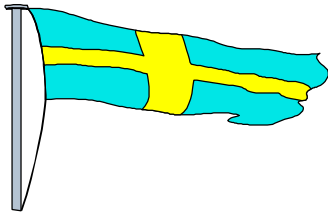


EASOM

EUROPEAN ASSOCIATION OF SCHOOLS OF OCCUPATIONAL MEDICINE

Issue: 2
December 1996

News Letter



ICOH 1996. NEWS AND VIEWS FROM STOCKHOLM

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Chief editor : J. Harrison

EASOM Board members :
R. Masschelein (Chairman)
P. Kroon (Secretary)
T. C. Aw
B. Nemitz
G. Franco
H. Krueger

EASOM BUILDS ON ICOH SUCCESS

The 25th International Congress of ICOH, held in Stockholm in September, was a graphic example of how large the occupational health community really is. The main lecture hall was packed to hear the opening speeches, not least an address from His Royal Highness King Carl Gustav XVI of Sweden.

It is easy to forget when one is bogged down with the everyday problems of practice that this enormous network of colleagues exists. The influence of occupational health expertise on industry and commerce varies from country to country. However, the prospect of influencing Governments around the World is much greater when our voices are orchestrated through organisations such as ICOH.

The second General Assembly of EASOM preceded the ICOH conference. Those attending enjoyed a lively review of the work of EASOM and had the opportunity to express their views about the future. Progress will take place against a backdrop of the changes taking place both within member countries and between them. There was no doubt, however, that EASOM will have an important

influence over the development of occupational medicine within Europe. EASOM exists and is active. Other european medical groupings have yet to get of the ground. The EASOM board met several times during the week of the conference to plan the next two years. To misquote a U.K. advert for a mobile communication network, the future for teaching occupational medicine is bright... the future is EASOM.

Conferences are about networking and the ICOH conference facilitated this, *par excellence*. A quiet *tete a tete* in one of the many coffee places with a Chief Medical Officer or a Government official may be as important as attending a keynote speech. The scientific program was sufficiently large to tax the most ardent attendee, yet there was something for everyone. The conference was extremely well organised, including the distribution of passes for the public transport system which certainly made it easy for the delegates to get around the city. Perhaps the main criticism would be the poor quality of question and answer sessions. Delegates often had little opportunity to question speakers in public, either to verify the content of presentations or to express an alternative view. In addition, some speakers seemed to be ill-equipped to deal with questions relating to their research. It is to be hoped that the millenium conference, which will be held in Singapore, will address this.

EASOM - "INTRINSIC TO EUROPEAN OCCUPATIONAL MEDICINE" SAID
CHAIRMAN
R MASSCHELEIN

EASOM at ICOH

J HARRISON

The ICOH week was a busy time for the EASOM board members. Prior to the start of the conference the second general meeting of EASOM was held at the National Institute of Working Life, Solna in Stockholm. This, in turn was preceded by an EASOM workshop, the subject of which was quality assessment and improvement of training programs in occupational medicine. Not content with this (it is good to see that the members enjoy each other's company so much!) there were further meetings to analyse developments in occupational medicine on the European stage and to strategically plan EASOM activities for the next two years.

The first initiative test was to find the venue of the meeting. Most people achieved this without difficulty. The British contingent demonstrated that their sense of direction is poor once they venture beyond the 12 miles of territorial waters but at least they were represented.

After a slow start EASOM is now to establish itself. A major difficulty is the small amount of time that individual members can allocate to EASOM activities. It was apparent from discussions that, throughout Europe, everyone is having to work harder with fewer resources. EASOM should be seen as a resource to assist schools in their training of the occupational physicians of tomorrow. However, for EASOM to be successful requires an initial investment in time as well as money. The financial report presented at the meeting shows that EASOM is financially healthy. Despite this payment of fees is necessary to sustain the organisation and to pump prime initiatives. With this in mind the membership fees were set at 190 ECU for 1997 and 200 ECU for 1998. It was agreed that the setting of fees was the responsibility of the General Assembly and that the minimum period for fee setting will be one year. Two scrutineers were appointed to review the accounts. Other constitutional issues were the period of tenure of the Board members, which was set at 4 years, and the language of the constitution.

Although it has become the norm for scientific conferences to have English as the common language, with translations into French for keynote and other important lectures, it was clear that the English translation of the constitution does cause problems for some members of EASOM. In fact, the original constitution was written in Dutch. It was agreed that the cost of translating the constitution into the languages of all the member states would be prohibitive.

