

# Bulletin

December 2005

Number Three

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More information about EASOM: <http://www.easom.org>

For comments and questions about this Bulletin and  
contributions to our next Bulletin, please send an e-mail  
to EASOM's Secretary: [andre.weel@mediforce.nl](mailto:andre.weel@mediforce.nl)

## From the Chairman

The success of EASOM, as an organisation, depends on a number of things. First and foremost there must be a reason for EASOM to exist. Membership of EASOM brings opportunities to network with colleagues across the European Union, to discuss and debate training issues and to share knowledge and experiences. EASOM is also recognised at European Commission level, albeit informally, via a close working relationship with the occupational medicine section of UEMS. However, to help take EASOM forward the board has agreed a mission statement and an associated set of targets, which can be found on the redesigned EASOM web site (<http://www.easom.org>). A key target is the development of a common training module that can be used by members. We have decided to choose epidemiology as the first subject for the module and this will form the theme for the 2006 Summer School, in Bari. The intention is to develop a practical teaching module that can be delivered in different European countries, which will include methods of assessment that will be recognised by national regulatory bodies. This will take us one step further towards the harmonisation of training and the creation of a European occupational physician.

An output from the very successful Summer School, this year, in Helsinki has been a consensus statement on multidisciplinary training. More about this elsewhere in the bulletin. I would like to thank Kristiina and her team at the Finnish Institute of Occupational Health, once again, for organising an excellent School.

Another target was to establish a European programme for continuing professional development (CPD). This followed on from the Summer School in Belgrade and has seen the offer of a course on health surveillance given at the Inter University Centre in Dubrovnik in September 2005. There will another course in 2006 addressing respiratory occupational diseases and imaging. We hope that this event will become an established fixture on the training calendar, meeting a professional need for CPD in this delightful setting.

The latest news on the ATOMe project, a European project investigating methods of assessment of trainee occupational physicians, is that the initial bid for funding from the Leonardo da Vinci fund was unsuccessful. However, a further bid has been submitted building on favourable feedback. EASOM is an integral part of this bid. One aim of the bid is to develop common European assessment methods: another step towards harmonisation.

Another essential factor for EASOM's success is the membership. We

have an enduring core membership that is active but we need to broaden the membership base. We are seeking to have members from all the EU countries as well as an increased membership from countries. We are an inclusive organisation, a principle that was endorsed at the last General Assembly, and we will encourage applications for membership from countries where progress has been limited. We will also accept applications from CPD providers, albeit against strict criteria. The board will be developing new procedures for assessing applicants aimed at providing reliable and detailed information about the training providers. In the future, membership of EASOM might become a form of accreditation for training providers.

As 2005 draws to a close and our attention focuses on the ICOH meeting in Milan and our next Summer School in Bari in 2006, we can reflect on some notable achievements and look forward to further progress in delivering the EASOM mission in what will be my final year as chairman. My thanks go to André, our general secretary, and to the board for their endeavour and support. May I wish everyone a happy Christmas and a successful New Year!

**John Harrison**  
**Chairman of EASOM**

## **Results of Summer School 2005 in Helsinki**

The fifth EASOM Summer School was held in Helsinki, 25 – 27 August 2005. The central theme was: "Multidisciplinarity and its Consequences for Training in Occupational Health". The Summer School was a success in every respect, thanks to Kristiina Mukala and her staff of the Finnish Institute of Occupational Health. You can find all information and the presentations of the Summer School on the EASOM web site. Here you find two short reports: the workshops of 26 and 27 August.

### **Summary of discussion of 26 August 2005** ***Interpretation of core competencies.*** ***Who should lead the multidisciplinary team?***

For occupational physicians, there is a role in management. Teams that are formed depending on problems in work and health in organisations have to consist of appropriate people. We focus on the role of teams in day-to-day working for customer organisations. Who will be the leader of this team, depends on the people forming it. We recognize the importance of adequate behavior. Team members need

to have good behavior skills; this is the case for all disciplines. If people behave inadequately within the team, this is a disaster. Customers play a role and may influence the constitution of an occupational health team and its management.

Teams should have a system approach with respect to the organization they work for. The added value of team efforts should be demonstrable to the customers.

