

# UEMS Section of Occupational Medicine

## MINUTES

Brussels Meeting 31 March 2001 10:00 a.m.

### 1. Apologies

#### Participants:

Marcel-Andre Boillat	Switzerland
Marc Bregliano	France
Ole Carstensen	Denmark
Vlasta Deckovic-Vukres	Croatia
Kaj Husman	Finland
Reinhard Jäger (Secretary)	Austria
Jacques de Laval	Sweden
Ewan Macdonald (Chairman)	United Kingdom
Tom McMahon	Ireland (until 11.30 am)
Luc Quaeghebeur	Belgium
Ema Saeadura Leite	Portugal
Consol Serra	Spain
Haldun Sirer	Turkey
Knut Skyberg	Norway
Andy Slovak (Treasurer)	United Kingdom
Metka Terzan	Slovenia
Jacques van der Vliet	Netherlands

#### Apologies:

Gunnar Ahlborg	Sweden
Paavo Jappinen	Finland
David Sherson	Denmark
George Stamatopoulou	Greece
Blaise Thorens	Switzerland

### 2. Welcome

Tom McMahon as outgoing president welcomed all participants and thanked them for coming. Especially he welcomed Kaj Husman, who is convalescent after his accident, and Jacques van der Vliet, President of ENSOP. Tom passed the chair to the newly elected President, Ewan Macdonald.

Ewan Macdonald recalled the foundation of the UEMS-Section for Occupational Medicine in 1997, and warmly thanked Tom MacMahon, who was the first president and "father of the section", for all he has done. He also reviewed the achievements of the last years, including the production of CME guidelines, the contribution to the WHO publications on core competencies, and quality management of occupational health and safety services. He also reviewed the meeting with the EU Commissioner Flynn of DG V, and reminded the section that one of the most important tasks for the section is to influence the legislation at EU level. He also welcomed all participants, especially Kaj Husman, and Andy Slovak as treasurer and Reinhard Jäger as secretary.

### **3. Minutes of last meeting (Dublin 21 Oct 2000)**

The minutes were agreed with the correction of the names.  
A mailing list will be sent to all members of the section .

Tom McMahon remarked that the slides concerning the presentation of Dr Twoomey, President of UEMS, had not yet arrived. He will mail them to the secretary to circulate them (in power point format).

**Action**  
**T.McMahon**  
**R.Jäger**

### **4. Matters arising**

#### **a) UEMS compendium entry**

Tom MacMahon reviewed the paper on "Occupational Medicine" which will be the contribution of the section of OccMed on the website of UEMS. This was unanimously agreed by the participants.

#### **b) Redraft Chapter 6**

(UEMS Charter on requirements of training in OccMed). Ole Carstensen reported that two Danish colleagues are working on the redraft, and it will be presented at the next meeting Oct 2001.

Kaj Husman discussed the EU-legislation which requires a 4years education in Occupational Medicine. He observed the name of our speciality "Occ.Medicine" was a bit oldfashioned and he would prefer "Occ.Health".

Ewan Macdonald reviewed the formal problems in changing the name of a speciality. However, he agreed that the terminology used in Occupational Health and Safety was "dinosaurish".

**Action**  
**O.Carstensen**

#### **c) Proposed Delphi survey**

Andy Slovak proposed a survey to investigate

- the different points of view of OccMed&Health and the different interests of members
- where people are today and where they want to be in the future.

He will create a draft, which will be circulated, and members were asked for feedback. After that an official paper will be sent out.

**Action**  
**A.Slovak**

**Action**  
**All to respond**

#### **d) Certification of OHS**

Ewan Macdonald identified quality assurance as an important issue for the future, also for the protection of the profession. UEMS should work out recommendations, he suggested.

Short reports were received about the situation in Norway and the experiences in the Netherlands and Denmark.



Luc Quaeghebeur described the situation in Belgium, where a re-certification of OHS is obligatory every 5 years. There is an additional certification of the employees working in the services. Only recommendations exist for the certification of the physicians.

Jacques de Laval reported about the Swedish situation : the certification is voluntary, which causes very different situations in companies and distorts competition. He warned against too much bureaucracy and too detailed recommendations.

Ema Seadura Leite informed the section that in Portugal there is certification of the OHS, but not any individual specialist.

Marc Bregliano noted that there were differences between certification and quality assurance.

Ewan Macdonald stated that in his opinion also non-medical members of OHS should be certificated, and our UEMS-section should have a position to these questions.

Knut Skyberg will produce a draft paper concerning UEMS recommendations on certification.

**Action**  
**K.Skyberg**

**e) Future Conference**

Ewan Macdonald raised the proposal of a "Conference on the Future of Occupational Medicine in Europe" for 2002, and to invite the European Societies of OccMedicine and Academic organisations to this conference. Possibly this conference could be organized in combination with another conference.