Discussions about communicating the activities of EASOM extended into a consideration of the potential of the internet and the World Wide Web. A presentation by Professor Franco from Modena, Italy proposed the establishment of an EASOM home page in Modena which could be point of access for information to anyone interested in occupational medicine within Europe, as well as further a field. EASOM is already a resource for teaching material as well as a forum for discussing issues related to training. Subscribing members would be able to access all the material but non-members would have their access limited. There would be the possibility, however, of accessing material on payment of an appropriate sum.

It was suggested that the electronic network be called the Electronic European Society of Schools of Occupational Medicine (E.E.N.S.O.M.) but the separate name is merely an identifier and it does not imply that this will separate from EASOM. Ideas for EENSOM included gathering information on health and safety legislation from member states, compiling reference material on the various schools of occupational medicine and even putting the Newsletter onto the internet. At present, this is no more than a research project for which funding will be sought. However, given the rapid evolution of the role of the internet, it can only be a matter of time before this will be an important vehicle for collecting and transmitting information about occupational medicine.

Other items on the agenda for the future were a meeting to discuss competencies in occupational medicine and the venue of the next EASOM General Meeting, two years hence. More information about the competencies meeting can be found later in the Newsletter, but the venue will be Glasgow, Scotland and the meeting will be held in the first half of 1997. The venue of the next General Meeting has yet to be decided, but there was a positive proposal that it might be in Austria. As has become the norm, the meeting will coincide with a planned meeting in Austria.

The next few years will be very important for occupational medicine within Europe. It seems likely that EASOM will play a leading role in the influence it can exert on Governments, lobbying at a European level. Other European associations in medicine are developing, but they are not as advanced as EASOM. It will be essential, therefore, that EASOM reflects the views of trainers in occupational medicine from all countries. The Newsletter is one way for individuals to express their views and to question why things are being done. The Newsletter will continue to provide information about training activities around Europe and it is hoped to include reviews and debates about topics that are important. However, it can only do this if people are willing to contribute their knowledge and their views. It is hoped to establish a network of correspondents for the Newsletter who will keep the rest of us informed about what is happening at a national level. Notwithstanding this the Newsletter will look to everyone in EASOM to feed it. This baby of EASOM will have a voracious appetite - don't let it starve!!!

◆ EASOM NEWS ◆

December 1996

EASOM MEETING - MODENA, ITALY.

J HARRISON

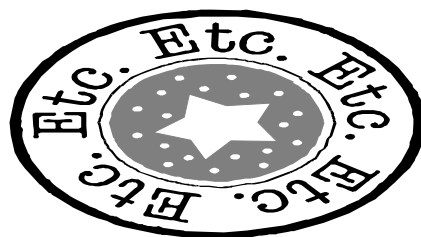
The trend to combine EASOM meetings in European countries in association with national meetings continued with the hosting of a stimulating conference at the Università di Modena in March of this year by the Dipartimento di Medicina Interna. Professor G Franco of the Cattedra di Medicina del Lavoro organised a two day conference, one day of which was conducted in association with EASOM.

There was a very definite European perspective with speakers from a variety of countries, in addition to the presentations from eminent Italian occupational physicians. The conference looked at the practice of occupational physicians in different European countries as well as highlighting the changing role of physicians. The differing requirements of O.P.s influences the national training programs, an overview of which was also presented.

In 1992 a law was passed requiring 400 hours of occupational medicine teaching and attendance at an Institute of Occupational Medicine for 30 day hours, per year, for doctors wishing to specialise in occupational medicine. It is estimated that there are more than 7500 competent occupational medicine doctors in Italy. Entry into the 4 year training schemes is competitive. Other European countries have adopted different requirements for training, although in Belgium 2 years of full-time post-graduate training is a legal

requirement, in France the provision of occupational medicine is a legal requirement but training (4 years) is limited by the numerus clause but in the Netherlands and Great Britain doctors may start work in occupational medicine before training and it is the responsibility of either industry or the individual doctors to purchase the training. In Great Britain many doctors practise occupational medicine without any formal qualification in occupational medicine and it is for this reason that the Faculty of Occupational Medicine have introduced a diploma in occupational medicine. There is no desire to undermine the specialist qualification but, given the circumstances that exist within Great Britain, it is considered better to ensure that the non-specialists have at least some training!!

The composition of training programmes in different countries reflects the roles of physicians and the evolution of occupational medicine. Comparison of national programmes reveals a difference in emphasis between theoretical and practical training. The relationship between the two was likened to the Shakespearean romance described in "Romeo and Juliet". Workplace training, whilst essential, may be difficult to organise, particularly when the work setting is not primarily educational. Communication between schools of occupational medicine and occupational health services may be inadequate and it is not always clear how the trainer can fulfil his/her obligations to ensure that workplace experiences are properly supervised and that there are opportunities for reflective practice. Training should take account of the changing role of occupational physicians and of the need to operate within a multidisciplinary team.



