

EASOM

EUROPEAN ASSOCIATION OF SCHOOLS OF OCCUPATIONAL MEDICINE

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News Letter

ESTABLISHED IN AMSTERDAM !

FOUNDED IN BERLIN !

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MESSAGE FROM THE CHAIRMAN

R. Masschelein

Since the Berlin Conference in March 1993 EASOM has made its official start as a European Association of Schools for Occupational Medicine. This was for the greatest part the result of the excellent dynamic work of Dr. P. KROON of CORVU, the Amsterdam School of Occupational Medicine. Later on he was assisted by the working group who formed the Provisional Board. In April 1994, at the 4th conference of the ICOH Commission in education and training in occupational health, EASOM entered the more formal life as an organisation and the Board and the Chairman were elected.

Different proposals and action-plans were elaborated and partially achieved by the Board. It has become clear that we need more time for the realisation of some of our objectives. The development of an adequate communication system about what is going on with the different members is very crucial.

The Newsletter is expected to play an important role in this communication not only between the Board and the members but also among the members. Also the idea of developing a network of correspondents through Europe is very important. After the rather difficult start we hope that the exchange of information and ideas will substantially improve. A number of interesting suggestions have been made since the Berlin Conference. The Board proposed as a priority theme for the next conference quality assessment and improvement of training programs in occupational medicine. In this way EASOM can contribute to the quality improvement of the occupational health services. The EASOM workshop will be held in Stockholm at the occasion of the XXVth ICOH Conference, on Saturday 14th September 1996.

Another related topic is already suggested for the next event in 1997: the Competencies of the occupational health professional and specifically the occupational health physician. There is nowadays much discussion going on in different European countries, not only on the future of occupational health services but also on

the tasks and the required competence of occupational health physicians. EASOM and the Schools of Occupational Medicine should carefully keep up with this important evolution. If we can improve the quality of the training in occupational medicine and strengthen the position of our institutions, then we may effectively influence the

EDITORIAL

A. Cantineau

This News Letter was started to provide a means of communication for EASOM acting as a link between its members. It aims to facilitate exchange of information on experiences, knowledge, teaching material etc. between the schools of Occupational Medicine. Through this News Letter you will be able to inform other colleagues about your activities, projects, syllabuses, teaching research, and so on. News Letter themes can be developed only if each and every EASOM member works towards its success. So please don't hesitate to send your news and ideas to the editor.

We intend to include as a regular feature of the News Letter.

- Description of Schools of Occupational Medicine
- Training in the different countries of Europe.
- Description of Syllabi and statements of competence.
- A calendar of meetings about teaching and occupational health training.
- References on published material and teaching and training in Occupational Medicine
- Letters to the editor in the field of teaching in Occupational Medicine.

The correspondent members are our principle authors, and we ask them to describe in the News Letter the training for Occupational Practitioners in their country. But if you want write to us directly or to a correspondent member you can choose what you prefer.

We are looking for your papers and your suggestions to be published in these columns (please written in english).

WHY IS EASOM NEEDED ?

P. Kroon

The movement towards closer cooperation between the countries of the European Community has implications for the training of Occupational Physicians. EC Directives emphasize the enabling of free movement of Physicians between EC-countries. This includes Occupational Physicians. It is expected that there will be progress towards mutual recognition and acceptance of training programmes. It could lead to qualifications in occupational medicine from different EC-Countries being accepted as equivalent. This will only occur if training schemes are deemed to be comparable. Currently there are differences in the philosophy, contents and duration of courses for Occupational Physicians in EC-Countries. There will be an increasing need to consider exchange of knowledge, training schemes and other information regarding training programmes.

This could be done by setting up an organisation to operate as an intermediary for sharing teaching material and other information. The organisation can provide a platform for discussing approaches to harmonisation of training for Occupational Phy-

The objectives of EASOM

sicians. Hence the proposal for setting up the European Association of Schools of Occupational Medicine (EASOM).

1. Exchange of teaching materials, students and teachers between Schools of occupational medicine.
2. The development of a European syllabus on the education and training of Occupational Physicians.
3. Development of a European distant learning course.
4. The development of a system of 'collegiate consultancy' which can lead to an auditing system and quality assurance system for teaching occupational medicine.
5. Develop and improve continuing medical education of Occupational Physicians.
6. Establishment of links and cooperation between institutions which provide specialist training to other Professionals in occupational health and safety.
7. Search for cooperative effort in the development of new teaching 'modules' and methods.

