

UEMS Section of Occupational Medicine

MINUTES

Barcelona Meeting Saturday 24th April 1999

Attendees:	Dr Tom McMahon	Ireland (Chairman)
	Dr Ewan Macdonald	UK (Secretary/Treasurer)
	Professor Kaj Husman	Finland
	Dr Jacques de Laval	Sweden
	Dr Leopold Koschatzky	Austria
	Dr Bo Netterstrom	Denmark
	Dr Vlasta Deckovic-Vukres	Croatia
	Dr Zora Vadnjal-Gruden	Slovenia
	Dr Metka Terzan	Slovenia
	Dr Sven Viskum	Denmark

Apologies:	Dr George Stamatopoulos	Greece
	Dr Helene Economou	Greece
	Dr Blaise Thorens	Switzerland
	Dr Marcel-Audiu Boillat	Switzerland
	Dr Jaegar	Austria
	Dr John Gallagher	Ireland
	Dr Sven Viskum	Denmark

1. Before the section minutes of the last meeting the Chairman welcomed new attendees to their first meeting as observers from Slovenia.

2. Minutes of the previous meeting were agreed.

3. Sub-committee report.

- (i) CME. This sub-committee chaired by Sven Viskum and consisting of Ewan Macdonald, Jadranka Mustajbegovic / Vlasta had not managed to meet. Documents on CME had been circulated around the group. Sven was proposing that the sub group should meet in the summer and that results would be available in time for the next meeting.

Action SV, JM, EBM

- (ii) Practice and service survey. This groups task was to identify a number of services in provision of occupational medicine and occupational health throughout Europe. Kaj Husman reported the co-operation of Peter Westerholm of the Swedish Institute for Working Life and funding from SALTSA. A researcher had been appointed to identify the services available in each country and also quality assurance aspects. He pointed out that senior politicians in each country were unaware of these aspects and it was hoped that the survey would establish a

network for those with the information for each country and a workshop meeting would be held in the autumn. Dr Baranski of WHO is aware of this survey and endorses it.

- (iii) Core Competencies. Ewan Macdonald reminded the meeting that this was a topic also of interest to European Association of Schools of Occupational Medicine. He had now completed the Delphi Survey on the required core competencies in Europe and this had been submitted for publication. The results of the conference in Glasgow 1997 were available as conference proceedings from his office. He had been asked by Dr Baranski of the WHO to draft on behalf of the WHO a scoping document entitled "Occupational Medicine in Europe: Evolution of the Profession" to be discussed later on the Agenda.

A WHO workshop to discuss this document is being held at Bilthoven in May.

Ewan Macdonald said the purpose of this WHO document was to describe in broad terms the history, evolution, competency and territory of Occupational Physicians in Europe. It has been commissioned by the WHO because of the need to define these aspects particularly in the light of other documents for example describing Occupational Hygiene, and the developing role of Health Promotion.

The document was not meant to be overly detailed, or prescriptive. Dr Baranski was hoping that once it could be produced it could be produced as a WHO document but jointly with UEMS and EASOM. Both Ewan Macdonald and Kaj Husman would be at the workshop to edit and finalise the draft and therefore UEMS would be well represented.

The purpose in discussing this document at the meeting was to seek the approval in principal of such a production by the committee.

The WHO draft had been circulated and was discussed. Bo Netterstrom and Kaj Husman wanted to expand the introduction and take into account the separate specialisation within some Nordic countries. For example doctors working in occupational medicine in the field, and those working academia and clinics. They agreed to draft a paragraph and send to Ewan Macdonald for inclusion. Kaj Husman raised three issues which were felt should be addressed within the document.

- (1) An emphasis on the ageing workforce problem and work ability in general.
- (2) The emphasise on management, leadership and interaction with HR strategies of organisations being an important role of Occupational Physicians.
- (3) More emphasis on the psycho social problems and in particular the management aspects.

He agreed to draft further sections for inclusion in the document. **Action KH**

After discussion the WHO document was approved in principle and supported by the UEMS.

4. Chairman's Report

- (1) The President referred to the Committee Permanent (CP) document which was to be discussed later on the Agenda. This had been drafted by Jack Van der Fliet and Joe Kearns as a revision of section 9.1/9.2 in the Committee Permanent handbook. The original description of Occupational Medicine was at least 20 years old and this re draft was a more appropriate up date which would give Occupational Medicine more scope within the CP structure. He commented that the UEMS committees attempt to open up alternative pathways politically within Europe had caused some upset of the Commission Permanent (CP) and it was agreed that the new draft would facilitate liaison with the Committee Permanent. The discussions which had taken place would facilitate the UEMS section on Occupational Medicines ability to continue to make representation outside the CP structure.
- (2) Tom McMahon reported that he hoped to meet Commissioner Flynn again before Flynn retired/resigned in June. He would have this meeting in Ireland. His aim was to try and establish a precedent of meetings to allow the section access to the new Commissioner once appointed.
- (3) It was reported that he had had a meeting with Dr Bill Greaves the President of American College of Occupational and Environmental Medicine who had expressed an interest to develop relationships with Europe informally. This has been echoed by the incoming President of ACOEM Dr Bob Goldberg. ACOEM hopes to arrange a meeting in Europe.

In general discussion it was observed that: ACOEM had been observed in the past to have expansionist ambitions: Europe had its own longer history and traditions of Occupational Medicine: the practice of Occupational Medicine within the US was significantly different to practice in Europe: appropriate collaborative networking with the American College should continue: the European Union should seek to maintain and develop Occupational Medicine models appropriate to the European situation: according to the published list of ACOEM there is only about 70 ACOEM members in Europe.

