EUROPEAN ASSOCIATION OF SCHOOLS OF OCCUPATIONAL MEDICINE

EASOM News Letter

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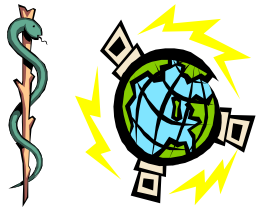
June 1997



AFTER STOCKHOLM GLASGOW.

EURO LINK THINK TANK

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Every so often an event occurs that you know you cannot afford to miss. Something tells you that this is history in the making. The April meeting in Glasgow was one of those meetings.

In a world of hyperbole, where the media can be relied upon to overstate the most mundane of occurrences, one can be forgiven for developing a healthy scepticism for triumphant journalism. However, this meeting, which was arranged under the auspices of EASOM and sponsored by the World Health Organisation, lived up to all expectations.

Its true success will be judged by what happens next. The proceedings will be published and the conclusions reached will form the basis of a report to the WHO on core competencies for occupational physicians. It is to be hoped that a similar initiative will take place at a European level and that the European Commission receives strongly supported advice about what constitutes an occupational physician.

One of the meeting's strengths was its interactive nature. The combination of presentations by experts from Europe, the USA and Australia, and parallel workshops on both days ensured that everyone had an opportunity to contribute and make their voice heard. The meeting also brought together the heads of the three European organisations whose success will be vital to the future of occupational medicine. The European Network of Societies of Occupational Medicine (ENSOP) and the occupational medicine section of the Union of European Medical Specialties (UEMS) co-exist with EASOM as a potential occupational medicine "triumvirate". UEMS is recognised by the European Commission and it has been a great achievement to have established an occupational medicine section. (see page 4)

Glasgow, a former European city of culture, has been instrumental in bringing together occupational physicians in a creative environment to start the composition of a European consensus on core competencies. Will there be harmony or discordance? This may depend both on the music and on who listens to it.

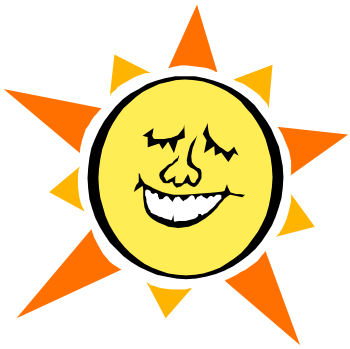
E A S O M in G L A S G O W

J HARRISON

Still light-headed from our sojourn to Sweden, the EASOM roadshow moved onwards and upwards and set up camp in Glasgow. The two day conference, which was seen by many as the springboard towards establishing occupational medicine at the European level, took competency as its main theme, with a view to assessing whether it is possible to obtain a consensus on "core" competencies for occupational physicians.

It is understood that occupational medicine is a heterogeneous specialty. The point was well made that if one mentions a specialist in cardiology or gastroenterology, for example, there is a general perception of their work and their role. This is not the case for specialist occupational physicians. Presentations on training needs - a European perspective emphasised the national differences within the European Community. In Finland, where there are only 2.5 million workers, occupational health is established. Yet the medical schools play only a minor role in training occupational health practitioners. In the Netherlands the Working Conditions Act 1994 has set an objective for employers to carry out risk assessments in the workplace in conjunction with occupational health services. This must be achieved by 1998. The work of occupational physicians will also be influenced by the Sickness Absence Control Act 1994 and the privatisation of Social Security. Some 1800 occupational physicians spend, on average, 50% of their working time on the assessment of employees who have taken absence from work attributable to ill health. In Germany employers must have an occupational health service, but the role of the occupational physician is relatively restricted and appears to be under threat from health and safety officers and industrial hygienists. In Germany there are 14,000 trained doctors in occupational medicine about 30% of whom have a higher qualification. Most doctors work for small companies. In Sweden there are occupational medicine specialists based in hospitals and occupational health specialists who work in occupational health services. There is no statutory provision for using the occupational health services, although there is a legal requirement to have quality assurance systems. In Sweden occupational medicine is often a second career choice, after a period in general medicine. In Italy the European "Framework" Directive has been translated into Italian law to prescribe for medical examinations of workers

with supposed work-related complaints, assessment of fitness for work, workplace visits, feedback of medical information and keeping medical records. In many countries market competition for services has an influence on training and practice. It is clear that competency cannot be looked at in isolation. The conference featured a number of workshops to