Specific activities for EASOM

8. Contribution, as EASOM, to the development of occupational health and safety generally, and occupational medicine specifically in Eastern Europe and in the developing countries.
9. To cooperate with official national, European and global organisations like the EC, WHO and ILO in all aspects of Occupational Physicians training.

Collection and distribution of information about:

- the syllabi of the education and training programs for Occupational Physicians in the various European Countries;
- the names and addresses of organisations and persons involved in teaching Occupational Physicians;
- teaching programs and relevant teaching material: case studies using slide material (with guides to instructors) are available in English, for exchange;
- relevant international meetings;
- the production of a newsletter twice a year.

International meeting of EASOM members:

- at least once every two years a meeting will be held under the auspices of EASOM to review progress and to discuss new ideas or issues. The next General Assembly will be held during the ICOH 25th Congress on Occupational Health in Stockholm, Sweden, September 14, 1996.

Activities as an intermediary:

- through the Secretariat of EASOM or through the Newsletter bilateral contacts between Schools can

*Would you like to join EASOM?
as a Full member ?
as a Sustaining member ?
as Associated member ?*

Further Information ?

be promoted;

Membership

- activities in the area of quality improvement and quality-management can be promoted through EASOM for example through the establishment of working groups.

Activities as a representative:

- EASOM is an association with elected officers of the Board. The Board can function as representative on the international platform for the schools that are members of EASOM.

Membership can be obtained by Schools of Occupational Medicine that provide an education and training program for Occupational Physician.

a) FULL MEMBERSHIP

- Full members are entitled to:
- receive all information on names and addresses of Schools of occupational medicine in Europe, relevant meetings and conferences, international subsidies and other information relevant to occupational medicine;
 - receive information about available teaching material; each school that provides two case series will be entitled to copies of all the available series at no charge, if possible; otherwise the case series

price;

- receive the Newsletter;
- attend the General Assembly with a right to vote and stand for office as officers of the Board.

b) SUSTAINING MEMBERSHIP

An organisation with an interest in education and training in occupational medicine can apply to be sustaining member.

Sustaining members have all the rights of full members, including the right to vote at the General Assembly, and to participate in all other activities of EASOM.

Since it is an Association of Schools, sustaining members (or their representatives) can not be elected in the Board.

c) ASSOCIATE MEMBERSHIP

All institutions and persons interested in the teaching of occupational medicine can apply to be associate member.

Associate members are entitled to:

- receive all information on names and addresses of Schools of occupational medicine in Europe, relevant meetings and conferences, international subsidies and other information relevant to occupational medicine;
- purchase teaching materials from EASOM;
- regular copies of a Newsletter;
- attend the General Assembly, but they are not entitled to vote or be elected as officers of the Board.

Membership fees will be fixed by the General Assembly.

Current membership fees are:

Full members: 190 ECU per annum.

Sustaining members: 300 ECU per annum

Associate members: 60 ECU per annum.

Board of EASOM

- R. M. C. Masschelein, Catholic University of Leuven, Belgium; *Chairperson*;
- B. Nemitz, Academy of Occupational and Environmental Medicine Berlin, Germany; *Vice-chairperson*.
- P.J. Kroon, University of Amsterdam, The Netherlands, *Secretary*;
- T.C. Aw, University of Birmingham, United Kingdom;
- A.Cantineau, University Louis Pasteur, Strasbourg, France;
- G. Franco, University of Modena, Italy;
- H. Krueger, Federal Institut of Technology, Zurich, Switzerland;
- S. M. Cardoso, Faculdade de Medicina, Coimbra, Portugal;

Advisors :

- B. Baranski, Regional advisor, OMS
- J. F. Caillard, University of Rouen, France;
- E. Mac Donald,
- O. Punnonen, Finish Institut of Occupational Health, Helsinki, Finland.

