Continuing Education in OM
National experience in Belgium

Lutgart Braeckman, Maurits De Ridder
Department of Public Health
Ghent University, Belgium
Continuing ME in Belgium

Contents

• Introduction
• Providers of CME in Belgium
• Real situation for the OH physician
• Strong and weak points
Basic data on OM in Belgium

   - 218,363 enterprises
   - 3,521,000 workers

2. Occupational Health Services (legal obligation)
   - 23 external OHS
   - 50 (?) internal OHS

3. Occupational Health Physicians
   - 1,017 OH physicians, FTeq 464
   - 610 in Flanders
   - 74 in IOHS
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Legislation

1. Federal legislation
   • Royal Decree OHS 28/03/1998
     art 23-24: prevention advisors have right and duty of CME during working hours
     no specifications for content, when, for whom, duration
   • Royal Decree EOHS 31/03/2003
     ISO 9001 for EOHS: deadline 31/12/2006
     Quality assurance: competencies of personnel, training, evaluation and registration

2. Flemish Health Authorities
   • No requirements

3. Certification boards (OH services and OH physicians)
   • Until now, no requirements, no accreditation for CME
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Organisation

EXTERNAL

• Universities and scientific associations*
• Professional associations *
• Government
• Private training institutes

INTERNAL

• Occupational Health Services (in-house training) *
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Universities

• 4 Flemish Universities, in cooperation with the Flemish Scientific Association for OH (Antwerp - Brussels - Ghent - Leuven)

• Yearly : 7 afternoon seminars
  1 full day

• 40 years of experience
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- Mainly lectures and discussion
- No obligation to participate
- No accreditation
- Number of participants: 80 – 130
- Coverage: 30 % of Flemish OH Physicians
<table>
<thead>
<tr>
<th></th>
<th>Universities</th>
<th>Overview of topics in 40 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Legislation and organisation related to occupational medicine</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>2. Diagnosis, treatment, epidemiology and prevention of occupational and work-related diseases</td>
<td>268</td>
</tr>
<tr>
<td></td>
<td>3. Aims, tasks and activities of occupational health services</td>
<td>189</td>
</tr>
<tr>
<td></td>
<td>4. General topics in industrial organisation, production technology and social relations</td>
<td>121</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>673</td>
</tr>
</tbody>
</table>
Universities

Evolution in topics

- several work related topics
- occupational health services
- occupational and workrelated diseases
- legislation and organisations

The graph shows the evolution in topics over different time periods (80-85, 85-90, 90-95, 95-00, 00-05) with different colored bars representing the various topics.
## Universities
### Overview of speakers in 40 years

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Academic and scientific staff of university departments of occupational medicine</td>
<td>180</td>
<td>25%</td>
</tr>
<tr>
<td>2. Clinical specialists</td>
<td>122</td>
<td>17%</td>
</tr>
<tr>
<td>3. Occupational physicians</td>
<td>189</td>
<td>27%</td>
</tr>
<tr>
<td>4. Other non-medical health and safety professionals, managers, social partners</td>
<td>173</td>
<td>23%</td>
</tr>
<tr>
<td>5. Medical inspectors and medical advisers from governmental and social security organisations</td>
<td>95</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>729</td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Universities

Evolution in speakers

- academic and scientific staff
- clinical specialists
- occupational physicians
- non-medical professionals
- medical inspectors and advisers
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Trends

• Less disease related, more work related topics
  – Ergonomics, occupational hygiene, psychological aspects

• More legislation
  – European directives → national law
  – New Belgian legislation on occup. health and safety

• Speakers: less clinical specialists, more non-medical professionals and medical inspectors
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Evaluation 2003-2004

De Ridder M.
Callens S.
Dierckens C.
Van Heeringen C.
De Groote Y.
Van Ranst M.
Van Bleyenbergh P.
Nemery B.
Vanlerberghe M.
De Saedeleer V.
Van Bogaert H.
Kusters E.
Van Wambeke P.
Grosjean R.
Arens I.
Van Soom U.
Hermans V.- ODBeeck
Lenaerts-Gerber
De Schryver A.
Cornelis K.
Vandersmissen L.
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Professional association

• 1 national association of OH Physicians (Flemish and French speaking physicians)
• two day - congress, once a year
• 42 years of experience
• Mainly lectures, workshops
• Number of participants : 200-300
Professional Associations

Evolution in topics

- several work related topics
- occupational health services
- occupational and workrelated diseases
- legislation and organisations

Prof. Assoc. Univ

<table>
<thead>
<tr>
<th>Year</th>
<th>Prof. Assoc.</th>
<th>Univ</th>
</tr>
</thead>
<tbody>
<tr>
<td>95-00</td>
<td>40</td>
<td>30</td>
</tr>
<tr>
<td>00-05</td>
<td>50</td>
<td>40</td>
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</tbody>
</table>
Professional Associations

Evolution in speakers

- academic and scientific staff
- clinical specialists
- occupational physicians
- non-medical professionals
- medical inspectors and advisers

Prof. Assoc. Univ

95-00 00-05 95-00 00-05
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Comparison Prof. Assoc. and Univ

• Occupational and work-related **diseases** more frequent topic in programme of Prof. Assoc.

