Work of OPs expanded as to cover occupational health issues being covered by all the new EC Directives, which were adopted by Greek Law: For example: a Presidential Decree (102/2020) pertaining to Biological Agents was issued to harmonise Greek National Law to EC Directives 2019/1833/EE and 2020/739/EE.

Greece had complied with the European Commission Recommendation for Member States to adopt its schedule of occupational diseases (no. 2003/670/EC, of 19.9.2003), which did not include criteria for diagnosing them, by incorporating it into a Presidential Decree, in which no criteria for diagnosing them are mentioned. The aforementioned Recommendation was updated (No. 2337/28.11.2022) and expanded as to recognise and include COVID-19 as an occupational disease (Annex, item 408) including criteria for diagnosing it (“COVID-19 caused by work in disease prevention, in health and social care and in domestic assistance, or, in a pandemic context, in sectors where there is an outbreak in activities in which a risk of infection has been proven”). However, Greece has not incorporated this updated Recommendation in its national Law or Regulations i.e., in its National Schedule of Occupational Diseases yet, either with or without diagnostic criteria.

4. ISSUES RELATED TO DIAGNOSING AND REPORTING OCCUPATIONAL DISEASES

Cases of occupational diseases are diagnosed by occupational physicians. However, their number is unknown, and only rarely recorded in specific epidemiologic studies to date.

Hardly any cases of diagnosed occupational diseases have been reported to date by employers (who should report them, according to law, following diagnoses by enterprise/organisation occupational physicians) to the Regional Centres for the Prevention of Occupational health and Safety Risks (“KE.P.E.K.”) which should record them, according to law, from 2009 to 2015. According to data given by the Directorate for Planning and Coordination of the Safety and Health at Work Inspectorate of the Independent Authority “Labour Inspectorate”, since 2016 the number of confirmed i.e. diagnosed, reported to and officially recorded at “KE.P.E.K” cases of occupational diseases amounted per year to 1 in 2016, 2 in 2017, 1 in 2018, 0 in 2019, 1 in 2020, 0 in 2021, 0 in 2022 (up until 14.11.2022). The employer is responsible, according to law, for reporting such cases, following diagnosis by occupational physicians. More often than not, appropriate past or current measurements and testing of noxious occupational agents are not available to enterprise OPs, to enable them to diagnose, beyond any reasonable doubt, whether a disease is occupational or not. No sufficient occupational history of patients is taken or recorded in clinical departments in hospitals. Collaboration between occupational physicians and physicians holding other specialties treating sick workers is scarce. In this connection, it is noted that most physicians have received hardly any training during their undergraduate studies.

Another contributory factor for non-diagnosis is probably that many Greek occupational physicians might not have dealt with enough cases of occupational diseases during their specialization training.

Reporting of occupational diseases (which are preventable for the most part) would reveal the financial burden imposed by them on the national insurance budget and contribute to effective and targeted planning for preventing them.

To understand the reasons why cases of occupational diseases are underreported in Greece, the following information is necessary:

In Greece, a sickness benefit is the basic benefit provided to State insured persons who – due to physical or mental illness – are unable to work temporarily or are absent from work for more than three days.

Work accidents and occupational diseases are not covered by a separate branch of State insurance. Illness and temporary loss of working capacity come under the health insurance scheme, while invalidity and death are subject to the relevant pension insurance provisions.

As regards work accidents: Work accident: if one is a salaried employee, one comes under the e-EFKA insurance scheme (e- Unified [National] Social Security Fund) and is the victim of an accident that either took place during work or in relation to work, or while travelling to or from work, then one is entitled to the benefits in kind and in cash which are provided in the event of a work accident. In the event of a work accident, one is entitled to cash benefits and benefits in kind regardless of the length of insurance coverage. In other words, it is sufficient to have one day of insurance.

As regards occupational diseases: if one is directly insured or a pensioner and suffers from a chronic illness related to the hazards of one’s job, which occurred after a certain time period, then one is entitled to the benefits provided in the event of occupational disease. In the event of occupational disease, no minimum insurance period is required.

Benefits in kind: in the event of temporary loss of working capacity, one is entitled to the same benefits in kind (medical care, hospital care and hospitalisation) as those provided in

the framework of general healthcare benefits, i.e. in benefits one is entitled for incapacity on account of any illness or kind of accident.