FEATURE**A School of Occupational Medicine****The School of Occupational Medicine of the University of Pavia and the "Clinica del lavoro" Foundation, Medical Centre of Pavia**

G. Franco, Chair of Occupational Medicine, University of Modena via Campi, 287; I-41100 Modena (Italy)

Background

The history of occupational medicine as an independent discipline in Pavia dates back to 1901, when Luigi Devoto (who later moved to Milan, where he founded the worldwide recognized Clinica del lavoro) started the first course in occupational medicine at the School of Medicine. After more than half century since then, a flourishing period for the discipline began in 1956, when Professor Salvatore Maugeri was appointed at the chair of occupational medicine at the University of Pavia. His effort in developing the activities in the field of occupational medicine gave birth to the School of Occupational Medicine of the University of Pavia (established in 1960) and the "Clinica del lavoro Foundation", an Institute of care and scientific research (established in 1969). At present, the School of Occupational Medicine is directed by Professor Francesco Candura.

Relationship between "Clinica del lavoro" Foundation and the School of Occupational Medicine.

The "Clinica del lavoro" Foundation, which was originally set up to work alongside the School of Occupational Medicine in the field of diagnosis and prevention of work-related disease, widened its scope to include rehabilitation of disabling diseases. The Foundation, whose scientific director is Professor Emanuele Capodaglio, consists of the Centre of Pavia, eight centres for rehabilitation and three centres for prevention. Its aim is to promote scientific research activity and health care, studying the occupational and post-occupational period for the prevention, therapy and rehabilitation of injury caused by disabling, occupational and other diseases.

The School of Occupational Medicine of Pavia, one of 23 similar Schools existing throughout Italy, is a post-graduated school for physicians and it allows to qualify as Specialist in occupational medicine. It was developed in an integrated body with the Foundation, dealing with the hospitalization, out-patient treatment and applied biomedical research and allowing a mutual exchange of skills, knowledge and experience.

Research activity and Educational program

Experimental research activity in occupational medicine concerns:

- the development of new laboratory techniques for the measurement of chemical and physical risk factors;
- the study of biokinetics of chemicals in workers and animals;

- the study of the effects and changes caused by industrial toxics in organs, cells and molecules.

Clinical research activity includes:

- the study of biological indices of exposure and effect in clinical and epidemiological studies involving exposure to a variety of xenobiotics (especially solvents and metals);
- the study of occupational allergeo-immunology.

International collaboration

of the School of Occupational Medicine and the Foundation is based on an agreement with many Institutes, amongst which: the Centre of Occupational Health, WHO; the Department of Toxicology of the Karolinska Institute, Stockholm; the Department of Environmental Health of the University of Washington (Seattle); the Joint Research Institute for the Environment - CEC, Ispra; the Toxicology unit, Medical Research Council, Carshalton, Surrey; the Department of Occupational Medicine, University of Lund; the Finnish Institute of Occupational Health, Helsinki.

The Medical Centre of Pavia,

site of the School of Occupational Medicine, includes clinical units, diagnostic services and prevention units, amongst which the following are strictly related to the activity of the School: (i) Clinical Units of Occupational Medicine and of Internal Medicine, (ii) Diagnostic Services of Respiratory Physiopathology, Work Physiology and Ergonomy; Radiology; Nuclear Medicine; Cardioangiology; Clinical Chemistry Analysis; Allergology; Informatics; (iii)

The School of Occupational Medicine of the University of Pavia is the first one which is described in the news letter.

Prevention units of occupational medicine, industrial hygiene, Environmental Hygiene and Biological Monitoring Laboratory; Preventive Medicine Service; Applied Toxicology and National Centre of Toxicology Documentation.

Research activity,

practical activity and educational activity are strictly related in order to provide students with an integrated approach in an interdisciplinary occupational health team. The educational program consists of both practical and theoretical activity. Each student is required to cover a 36-hour shift a week for 47 weeks/year. At the end of the 4-year course, each student is qualified as a "Specialist in Occupational Medicine". This title is required in order to practice the activity of occupational medicine physician according to the

Italian law (277/91).

Further information can be obtained from: Segreteria, Scuola di specializzazione in Medicina del lavoro dell'Università di Pavia, via S. Boezio, 24 - I-27100 Pavia (Italy).

ANNOUNCEMENT !!**FORTHCOMING WORKSHOP****QUALITY ASSESSMENT AND IMPROVEMENT OF TRAINING PROGRAMS IN OCCUPATIONAL MEDICINE**

The quality of the occupational health professionals is generally accepted as an important factor on the quality of occupational health care.

