The Organization of Occupational Medicine
Physician Training in the European Union

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OCCUPATIONAL MEDICINE

• Clinical and social perspective of health.
• Howard Frumkin. Don't lament, reinvent! The future of occupational medicine. AJIM 2002.
OM is an essential medical specialty (ergonomic hazards, aging population, health surveillance, symptom-based illnesses and genetic markers, stress, health inequalities due to working conditions).
BUT, influence of companies and management, key role in the recognition of occupational diseases, ethical dilemmas, difficult position between different interests.

Occupational health services now and the future: the need for a paradigm shift
OMS are not fit for purpose and should develop to meet the needs of the working-age population and to maximize functional capacity: maintaining people at work the biopsychosocial model of health
• It is better for your health to work than not to work, provided that working conditions are reasonably acceptable.
• Sickness absence can be harmful for workers themselves, their families, employers and society.
Dame Carol Black and David Frost CBE. Health at work – an independent review of sickness absence. November 2011

Table 1. How is occupational medicine represented in the major journals in general medicine?

Gehanno JF, et al.
Int Arch Environ Health. 2013 Apr 19 (ahead of print)

• Mean number of hours OM = 25.5 h.
• Topics: occupational diseases and principles of prevention
• Dedicated undergraduate teaching on OH or OM is present in most European medical schools, usually at a low level, but is very variable between and within countries.

68/14,091 = 0,48%, no clear trend

Conclusions: The importance of OM is very low in the four major journals of general and internal medicine, and we can consider that physicians get a very limited view of the evolution of knowledge in OM.
Survey on the current situation of occupational health professionals in Catalonia

Occupational physicians and nurses (n=356), on-line questionnaire, 2007

![Survey on the current situation of occupational health professionals in Catalonia](source: Catalans Society of Occupational Safety and Medicine (www.scos.cat))

Validating defined competencies of occupational physicians with their customer group in the UK

- To survey UK employers, employees and their representative bodies
- To establish their priorities
- To compare these opinions with those of OP
- To explore the concerns of employers and employees on health at work
- Participants: private (n=518) and public (n=176) companies, trade unions (n=30)

![Validating defined competencies of occupational physicians with their customer group in the UK](source: Rees & Harrington et al. Required competencies of occupational physicians: a Delphi survey of UK customers OEH 2005)

Required competencies of occupational physicians: a Delphi survey of UK customers

K N Rees & J M Harrington, E B Macdonald


Table 3: Proportion of training areas by customers of occupational health (employers, employees, and their representative) and occupational physicians

<table>
<thead>
<tr>
<th>Domain</th>
<th>Customer group</th>
<th>Occupational physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>LWF</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>FHW</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Work</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Community</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Research</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Prevention</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Management</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

Policy implications

- There should be a review of the occupational medicine training programmes to ensure that occupational physicians are fully competent in the areas which their customers think are important.
- Given the evolution of occupational health there should be regular and systematic evaluation of training needs, taking into account the views of the customers.
- The main responsibilities and ethical obligations of occupational physicians should be more widely communicated to their customers.


TRAINING OF SPECIALISTS

A competent doctor who knows how to do it and maintains good performance and good medical practice, i.e. does it well. (Macdonald E, 2009)

DEFINING COMPETENCIES (what he/she needs to learn?)

TRAINING TECHNIQUES (how?)

SUPERVISION/RESPONSIBILITY (autonomy?)

EVALUATION (have competencies been accomplished?)
Training of Occupational Medicine, Europe

<table>
<thead>
<tr>
<th>Country</th>
<th>Common Trunk</th>
<th>Specialist Training</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ireland</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Norway</td>
<td>1.5</td>
<td>5</td>
<td>6.5</td>
</tr>
<tr>
<td>Denmark</td>
<td>3.5</td>
<td>3</td>
<td>6.5</td>
</tr>
<tr>
<td>Ireland</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Germany</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Slovenia</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Croatia</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Portugal</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Switzerland</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Spain (from 2005)</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Italy</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Belgium</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

OM Hospital/ Other Clinic
Public Health
France (4)
Germany (4)
Finland (4)
Norway (5)
Spain, 2005 (4)
UK/Ireland (4)

Training Components (years)

<table>
<thead>
<tr>
<th>Country</th>
<th>OM Clinic</th>
<th>Hospital/ Public Health</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>France (4)</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Germany (4)</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Finland (4)</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Norway (5)</td>
<td>1</td>
<td>3 elective</td>
<td></td>
</tr>
<tr>
<td>Spain, 2005 (4)</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>UK/Ireland (4)</td>
<td>4</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

Occupational Medicine Training in Europe, 2002

Training Responsibility

<table>
<thead>
<tr>
<th>Country</th>
<th>Government</th>
<th>OH Service</th>
<th>Financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>France</td>
<td>NHS</td>
<td>Company</td>
<td>Shared</td>
</tr>
<tr>
<td>Germany</td>
<td>NHS</td>
<td>Company</td>
<td>Shared</td>
</tr>
<tr>
<td>Finland</td>
<td>FIOH, NHS</td>
<td>3rd. party</td>
<td>Shared</td>
</tr>
<tr>
<td>Norway</td>
<td>NIOH, NHS</td>
<td>Company</td>
<td>Shared</td>
</tr>
<tr>
<td>UK/Ireland</td>
<td>NHS, Defense</td>
<td>Industry</td>
<td>NHS/Def/Industry</td>
</tr>
<tr>
<td>Denmark</td>
<td>NHS, Inspectorate</td>
<td>-</td>
<td>NHS</td>
</tr>
<tr>
<td>Italy</td>
<td>University</td>
<td>-</td>
<td>NHS</td>
</tr>
<tr>
<td>Spain</td>
<td>Labor/Health</td>
<td>3rd. party</td>
<td>Labor/Health/3rd.P.</td>
</tr>
</tbody>
</table>

Common features across countries

- Knowledge of the workplace.
- University-based academic training component.
- Research project.
- In addition to training in the basic and clinical sciences (as any physician), the need for basic training in community and public health, including epidemiology, is increasingly recognized.