How should training be evaluated? There are a number of driving forces which will make schools of occupational medicine consider how they can demonstrate the quality of their training programmes. Quality assurance is well established in industry and many companies operate to ISO 9000/1. Some occupational health services have already embraced quality assurance schemes, often for "business" reasons. Companies who have obtained the ISO standard require their suppliers to do likewise. Quality assurance in training may help to deliver a better quality product, produce greater efficiency, assist meeting student demands and raise awareness of the need to compete successfully. It was also recognised that, in the future, sponsors of training may require evidence of quality assurance and that all occupational health training programmes may have to be accredited. (There is already a need for occupational health services in the Netherlands to be accredited) Quality assurance is no more than a systematic approach to ensuring quality, but it is not without cost. There has to be an investment in administrative systems and the production of documentation. In the long-term, however, the reduction in waste and the definition of a quality product should produce a return on this investment.

An example of quality assurance in education was presented based on continuing medical education in the Emilia-Romagna region of Italy. 450 professionals in occupational health, of whom a third were occupational physicians, have taken part in the programme over an 8 year period. The courses, which are usually 2-4 days in length, have their priorities set by the regional government via funding allocations. It was clear that it is not always easy to define appropriate evaluation criteria for some of the courses. Continuing medical education and continuing professional competence will be important topics in the future.



RAMAZZINI - HALL OF FAME

The name of Bernadino Ramazzini is known to anyone involved with occupational medicine. The father of occupational medicine, Ramazzini was professor of medicine at both the University of Modena and the University of Padua. His famous treatise “De Morbis Artificum Diatriba” described the associations between medical conditions and work. It is generally considered that, as a result of Ramazzini’s work, the medical histories taken by physicians came to include enquiries about patients’ jobs and about their places of work.

It was with a great sense of honour and of history that the EASOM discussion forum held in Modena, in March 1996, took place in the same room as a bust of Ramazzini. All the members of the EASOM board took the opportunity to have their photographs taken alongside this famous

We are grateful to Professor Guiliano Franco, the current professor of occupational medicine in Modena for sending this photograph. The picture shows a memorial tablet and a bronze plate outside the main hall of the Faculty of Medicine of Modena University. The tablet “Aula Bernadino Ramazzini” or Ramazzini Hall



commemorates his link with the Faculty. The plate is in memory of the EASOM discussion forum.

◆ EASOM NEWS ◆

December 1996

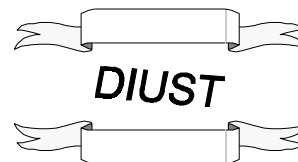
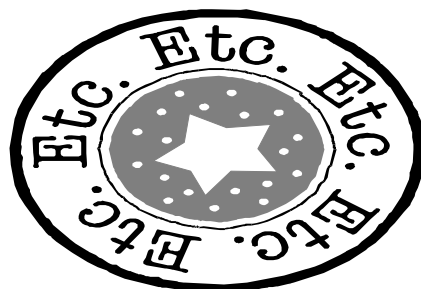
FOCUS ON GLASGOW '97: DEFINING COMPETENCY

Several themes have run through the various EASOM meetings over the last year. One has been to try to understand the roles of occupational physicians within the European Community and the training that exists to support them. There is a view that the term specialist occupational physician is defined by the training that has been received. It is certainly true that, in the U.K., occupational medicine is recognised by the newly created specialist training authority and that specialists in occupational medicine will have had to have satisfied the training requirements laid down by the Faculty of Occupational Medicine. In some countries doctors cannot practice in occupational medicine without receiving training, although this does not always have to be to specialist level. A review of the national specialist training programmes that have been described during EASOM meetings has established that there are many similarities between programmes, yet apparent differences. Whilst this is not surprising there is a perceived need to try to distil some core elements of training if there is to be a European concept of a specialist occupational physician.

If there are to be core elements of training, this means that we must

try to define some core competencies for occupational physicians. This will not be easy because we will be faced with the problem which, in English, may be described as "the chicken and the egg". Whilst a specialism may be defined in terms of the training received, the formulation of the training programme has to take account of the role of the physician. Training cannot take place in a vacuum. Inevitably, the employers of occupational physicians will wish to influence the training programmes in the hope that they will have occupational physicians who are useful to them. On the other hand, we cannot accept training programmes that are solely market-led, because the level of understanding of occupational medicine within industry is often poor. Schools of Occupational Medicine have a responsibility to lead the development of occupational medicine and advise employers about the type of occupational physician that they need.

