PROPOSAL

MADE BY

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AT THE SECTION OF OCCUPATIONAL MEDICINE

OF THE EUROPEAN UNION OF MEDICAL SPECIALISTS

ON 1.2.2018,

FOR THE CREATION OF A NEW WORKING GROUP (WG)

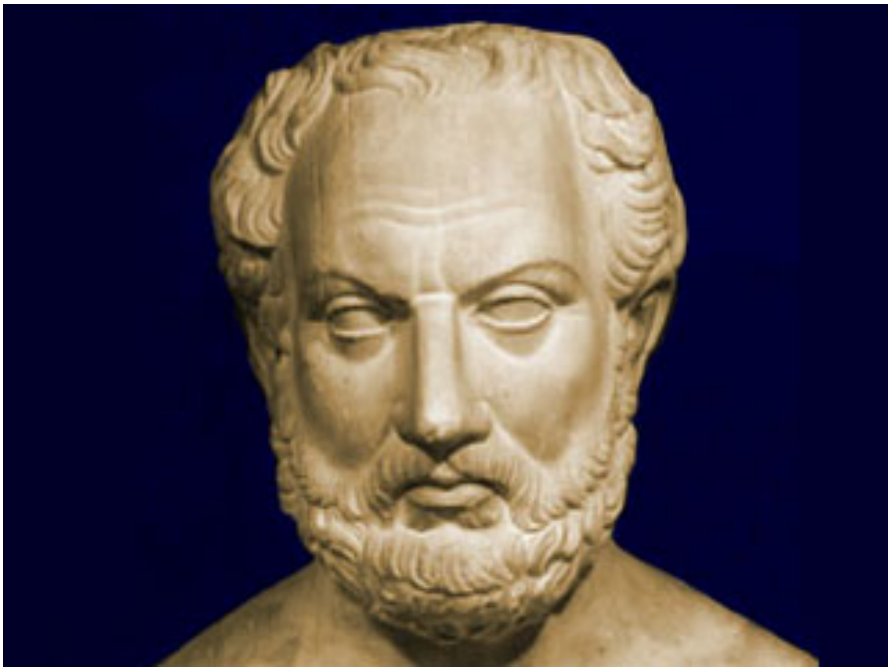
ON "ADVOCACY IN OCCUPATIONAL MEDICINE",

AT THE SECTION OF OCUPATIONAL MEDICINE (OM)

OF THE EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS),

PRESENTED AND DISCUSSED AT THIS SECTION'S MEETING,

IN OSLO, NORWAY, ON 2.6.2018



THUCYDIDES 460 BC – 400 BC

"…It follows that it was not a very wonderful action, or contrary to **the common practice of mankind,** if we did accept an empire that was offered to us, and refused to give it up **under the pressure of three of the strongest motives, fear, honor, and interest. ……..”** [1].

The ancient Athenians, as recorded by the ancient Greek historian Thucydides in his "History of the Peloponnesian War [the war between the ancient city states of Athens and Sparta], made reference to three of the strongest motives, i.e. fear, honor and interest. In my long professional experience, indeed also nowadays, many, if not most, politicians and other key persons and key organizations usually consider first and foremost the political gain (i.e. their interest in gaining more power, e.g. votes) or loss (i.e. their fear of losing power, e.g. votes), when they make decisions to act on any subject, including occupational health (OH) and occupational medicine (OM). Unfortunately this situation seems to be really prevailing in most European countries, I am afraid, whereas it should not be. That is why I have come to strongly support the contention that appropriate and successful "Advocacy in Occupational Medicine" is the most important prerequisite for the advancement of all aspects of occupational medicine, which is aimed at the improvement of health at work.

In this presentation, I am not certain whether "I shall be pushing open doors" for most of you, in an attempt to persuade you to agree to establish a new Working Group on "Advocacy in Occupational Medicine", at the Section of Occupational Medicine of the UEMS.

RELEVANCE OF ADVOCACY IN OM

A. Which are the reasons, why a new Working Group (WG) on "Advocacy in Occupational Medicine" should be established?

They are:

1. The value of occupational medicine (OM) is recognised to different degrees in the countries of the European Union (EU). There is a **two-way need for this value to be acknowledged**: (a) by most people, so that they can apply more pressure to their governments (and other relevant key persons and key organizations and institutions) to act more extensively on OH and OM, and (b) by governments, so that they can act more effectively on OH and OM.
2. The value (especially the economic value) of OM has been measured by evidence-based intervention studies and shown only in certain European countries.
3. There is ample room for improvement of OM profile, funding, laws and regulations, education and training, statistical data on work-related accident and diseases, data on occupational exposures, and OM practice across the EU.

PARTICIPANTS IN THE PROCESS OF ADVOCACY

B. Which are the main participants in the chain of advocacy for OM, who need to increase their awareness of OM related potential benefits and of relevant actions needed?

They are:

1. Working-age population (who are the starting point and also the end point of advocacy) [2],

2. mass media,

3. employers' organizations and trade unions,

4. establishments of primary, vocational and general secondary, and tertiary education,

5. undergraduate and postgraduate Medical Students,

6. physicians holding specialties other than OM,

7. state regulatory agencies, government officials.