In different European countries the need of quality assessment of the existing training programs in occupational medicine is growing. Until now there is little information available on this subject and many schools are looking for an appropriate evaluation methodology -

EASOM wishes to stimulate this discussion on the quality assessment by organisation this workshop in Stockholm Sweden on September 14th, at the venue of the XXVth ICOH Conference. EASOM invites its members and other interested persons to present papers on this subject.

The following topics related to quality assessment and improvement of training in occupational medicine are suggested.

- *General and specific methodology of quality assessment of postgraduate training programs*
- *Procedures for follow-up of evaluation and quality improvement strategies*
- *Quality assessment in continuing education*

Abstracts in English are invited for oral presentation (20 minutes). They should have no more than 300 words.

Abstracts have to be sent by 1 July 1996 to Dr. P. KROON, Secretary of EASOM : CORVI Amsterdam - Fax : 020.6975359

CONFERENCE REPORT

Amsterdam : 24 - 28 April 1994

Organized by Corvu Amsterdam, under the auspices of ICOH

Theme was : Education and training, The gateway to quality in occupational health and safety

Introduction

The opening address by the Dutch Minister of Social Affairs and Employment, Mr. B. de Vries, which was given in the presence of Mr. J.K.M. Gevers, chairman of the Board of the University of Amsterdam, marked the start of a lively and fascinating conference.

A new element was the express decision to include trainers from various different disciplines in the world of occupational health and safety, in contrast to the first three conferences, which focused primarily on trainers of company doctors. Amongst those represented were trainers of company doctors, safety experts, labour hygienists and company nurses. This decision to include several disciplines was a central principle which was also evident from the composition of the national advisory committee, and which received widespread support from participants during the conference.

The structure of the conference was also new. Not only were lectures and workshops held and posters presented, but there was also the opportunity to present and/or to see or undergo (new) educational programmes in the form of demonstration classes. This part of the conference programme was regarded by the participating trainers as one of the highlights, as their evaluations showed.

Occupational health and safety care and occupational health and safety service provision

The main theme of the conference was "Education and training: the gateway to quality in occupational health and safety". In this theme the various relationships can be seen which also serve as the central theme of this report: improving occupational health and safety care in companies; the contribution which the occupational health and safety service can make to this in the form of occupational health and safety service provision; the role of the occupational health and safety professional; and education and training for these professionals (see Figure 1).

Minister De Vries gave an account of occupational health and safety care within companies, and the legal framework which has grown up around it in the Netherlands. As the almost outgoing minister, he explained that in his view, occupational health and safety care is primarily the responsibility of the parties concerned within companies. It will need to be a service which integrates policy on absenteeism with improvement of working conditions. He explained the system of certification for occupational health and safety services in detail

International conference for trainers of occupational health and safety professionals in Amsterdam.

Piet Kroon

4th ICOH international conference on education and training in occupational health and safety.

Training people in the necessary disciplines, he declared, is primarily the concern of the parties involved. This point of view will be familiar to you, the reader. The debate became more stimulating when it moved on to the subject of what form the Occupational health and safety service and occupational health and safety service provision should take. How can this be effective in promoting occupational health and safety care within companies? And how do the roles of the different professionals in this area relate to one another, and what is their relationship to management?

This subject was tackled in a challenging fashion by Mr. Visser, Head of Health, Safety and Environment at Shell. He argued that occupational health and safety services and service provision must relate directly to the management and to company policy, and that the professionals must work closely together. In his view, the company doctors were lagging behind the other occupational health and safety professionals in this respect. Prof. Hale of Delft University of Technology emphasized that an effective management of a company ensures that occupational health and safety issues are included in its total quality policy. As a trainer of professionals, he said that the occupational health and safety professional fulfils a variety of roles within companies: the role of expert, that of "controller", and that of advisor. According to Hale, education and training plays a part in providing a common foundation for the different professionals, in training them in the

Summary

The fourth international conference on education and training in occupational health and safety was organized in Amsterdam from 24 to 28 April, by the Corvu training programme for company doctors. The conference was targeted at trainers of occupational health and safety professionals throughout the world. The attendance figures were a great success, representing more than 150 participants from 32 countries. The central theme was "Education as the gateway to quality in occupational health and safety". To achieve this goal, the orientation of occupational health and safety training programmes needs to shift from the transfer of knowledge ("input") towards a focus on occupational health and safety problems in companies, and the skills which are needed from professionals to make a contribution towards solving these problems ("output"). The effectiveness of occupational health and safety programmes, and the associated need for evaluative research, was a point emphasised by many people. The training courses play an important role in this. The subject of reintegration into work is also one which company doctors are encountering internationally. A striking point here was the fact that the issue which has been debated so fiercely in the Netherlands, that of the Occupational Physician, has not come under discussion at all in other countries.