There will be an EASOM meeting to discuss these points in Glasgow, Scotland on Thursday and Friday, 24/4/97 and 25/4/97. The meeting will include a training needs assessment from various European countries and workshop sessions to try to define new methods and/or programmes for training occupational physicians. There will also be an EASOM board meeting as well as a meeting of the European Society of Occupational Medicine and of



Friday, December 6th, 1996 was a special day for occupational health nurse training, in France. The ceremony of the awarding of an inter-university diploma in occupational health nursing was the culmination of many years of hard work by academics from the Universities of Strasbourg, Rouen and Lille. The proceedings began with a series of short presentations from the assembled guests drawn from academia, industry and Government. It was good to see that the event was supported by both occupational physicians and occupational health nurses and was testimony to the fact that schools of occupational medicine can become involved in occupational health nurse training.

Each presentation was followed by a question and answer session during which issues such as the relationship between doctors and nurses and the relative roles of nurses and safety technicians were explored. It was apparent that many occupational health nurses, in France, work in isolation and that there is often poor communication between the doctors and the nurses.

It was apt that the giving out of the diplomas should take place on St. Nicholas's day, which is a day of great celebration in the area, associated with the exchange of presents.



EDITORIAL



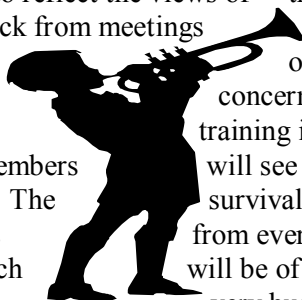
EDITORIAL

Correspondence

This is the second edition of the Newsletter. I would like to thank Professor Alain Cantineau for his sterling efforts in creating what is the voice of EASOM. Alain defined the format for the newsletter and he has laid the foundations for the future. Without all his hard work we would not have had a newsletter and EASOM would have been the poorer for this. Unfortunately, Alain has had to concentrate his efforts elsewhere and, although he will maintain a keen interest, he will be unable to continue as Chief Editor. I hope that, under my stewardship, the newsletter will develop in accordance with Alain's vision and that, above all, it will serve the interests of all EASOM members.

I think that it is worth repeating that the newsletter is the voice of EASOM. It is not my voice. EASOM is an college comprising a variety of views about the training of occupational physicians which reflect different experiences from the countries of the European Community. What binds EASOM together is a shared belief both in the importance of occupational medicine and that we can work together to develop it within a European Framework.

The newsletter will try to reflect the views of the EASOM membership as well as giving feedback from meetings and giving an overview of developments in occupational medicine training. EASOM is concerned with the exchange of information to assist training in occupational medicine. I hope that members will see the newsletter as a resource to achieve this. The survival of the newsletter will depend on contributions from everybody. I believe that we are all doing things which will be of interest to people elsewhere. We are also very busy trying to do more with fewer resources. It is very easy, therefore, to become preoccupied with our own difficulties and to become disinterested in the world at large. EASOM can act as a support network. Few problems are unique and there is a good chance that someone somewhere else has faced the same problem and has come up with some solutions. *BRITISH TELECOM* has recently run an advertisement saying "it's good to talk".



It is likely that there will be 2 newsletters per year. This means that it will only be possible to give a review of recent events as well as advertising forthcoming events. Anyone wanting immediate responses to questions will have to use other means of communication. All letters will be answered on receipt. Any discussions or debates can take place between publications and the newsletter will reflect what has happened. In the future, the possible development of EENSOM (see page 2) will facilitate an interactive link with EASOM members. This edition of the newsletter will include an up-to-date version of the list of members. The revised list now has information to allow members to be contacted by mail, telephone, fax or e-mail. (in some cases) Information technology will bring us all even closer together. I look forward to an interesting time as Chief Editor and to working closely with the EASOM membership.

These columns are devoted to your ideas, your remarks and your suggestions on topics about training and education in Occupational Health.

Please don't hesitate to write to the editor.

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



For EASOM members:-

Your address is wrong ?

You did not receive the News Letter ?

Please send your address to the secretary of EASOM

If you have any queries about the organisation of EASOM

please contact the secretary

P.J.Kroon, M.D.
Amsterdam School of
Occupational Medicine
Corvu
Meibergdreef 15
1105 AZ Amsterdam

Details for contacting Piet by
telephone, fax or e-mail can
be found in the list of
members

FEATURE

OCCUPATIONAL MEDICINE IN PORTUGAL

legally and effectively, for at least

TRAINING AND PRACTICE OF OCCUPATIONAL MEDICINE IN PORTUGAL (in a nutshell)

Prof. Dr. M.H. Faria

1. Total population of continental Portugal (1991): 9.815 million people. Portugal's labourforce (1991): 4.831 million.

2. From 1962 up to 1992 only the industrial companies employing at least 200 workers as well as those whose working conditions involved the risk of some occupational disease (irrespective of their number of workers) were legally required to provide an occupational health service.