The defined core competencies oblige us to pay attention to management skills for occupational health professionals. These skills have to be trained in all-day practice. Team members might be trained together with managers. Trainers should give feedback.

## **Summary of discussion 27 of August 2005**

### ***Multidisciplinary education in occupational health services***

#### **A. What are the main needs and demands from the field (workers & enterprises)?**

In a minimal approach, employers desire to comply with the law. In the optimal situation they want to apply human resources in the best possible way. They need a trustful and competent adviser to have their problems solved. Employers should be informed what experts they need to be successful in recruiting and keeping people in their enterprise. In any case, they need experts in health effects related to work. The employer does not like five different experts telling different stories!

The needs and demands of the customers are the entry opportunity for starting cooperation. OHSs have a need themselves to have their professionals to cooperate better. Within the OHS team there should be a frontline person to discuss with the customer how the problem can be solved best, he / she should be trained for this particular task. In Finland, a nurse and a doctor determine the need for other experts. In Scotland there is a free advisory service for small and medium-size enterprises. A competent health and safety specialist (physician OR hygienist OR safety specialist) or competent occupational health nurse can handle 90% of the questions.

EASOM's concern is: How do we make professionals fit to work in a multidisciplinary setting? Students should be trained to give appropriate information to employers.

#### **B. What disciplines in the field of OHS do we have to include in the**

## **statement?**

There are differences between countries in this respect. We have not the right to make an exclusive list. Moreover, new disciplines will arise. In the Netherlands, a new name has originated: 'preventist'. This is an adviser in the field of occupational health and safety prevention; mostly not the physician, but a safety engineer or occupational hygienist.

We have to distinguish between first and second line disciplines.

## **C. What mandatory activities in OHS these disciplines are involved in?**

There are two main areas to be distinguished:

1. risk assessment
2. health surveillance and individual support.

Any move to restrict the occupational physician's activities to the consulting room is objectionable.

The occupational physician should be aware of the working environment and its health risks. A good and complete risk assessment diminishes the need for health surveillance.

However, a classic risk assessment strategy may only partially identify the health risks.

As a consequence of modern working types, different working places and working times, people are moving more and more, and the risks and hazards at work are more and more individually determined.

In Scotland the Increasing Working Life project is comparable with the Finnish workability approach. It includes lifestyle issues.

In former Yugoslavia, there is an obligatory worker examination for each type of health risk.

## **D. What are other (non-mandatory) OHS activities?**

There is a growing need for treatment within the OHS. Moreover, we see a need for health check-ups and workplace health promotion.

## **E. What core competencies all OHS experts have in common?**

A long enumeration of knowledge, skills and abilities is given:

knowledge of national and European legislation  
knowledge of basic concepts of the other OHS disciplines  
knowledge of organisations  
knowledge of hazards and risks (risk assessment)  
basics of epidemiological methods  
basic principles of toxicology  
management & organisation of own professional activities  
basics of information science  
evidence-based medicine  
promotion of health, safety and well-being  
relationship between health problems and functioning

marketing of OHS

ethical principles

advising  
consulting  
negotiation  
communication  
teamworking

## **F. What recommendations we make for the multidisciplinary education?**

There is also a series of recommendations:

1. joint training programmes
2. problem based learning
3. time for reflection on collaboration
4. collect information of other disciplines as part of the training
5. different paradigmas: what tasks are exchangeable?
6. opportunities for informal contacts, like common saunas.

## **G. Should there be common parts of training for different disciplines? Which?**

There should be a common practical training in problem solving. Specialists exchange their experiences.

Start and end of courses might be organised in common.

Do other disciplines want to be trained together with occupational physicians? According to Finnish experiences, there is some resistance at

the beginning, but this has disappeared at the end!

## **Consensus statement about multidisciplinary training**

In many European countries there is an increasing trend towards the use of multidisciplinary teams to deliver occupational health services. The precise composition of the teams varies according to occupational health needs in the workplace and statutory requirements for occupational health practice. The effective and efficient delivery of occupational health services requires the deployment of practitioners who are the most appropriate for the tasks involved. This means that they will have the required competencies for their jobs.