In addition to the lectures, workshops and posters, the demonstration classes also formed a new part of the programme which was received with enthusiasm. The next conference in 1997 will focus especially on programmes in developing countries.

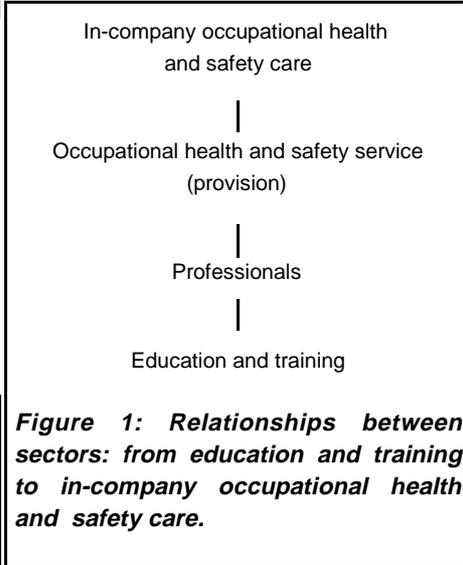


Figure 1: Relationships between sectors: from education and training to in-company occupational health and safety care.

different roles, and in developing an independent and professional identity. In his introductory remarks entitled "From input to outcome", Prof. van Dijk declared that the point of departure for the training programmes is the problems identified in companies, and the potential role of experts in solving them. The "finishing standards" (educational objectives) of occupational health and safety training programmes need to be formulated on this basis. This principle is also employed in other training

programmes, such as the course in medicine for general practitioners in the Netherlands (see: Outline plan 1994, Finishing standards of the course in Medicine). In other words, the issue for training programmes is the extent to which the participants apply knowledge and skills in their work.

Working effectively

Throughout the whole conference ran the question of how, as occupational health and safety professionals, you can work effectively at company level ("Training for action" and "How to get things done" were the titles of two workshop introductions on this subject); and directly in parallel with this ran the question to the trainers of these occupational health and safety professionals: how can you instruct/teach and train people in this?

Working effectively at company level is the element which is known in occupational health and safety training programmes as "Working in and on organisations", and "Advising effectively", or "Advisory skills". It was striking that in Eastern European countries, such as Poland and the Czech Republic, there also appeared to be a need for international collaboration on precisely this point. Trainers from Berlin possessed experience in this area, since in recent years they have been confronted with collaboration between the "East" and "West" in their own country (city). The increasing amount of

FORTHCOMING EVENTS

CALENDAR OF OCCUPATIONAL HEALTH AND TRAINING

1996		Contact
15-20.9.	"25th International Congress on Occupational Health" , STOCKHOLM, Sweden. The theme of this congress is For a Good Working Life. The five-day congress is important as a scientific market place for work environment questions and also presents an opportunity for interdisciplinary contacts. The ICOH congress offers the opportunity for heightened understanding as well as a broad perspective of ongoing research into vital work environment problems.	ICOH-Congress, National Institute of Occupational Health, S-171 84 Solna, Sweden. Fax. 46 8 82 05 56
14. 9	Quality assessment / Improvement in Education and Training in Occupational Health Services. EASOM to organise the meeting. A workshop on the themes : - General and specific methodology of quality assessment of postgraduate training programs - Procedures for follow-up of evaluation and quality improvement strategies - Quality assessment in continuing education ; and the second General assembly of the association	Piet Kroon, Secretary of EASOM : CORVU Meibergdreef 15 1105 AZ Amsterdam - The Netherlands Fax : 020-6975359
21. 9	Data collection and exposure assessment for case control studies. The workshop will focus on methods of data collection and exposure assessment in case-control studies. Advantages and disadvantages of different methods of data collection will be reviewed. Use of specific modules and computerised systems will be described and discussed	Dr. Linnéa Lillienberg, Dep. of Occupational Medicine, St. Sigfridsgatan 85, S-41266 Gothenburg, Sweden; Tel +46 31 354 877 Fax +46 31 409 728