Since then the applicable law has been changed to require this of all worksites, independently of either the activity, the occupational risks or the number of employees.

There is a Health and Safety Authority which is responsible for the technical supervision of occupational medicine practice.

3. For the legal practice of occupational medicine in Portugal, one is at least required to undertake successfully a two year post-graduate course leading to the corresponding professional diploma (Occupational Physician).

There are presently three university departments offering such specific training courses, as follows:

- In Lisbon, a course on Occupational Medicine has been offered at the ENSP (National School of Public Health) ever since 1963)

- At both the Medical Schools (Faculties) of Oporto and of Coimbra such courses started to be offered as from 1989.

General requirements for the attendance of these three courses: to be graduated in medicine (MB), then at least eighteen months of general medical practice (Internship/Residence).

Each university is free to organise the training specification on Occupational Medicine, but all of them include a period of theoretical teaching, another period of practical teaching and a trainee period at a company's occupational health service.

4. Although this is not necessary for the legal practice of the profession, the Portuguese Medical Association ("Ordem dos Médicos") includes Occupational Medicine among the medical specialties it recognises. This possibility has existed since 1979. In order to become a "specialist in Occupational Medicine" one is required to fulfil all the following conditions:

- To have practised medicine for at least ten years

- To have been an Occupational Medicine practitioner (i.e. an occupational physician)

3000 hours.

- To pass an examination set out by a jury of specialists in Occupational Medicine designated by the Portuguese Medical Association.

In conclusion: to be an "occupational physician" and to be a "specialist in Occupational Medicine" are not synonymous in Portugal. One does not have to be a "specialist" for the practice of Occupational Medicine. The legal capacity for the practice of Occupational Medicine depends on specific training courses which are presently offered by three different State University Departments. The title of "specialist" in Occupational Medicine (or, for that matter, in any other medical branch) depends on criteria which are established and enforced by the Portuguese Medical Association ("Ordem dos Médicos").

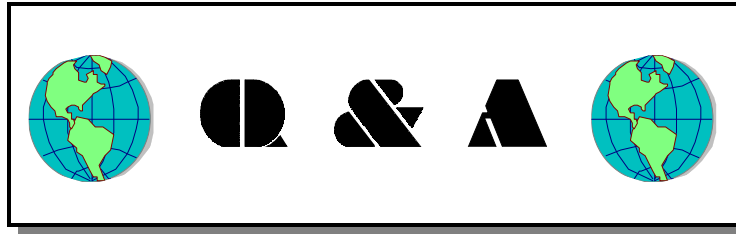
5. There are presently in Portugal 85 "specialists in Occupational Medicine", while the number of individuals who are able to practice Occupational Medicine is around 800.

A newsletter that is produced twice a year is unlikely to contain news that is hot off the press. On the other hand there are a number of issues in occupational medicine which merit discussion and debate. These issues do not change significantly from month to month, yet there is not always the possibility to air them at meetings.

Because some issues are too important to be overlooked the Newsletter will attempt to rectify the situation. Here is a forum that will allow anyone to formulate a question in the peace and tranquility of their office or home so that the right question is asked. The frequency of the Newsletter will also ensure that the written

For instance members may have views about the proposed meeting in Glasgow to discuss core competencies for occupational physicians. Is this a legitimate activity for EASOM? If you will be unable to attend the meeting the Newsletter is a means to express your views and ensure that they reach a wide

Sometimes things happen elsewhere and we don't understand why they have happened.



audience. If you are an occupational physician in France, what is your

We all have an interest in the development of occupational medicine. We don't always get an opportunity to put our point of view across and to feel that we are being heard. The language of most scientific meetings is English. This is fine if you are fluent in English, but it makes it very difficult if you are not. Even if you have a good grasp of English, it may be that some people speak too quickly to allow you to assimilate what has been said and to make a response before the conversation has moved on to a different point. Sometimes it is easier to say nothing when really you would like to say something. If you can identify with any of this, then this column is for YOU.

answers are measured and, hopefully, answer the points raised. Any questions requiring more immediate answers will, of course, receive attention, but a written answer will still appear in the Newsletter to inform the wider readership.

It is hoped that the EASOM correspondents will be active contributors to this page. Reference to the list of members will reveal that some of our members have indicated that they will act as correspondents, that is the eyes and ears for EASOM transmitting information about events or developments in their country back to the EASOM board. However, anyone should feel free to contact the Newsletter.

opinion of the new inter-university diploma for occupational health nurses? It appears that occupational health nurses have not played a major role in occupational health provision, and that this might change.

