

OCCUPATIONAL MEDICINE (OM) IN *[name of country]* (update e.g. March 2018)

[Please state as accurately as possible what is known and also indicate what is not known in your country]

POPULATION

According to the National Statistical Authority and Eurostat:

The total population ofin the latest census of (year)..... was and the projection for the current year was.....The total working population (“labour force”) aged 15-64 yrs, in (year).....was.....and that aged over 65 yrs was..... Of this, the employed and the self employed population was Workforce, by self-employed, employed in micro-, small-, medium-sized, large enterprises (according to national or Eurostat definitions) were in (year).....

Persons employed, not **full-time equivalents**. “Unemployed” in (country).....is defined as follows: The official unemployment rate (as recorded and calculated in accordance with the above definitions) was circa ...%, ranging from ... toamong different parts of the country. Official (standard, full) retirement age, in (year)....was.....Exceptions to this, are (miners, army, police).... for which, retirement age was...yrs.

MANPOWER OF OCCUPATIONAL PHYSICIANS (OPs)

In (year) ...all licensed physicians were....., licensed, practicing specialists in OM (SOM) or competent in OM (by way of training) were...;other physicians holding specialties other than OM or no medical specialty legally practicing certain or all OM tasks

were..... OPs were/were not practicing only OM. SOMs unemployment rate in (year) was...circa... %

The law stipulates/does not stipulate provision of any occupational medicine services to the self employed working population. Coverage of workers by OM services was estimated to be circa%, in large enterprises and% in small and medium size enterprises.

PROFESSIONAL TRAINING AND ASSESSMENT OF SPECIALISTS IN OM

1.SPECIALISATION TRAINING

Specialisation training in OM fully/partly* conforms to current existing European Union Legislation EU Directive 75/362/CEE-1975. A physician who has earned a University degree in medicine, after... years (spent in “basic” specialization training)/ immediately*, may start (“higher”) specialisation training in OM, according to law. This is completed after another four/six* years in training in total, and includes the following parts:

[The following are for guidance].

A... months training in clinical specialties in training posts approved by the,

B.... months of academic training, and

C....months of practical training, in training posts approved by the,

of which ...months in

(a)...

(b)...

(c)...

etc.

1.1.ASSESSMENT/EXAMS IN SPECIALISATION TRAINING

Assessment for the acquisition of the title of specialist in occupational medicine is effected, at the training stages specified bellow, by **:

1. Oral exams (vivas) (at the end of the ... year of training, by an examination committee/examiners*),
2. Assessment of multiple choice questionnaire (at the end of the ... year of training, by an examination committee/examiners*)
3. Assessment at Clinical exams (at the end of the ... year of training, by an examination committee/examiners*)

**Delete as appropriately*

*** Mark as appropriately*

4. Completion by candidates and assessment by examination committee/examiners of individual electronic platform (or work journal) of work performed by them, at the end of the ... year of training, or continually every months.
5. Assessment of an MSc Dissertation or equivalent study on an OM subject (at the end of the ... year of training).
Examiners are selected (and trained) as follows:...

Examinations are conducted as follows:...

Feedback is (or, is not) effected, in relation to:

- 1.training, as follows:...
- 2.Exams, as follows:...
3. Examiners, as follows:...

2. DIFFICULTIES AND DEFICIENCIES IN SPECIALISATION TRAINING

TRAINING DEFICIENCIES REGARDING:

Approval, structure, academic staffing, funding of courses, certification of trainees, certification of trainers and of training programs, qualitative and quantitative adequacy and appropriateness of clinical, academic, on the job training, training in public and private enterprises, universities, hospitals.