Coming International Conferences in Occupational Health

Date	Name	Place	Organiser
1996			
11-13.9.	Continuous Quality Improvement in OHS	STOCKHOLM Sweden	NIVA
15-20.9.	25th Intern. Congress on Occ. Health For a good working life ICOH Congress 96	STOCKHOLM Sweden	Nat. Inst. of Occup. Health/ ICOH Call for Papers

EASOM MEMBERSHIP LIST

1994 / 1995

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Univ. of Birmingham - Inst. of Occ. Health Prof. M.J. Harrington / T.C. Aw MD University Road West EDGBASTON Birmingham B15 2 TT UNITED KINGDOM	FULL	YES

CONFERENCE REPORT

International Conference for trainers of occupational health and safety professionals in Amsterdam. (from page 4)

attention and time being devoted to actual training in advisory skills in the occupational health and safety training programmes, such as the "line teaching" which goes on throughout the whole Corvu training programme, for example, is generally seen as important, and will certainly improve the quality of the advice given by the occupational health and safety professionals. It was also clear that more experience has been gained in this field in the Netherlands than in other countries.

Multidisciplinary

An equally important point, but much less fully debated in the conference, is that of interdisciplinary collaboration. Everyone was undoubtedly wholeheartedly in agreement with the stated need for collaboration between the occupational health and safety disciplines, and bearing in mind the composition of the participants, this was also to be expected, but exactly how this was to be given shape in practice and in the training programmes was much less clear. Most

Interdisciplinarity is now one of the most important goal for the training in occupational Health Team.

Practitioners must be able to work in interdisciplinary team, and manage it

people agreed that collaboration must (can) be taught, and that this means that parts of the occupational health and safety training programmes (e.g. practical assignments) should be carried out jointly.

A question related to this is the role of the company doctors in a cooperative relationship. In quite a few European countries the central role of the "doctor" is under attack. This is a very topical question for the Netherlands which, alas, was not raised further in the conference. However, a point for the attention of company doctors in the Netherlands would seem to be that they need to carefully make clear to the other occupational health and safety professionals, and to the employers' and employees' organizations, the particular contribution which they can make, and its effectiveness. In the introductory remarks made by Mr. Visser it was already clear that the central role of the doctor is no longer a foregone conclusion, at least in Europe.

It was striking that the discipline of company nurses presented itself strongly both internationally and at this conference. It will provide welcome support for the numerous company nurses, or occupational health and safety workers, who are battling for a place in the professional occupational health and safety field in the Netherlands.

Reintegration into work

International Conference for trainers of occupational health

and safety professionals in Amsterdam. (from

international scene, but an important one, was raised by Dr. Feuerstein, editor in chief of the American "Journal of Occupational Rehabilitation". He emphasised the active role which the company doctor can play, and described it as that of a "facilitator of a safe and healthy return to work".

Out of the many other occupational health and safety and education and training topics raised, we shall only mention here the attention which was justly demanded for the subject of evaluation. This is a very important issue, particularly in education and training, but certainly also in occupational health and safety practice and research. In her presentation, Ms. Long from Australia gave us an example from educational practice. The various contributions which were presented at the conference will appear as a special issue of the magazine "Safety Science".

Stimulus

Many of the trainers who attended the conference have to rely largely on their own resources at home or in their own country. In the universities, and also outside them, occupational health and safety is generally not a subject to which a great deal of money and manpower is devoted. This four-day meeting was therefore also primarily a source of moral support, a stimulus to the participants to carry on at work with their new or renewed contacts, and to continue striving to improve the quality of their own training courses. And it was also encouraging to see that everyone was, and remained, active and involved during the conference.

It is clear that the international network is well "in place", and that it will also be worthwhile to continue giving it active support.

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TRAINING

New Diploma in Occupational Medicine in the U. K.

T.C. Aw

The end of 1994 saw the launch of a new diploma by the Faculty of Occupational Medicine of the Royal College of Physicians (London) in the U.K. The Diploma in Occupational Medicine is awarded following assessment of basic knowledge and experience in occupational medicine. Unlike the Associateship exam (also awarded by the Faculty), which is taken during specialist training in occupational medicine, this new diploma is aimed at doctors not necessarily wanting to specialise in the subject, but requiring recognition of basic level competence. The target groups are family physicians with sessional work in local industries, other hospital-based doctors with an interest in occupational diseases, and doctors appointed under specific legislation for carrying out health surveillance of groups of workers.