What is the general opinion about non-specialist training for doctors who wish to practise occupational health? Is it acceptable to have non-specialist doctors practising independently in occupational health? Would this be more acceptable if such doctors worked alongside suitably trained occupational health nurses? Such eventualities are possible in the U.K. **What are your views ?**

◆PROGRAMME EXCHANGE◆

Joint program between two EASOM member organisations for student visits

EARLIER THIS YEAR, A STUDENT VISIT PROGRAM WAS ARRANGED BETWEEN TWO EASOM MEMBER INSTITUTIONS. THE INSTITUTE OF OCCUPATIONAL HEALTH, UNIVERSITY OF BIRMINGHAM HOSTED A GROUP OF OCCUPATIONAL MEDICINE STUDENTS FROM CORONEL LABORATORY, UNIVERSITY OF AMSTERDAM.

The students were in their final year of their postgraduate training in occupational medicine and were led by their course tutor Piet Kroon.

A week-long program was organised to include presentations and discussions by staff and students from both Institutes. The aim was to introduce and compare systems of occupational health practice in the two countries.

Topics selected ranged from training and assessment of occupational physicians, pre-employment screening, to standard setting for occupational exposures.

Two worksite visits were arranged for the visitors. These were to a major motor vehicle production



Sufficient time was set aside during the week for staff and students of the two institutes to meet socially. This included a welcoming dinner at West Hills 'resort' (also known as University accommodation) where Professor Harrington expounded on Anglo-Dutch relationships and wondered about the origin of terms



company and a chemical plant in the Birmingham area. Visits were followed by discussions with the occupational health staff of those organisations. The farewell dinner was held in a top Chinese restaurant in downtown Birmingham, where the guests had some training and were assessed as competent in the use of chopsticks (i.e. all were able to consume sufficient amounts of food using these utensils). The Dutch visitors were also given an opportunity to visit Stratford-on-Avon (Shakespeare country) and they helped the British economy by making many purchases



IF YOU HAVE ANY INTERESTING TALES OF EXCHANGE PROGRAMS —

WHY NOT SHARE IT?

EASOM MEMBERSHIP LIST

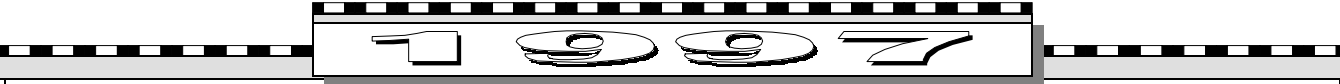
1996

MEMBER	FULL / ASSOCIATE / SUSTAINING	CORRESPONDENT FOR EASOM
PGA Verein für prophylaktische Gesundheitsarbeit Akademie für Arbeitsmedizin Mr. R. Jäger Kaplanhofstraße 1 A-4020 Linz AUSTRIA Tel. +43 732 781560/ +43 732 771210 fax+43 732 782078 e-mail ppm.linz@demut.or.at	FULL	
Afd. Arbeids- en Verzekeringsgeneeskunde Kath. Universiteit Leuven Prof.Dr.R.M.C. Masschelein Kapucijnenvoer 35/5 B-3000 Leuven BELGIUM Tel. +3216337080 / fax +3216336970	FULL	
Acad.Ziekenhuis Blok A Universiteit Gent, faculteit Geneeskunde Vakgebied Arbeids-, Verzekerings- en Milieugezondheidskunde Prof.Dr.M. Vanhoorne De Pintelaan 185 9000 Gent BELGIUM Tel. +32914036.91 / fax +3291404994 e-mail michael.vanhoorne@rug.ac.be	FULL	YES
Department of Occupational Medicine Postgraduate Medical School A. David, M.D., Ph.D. Ruská Str. 85 CZ - 100 05 Prague 10 CZECH REPUBLIC Tel. 42 2 -67311976 / fax 42 2 -745575	FULL	
Finnish Inst. of Occupational Health - FIOH O. Punnonen, M.Sc. Topeliuksenkatu 41 a A SF-00250 Helsinki FINLAND Tel. +35804747600 / fax +35804773149 e-mail opun@occuphealth.fi	FULL	YES
Centre Hospitalier Regional de Pathologie professionnelle Prof.J.F. Caillard 76031 Rouen Cedex FRANCE Tel. +3335088269 / fax +3335088184 Tel 0232888285 / fax 0232888184	FULL	
Service de Pathologie Professionnelle Pavillon Chirurgical B Hôpital Civil Prof.A. Cantineau 1, Place de l'Hôpital BP No.426 67091 Strasbourg cedex FRANCE Tel. +33 388116466/ 33 388116699 / fax +33 388116524	FULL	YES
Sozial- und Arbeitsmedizinische Akademie Baden-Württemberg e.V. in Verbindung mit der Universität Ulm (=SAMA) Prof.Dr.med.Dr.h.c.T.M. Fliedner Oberer Eselsberg 45 D-89081 Ulm GERMANY Tel. +731-54044 / fax: +731552642	FULL	YES