Advocacy entails a participatory process and should involve those who will be affected by it and also several of the above participants as appropriately.

DETERMINANTS OF EFFECTIVENESS OF ADVOCACY

C. Which are the determinants of effectiveness of advocacy for OM, that must be integrated by the Working Group (WG) on Advocacy in OM in draft Guidance Notes and Position Statements?

To be effective, advocacy activities must be:

1. preemptive and responding to actual societal occupational health (OH) needs,
2. driven with leadership, well designed, well managed, coordinated,
3. based on strategic thinking, *adequate* information, communication, outreach and mobilization,
4. prioritized, topical, target oriented, subject specific, as appropriately,
5. adequately evaluated.

USEFULNESS OF WORKING GROUP ON ADVOCACY

D. What is the usefulness of a Working Group (WG) on Advocacy in OM at the Section of OM of the UEMS?

The WG on Advocacy in OM will be useful because it will produce Guidance Notes and Position Statements on Advocacy in OM, that will be transmitted by UEMS to:

1. Occupational Medicine (OM) and Occupational Health (OH) scientific societies and associations, academic faculties and institutes of OM and OH,

2. the agencies and institutions of the European Union (EU), thus contributing to tackling the occupational health and safety (OHS) challenges set in the European Commission (EC) “Communication on EU Strategic Framework on Health and Safety at Work, 2014-2020” 3],[5][3].

3. The National Medical Associations of the European countries, stimulating, assisting and encouraging them to promote all aspects of OM, i.e. OM profile, legislation, education and training, and practice [4], [5].

MANDATE OF THE WORKING GROUP (WG) ON ADVOCACY

E. What should be the mandate of the Working Group on Advocacy in OM?

The WG should:

1. **prioritise** specific OM issues and target groups (based on degree of urgency and severity, i.e. importance and concern),

2. **prepare and propose to UEMS OM** Individual Draft Guidance Notes and/or Draft Position Statements on "Advocacy in OM" , regarding OM policies, legislation, education and practice, in logical time sequence (i.e. as regards short-, middle-, long-term change and benefit), pertaining to:

(a) **Specialists in OM:** regarding "Terms and Conditions" of work, recruitment procedures, career structure, specific OM tasks, OM practice appraisal (for the short term) ,

(b) **University Medical Schools** (Education Structures)**,** regarding Undergraduate medical training, postgraduate, specialization and continuing education training in OM (for the middle term) ,

(c) **Primary** [6]**, general secondary and tertiary education,** regarding occupational health risk prevention and its value, creation of a prevention culture (for the long term) .

Multiple advocacy activities on each OM issue will be needed to mobilise and gain commitment of the leaderships and subsequently the members of all relevant stake holders.

METHOD OF WORK OF THE WORKING GROUP ON ADVOCACY

F. What should be the method of work of the Working Group on Advocacy?

Working Group members would:

1. **discuss and decide on the** most appropriate **order** of topics & target groups,

2. **set and commit to a timeline** (and, possibly, a time frame), regarding execution, completion and presentation of each of the three items of the mandate, to the whole Section. The whole work of the WG would be completed in two years, i.e. following four Section Meetings. Extension of mandate and time frame would be considered,

3. **author and elaborate text** of draft guidance notes and position statements aiming at compelling:

   (a) organizations of the two social partners,

   (b) OHS, OM and other Medical scientific and professional associations and societies,

(c) medical and other educational establishments of all levels,

(d) state regulatory agencies, Ministries (Government Departments),

to engage in activities resulting in: planning, controlling, enforcing (materialising), and assessing OM policies and measures (as part of OH strategies and programs [7]) selected by the WG,

WG members would communicate and advance their work between Section meetings as necessary.

WG members would, preferably, **work in pairs** (twinning based on most of a set of criteria, which are to be discussed and agreed upon by the WG). Members of each "pair" would be Delegates from countries with **marked different levels of OM development** [8]. It is proposed that differences in the following areas are used (in combination) as primary criteria:

(a) ***coverage*** by: I. occupational health (OH) and occupational medicine (OM) services, II. legal and inspection services,

(b) ***coverage*** (qualitative and quantitative) by occupational injury and disease compensation systems,

(c) ***numbers*** of OH and OM institutions, and OH and OM specialists (occupational physicians, OH nurses, ergonomists, occupational hygienists, psychosocial experts, OHS inspectors, OHS engineers), **and *ratio*** of these to working-age people,

(d) ***funds and resources*** spent for occupational diseases (OD) **prevention** services
compared with costs of OD **treatment**

(e) I. ***organization of civil service***, II. levels & models of economic (productivity) growth.

It is further proposed, that similarities in the following areas are used (in combination) as secondary criteria:

(a) work ethos (work culture),

(b) accident and health insurance system.

The **work** produced **by each "pair"** of Delegates **would be circulated by email** to all WG members for comments and modification. T**he whole work on each item** of WG mandate **would be presented** to OM Section for discussion and finalization (at Section Meeting).

