



Aachen 7-9 October 2022

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

Date: 7-9 October 2023

Location: Haus Matthey

Address: Theaterstraße 67, 52062 Aachen

### **Company/work-site visit (13:00–16:00 Friday 7 October)**

Our host, Thomas Kraus organised a visit to the specialty glass manufacturer Saint-Gobain Sekurit Deutschland GmbH. We learnt that raw glass sheet is transported to the factory from a nearby glass works. Within the site the material gets special treatment (heating, pressing, layering, gluing etc.) and cut into shape to be car windshields or other automotive glasses ready for assembly. In the past workers used to be exposed to heat, risk of broken glasses and heavy weights. The visit showed that currently most work is done by robots so workers use computers and the most relevant exposure is noise.

In the afternoon we had a guided tour to the ancient coronation Cathedral, which was founded by Charlemagne. In the evening we had typical regional dishes at the old traditional „beerhouse“ Degraa, kindly offered by the Medical Faculty, RWTH Aachen, Institute of Occupational, Social and Environmental Medicine.

### **Section meeting (9:00-17:00 Saturday 8 October)**

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

The President and our Host welcomed the delegates. New Belgian, Croatian and Romanian delegates introduced themselves.

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

Andrea Kaifie-Pechmann, research associate at the Institute for Occupational, Social and Environmental Medicine, University Hospital RWTH Aachen, gave an overview of the hosting institution RWTH Aachen University, which is the largest technical university in Germany and the Hospital, which is the biggest such building in Europe. The 9 faculties of the University have 550 professors and are attended by 47 thousand students. The hospital has

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President: Fabriziomaria Gobba

Treasurer: Nicole Majery

Secretary: Ferenc Kudász

1400 beds. There are 3000 students on the medical faculty, which features substantial co-operation with engineers on bio-electromagnetic fields, artificial intelligence for data analysis, and smart devices. During their studies medical students get overall three weeks training on occupational health topics. (See *Annex 1*)

In his presentation the president of the German Society for Occupational and Environmental Medicine (DGAUM), Thomas Krauss showed that in the 36 German medical universities 26 have department for occupational medicine. 6-8 departments are substantial. OM is part of the curricula but the amount is not set. At the moment, there is a generation change taking place as senior professors are retiring. The scientific association DGAUM has over one thousand members, the association of practitioners VDBW has four thousand. These two co-operate and he represents both in UEMS-OM Section.

In Germany one can acquire an entry level occupational medicine specialisation “*betriebsarzt*”. The requirements in specialist training were loosened due to the need for more OM specialists. More trainees are attracted by enabling doctors in other specialities to acquire OM specialisation. The number of hours worked by OM specialists is unknown, there is only a national register on the certificates. In 2011 there was a(n erroneous) prognosis of OM care disappearing due to aging OM specialists. Politics and insurers abused the prognosis and wanted to diminish mandatory hours in companies. However, the figures are still the same in 2017. It is perceived that occupational health service is poorer among small and medium enterprises. The chance of an inspection by the insurer is one in 20 years. There is no official limit for the worker/doctor ratio and it can happen that a contract is without actual service.

There is a strict distinction between health surveillance (prevention for the individual) and fitness-for-job (assessment made for the employer). The guidelines by the national occupational accident insurer was rewritten and published in 2022 (*DGUV Empfehlungen für arbeitsmedizinische Beratungen und Untersuchungen*). It is not mandatory to use the protocols any more – although colleagues like protocols. The new recommendation is to take individual approach and to discuss the options with the worker. Post-exposure examinations (silica, asbestos, carcinogens) are managed by registers. DGUV organises and offers the examinations based on individual risk profile. (see *Annex 2*)

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

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

#### **5 Information from UEMS Central**

There are new thematic groups and the continuous revision of ETRs is on the agenda.

The European Junior Doctors (EJD) has still not nominated any colleague to join our meetings. Erik Rodrigues Pereira will discuss taking this role.

#### **6 Information on the work done by the Section Board since the last meeting**

The President briefly summarised the work by the Board, which met on-line every month, since the last meeting. Among main issues addressed are discussion on ongoing activities, including contacts with Delegates, scientific and organizational aspects of the next meeting and of forthcoming meetings, organization of the next European Exam and related activities, including the promotion of the exam in various Countries, and candidates eligibility for taking the exam, development of contacts with EC, further cooperation with EASOM, cooperation with EU-OSHA and other relevant, including information from UEMS Central and news to be

circulated among delegates.