<p>Akademie für Arbeitsmedizin und Umweltmedizin Berlin Dr.med.B. Nemitz Lorenzweg 5 12099 Berlin (Tempelhof) GERMANY</p> <p>Tel. +30 757953-10 to 16 / fax +30-757953-99</p>	FULL	YES
<p>Hauptverband der gewerblichen Berufsgenossenschaften Dr.med.G. Schmeisser Alte Heerstrasse 111 D-53757 Sankt Augustin GERMANY</p> <p>Tel. +2241231380 / fax +2241231333 -390</p>	SUSTAINING	
<p>Hessisch-Thüringische Akademie für Betriebs-, Arbeits- und Sozialmedizin Prof.H.J. Weitowitz Carl Oelemann Weg 11 Bad Nauheim GERMANY</p> <p>Tel. +49-6032-2450 / fax +49-6032-1540</p>	FULL	
<p>Faculty of Occupational Medicine Royal College of Physicians of IRELAND J. Malone 6, Kildare Street Dublin IRISH REBUPL</p> <p>Tel. +3531 6771150 +3531 6794676</p>	SUSTAINING	YES
<p>Institute of Occupational Health University of Brescia Prof. L. Alessio 1st Medicina del Lavoro P.le Spedali Civili, 1 25123 Brescia ITALY</p>	ASSOCIATE	
<p>Scuola di specializzazione in medicina del lavoro University of Milan G. Chiappino Via S. Barnaba 8 20122 Milan Italy</p> <p>Tel. +39-5457324 / fax +39-5516539</p>	FULL	
<p>University of Bari, Fac. of Medicine Bari Italy, Inst. of Occ. Health Prof.V. Foa Policlinico pza G. Cesare 70 124 Bari ITALY</p> <p>Tel. +39-80278205 / fax +3980278203</p>	FULL	
<p>University of Modena, Cattedra di Medicina del Lavoro G. Franco, M.D. via Campi 287 I-41100 Modena ITALY</p> <p>Tel. +3959270886 / fax +3959270866 e-mail franco@unimo.it or medlav@unimo.it</p>	FULL	YES
<p>A. Paoletti Scuola di Specializzazione in Medicina del Lavoro University of L'Aquila Via S. Sisto n. 22/E 67100 L'Aquila ITALY</p> <p>Tel. +39 862 433388 / fax +39 862 433383</p>	FULL	

MEMBER	FULL / ASSOCIATE / SUSTAINING MEMBER	CORRESPONDENT FOR EASOM
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<p>Luciano Rossi Universita di Napoli Federico II Via Pansini 5 80131 Napoli ITALY Tel. +39 81 5455537 / fax +39 81 7462124</p>	FULL	
<p>Linda Cocchianella Md MSc Assistant Professor, Occupational Medicine Dept. of Health Services Administration and Community Medicine Faculty of Medicine 13-103 Clinical Sciences Building</p>	NOT YET	
<p>NSPH J. Dam, M.D. Netherlands School of Public Health Admiral Helfrichlaan 1 3527 KV Utrecht THE NETHERLANDS Tel 030-2913232 / fax 030-2913242</p>	FULL	
<p>University of Amsterdam - Corvu Bedrijfsartsenopleiding P.J. Kroon, MD Meibergdreef 15 1105 AZ Amsterdam THE NETHERLANDS Tel +31 20 5664949 / fax +31 20 6975359 e-mail P.J.Kroon@amc.uva.nl</p>	FULL	
<p>NIA/TNO M.A. Oostindie, m.a. Postbus 124 2300 AC Leiden THE NETHERLANDS Tel. +31 71 5181616 / fax +31 71 5181920</p>	FULL	YES
<p>Dr B Moen Dept. of Occupational Medicine University of Bergen Ulriksdal 8C N-5009 Bergen NORWAY</p>	NOT YET	
<p>Nofer's Institute of Occupational Medicine Prof.J. Indulski, MD, PhD Teresy Str. 8 90-950 Lodz POLAND Tel. +4842314501 / fax +4842556102</p>	FULL	YES
<p>Inst. de Higiene e Medicina Social. Faculdade de Medicina de Coimbra Prof.S.M. Cardoso Rua Larga 3049 Coimbra Codex PORTUGAL Tel +3513929431 fax. +2825176</p>	FULL	
<p>Escola Nacional de Saúde Pública Prof.Dr.M.H. Faria Avenida Padre Cruz 1699 Lisboa codex PORTUGAL fax 00-351-1-7582754</p>	FULL	YES