Benefits in cash: one is entitled to a benefit that is paid from the first day that an accident is reported; the amount is calculated in the same way as the ordinary illness benefit is calculated. The benefit is provided for the same time period as the illness benefit.

It must be pointed out that, cases of occupational diseases and work accidents, in terms of insurance benefits, their magnitude, and prerequisites for granting them, are exactly the same, in accordance with Article 34 of Mandatory Law 1846/1951 on “Social Insurance” (published in Government Gazette 179/14/A/21-6-1951), which is still in force. Occupational diseases are those which are included in the Ministerial Decision of 16.1.1979 “Updated Article 40 of Diseases Regulations of the [State] National Insurance Scheme (Organisation) – I.K.A.” (published in Government Gazette 132/B/12-2-1979). This Ministerial Decree is the only provision of law where the necessary criteria for diagnosing occupational diseases are stipulated. The National Schedule, in which the Schedule of Occupational Diseases, presented in the EC Recommendation regarding a Schedule of Occupational Diseases (of 2003 and – the Updated one – of 2022) has never been used in court cases or for diagnosing cases of occupational diseases or for reporting them, as it does not mention any diagnostic criteria.

Definite diagnosis of occupational diseases is pursued by workers only when they wish to claim disability pension. If they do so, a Committee of the Centre for Certifying Disability (KE.P.A.) of the National Insurance Administration [I.K.A.] (as of 1.1.2017 incorporated into the Unified [National] Social Security Fund [EFKA]) examines the worker who claims it and may disagree with the diagnosis and the prognosis of the enterprise OP. As regards workers compensation for occupational injury, the law of tort exists in Greece. Thus, in some circumstances employer and employee might agree on non-reporting a case of an occupational disease. This may happen when the employer benefits the worker (in certain instances, possibly also at the workers’ suggestion) by permanently and unnecessarily assigning unduly lighter or restricted duties to him after he recovers and returns to work (following absence owing to a diagnosed occupational disease, which, however is not reported to a KE.P.E.K.) as such. A worker may also consider how costly and time consuming (on account of lengthy judicial proceedings) would be for him/her to take the employer to court, to prove, in the first instance, that the disease he/she suffers is occupational. In almost all cases, the definitive diagnosis, of an occupational disease is decided in court, following testimonies of several experts, including occupational physicians. At the same time, the employer does not appear to admit to wilful negligence or wilful misconduct, i.e. he does not risk to be shown to have been wilfully negligent in his duty to provide a healthy and safe working environment. Thus, he avoids having the case of an occupational disease taken by the worker to court claiming civil, compensatory damages (which might include claims also for mental anguish), or to be taken to a penal court for criminal negligence. Another counterincentive for the employer to report a diagnosed case of occupational disease, diagnosed by the enterprise occupational physician, is the following one: allegedly If it is proven in court that the disease was caused on account of his wilful misconduct, he will have to pay, in accordance to law, a compensation not only to the worker who suffered from that disease, but also pay the Social Insurance Fund all the expenditure incurred by it with respect to the treatment of the worker and his/her absence from work (and in the event of his/her death owing to his/her being afflicted by an occupational disease, the compensation money to his/her relatives who are entitled to it by law).

In brief, in view of the above, the employer, almost in most instances, opts for not reporting cases of occupational diseases. Hence, occupational diseases are diagnosed as “common” diseases, i.e., not diseases caused by work.

This may, however, delay remedial, preventive measures which ought to be taken by the employer to make work healthier. In Greece, there is not a separate, specific public “Insurance Fund against Occupational Health Risk”, (into which each employer would pay in premiums, the magnitude of which would depend on his firm’s occupational health and safety risk record) which would cover health care and disability pension of workers afflicted by an occupational disease or work accident, as appropriately. Discussions to plan the creation of such a Fund have recently started at the Ministry of Labour, but it is impossible to predict whether and when they might bear fruit.