3. SHORT SUMMARY OF UNDERGRADUATE TRAINING OF MEDICAL STUDENTS IN OM

4. SHORT SUMMARY OF TRAINING AND ASSESSMENT REGARDING OTHER POSTGRADUATE AND CONTINUING EDUCATION TRAINING IN OM

OM PRACTICE

5. FRAMEWORK OF OH PRACTICE

- (a) Are there any other OH professionals practicing? Yes/No*
.... Occupational health nurses,occupational psychologists,ergonomists,occupational hygienists,safety officers,[others]
- (b) Do physicians during their specialisation training in specialties other than OM receive any training in OM? Yes/No*.....
- (c) Are there laboratory facilities (type, approximate number/coverage") relevant to occupational medicine practice? Yes/No*.....
- (d) Are occupational health and occupational health risk and protection subjects incorporated into other stages of vocational and general education? Yes/No*.

6. MAIN DUTIES/TASKS OF OCCUPATIONAL PHYSICIANS (OPs) ACCORDING TO LAW

[Please specify whether fulfilled by OPs specialists in OM or also by physicians not holding the OM specialty. Add items as needed. The following are for guidance].

[(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) designing, coordinating, assessing and interpreting 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) identifying priorities in annual occupational action plan at an enterprise, (g) contributing to major accidents preparedness and to

provision of emergency health care in circumstances arising from major or specific health hazards, (h) having advisory responsibilities, participating in health and safety at work committees work, communicating the value of OM to management and workers, (i) performing workers health surveillance/preventive medical examinations, (k) collaborating with other OH professionals, (l) examining employees on entry to the pension fund of the enterprise .]

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7. DIFFICULTIES AND DEFICIENCIES IN OCCUPATIONAL MEDICINE PRACTICE

(a) STRUCTURAL, ORGANISATIONAL AND OPERATIONAL DEFICIENCIES

.....

(b) ISSUES RELATED TO DIAGNOSING AND REPORTING CASES OF OCCUPATIONAL DISEASES AND MEDICAL FITNESS TO WORK

IS THERE A NATIONAL LIST OF OCCUPATIONAL DISEASES? Yes/No*.....
ARE SPECIALISTS IN OM PARTICIPATING AS MEMBERS OF WORK RELATED DISABILITY ASSESSMENT PANELS? Yes/No*..... IS MEDICAL FITNESS TO WORK ULTIMATELY DECIDED IN COURT BY A JUDGE? Yes/No*..... OTHER ISSUES:

.....

(c) DEFICIENCIES IN LEGISLATION AND ITS ENFORCEMENT

.....

(d) COMMUNICATION ISSUES. ADVOCACY FOR OM

.....

(e) WHO PAYS THE SALARY/REMUNERATION OF OCCUPATIONAL PHYSICIAN (OP)? ARE OPs MEMBERS OF STAFF OF AN ENTERPRISE? Yes/No*..... HAVE A CONTRACT AS SELF EMPLOYED? Yes/No*..... ARE EMPLOYEES OF GROUP OCCUPATIONAL HEALTH COMPANIES? Yes/No*..... OTHER:

(f) PRIORITIES/ MOST CONTENTIOUS ISSUES REGARDING OM AS VIEWED BY OCCUPATIONAL PHYSICIANS
[Three, maximum]

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8. NAMES AND CONTACT DETAILS & WEBLINKS OF NATIONAL SOCIETY OF OCCUPATIONAL MEDICINE AND OTHER RELATED INSTITUTIONS

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9. NAME AND AFFILIATION OF SPECIALIST IN OM AUTHORIZING THIS REPORT

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NATIONAL REPORT TEMPLATE DRAFT FOR UEMS OM SECTION (FOR CONSIDERATION, DISCUSSION AND FINALISATION): initially prepared by Dr Theodore Bazas, Representative of the Panhellenic Medical Association, Greece, at this Section, on 24.1.2018, discussed at UEMS OM Section Meeting, in Oslo, on 2.6.2018, then modified by him, on 4.11.2018, following valuable suggestions by Dr Ferenc Kudas, Hungary at this Section, Dr Jelena Macan, Representative of Croatia at this Section, and Dr Elena Ana Pauncu, Representative of Romania at this Section, and presented by Dr Theodore Bazas for finalisation at the Section Meeting in Bilbao, on 9.11.2018.