facilitate discussion on key areas of influence on the determinants of competency. These included knowledge and experience an occupational physician should have, future training and its integration. The final day of the conference started with a number of short presentations from a global panel of speakers. The conference was honoured by the presence of speakers on behalf of the American and Australian Colleges of Occupational and Environmental Medicine. Delegates were left in no doubt that the definition of competencies is a central theme for on-going discussions about occupational medicine in many parts of the world. There is the potential for Europe to learn from the experiences of our American and Australian colleagues. Their approaches are very different, with the American college currently evaluating a very detailed and prescriptive method of listing groups of competencies according to subject category. Each competency has an attached PSO designator (Primary, Specialty, Other) which reflects the expectations in relation to basic clinical practice, occupational medicine specialisation and other competencies that would require additional specialist training. The Australian approach is much broader brush, defining competency areas and general expectations for trainees within each area. Both colleges have adopted an iterative approach and the current models are based on the reflections of previous experiences of training occupational physicians.

Detailed information about the conference will be published in a conference proceedings. This will include summaries of the presentations and the discussions that took place in the workshops. It is anticipated that the publication will stimulate further discussion about the way forward for occupational medicine. We need to ensure that **all** occupational physicians feel that they have a voice and that they can contribute to the debate. They can do this in a variety of ways, but the complexity of European medical organisations can be daunting. EASOM is an important forum for the debate and the Newsletter is a simple medium for the expression of views.

COMPETENCY: DELPHI AND DISCUSSION

DELVING INTO DELPHI: DOES IT DELIVER ?

Delphi is a technique whereby participants are asked to evaluate a list of variables and assign each one a score. The scores are then collated to produce a ranking of the variables. This technique was used by Dr E B MacDonald, Senior Lecturer in Occupational Health in the Department of Public Health, University of Glasgow, to assist the process of defining the requirements for occupational medicine training in Europe. The results of this modified Delphi survey will be found in the Proceedings of the Glasgow Conference, but a summary will be presented here.

The main categories for assessment were:-

- δ Occupational Hazards to health
- δ Assessment of Disability and fitness for work
- δ Communications
- δ Research methods
- δ Management
- δ Occupational Health law and ethics
- δ Environmental Medicine
- δ Health Promotion

Each category had three subcomponents: Knowledge, Experience and Competence. A number of elements defined the type of knowledge, experience and competence for each category. Some categories had more elements than others. For example, occupational hazards to health contained a total of 22 elements, whereas health promotion only had 6 elements. For each subcomponent there was an opportunity to include additional elements. Each element was scored to indicate whether they were "not necessary" (0), "of minimal importance" (1), through to "most important or essential" (5). Scores 2 - 4 indicated the element had some importance.

Out of 85 questionnaires distributed to occupational physicians in a variety of countries, 66 were returned and 65 were analysed. Overall there was a high level of concurrence between the scores on the questionnaires. The mean scores presented at the conference indicated that occupational hazards to health was the category considered to be most important constituent of a training programme and that management was considered to be the least important. Research methods and occupational health law also scored highly but environmental medicine and assessment of disability were at the bottom of the rankings.

How can the findings of this survey be interpreted? It is not clear from the information that is available how representative this survey is of the views of occupational physicians in Europe. The numbers of people surveyed was small and we do not know the distribution of returns from different countries. However, there is some supporting evidence from other sources.

The conference programme included a workshop on competence which used the same list of categories as the modified Delphi survey. Members of the workshop were asked to consider the elements in the list and to make recommendations as to what should be added or removed from it. There were no recommendations to remove elements from the list, although there was doubt expressed about the ability to advise on the provision of adequate first aid facilities in the workplace. Occupational health hazards generated considerable discussion and the consensus was that this category was important. Communication skills and ethics featured strongly in the discussion with particular emphasis on being able to communicate at all levels of an organisation and knowing what to say and to whom. The importance of knowing what not to say was stressed. With respect to management issues the consensus from the working group was that professional management was important, but that other management tasks, such as the recruitment of staff and the management of finances, was less so. Interestingly, the involvement of occupational physicians with computers did not seem to be popular.

Elsewhere in this Newsletter there is a paper by Marina Krestin (page 7) who reports the results of an evaluation of her Institute's post-graduate course for occupational physicians. The results show that management skills and PC skills were rated more highly by the managers of the occupational physicians than by the graduates themselves. This lends further support to the results of the modified Delphi survey.

It is likely to be the case that doctor's views about training needs will reflect their own training history and experiences.
It will be important to try to identify core competencies for which there is a consensus within the profession. However, it will be important also to elicit the views of people outside occupational medicine, including managers and "purchasers" of occupational health services.