F. DEFICIENCIES IN LEGISLATION AND ITS ENFORCEMENT

In Greece, the term “Occupational Physician” (OP) is used to signify a specialist in occupational medicine. However, it is used also as a job title for physicians who are not necessarily specialists in occupational medicine; i.e. they may be specialists in other medical specialties providing certain OM services as best as they can. This anomaly allowed by law has been rectified for the most part by law amendment, following action taken also by the Hellenic Society of Occupational and Environmental Medicine (HSOEM), but it is still partly accepted and allowed by law (even though, by and large, priority must be given by law to specialists in OM when an employer is seeking an OP) as follows:

1. for physicians who had been providing OM services as enterprise physicians in various firms without holding the specialty title of OM for over seven years up until 2009,
2. for physicians who are recruited for the first time, after a job in a private or public enterprise was advertised but for which no specialist in OM applied, and
3. in cases where an EXYPP an “external” (i.e. not in-house) private occupational health and safety company, after unsuccessfully advertising to employ a specialist in OM to work for itself, co-signs a contract with a private or a public enterprise for providing OM services and then assigns this task of providing OM services to a physician who is employed by the EXYPP, but holds a specialty other than OM.

There are no specialists in occupational medicine employed as Occupational Health Inspectors (“Labour Health Inspectors”) and there have not been any for many years. Labour Health Inspectors are usually dentists, pharmacists, physicians holding specialties other than occupational medicine. Their number is still disproportionately small in relation to the one needed. It is envisaged that it may increase in the foreseeable future. They merely attend a six months long course in occupational health and safety, before they start exercising their duties. Consequently, a paradox occurs: Whenever an enterprise OP makes a written recommendation recorded in the official register “Book of Written Recommendations by the OP” (held, according to law, in every enterprise) and the employer decides not to comply with it, the Health Work Inspector of the Ministry of Labour (as of 1.2.2023 Independent Authority “Labour Inspectorate”, established by Law 4808 of 19 June 2021) must arbitrate, even though, he is much less of an expert than the specialist in OM, who has made the recommendation to the employer.

There is no legal obligation for private companies to advertise a post for an occupational physician.

The responsibilities of occupational physicians working in enterprises (either in the public or in the private sector of the economy) are provided for by law. However, it may be further specified in their contracts of work, which may vary between enterprises. Some of these contracts, in certain private or public enterprises and organizations, may not be adequate or even appropriate for a physician, insofar as they may not promote the provision of high-quality OM services. A case in point are posts for OPs offered to the applicant who claims or accepts the lowest remuneration.

Furthermore, none of the Health Work Inspectors of the Ministry of Labour is a specialist in OM (as there is no relevant legal provision for it). These Inspectors are either physicians holding specialties other than OM, or are other health professionals, e.g. chemists.

G. COMMUNICATION ISSUES

Communicating the value of Occupational and Environmental Medicine (OEM) to employers, educators, workers, and physicians is inadequate. There have been hardly any Congresses on OM in Greece, and very few papers reporting on studies on OM subjects are published in medical journals or presented at Medical Congresses (as compared with the number of papers on subjects of other specialties). On a positive note, the Hellenic Society of Occupational and Environmental Medicine and the MSc course on Occupational Health (“Postgraduate Program of Health and Safety in Workplaces”) of the Medical School of the Democritus [State] University of Thrace jointly publish a peer reviewed scientific journal of occupational medicine. The [bi-partite – established by the Employers and the Employees Associations] Hellenic Institute for Occupational Health and Safety (“EL.IN.Y.A.E.”) publishes a professional journal addressed to employers, managers employees, and all occupational health and safety professionals, including occupational physicians.

There is inadequate collaboration between the Ministries of 1. Health, 2. Labour, and 3. Education, on occupational medicine and occupational health matters. There is virtually no education on issues of occupational workplace hazards and protection against them in primary and in general secondary education. In Greece, in the aftermath of the COVID-19 pandemic, the economic advantages and value of OM cannot be appreciated sufficiently by many employers, whilst economic uncertainty remains elevated. Generally, public opinion does not recognize that OM is a matter of high priority, or that OPs have the same standing as physicians holding other clinical medical specialties. It is noted that OM was recognized and established as a medical specialty in Greece, in 1987.

H. HOT TOPICS REGARDING OM

The main issues are:

1. Communicating the value of OEM,
2. Improving related legislation and its enforcement,
3. Improving postgraduate specialization training in OM, and undergraduate medical training in occupational medicine,
4. Improving OM practice and health inspections of enterprises by Labour Health Inspectors, who would be specialists in OM,
5. Improving the diagnosing and reporting cases of occupational diseases.

Tackling these issues is a challenge, whilst unemployment rate is 11%, and Greece has many infrastructural, manpower (e.g. currently, shortage of staff teaching OM, and of Labour

Health Inspectors – none of whom is a specialist in OM) and economic difficulties to overcome.

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