There is a considerable degree of overlap in the training of occupational health professionals. Core competencies include:

Knowledge of:-

- National and European legislation;
- Ethics;
- Organisations;
- Workplace hazards and risks;
- Epidemiological methods;
- Basics of information science;
- Evidence-based medicine;
- Principles of toxicology;
- Promotion of health, safety and wellbeing;
- Relationships between ill health and loss of function;
- Professional self-management;
- Marketing occupational health services;

Skills in:-

- Communication;
- Negotiation;
- Team working;
- Leadership.

Training in occupational medicine should include awareness of the training and roles of other members of the occupational health team and how to work effectively within a multidisciplinary team. Occupational physicians should understand their unique role as well as their tasks that may be interchangeable with other team members. Benefit could be obtained from

joint training modules involving other disciplines to facilitate understanding and team working. Problem-based learning would be an opportunity for students from different disciplines to work together. Joint training modules should also plan opportunities for informal contacts during leisure time. Professional behaviour within teams should be addressed and the determinants of functional and dysfunctional teams.

**John Harrison, chairman**  
**December 2005**

*Please send your comments to the Secretary*

## **Mental Health at Work**

In the past 30 to 40 years, important developments have taken place that affect the interface between work and health. First, European societies have changed or are changing from industrial economies, focused on the production of material goods, to service economies, focused on the production and provision of services. This implies that the work(load) of most of the working population is no longer physical but mental. At the same time, the appreciation of work has changed, and in parallel with this the perceived relationship between work and health. In the industrial economy with its focus on physical work, work was mainly perceived as '*labor*' (Latin for work with an accent on toil and moil), and was seen as a threat to health. In the modern economy, the aspect of '*opus*' prevails (Latin for work with an emphasis on creation, oeuvre, challenge), and work is seen as an important part of life and essential for well-being and health. Many employees nowadays consider work to be a main domain of life in which they seek to realise their ambitions and fulfilment in life, and as such it is a significant contributor to the quality of life.

In parallel with this change in the perception of work, so too has the support that employees seek from their occupational physician and other professionals: it has changed from an appeal for protection from work to a request for tools to cope with the stressful aspects of work. However, the challenging and rewarding aspects of work in combination with the autonomy that many employees experience increase the risk that they overextend and exhaust themselves. As the workload is mainly mental nowadays, the overload is also mental, and the resulting reaction is a psychological stress reaction.

Because of these developments, the Netherlands Society of Occupational Medicine (NVAB) has developed a practice guideline on mental health problems for occupational physicians in 2000. No equivalent could be found in the literature: a search for guidelines on the diagnosis and therapy of

adjustment disorders provided only a few publications, with an unclear status. They were either product of one author or did not clarify the developmental procedure.

The NVAB guideline mainly covers mental health problems consistent with the diagnosis 'adjustment disorder'. The guideline gives recommendations for guidance and treatment, based on existing evidence, experience in adjacent fields, and consensus procedures. They are based on cognitive-behavioural principles, mainly stress inoculation training and graded activity, and aim to enhance the problem-solving capacity of patients and organisations in relation to the working environment.

As the guideline is five years old now, the process of actualisation has been started recently. The method and educational programs meant to train and implement it were scientifically evaluated in several theses. This research and five years of practical experience give a solid base for the actualisation. The 'place -then- train' model will be adopted and the contextual dimension (the problem-solving capacity of the work environment) will be stressed more than in the present version.

Moreover, we want to give more attention to psychiatric diagnoses like depression and anxiety disorders.

On this latter aspect, the interface of work and more serious mental health problems, practically no studies are available yet. This notwithstanding the fact that work may be a contributory factor and an outcome as well. Work may contribute to the development of e.g. depressive disorders (and to the treatment!). Work can also be regarded as a relevant outcome. Psychiatric treatment and occupational health care should be oriented on a sustainable return to work and well functioning at work, being one of the aims of treatment and guidance. Here too, there is a clear need for research and development of educational programs. Especially interesting is the challenge to find new ways by integrating views, expertise and research from two worlds: psychiatry and occupational health.