THE EUROPEAN SCENE

A MESSAGE FROM THE CHAIRPERSONS OF EASOM, ENSOP AND UEMS

Dear Colleague

A broad platform for Occupational Medicine in Europe

The coming together of so many colleagues in Glasgow offers an excellent opportunity for us all to "get our act together" at the inception of what looks like being an important and exciting period of development for our speciality. We are a small speciality with quite limited resources and so it is especially important for us to optimise our opportunities and impact in Europe.

Three discernible interest groups currently exist at the European level, EASOM, ENSOP and UEMS. More may exist in the future and it would undoubtedly be of benefit to have a structure in which all could exist and prosper in an easy and supportive framework.

To these purposes, it may be useful to share information, define sphere of activity, resolve any disagreements and obtain intelligence. In order to achieve these objectives, the following propositions are made;

* EASOM, ENSOP and UEMS shall commit themselves to communication regularly on matters of common interest especially if conflict might arise or a common position is seen to be important in relation to a particular issue.
* to achieve the above, the organisations shall commit their chairpersons to regular timetabled dialogue not less than annually.
* to support the above, minutes of meetings of each organisation shall be circulated to the boards of others for information.
* the chairpersons regular dialogues or meetings shall comprise the recognised co-ordinating mechanism for Occupational Physicians in the EC.
* other organisations which develop in this field shall be encouraged to join this framework,
* these organisations

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES or U.E.M.S. represents the established links between medical specialists and the European Council of Ministers. Founded in 1958, one year after the Treaty of Rome, U.E.M.S. was the first European medical association to be created. Its objective is to defend at international level the title of the specialist and his professional status in society.

Each country belonging to the European Union or EFTA may send a representative from its national professional organisation representing medical specialists. These organisations are full members of U.E.M.S. There is a management council comprising two delegates per country, whose duty is to represent the country rather than their specialty. There is a large number of specialist sections and occupational medicine has its own section. The specialist sections are responsible for the professional defence of their specialty and the harmonisation of the profession at a European level. The specialist sections may have their own working groups to which additional experts may be co-opted. There may also be the creation of a European Board which is responsible for the harmonisation of training and the defence of patients' interests.

The occupational medicine section of U.E.M.S. has an input, through U.E.M.S. into the Standing Committee of European Doctors and the E.U. Advisory Committee on Medical Training. There is also a link to the European Commission and hence the Council of Ministers. This is a very important communication link which must be utilised if specialist occupational physicians are to influence the formulation of European legislation and the understanding of the specialty.

The specialist sections have a role which overlaps with that of EASOM, i.e. the harmonisation of training. It is extremely gratifying, therefore, that a spirit of co-operation exists between the three European occupational medicine organisations. When a specialist section speaks with one voice they are considered to have an authorised opinion. It is anticipated that such an authorised opinion will be listened to and will be taken into account in the decision making process.

EASOM NEWS

JUNE 1997

EASOM MEETING - GLASGOW, SCOTLAND. APRIL 1997.

As is now established practice the recent Glasgow conference coincided with a meeting of the EASOM board.

The Constitution of EASOM has been agreed. It has been written in both Dutch and English. Although the advantage of having a constitution in other languages as well, to promote a wider understanding and a feeling of belonging, has been acknowledged, the cost of carrying out further translations is considered to be prohibitive.

The financial status of EASOM was a subject for discussion. Although the reserves are sufficient for continued activity concern has been expressed about the slow payment of fees. Members can expect to receive a reminder about their fees.

The Newsletter appears to have been well received by the membership. Appears is the operative word as very little feedback has been received, so far. In addition to the exchange of information about training courses, there appears to be interest in learning about occupational medicine practice in different countries. Examples of assessments of the quality of education would also be of interest (see page 7).

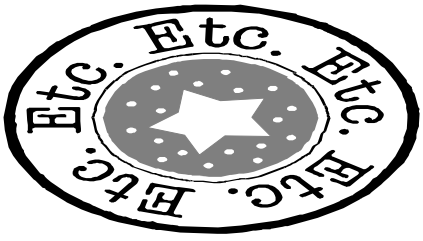
Co-operation between EASOM, ENSOP and UEMS has led to the formation of a chairman's group which will have enhanced lobbying power. One objective of this group will be to exert an influence over law making and law interpretation. An example of differences in interpretation has been the translation of Council Directive 89/391/ EEC on the Introduction of Measures to Encourage Improvements in the Safety and Health of Workers at Work, otherwise known as "The Framework Directive". There is a wide disparity between EU countries with regard to the performance of risk assessments at work and the implementation of preventive services.

