The Future of Occupational Medicine: Where will our expert practitioners come from?

- Our History
  - Chip Carson
- Occupational Medicine Residency Training Briefing
  - Tim Mallon
- International Occupational Medicine Training
  - George Delclos
- What will the future hold?
  - Chip Carson
- Panel Discussion

Our History

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The Modern Age Of OM

- Began with the growth of industrial development in Europe
- Began later in the U.S. with the increase of sweatshops and toxic physical and chemical exposures.

Occupational Medicine in the U.S.

- Originally it was a public health effort to stem the tide of epidemics of occupational deaths, dismemberments and disease.
  - Phossy jaw
  - Alice Hamilton
  - The Radium Girls
  - Etc.

Occupational Medicine in the U.S.

- As industrial medicine demonstrated successes, businesses began to incorporate the concept.
  - Kettering Laboratory (Organo-lead toxicology)
  - Robert Kehoe (Ethyl Corporation)

Occupational Medicine as a recognized specialty

- In 1955, the American Board of Preventive Medicine began certifying physicians in the new field of Occupational Medicine
- Residencies were established at Yale, Ohio State, Univ. of Cincinnati, Univ. of Pittsburgh, and Univ. of Rochester by 1958.
1955 - 1970

- Occupational Medicine was a small but thriving specialty.
- Most large manufacturing companies employed a full-time medical director and medical staffs.
- OM practiced from its public health, population-based preventive medicine roots.

Some of you remember the 60's

- The model of Occupational medicine practice was subsumed by the organized labor and the environmental movements.
- The physician advocating for a patient or a worker population became an increasingly adversarial role.
- Dual loyalties became more inconvenient and less acceptable.

As Richard Nixon came into the White House in 1969

- 1969 – First Earth Day
- 1970 – Occupational Safety and Health Act
- A host of environmental and social protection legislation put new restrictions on industry and labor, affecting worker rights, limiting hazardous exposures and regulating the health care industry.

Ronald Reagan in 1981

- New politics and laissez faire business and social policy.
- PATCO strike, August 1981, dealt a knockout blow to organized labor.
- A side effect was the assertion of business management dominance over the workforce, organized or not.

Occupational Medicine in the 80's and 90's

- Economic conditions and popular economic theories led businesses to "shrink to excellence."
- Corporate occupational health departments were stripped of many of their functions.
- The population health functions were shifted increasingly to Human Resources departments.

80's and 90's

- Physicians formerly practicing within a corporate setting found their functions being outsourced to contractors hired to:
  - Treat injuries,
  - Return employees to work ASAP,
  - Other duties as assigned (drug screening).
2000

- Most OM physicians were now in clinical practice positions, only seeing individual patients.
- They became the OM service contractors.

There are about 4000 practicing OM physicians in the U.S. today.

- Most are not Board certified in OM.
- Most are practitioners from other fields.
- But the Boarded OM docs are almost all fully employed.
- We cannot fill the need for specialist trained OM skills.

Who is doing occupational injury care?

- Primary care docs
- Surgeons, physiatrists, neurologists, dermatologists, pulmonologists, etc.
- Occupational medicine specialists.
- Nurse practitioners
- Physician assistants
- Insurance companies

Other specialties

- Family Medicine, Internal Medicine and Emergency Medicine all have significant sets of occupational medicine training competencies,
  - either as board certification requirements or for proposed certificates of added qualification.

What distinguishes OM from the other specialties?

- Knowledge and experience in:
  - Management and policy practices
  - Population health methods
  - The workplace environment
  - Preventive Medicine methods

References