• **Legislation** more frequent topic in programme of univ.

• **Speakers**: more clinical specialists in Prof. Assoc.
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Organisation

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• Universities and scientific associations*
• Professional associations *
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INTERNAL

• Occupational Health Services (in-house training) *
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Occup. Health Services

- Interview with 3 EOHS (smallest, medium and largest service out of 23 EOHS) regarding Continuing Education for occup. physicians
- No IOHS
- Last two years a more structured approach because of new legislation (ISO certification)
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Occup. Health Services

Interview

– Documentation, written material
– In service training
– Attending congresses and seminars
– E-learning
– Quality assurance
– Evaluation of effects on professional behaviour
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Occup. Health Services

Small OHS

– Documentation, written material:
  • Central library: 2 international, 8 national journals
  • No periodic mailing to occup. physicians

– In service training
  • Half a day, monthly → 10 afternoons (during working hours)
  • 50% guidelines & procedures, 50% lectures (invited speakers)
  • Obligatory participation
  • Registration
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Occup. Health Services

– Attending congresses and seminars
  • 12 hours/year/OH physician
  • Difficulties with normal work organisation (shorttime notice)

– E-learning
  • None

– Quality assurance
  • Evaluation form (only used for in service training)

– Evaluation of effects on professional behaviour
  • No objective indicators, indirect measurement (eg. time needed)
  • Competence matrix : self evaluation
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Occup. Health Services

Medium OHS

– Documentation, written material:
  • Central library: 10 international, 16 national journals
  • Periodic mailing: 420 pages/year

– In service training
  • 1 plenary day, 4 regional afternoons, 8 evenings (not during working hours)
  • 50% guidelines & procedures, 50% lectures (invited speakers)
  • Obligatory participation
  • Registration
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Occup. Health Services

- Attending congresses and seminars
  - 4 hours/year/OH physician
  - Standardised procedure
- E-learning
  - None
- Quality assurance
  - Evaluation form (only used for in service training)
- Evaluation of effects on professional behaviour
  - No objective indicators, indirect measurements (eg. complaints)
  - Yearly assessment of performance by supervisor
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Occup. Health Services
Large OHS

- Documentation, written material:
  - Central library: 18 international, 22 national journals
  - Periodic mailing: 800 pages/year (incl. articles, contents of journals,...)

- In service training
  - One full-time training coordinator
  - Half a day, monthly → 10 afternoons (during working hours)
    (2 plenary, 8 regional)
  - 50% guidelines & procedures, 50% lectures (invited speakers)
  - Central offer of topics + regional autonomy in choice of topics
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Occup. Health Services

- In service training (continued)
  - Skills, attitudes,… : 2-years project
    - Intervision and supervision
  - Obligatory participation
  - Registration

- Attending congresses and seminars
  - 24 hours/year/OH physician
  - Regional and individual differences

- E-learning
  - Small experiment : FAQ’s on Protective Equipment
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Occup. Health Services

– Quality assurance
  • Evaluation form (only used for in service training)

– Evaluation of effects on professional behaviour
  • No objective indicators
  • Yearly assessment of performance by supervisor
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Comparison 3 EOHS

• All services offer training

• Last two years \( \uparrow \uparrow \) ISO 9001-driven

• Lectures \( \gg \gg \) intercollegial exchange \( \gg \) skills training

• The content and size of this training is \textit{influenced and limited} by organisational and financial factors
  eg. access to literature, attendance congresses, e-learning,…

• \textbf{Evaluation} : degree of satisfaction of occup physician, less through performance assessment
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Critical evaluation

• **Strong points**
  – Broad offer in topics and speakers: meets the demands of the occup. physicians eg. toxicology, occupational and work-related diseases,
  – UEMS recommendation: 50 hours/year; 30 hrs external, 20 hrs internal
    Belgium: 50 hrs training is feasible
    (more internal training than external)
  – Multidisciplinarity
  – Complementary: cooperation between universities and occupational health practice
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Critical evaluation

• Weak points
  – Not obligatory: only 30% of occup. physicians attend external training
  – No accreditation for external training
  – Traditional training methods prevail: lectures as major form at congresses and seminars (meets the demands of occup. physicians)
  – Training of skills, intercollegial exchange and e-learning: just starting
  – Evaluation: difficult
  – Individual learning path?