Progress towards the harmonisation of training at a European level will continue with plans to repeat the modified Delphi survey, taking into account the results from the initial pilot. In addition to publishing the proceedings of the Glasgow conference, there are plans to link with the World Health Organisation (WHO) and to publish guidelines on competencies in occupational medicine. This will be a joint WHO/EASOM publication.

It is proposed that the next General Assembly of EASOM will be in Austria in 1998. This may be a combined meeting using the model of the Modena meeting in 1996. It has been suggested that there could be a scientific meeting the theme of which will be methods of assessing the quality of training. This could be combined with a meeting of the Austrian Medical Society.

CORRESPONDENTS

There has been a slow, but encouraging, response from physicians who indicated that they wished to be EASOM correspondents. This is a vital role for EASOM but it need not be time consuming. It is not necessary to write much - simply jot down a few notes or ideas. Remember, occupational physicians need to have a single voice.



OTHER NEWS

The Institut für Hygiene und Arbeitsphysiologie in Zurich, wishes to build up a catalogue of computer-based training programmes (CBT) in the field of occupational health. If anyone has any information about CBT would they please contact Brigitta Danuser, "Arbeit + Gesundheit", Institut für Hygiene und Arbeitsphysiologie, ETH Zürich,
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SC on TRAINING AND EDUCATION IN OCCUPATIONAL HEALTH (ICOH)

The Conference "PROMOTING EDUCATION AND TRAINING FOR HEALTH OF ALL WORKERS" will be held in Cairo, Egypt from December 7 - 9, 1998. The theme of the conference takes into account the "Health for All" strategy of the WHO. The first announcement of the conference is expected in mid-June.

EASOM members may be interested to read an article by GREG BOUSFIELD, which can be found in the May/June issue of OCCUPATIONAL HEALTH REVIEW. (Pages 21 - 25). This is an overview of the activities of occupational physicians and occupational health services in France, Spain, Belgium, Germany, Italy, The Netherlands, Denmark and Sweden. The author highlights three general issues that face occupational physicians in Europe:-

- their effectiveness in collective prevention and reduction of risk
- the need for non-medical professions to deal with new hazards
- the impact of new EU health and safety legislation.

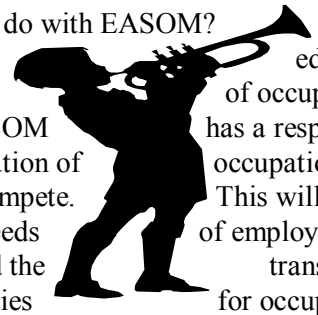
I would be interested to hear the views of members about this article.

EDITORIAL

EDITORIAL

Traditional medical education has not encouraged doctors to work as part of a team. It has promoted individualism: The doctor is in charge and the doctor knows best. He is supported by other health care professionals but he remains the star of the show. Contemporary teaching, on the other hand, emphasises participation in the multi-disciplinary team. In occupational health, doctors work alongside occupational health nurses, occupational hygienists, safety officers, physiotherapists, psychologists, and so on. In an era where it is the norm, rather than the exception, for doctors to have to justify their actions to business managers or personnel managers it is easy to lose sight of the role of the occupational physician.

There is evidence from some European countries that occupational physicians have been knocked off their pedestals. Doctors are, after all. expensive to employ. Why, therefore, employ an occupational health doctor when an occupational health nurse or a safety officer can do the job just as well? Why employ a specialist occupational physician when a medical practitioner with minimal extra training will suffice? We live in a competitive world in which Darwinian principles apply: survival of the fittest.



What has any of this to do with EASOM? This organisation is concerned with education and training, not protecting the jobs of occupational physicians. The answer is that EASOM has a responsibility to assist in training the next generation of occupational physicians, who will need to be fit to compete. This will require an understanding of the needs of employers in the various European countries and the translation of those needs into defined competencies for occupational physicians. There is also a responsibility to try to educate those employers and the legislators who place duties upon them so that they understand the added value of employing competent occupational health practitioners. In particular, the unique expertise of specialist occupational physicians, applying a medical education and training to the diagnosis, rehabilitation and prevention of occupational disease, must be explained.