## **7 Website**

The Danish delegate managing the website reported that the simplification of the contacts was realised. This helps communication and protection of privacy as well. There are 2-3 most visited pages (including the one on the EU exam). Visitors are mainly from Europe, the USA and Canada. The website is ready to publish the announcements of the meetings of the national societies and other events considered relevant for the Section (see NIVA courses as an example).

The country profiles still need updating by delegates (see previous minutes – every delegate is requested to check the content and send updates if necessary).

## **8 Section finances**

The Treasurer showed the balance. Major expenses included the travel costs of experts who create the exam question bank, and the UEMS fees. The UEMS bond, which is shared between most sections, exchanges the Domus Medica loan. It is a smaller expense for our Section and will be returned in six years with some extra. Most countries paid the annual fee, which is the major source of incomes. There were three exam fees paid in the period. The actual balance is 13313 Euros. (See *Annex 4*)

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

Alenka Škerjanc reported that six experts had attended a question finalisation session at Lake Bled, which was preceded by a huge work at home. Everyone was prepared and provided a lot of valuable question. Out of 600 proposals 500 questions are finalised. This approach (preparation at home, finalisation in group) is a cheap and safe way to further develop the exam question database. In 2025 there will be an evaluation of the exam and more questions must be created, during 2024. Academicals are needed and therefore the co-operation with EASOM is intensive. The questions must not be country specific.

Alenka Škerjanc promoted the exam by giving presentations in various national conferences. Everyone is invited to do it within their network. The testimonies from successful examinees were collected and should be uploaded to the website, alongside with the presentations made at the 33<sup>rd</sup> ICOH International Congress. More patience is needed that the exam finds its way into national schemes.

The next (3<sup>rd</sup>) exam will be at the end of this month and seven candidates are registered. She emphasised that the exam must go on even with negative financial balance (as in 2021 with only four candidates) because a halt would seriously damage reputation and the future success of the exam.

Question was put on the attendance and pass rate. The figures are the following: 1<sup>st</sup> (2020) attending 12; passing 10. 2<sup>nd</sup> (2021) attending 4; passing 4.

## **10 Report of the ad-hoc WG on alcohol at work**

Mari Cruz Rodriguez, the co-ordinator of the WG, could not attend the meeting and joined on-line. She gave a brief report on the work done in the ad-hoc WG. (See *Annex 5*) The four members reviewed relevant documents and met on-line twice. The 3 workshops organized by the Alhambra Project (<https://alh-thematic-workshop6-alcoholinworkplace.onsitevents.com/contenidos>) were of high quality. Alenka Škerjanc provided an introductory speech (pre-recorded: <https://vimeo.com/711198022/fe7b58aabc>, see *Annex 6*) and Mari Cruz Rodriguez was chair-woman in a workshop. The objectives of the

WG were achieved. The statement needed no substantial modification. The project permitted UEMS-OM Section to participate actively, give our expert opinion and get visibility in Europe. The revised statement can be adopted at the next meeting.

### ***11 Report on the EASOM meeting in Belgrade***

Pedro Reis attended the summer school, where the initial results of the survey on teaching occupational medicine in undergraduate curricula were presented. The survey, which was identical to a previous questionnaire to provide longitudinal information, was circulated among Section delegates too.

### ***12 Results of a survey of undergraduate teaching of OM in medical schools in Greece; remarks on EASOM survey questionnaire, design and management***

Theodore Bazas presented the results of the above survey that he designed and carried out in Greece as a spin-off of the EASOM survey. In Greece, approximately only five per cent of medical students graduating each year have received some training in OM. He also observed, the existence of some actual limitations and omissions in the EASOM questionnaire, and deficiencies in survey design and management, such as a low response rate and lack of questions on number of students who register for elective OM study unit courses and reasons for students not registering, and for medical schools not to respond (in a small sample of non-respondents). His full presentation is available on the UEMS website by now: <https://uems-occupationalmedicine.org/wp-content/uploads/2022/12/OM-Undergraduate-Teaching-in-Greek-Medical-Schools-Survey.pdf>

### ***13 Update on the UEMS COVID-19 WG***

Theodore Bazas reported the work done in the UEMS WG on COVID-19. He is co-ordinating SWG1 on Prevention. He emphasised that occupational medicine figured prominently in the report. The materials have got published on the UEMS website by now:

<https://www.uems.eu/news-and-events/news/update-and-report-from-the-ad-hoc-working-group-on-covid-19>