<p>Centro Universitario de Saud Publica Area de Saud Laboral Prof.A.D. Codina c/ General Oraa 39 Madrid 28006 SPAIN</p>	FULL	YES
<p>National Institute of Work and Health Prof.J.M.P. Westerholm Ekelundsvägen 16 171 84 Solna SWEDEN</p>	ASSOCIATE	
<p>Federal Institute of Technology Zurich Department of Hygiene and Applied Physiology Prof.Dr. H. Krueger Clausiusstrasse 25 ETH-Zentrum CH-8092 Zürich SWITZERLAND</p> <p>Tel +41 1 6323973 / fax: +41 1 6321173 E-mail: krueger@iha.bepr.ethz.ch</p>	FULL	Dr.med.M. Krestin tel +4216323975 fax +4212624178
<p>Institute of Occupational Health Sciences Prof.H. Savolainen, MD Rue du Bugnon 19 CH-1005 Lausanne SWITZERLAND</p> <p>Tel. +42213132121 / fax +42213132130</p>	ASSOCIATE	
<p>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</p> <p>Tel. +44 121 4146026 / fax +44 121 4146217</p>	FULL	YES
<p>University of Newcastle-Upon-Tyne Department of Environmental and Occupational Medicine Dr J Harrison The Medical School, Framlington Place, Newcastle-Upon-Tyne NE2 4HH UNITED KINGDOM</p> <p>Tel +44 191 222 8748 Fax +44 191 222 6442</p>	FULL	YES
<p>Dr E S Hodgson Dept. of Public Health and Primary Care University of Oxford Occupational Health Service 10 Parks Road, Oxford OX1 3PD UNITED KINGDOM</p>	FULL	
<p>University of Glasgow Department of Public Health Dr E B MacDonald 2 Lillybank Gardens, Glasgow G12 8RZ UNITED KINGDOM</p> <p>Tel +44 41 339 8855 ext. 4031 fax +44 41 3305018</p>	FULL	YES



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DATES FOR YOUR DIARY

Olli Punnonen

1997

		Contact
March 10-14	Second International course on evaluation of occupational health services - LUDVIKA, Sweden.	NIVA, Topeliuksenkatu 41 A a, FIN-00250 Helsinki, Finland Tel: +358-9-47471 Fax: +358-9-47497
April 2-4	Social Security systems and health insurance: Financing and implications for occupational health. Rouen, France. ICOH scientific committee "Health service research and evaluation in occupational health."	The Institute of Occupational Medicine of the Univ. of Rouen, Upper Normandy. The Occupa- tional Health and Ergonomics Research Group.
April 24-25	Occupational Medicine - Core competencies. EASOM meeting, combined with meetings of the European Society of Occupational Medicine and UEMS. Glasgow, Scotland. (U.K.)	Dr E B MacDonald, Univ. of Glasgow, Dept. of Public Health, 2 Lilybank Gardens, Glasgow G12 8RZ Tel: +44 141 339 8855 Fax +44 141 3305018
May 28-30	European Conference on costs and benefits of occupational safety and health 1997. HAAG, The Netherlands.	The Ministry of Social Affairs and Employment of The Netherlands. e-mail Conference97@hoc.nl
June/July 29/6-2/7	ICOH. The third international conference on Occupational health for Healthcare workers. Edinburgh. "ENVIRONMENTAL INTERACTIONS"	Mr T McGuire, Conference Bu- reau, 17 Hillpark Terrace, Edin- burgh EH4 7SX, Scotland, United Kingdom. Tel/fax +44 (0) 131 312 8435
June/July 29/6-4/7	IEA 1997 Congress of International Ergonomics Association. Tampere, Finland.	IEA, Finnish Ergonomics Soci- ety, Nordic Ergon. Society, Tam- pere Univ. Technology, Markku, Mattila. Tel +358 (0)3 3162 111 Fax +358 (0)3 3162 671
June 18-20	2èmes Journées Charles Nicolle de Santé au Travail. Rouen - Hôpital Charles Nicolle, France.	2èmes Journées Charles Nicolle de Santé au Travail, Service du Pro- fesseur Caillard, CHU, 1 Rue de Germont, 76031 Rouen Cedex France. Tel 02 32 88 87 68 Fax 02 32 88 81 84
Sept. 10-12	"Health at Work - everyone's business". Brussels, Belgium. First Announcement	Federation of Occupational Health Nurses in the European Union. e-mail info@timshel.be.

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