Working Group on Advocacy and UEMS OM Section Members and the Organizations they represent would be asked **to give written examples of successful or unsuccessful advocacy activities** for OM [9] (possibly by using the Template which is herewith proposed), to be utilised by the WG, and to create a clearinghouse.

PROPOSED

TEMPLATE CONTENT OF DELEGATE'S ADVOCACY EXAMPLE REPORT

[TO BE SREAD OUT OVER FOUR PAGES]

1. **Name and country** of Delegate:…. Contact information:… Report Date:……

   ADVOCACY: OM ISSUE:….. ,

   REASON FOR SELECTING IT…..

   NB. Please fill in all items, mark as "No" or "None", N/Ap.(not applicable), N/Av. (not available), and observe confidentiality, as appropriately.

2. **Activities outline**

   (a) Time (starting month & year… reason for selecting…., completion month & year…...)

   (b) Type. I. Campaigning…. II. Educating & informing…

   (c) Target: I. key persons…, II. group(s)…,III. organizations…, IV. institutions ….

   (d) I. Without…./with….. face to face contacts ("job titles…"),
   II. Other communication method….

   (f) Without/with "alliances"…

   (g) funding/resources: I. identifying method…II. source….III. size….

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TEMPLATE CONTENT OF DELEGATE'S ADVOCACY EXAMPLE REPORT
(Continued)

3. **Message development outline**

(a) Goal…

(b) Objective(s)….

(c) Content:

I. outline…

II. size/scale…

III. support data…

(d) Tools (methods) used re.:

I. Directly Influencing policy… II. Monitoring State performance…

III. Providing information/training… IV. Demonstrating good practice…

V. Public education & awareness raising…

4. **Monitoring & Evaluation**:

I. Plan/Method…

II. Result (measured/estimated "degree" of success/failure & perceived/assumed reasons for it)…

5. Other relevant information

…….....
……
…….....

PROPOSED

AGENDA FOR WORKING GROUP'S (WG'S) FIRST STAGE OF WORK

1. To finalise Template pertaining to information regarding the flow of information to and from the proposed clearinghouse of advocacy cases from countries.
2. To finalise evidence based "twinning" within the WG.
3. To prioritise and select the subjects of the first three WG documents, i.e. one for each of three top targets (OM specialists, medical schools, all education) addressed to specific advocacy audience(s)/recipients, e.g. Minister(s), Association(s), mass media.
4. To determine WG work outline for next stages.
5. To complete draft of first advocacy document for presentation at next meeting of UEMS OM Section.

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REFERENCES

1. Thucydides. Book 1, Chapter 76, Section 2 [1.76.2].The Peloponnesian War. London, J. M. Dent; New York, E. P. Dutton. 1910.

2. MacDonald E.B., Sanati K.A. . Occupational health services now and in the future: the need for a paradigm shift. J Occup Environ Med. 2010 Dec;52(12):1273-7. doi: 10.1097/JOM.0b013e3181f7cbf0. Available also at: https://www.sciencedirect.com/science/article/pii/S209379111500116X . [sighted on 18.5.2018].

3. EUROPEAN COMMISSION. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on an EU Strategic Framework on Health and Safety at Work 2014-2020 . COM(2014) 332 final .. Brussels, 6.6.2014. Available at: http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52014DC0332 . [sighted on 18.5.2018].

4. WHO. Workers' health: global plan of action. Sixtieth World Health Assembly. WHA60.26. Agenda item 12.13. 23 May 2007. Available at: http://www.who.int/occupational_health/WHO_health_assembly_en_web.pdf?ua=1 . [sighted on 18.5.2018].

5. WHO. Healthy workplaces—a global model for action [Internet]. 2011. Available at: http://www.who.int/occupational_health/healthy_workplaces/en/. [sighted on 18.5.2018].

6. Bazas T.. A successful example of a pilot education program in OH in general secondary schools in Greece. GOHNET (Global Occupational Health Network - GOHNET), WHO, Summer 2005, issue No .9, pp 8-9. Hard copy. Also accessible at: http://www.who.int/occupational_health/publications/newsletter/Gohnet9eng.pdf?ua=1 Sighted on 18.5.2018.

7. Harrison J., Dawson L.. Occupational Health: Meeting the Challenges of the Next 20 Years. Safety and Health at Work, 7 (2016) 143-149. Available also at: https://www.sciencedirect.com/science/article/pii/S209379111500116X . [sighted on 18.5.2018].

8. Takala Y.. ICOH NEWSSLETTER Editorial, of April 2017 (Vol. 15, No. 1), p.1. Accessible at: http://www.icohweb.org/site/pdf-viewer/viewer.asp?newsletter=icoh_newsletter_vol15_no1.pdf . [sighted on 18.5.2018].

9. International Occupational Medicine Society Collaborative (IOMSC). Advocating for Occupational and Environmental Medicine. A toolkit for Occupational Medicine Societies. IOMSC. Draft for Comments. November 2017.