With a few institutions in the Netherlands (Coronel Institute for Occupational and Environmental Health, the Department of Psychiatry of the Academic Medical Centre of Amsterdam, the Netherlands School of Public and Occupational Health (NSPOH) and the Netherlands Institute of Mental Health and Addiction) we already have formed a group on a national level with regard to the topic of mental health and work. We would also like to work together on the international level. We have already made contact with a few institutions in Finland, Denmark and Germany. Some experts are already working together or planned to do so, e.g. in Cochrane review groups. We would like to form a not too large specialized network of individuals / organisations to cooperate in research and the development of educational programs on the topic of mental health and work, with an accent on relatively more serious psychiatric disorders. We have to define the topics more clearly in the near future. The ultimate goal of such a network

could be to find opportunities for concerted action. EASOM colleagues who are interested can contact me at [j.vanderklink@nspoh.nl](mailto:j.vanderklink@nspoh.nl).

**Jac van der Klink**  
Programme Director NSPOH, Amsterdam

## **Exchange in Occupational Health** [www.exoh.com]

*Heap Consult* is a Dutch research bureau for the organisation of international research projects in the field of occupational health. *Heap Consult* is looking for occupational physicians who are willing to participate in these projects and to stay abroad for some time. To find these people is not always easy. To improve international contacts for senior and junior occupational physicians, the idea of a digital market place has been adopted. This idea might be of great value for EASOM.

**Piet Kroon**, former Secretary of EASOM and now working for *Heap Consult*, has drafted the proposal below. Please send us your reactions.

### **Objectives**

- To promote European awareness among occupational physicians in Europe
- Exchange on two levels:
  - In the framework of specialist training in occupational medicine: to get acquainted with the situation in other European countries
  - For senior doctors and teachers: (1) acquaintance (2) participation in an in international project

### **Results**

- An internationally accessible market place where demands and offers may meet
- A list of internationally orientated occupational physicians who want to participate in a project
- A marketing strategy to promote the knowledge of this market place
- Exchange of 7 junior and 3 senior occupational physicians in 2006

### **Conditions**

- Small budget: € 200 - 500 annually
- A co-ordinator who is well-informed and has plenty of contacts in several European countries, and who is involved in the acquisition and realisation of international projects in Occupational Health
- Fruitful co-operation with the international organizations on the field of occupational health (EASOM, UEMS, ICOH, WHO, ...)

- Independent web site

### **Project planning**

#### *Definition*

- Discussion with international organizations on the field of occupational health (EASOM, UEMS, ICOH, WHO, ...)
- Budget planning and funding

#### *Functional design*

- Design
- Web site management
- Communication

#### *Technical design*

#### *Implementation*

- Marketing
- Training of web master and co-ordinator
- Evaluation after one year

### **Time planning**

- Definition February 2006
- Functional and technical design April – June 2006
- Official start August 2006, during Summer School in Bari

*Please send your comments to the Secretary*

## **New EASOM members present themselves**

### **THE INSTITUTE OF OCCUPATIONAL HEALTH SKOPJE, REPUBLIC OF MACEDONIA WHO COLLABORATING CENTRE**

The Institute of Occupational Health, WHO Collaborating Centre with the Chair of occupational medicine - Medical faculty, University "St Cyril and Methodius" Skopje, Republic of Macedonia became a new member of EASOM in 2005. This moment is of great importance for the institution, tribute for the things already accomplished and challenge for future. For more than 30 years the educational activities at the Institute were gradually developing, growing and changing according to the educational needs, standards and recommendations. Undergraduate (medical students, dentistry students and radiological technicians) and postgraduate studies (specialization, sub specialization, master's degree, PhD and short courses) are organized in the educational process. The undergraduate studies respecting the recommended Bologna

declaration and ECTS in Republic of Macedonia are in a process of changing and revision in content, methods and assessment. "Occupational health" is a compulsory subject for undergraduate studies of Medical faculty in X semester (45 hours: 30 theoretical and 15 hours practical exercises, 3 credits). Adoption of basic principles and practice of occupational health, and healthy working environment is the aim of the subject. The methods include theoretical interactive lectures, small group discussions, problem solving, case discussions, seminary work, individual work and individual presentations, with final oral and practical examination. Undergraduate medical students also perform 15 hours of practical work at the Institute in XII semester. They work in small groups, make presentations of case studies and improve skills in acquiring adequate Internet data. After graduating, young medical doctors individually spend 1 week of internship at the Institute in the frame of general practitioner's education. The Institute of occupational health has a major role in organizing and performing specialization in occupational health. Multidisciplinary approach in occupational health, developing skills and attitudes are encouraged during the period of specialization. The new curriculum for 4 years specialization in occupational health which has included the EASOM's and UEMS's criteria and principles, has been adopted at the Medical faculty's Teaching and Scientific Council in October 2005 and is ongoing the procedure at the Ministry of Health.