- (4) As part of the Chairman's report the President commented on the importance of the WHO draft position statement for Occupational Medicine within Europe.
- (5) He commented about the contacts and liaison with EASOM and ENSOP and the importance of these continuing.
- (6) The management meeting for President's and Secretaries sections is being held on the 8 May in Brussels and the President would attend to represent Occupational Medicine.

5. Secretary's Report

Ewan Macdonald reminded the Committee that the Greek representatives had asked for the support of the UEMS section to defend the profession against political attempts within Greece to restrict the role of Occupational Medicine and make Occupational Physicians always subordinate to health and safety professionals. He had verbal feedback from Dr Stamatopoulos that the letters sent by the section to the Greek Minister of Health and other key figures had been very helpful and that the threat to the practice of Occupational Medicine in Greece had now receded.

It was agreed that this was significant success for the section and confirmed that it did have influence and should seek to use this to the greater good of Occupational Medicine as appropriate.

6. Commission Permanent Document on Occupational Medicine

This document was reviewed. Jacques de Laval raised the issue of the role of the Occupational Physician within the team and was concerned about the use of the words "if the Occupational Physician is to lead the Occupational Health team...." within the document and that the "if" should be removed. It was agreed that the specialist Occupational Physician should always provide clinical leadership and preferably management leadership of Occupational Health Services.

Jadranka and Vlasta said that within Croatia since 1993 Occupational Physicians were not allowed to practice general medicine. At that time specialist Occupational Physicians had to choose whether to do an entirely preventive role or to go back into general medicine and as a result a number of Occupational Physicians had returned to general medicine and given up Occupational Medicine. It was pointed out that Occupational Physicians were not allowed to prescribe in France. Some other countries also had restrictions on the clinical role of Occupational Physicians. In discussion it was agreed that inhibiting the ability of Occupational Physicians to practice clinical medicine was counter strategic in that Occupational Medicine was a clinical discipline. Generally throughout Europe general practitioners wanted to do some Occupational Medicine and that the pressure from the primary care section was to be able to expand their roles.

It was agreed that there was an issue about clinical freedom and the clinical nature of Occupational Medicine practice. In general it was important that all doctors had improved understanding and knowledge of Occupational Medicine, but also that Occupational Physicians, if appropriately qualified should be allowed to maintain and enhance their clinical skills, by continuing to practice as General Practitioners/General Physicians etc if appropriately qualified and if able to undertake a dual role. It was agreed that the section should be making a statement about the clinical nature of Occupational Medicine practice.

Action TMcM

Kaj Husman raised the issue of the sentence on Performance Indicators in the CP document. These were traditional measures but there was not enough about the promotion of wellbeing, maintaining a healthy workforce, and improving productivity. In discussion it was agreed that there should be more emphasis on leading indicators of performance rather than the trailing indicators as described in the CP document.

With these reservations the CP document was approved.

7. Future Strategy Discussion.

- (i) The President discussed the importance of the relationship with EASOM and ENSOP and that there should be a united front of Occupational Medicine across Europe when possible.
- (ii) Political Relationships. A standing action point against all representatives was to maintain liaison with members of the European Parliament, and for the officers of the UEMS section to continue dialogue at commission level within Europe and with DG5. It was agreed to invite representatives from DG5 to the next meeting. It was agreed that Dr Baranski should be invited to attend a future meeting to give a WHO perspective.
- (iii) The relatively poor support for the section from the Mediterranean countries was discussed. It was agreed that it was particularly disappointing that despite arranging the meeting in Barcelona, local representatives had not attended. Some countries had not been able to agree nominations because of the fragmented nature of their country medical associations. Examples of these were the Netherlands and Germany. Nevertheless, they had observers who could attend. Other countries with properly nominated representatives had poor attendance at UEMS meetings. The Secretary undertook to write to the country association of the countries whom had been poorly represented at the UEMS section.
Action Secretary
He also agreed to circulate the list of nominated representatives and observers to the committee.

In discussion the meeting was reminded that at its formation the section was warned that it often took 25 years to change things within Europe but despite that the section had managed to make significant progress within the last two years and would continue to be proactive in the representation of speciality within Europe.

8. Any other business.

The Chairman asked the new representatives to describe their status of Occupational Medicine within their country. Dr Koschatzky (Austria) said that Occupational Medicine had been established since 1974. It was only a small part of the country medical association but its status was now improving. There was also an Austrian Society of Occupational Medicine. There was a programme of six year speciality training from date of graduation.(This includes two years general training). Specialists had been appointed since 1994 and were employed in hospitals, outside medical centres or within an Academy of Occupational Medicine. Their title was "Specialists for Occupational Medicine and Health". There are about 80 to 100 specialists within the country and in total 150 doctors working in Occupational Medicine. Dr Metka Terzan and Professor Zora Vadnjal-Gruden reviewed the developments of Occupational Medicine within Slovenia and tabled a paper which is appended to the Minutes.

In Slovenia there is a population 2 million people of whom 750,000 employed. In 1997 there were 154 specialists of whom 36 were working full time in preventive health and others were also involved in curative medicine. There is an active organisation within the country with regular meetings.

The Secretary tabled the current status of the UEMS account at the University of Glasgow. He pointed out that only postage, telephone and fax costs had been debited from the account and that the UEMS was being subsidised from his own office. An invoice will be issued to countries which had not yet paid their subscription. The statement of the account is dependant on this.

Action Secretary

9. Date of Next Meeting.

Provisional date for the next meeting is Saturday 27 November 1999 in Vienna .Dr Koschatzky offered to arrange the venue and provide information to the Secretary on accommodation etc for circulation in due course.