**Action**  
**E.Macdonald**  
**R.Jäger**

**f) Proposed standing group**

No further progress in this subject, see 5 below.

## **5. Relationship with EASOM and ENSOP**

Jacques van der Vliet, representing the Netherlands (but not officially nominated), suggested an open discussion on the cooperation of the three organisations UEMS, EASOM and ENSOP. Following the ENSOP board meeting in 1998, there had been no further activities, and ENSOP does not formally exist now because of unresolved problems with the statutes. Members of ENSOP are the Societies of Occup.Physicians, not individuals (question Tom McMahon). Further he reported on a meeting of the newly elected EASOM board which he had attended one day before. A conference in cooperation with the Dutch Society of OccMedicine is being planned in May 2001, and he proposed to combine it with an ENSOP meeting.

Luc Quaeghebeur described ENSOP as a "sleeping beauty" and spoke about the necessity of some legal action and some changes in the statutes to revive it.

Kaj Husmans asked if we really need both organisations UEMS and ENSOP.

Ewan Macdonald commented that the three organisations have a lot of meetings with almost the same people, but what we need is to speak with one voice on the European level, and the ENSOP organisation needs an infrastructure not depending on the activity of one person, if it was going to develop. Further discussion is needed about, how the infrastructure can be organized.

## **6. Future programmes discussion**

During the discussion a table was prepared (see Appendix A) identifying the aspects of strength and weakness of our speciality and the opportunities and threats for future development. From that the priorities for the future progress of the OM section were discussed:

- I. Marketing and Selling** of OM to the EU level  
Advisory Committees
- II. Influence future EU-Legislation**  
"OH for all" / quality assessment / minimum standards / compliance index
- III. Cost - Impact - Analysis**  
of the work-related ill health
- IV. One voice / one body** for OM on the EU level

Annex to I:

Whenever possible the members of the section shall contact MPs and members of the Advisory Committee. Every member of the OM section shall give a briefing note to his national representatives in DG5 in Luxembourg (about two pages).

Kaj Husman will provide a draft paper on OHS and mail it to the secretary for circulation.

**Action  
all  
Action  
K.Husman**

Andy Slovak raised the question of future organisation of tasks and objectives of UEMS and ENSOP and also the question of a board of the section.

Ewan Macdonald felt that the subject of a board could be the field of education and examination, but in close cooperation to EASOM. For him the most important point of view is to speak with one voice to the EU bodies.

Jacques van der Vliet described the four current organisations and what they represent:

EASOM	Schools
UEMS	Schools and practitioners
ENSOP	Practitioners
Committee Permanente	UEMS is an associated body; Subcommittee on Prevention existing (JvdVliet is member of it)

Two of these organisations, UEMS and the CP, have an official status in the EU.

Consol Serra suggested to organize future meetings together. Ewan Macdonald pointed out that ENSOP and EASOM members had always been invited to the UEMS meetings. His proposal of a combined meeting in 2002 was unanimously agreed.

Knut Skyberg suggested to discuss new EU-legislation at UEMS-meetings (e.g. biological agents).

Ewan Macdonald agreed; in his opinion the surveillance of forthcoming legislation is an important task, but could also be a task for ENSOP. Summarizing he said we should set "hard objectives" for the next years. For the next meeting a paper with "hard objectives" will be prepared.

**Action**  
**E.Macdonald**  
**R.Jäger**

## **7. Any other business**

Ewan Macdonald circulated a sheet with the UEMS account and a list of the payments of the UEMS members. The yearly membership fee is 75 €.

## **8. Date and place of next meeting**

Saturday 20 Oct 2001  
Ljubljana / Slovenia

**Action**  
**M.Terzan**  
**R.Jäger**

Ewan Macdonald thanked all participants for coming and closed the meeting at 2:30 p.m.

05 May 2001

Reinhard Jäger



## Appendix A

Strength	Weakness	Opportunities	Threats
Prevention	difficult to sell prevention	Add value	Segregation
We know each other	Marketing	Ageing workforce	Globalisation
Work in small units	Isolation	epidemiological approach	lack of trainees
only speciality with knowledge about work and health	Relationship to other specialities	Practitioner, close to Academic	relationship to other specialists risk from other OH specialists
Quality increasing	too clinical	legal protection for services	Deregulation
Multidisciplinarity	feel too dependent on legislation	psychological aspects	Changing workplaces
Core competencies defined	lack of strong representation	more emphasis on outcome of OH	Changing organisations
Managerial skills	Managerial skills	Globalisation	seen as mandatory
We learned to listen	lack of hospital base		seen as employers agent
Acess to the population	OccHealth in EU is split		difficult to follow up
Not in ivory tower	bad working conditions		
Evidence based Medicine	Evid. based Med. more needed		
Salary	Salary		