A syllabus for training has been published and widely distributed. Several University departments have organised training courses for doctors interested in doing the Diploma exam. The first exam attracted 180 candidates. The exam is in two parts: the first part being a multiple-choice paper to test factual knowledge. The second part is the production and defense of a journal documenting three cases of occupational health problems managed by the candidates.

This new diploma should improve occupational medicine provisions in the U.K. by increasing the pool of physicians trained in occupational health. EASOM members may be interested in comparing their system for training and assessing doctors in occupational medicine with the provisions for this Diploma in Occupational Medicine.

French Training in Occupational Medicine

A. Cantineau, Strasbourg

The specialisation of practitioners in Occupational Medicine in France begin after a competitive examination. This examination follows a common core for each medical student which lasts six years. That is exactly the same way for the different medical specialisations in France which needs four years training.

TRAINING

French Training in Occupational Medicine (from page 9)

Practical training

During this training the student must spend eight semesters of practical training in different medical services - Clinical hospital department - Occupational health hospital department - Occupational Health services in industry - Occupational health services in administrations -

During these periods the future practitioners must fulfil the following objectives :

Know

The organisation of an Occupational Health Service.
The financial aspects of the O. H. S.
Management style in enterprises where they are working.
Type of relationship in OHS with other health professionals.
Inside enterprise relationships.
Outside enterprise relationships.

Practice

Workplace observation.
Job analysis.
Medical examination and medical surveillance.
Participation to "CHSCT" (occupational health safety and working conditions committee).
Elaborate health promotion campaigns.

Theoretical Training

At the same time they receive a theoretical training. This theoretical training consists of different modules :

Theoretical modules

Legislation.
Physiology.
Fundamental toxicology.
Clinical toxicology.
Occupational pathology.
General diseases at Work, and special populations at work.
Industrial hygiene.
Ergonomy.
Psychology.
Epidemiology.
Health promotion.
Physical risks.
Risk assessment methodology.

They have also to obtain knowledge on general management, organisation of enterprises, management and practice of communication

Pedagogical means are course lectures, but most of the time we use active pedagogy. Learning by doing and learning by teaching.

The students receive the objectives they have to fulfil. They do themselves some lectures to their

colleagues and before the teacher. They attend to meetings and congresses.

They participate in meetings and discussions with the team and the staff of the services they are working with.

They prepare and present communications and papers in scientific meetings.

In some of the French universities they follow a part of The Occupational Health Nurses course and also teach nurses.

Evaluation

It is done by a jury of three to four Professors. one of them comes from another speciality, or from another region.

The students present his curriculum activities :
The different places he has been and, the different works, publications, or researches he has done.

He presents to the jury a dissertation on a special topic in Occupational Health. This dissertation must reflect personal work in the field of Occupational Health : Work place analysis, Survey about Occupational diseases, Job analysis, Research in Occupational Health, etc.

After passing this examination with success, he must prepare and present a thesis before another jury.

Then the specialisation is delivered by the university and recognised by the professional institution. Only then is the candidate recognised as an Occupational Practitioner.

There are three universities in Paris and nineteen in the rest of the country which deliver training. Last year there were sixty-five places for this competitive examination. A possibility will be given to other practitioners and to practitioners from other countries of the European Union to become specialists in Occupational Medicine in France after a special competitive examination. The time they have to spend in training can be decreased, depending on their curriculum.

Correspondence

This column is devoted to your ideas, your remarks and your suggestions on topics about training and education in Occupational Health.

(John Harrison, D.E.O.M., The Medical School, University of Newcastle upon Tyne, NE2 4HH England).

Dear Colleague,

We began a training for nurses in occupational health, recently. We have realised a program and a polycopy which is given before the lectures, so the discussions are much more efficient.

To avoid a competition between O. H. practitioners and nurses, a part of the lectures are followed at the same time by nurses and residents, and some practical training are directed by residents, under the surveillance of a teacher.

This type of training seems to be unusual. Do you know other example of such organisation of interprofessional training ? Please inform me and give me your opinion

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EASOM News Letter

In the next Issue :

More news about EASOM , by P. Kroon

An exchange visit for teaching Occupational Medicine by, T. C. Aw

A description of the school of Occupational Medicine of the University of Lisbon, by Prof. M.H.Faria

The first EASOM meeting in Modena, Italy, by J. Harrison