Occupational Medicine Training in Europe

Differences across countries

- Content, focus, and training perspectives
- Cultural differences re: expectations of the OM physician
- Financing and number of residents attracted to OM
- Continuing education and research (little)

Occupational Medicine Training, US

General characteristics:
- Duration: 3 to 8 years
- Member of the Department (integrated)
- Increasing responsibilities
- Training of trainees
- On call as part of the job
- Preparation for the "board exam"

Source: George Deklot, MD, MPH, PhD (Houston), Oviedo, Spain 2013
Occupational Medicine Training, US

Access to training (8%):
• MD Degree by recognized school
• CV
• Passed USMLE 1 and 2
• Letter of reference
• Interview (14%)
• Application and registration NRMP
• Salary

Source: George Delclos, MD, MPH, PhD (Houston), Oviedo, Spain 2013

Access to training:
It helps...
• External rotations in USA
• High grades, awards, honors
• Publications
• Internal letters of reference

It does not help...
• Years since MD degree
• No patient care
• Grades below excellence
• Offer vs. demand

Source: George Delclos, MD, MPH, PhD (Houston), Oviedo, Spain 2013

Board certification:
• National examination, by specialty/subspecialty
• At the end of training
• Quality "guarantee"
• Voluntary: ~ 80%-85%
• Recertification in 10 years
• Public information: patients, hospitals, assurances, lawyers, etc.

Source: George Delclos, MD, MPH, PhD (Houston), Oviedo, Spain 2013

Residency Positions v. Applicants

Source: NRMP (George Delclos, MD, MPH, PhD (Houston), Oviedo, Spain 2013)

UEMS - Section of Occupational Medicine
Professional representation and specialist training, 1996
http://www.uems-occupationalmedicine.org/

1. To advance and harmonise the quality of medical practice of specialists in Europe.
2. To defend the specialists and their professional role in society.

OM Section
• The promotion of co-operation between practicing occupational physicians in the member countries
• Core competencies for occupational physicians
• Standards for training and continuing medical education
• 30 member countries, two representatives each (profession and academic)
COMPETENCIES OF OCCUPATIONAL PHYSICIANS IN EUROPE

Delphi study (1997)

- To gather the opinions of Occupational Physicians across Europe
- Membership of EASOM, UEMS (OM Section), ENSOP
- Questionnaire: two surveys, the first based on the UK Faculty of Occupational Medicine training syllabus

WHO CORE COMPETENCIES

- Identification and assessment of risks
- Surveillance of workers’ health
- Surveillance of factors in the working environment
- Advising on occupational health

2014 – Revision and update of competencies

- Promoting the adaptation of work to the worker
- Advising on fitness for work
- Information, training and education
- Research and investigation
- Advising on, supporting and monitoring the implementation of HSE legislation
- Recognising and advising on hazardous exposure in the general environment
- Participation in workplace health promotion programmes
- Management of the OHS and working as part of a multidisciplinary service

Occupational Medicine specialists training in Europe

<table>
<thead>
<tr>
<th>Training</th>
<th>Duration (months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany</td>
<td>4</td>
</tr>
<tr>
<td>France</td>
<td>3</td>
</tr>
<tr>
<td>Finland</td>
<td>2</td>
</tr>
<tr>
<td>Sweden</td>
<td>1</td>
</tr>
<tr>
<td>Finland</td>
<td>2</td>
</tr>
<tr>
<td>Belgium</td>
<td>8</td>
</tr>
<tr>
<td>Ireland</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>


Development of the agreed European competencies of occupational physicians:

UK Faculty of Occupational Medicine training syllabus:

1997 Delphi study (EASOM, UEMS OM, ENSOP)
1997 Glasgow conference (round 2): ENSOP, UEMS OM Section, WHO Centre for Environment and Health (Bilthoven), SOM (Scottish Group), FOM
2000 WHO publication

2000 - Adopted by the UEMS Section of Occupational Medicine.

Also, used as a guideline for defining the curriculum of training OP across Europe, and by many of the accession countries seeking to harmonise their training.

WHO core competencies

Rationale

- EU, recognised need
  - for harmonization of training
  - to improve mutual recognition of specialist training
  - to improve mobility of specialists across the EU
  - collaboration between country standard setting bodies
- No standard method of assessment of trainee specialists
- Benchmarking, transparency and confidence, and mutual recognition of qualifications.
| Aims, objectives, intended outcomes |

- To develop, agree and pilot a common quality ATOM available to countries worldwide and be used as part of formal accreditation.
- Establish a self-sustaining collaboration between examining bodies to achieve increasing convergence of accreditation and training.
- Assessment tool developed by transnational collaboration, widely accepted, evidence based and continually monitored.
  - Standard MCQ or question dataset
  - Portfolio

**Action plan:**
- Form a working group to lead and advise on the project development
- Determine the competencies to be assessed
- Identify the assessment methodologies to be used
- Test the assessment methodology(ies)

**32 participants:**
- Europe, western (23): Austria, Poland, France, Germany, Ireland, Netherlands, Norway, Spain, UK
- Europe, eastern (4): Croatia, Czech Republic, Poland
- USA (3), South Africa (1), Japan (1)

**Thank you so much**