The Institute enables performing three months internship in the frame of education for Hygiene specialization in which the potential hygiene specialists are trained in basic occupational health skills, concerning the mutual points of interest.

Sub-specialization courses in occupational allergology and toxicology are also organized at the Institute of occupational health considering the long term experience, qualified staff and the Institute's pioneering role in development of these sciences in our country.

The postgraduate studies at the Medical faculty in the field of occupational health are represented with Master of science studies in "Environmental and occupational health" and Master of science in Public health. The Center of Public Health, Medical faculty, Skopje as a consortium of preventive Chairs (including occupational health) established in 2003, became a full ASPHER member in 2005. In these public health postgraduate studies occupational health is included with the compulsory course "Occupational health" (2 credits) and two elective courses "Occupational health in health care workers" and "Public health aspects of ionizing radiation".

Scientific research and doctoral studies (PhD) are also organized and performed at the Institute. But revision is ongoing in this field and according to the new Medical faculty criteria for PhD studies, next step will be development and proposal of new curriculum.

Short educative courses, workshops and seminars concerning different subjects of interest (like stress at workplace, workplace health promotion,

child labor test) are regularly organized by the Institute, primarily targeted at the occupational health professionals with interdisciplinary approach. This education could be used the frame of continual medical education and professional development for licensing of occupational health specialists. The EASOM membership is a very important moment for the Institute of Occupational Health, WHO Collaborating Centre. It is an acknowledgment of the long term efforts and hard work for the last 30 years in the field of occupational health and it presents an impulse for further work and development. The EASOM membership opens up the expectations for improving educational process, exchange of experience, communication as well as strengthening contemporary approaches and attitudes in occupational health education in the Republic of Macedonia.

**Prof. d-r Jovanka Karadzinska Bislimovska,  
Head of the Institute of Occupational Health  
WHO Collaborating Center  
Skopje, Republic of Macedonia**

## **A research project by trainees in occupational medicine**

Two colleagues, specializing in occupational medicine at the Netherlands School of Public and Occupational Health (NSPOH) in Amsterdam, Christian Berg and Patrick de Roover, will start a research project into the tasks and roles of occupational physicians in different European countries. A questionnaire will be sent to all EASOM members and national policy makers in February 2006. The outcomes will be related to the core competencies for occupational physicians, as defined at the Glasgow (1997) and Bilthoven (1999) meetings. Four countries will be studied more in-depth: Belgium, France, Ireland, and the Netherlands. The EASOM Board recommends this project strongly, and hopes all members to co-operate with the researchers.

## Forthcoming events

**Milano, 11 – 16 June 2006: ICOH Congress.** At the opportunity of ICOH's Centennial Congress, there will be a joint minisymposium of EASOM and the ICOH Scientific Committee on Education and Training in Occupational health. Its title is: "Learning by doing". "Tomorrow specialists share their ideas". The emphasis will be on the practical input from the students. Students from all member schools are invited to send their contributions about their training experiences in advance.

**Bari, 28 – 30 August 2006: Sixth EASOM Summer School.** Its theme: "Teaching practical occupational epidemiology". The first announcement will be spread in the course of February.

## New members

We welcome as new EASOM members:

University "St. Cyril and Methodius"

Institute of Occupational Health

**Prof. Jovanka Bislimovska-Karadzinska**

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# Picture Gallery Summer School 2005



Summer School Dinner at Suomenlinna: Kristiina speaking



A rainy walk on Saunasaari Island



The closing workshop on Saturday morning

**EASOM wishes all its members, associates and interested colleagues ...**

**... a Merry Christmas**

**... a happy, healthy and prosperous 2006!**

**See you in Milano!**

**See you in Bari!**