### ***14 Discussion on future webinars to be organised by the Section***

The Secretary briefly presented the survey on the idea that the Section launches webinars. By the writing of the minutes ten delegates answered the questions. They prefer the webinars in weekdays, afternoon/late afternoon, in Zoom>Teams>Webex. A wide variety of topics were proposed: epigenetics research in OH, new and emerging risks in workplaces in EU, nanoparticles, welding and biomonitoring, musculoskeletal-diseases (national strategies), burnout, risk assessment, return to work, toxicology, carcinogens, infectious diseases, psychosocial risks, international collaboration, updates on occupational diseases: trends, diagnosis, compensation, possibility of occupational medical services standardization, occupational cancer screening, OHS in changing global situation. Many respondents can suggest presenters as well. Delegates who have not yet answered are welcome to complete this (very short) questionnaire at: <https://www.surveymonkey.com/r/KBX5YV7>

The UK experiences on OM webinars can be useful. It was agreed that continuity will be important, which may involve some costs and the need for presenters. To have a more complete picture of the preferences, the collection of answers is still open; the decision regarding the possibility to plan webinars will be discussed during the next meeting.

## 15-16 Working groups

After lunch the delegates were divided into WGs. They reported their progress to the entire meeting.

### ➤ **Increasing the visibility of OM**

It was agreed that the issue of occupational medicine in undergraduate medical training has multiple aspects and stakeholders in education can be a target group as well. The WG decided to continue its work and to prepare a Statement on the aforementioned issue regardless of the future of the EASOM survey (although happy to co-operate with them) and ask social partners to support our initiative. (see *Annex 7*)

### ➤ **Evidence-based health surveillance**

Substantial literature is available for the following exposures: noise, welding, night shift. Their content will be processed.

### ➤ **EU exam**

The members divided among themselves the work left after the Lake Bled meeting. Delegates would benefit from a presentation (in English) that will be produced and circulated among delegates to (translate, and) promote the exam within their countries.

### ➤ **Updating the ETR**

There is no revision and help from UEMS Central may be needed. The WG agreed to follow a roadmap. (See *Annex 8*)

It was emphasised that every WG is expected to continue the work between the meetings.

## 17 Co-operations

### **European Association of Schools of Occupational Medicine (EASOM)**

The initial results of the EASOM survey were presented at the summer school in Belgrade. The Secretary of EASOM informed us that it will not be published at the moment because only 60 answers were received and they consider if further answers can be acquired.

Follow-up: The president of EASOM, who could not join us this time, confirmed after the meeting that they plan to conclude the survey in line with their similar old study and to write up the manuscript. Furthermore, they plan a second manuscript, as a position paper, which would be good to officially co-sign together by the UEMS-OM Section and the EASOM Board. She promised that any development will be communicated immediately towards the WG Increasing the visibility of OM.

The Memorandum of Understanding between UEMS and EASOM expired. The opportunity of a renewal was discussed, during the meeting the text of the renewal was shown to Delegates: is almost identical to the previous one; only one sentence was added, just to clarify the absolute financial independence of the two bodies. The delegates voted in favour of the revised MoU, and one abstained (Greece. The reason for the later was that the document was not circulated before and the delegate would have needed more time to familiarise with the text. Follow-up: the new MoU, which was signed on 2.3.2023 is circulated together with these Minutes. (see *Annex 9*)

### **European Agency for Safety and Health at Work (EU-OSHA)**

The Healthy Workplaces Campaign on musculoskeletal disorders was finished this autumn. The next campaign in 2023-2025 will be on "Safe and healthy work in the digital age". Although invited, EU-OSHA could not send a delegate to this meeting. However, they are happy to give presentations in our future webinars.

### **European Commission (EC)**

A meeting with Secretariat of the DG Employment, Social Affairs and Inclusion is programmed at the end of October. This is a preliminary meeting, without a specific agenda. As previously announced, at this meeting our Section will be represented by the members of the current and the previous Boards. The results of the meeting will be presented and discussed with the Delegates. Contacts are currently maintained by the extended Board. Further delegates will be asked to contribute to the activities in case specific expertise is required.

### **18 Upcoming CME (and related) events**

- The Portuguese Society has its conference at the end of October.

### **19 Next meetings**

- Spring/2023: pending
- 6-8/October/2023: Lucerne, Switzerland
- Spring/2024: Slovenia – to be confirmed
- Autumn/2024: Nederland – to be confirmed

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

### **20 Any other business**

The issue of electronic health records was raised and WGs may address it.

Colleagues expressed their disappointment that occupational health is missing from the EC initiatives in healthy aging.

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

The meeting closed at 17:00 p.m.

The German Society for Occupational and Environmental Medicine (DGAUM) invited the delegates to a fine dinner at Karls Cafe Centre Charlemagne.

On Sunday there was a guided tour in the Old Town.

The Section is grateful for the professionally organised meeting and for the warm hospitality received.

Fabriziomaria Gobba  
president

Ferenc Kudász  
secretary