The spirit of co-operation that exists between the three European occupational medicine organisations augers well for the future. In the U. K. occupational medicine has spawned a large number of small specialist interest groups. There is a lack of a unified organisation such as exists in the United States of America. Unless we can achieve a similar presence in Europe occupational physicians will be marginalised and the status of occupational medicine as a clinical specialty will wither on the vine. If we are to maintain the production of good vintages we must adapt the techniques of viniculture to take account of environmental changes. To get the best vines there must be soil and climate for future growth. EASOM must work with the "chateaux" to improve the quality of the grapes and the wines that they make. Wines which are premier cru are highly sought after. Such wines will be expensive but people are willing to pay for this exclusive product.

Correspondence

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

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

FEATURE

Evaluation of the sustainability of a Postgraduate Course in Occupational Health in Switzerland. Marina Krestin

This is a report of the evaluation of the sustainability of the first Postgraduate Course in Occupational Health held at the Institute for Hygiene and Applied Physiology, Zurich, in collaboration with the Institute of Occupational Health Sciences, Laussanne, which took place between 1993 - 1995.

Postgraduate education and training is a core task of the Universities. It is directed towards people who after a first education period and professional experience outside the education system, wish to re-enter the learning process.

Postgraduate education has to be an efficient and effective form of transferring new technological skills and knowledge , and consequently it forms a link between science and the work environment. It must be orientated towards the societal and individual needs (requirements) of its client group.

Course Evaluation has been shown to be an adequate and effective tool to assure and promote quality in the educational field . It checks and assesses the effectiveness of educational programmes and by measuring outcomes it facilitates decision making when looking for improvements.

- In this context the evaluation of sustainability of the first Postgraduate Course in Occupational Health 1993 - 1995 was carried out in January/February 1997, about 18 months after the end of the course. The survey was undertaken to gain expert and client
- views on the following:-

to assess attitudes and orientations towards OH training

to identify long-term needs (expert abilities and skills, industry requirements, personal needs)

to identify personal development possibilities, career opportunities

to identify issues affecting OH training

to assess the usefulness (applicability of knowledge) of the attended course.

- both from the graduates' and employers' view.

The assessment method was a quantitative one. The measuring instruments comprised two questionnaires: one for the graduates and one for their employers. It was developed collaboratively by the Centre for Continuing Education and the Institute for Hygiene and Applied Physiology.

The graduates were asked about personal details, their background, information sources and reasons for attending this course, actual professional situation, the quality of the course in terms of taught abilities and skills and the usefulness of the acquired knowledge and expertise.

By correspondence, the employers were also asked about their personal details, their background and professional function, information sources and reasons for choosing this course for their employees, their

Institute for Hygiene and Applied Physiology, Zurich, Switzerland.

expectations, in terms of abilities and skills which have been gained.

Concerning the overall (global) judgement of the P.G. Course, using the scale (ideal, good, average, poor) the graduates gave the scores:

20% ideal,
70% good,
10% average,
with regard to their professional activity .

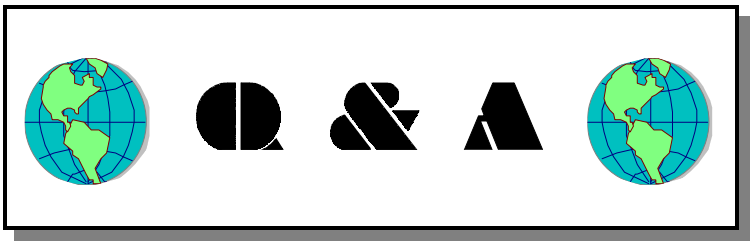
On average, they classified interdisciplinary expertise, scientific-analytical skills, conceptual/overview thinking, co-operation /team-work and oral communication ability as well (or very well) provided by the course.

The employers answered on an average that the Postgraduate Course was a good continuing education for the employees in connection with their OH activity. Almost all abilities and skills mentioned above were classified by the employer as important with regard to the OH profession. Only organisational /management skills and PC skills were rated less important in comparison to the other items.

Comparing the two groups' assessments we can detect some differences. In general, the employer rated the course more highly than the graduates. They valued the acquired skills like process-oriented thinking , organisational management, oral and written communication and PC skills more highly than the graduates. These findings will be incorporated into the design of future post-graduate courses.

Two health service topics will serve as the hors d'oeuvre for this column. It will be interesting to learn whether they have provoked any discussion in any other European countries: They certainly have caused difficulties for occupational physicians in the U.K.. The first relates to tuberculosis and the second is methicillin resistant Staph. aureus.

In the U.K. there is a national policy to offer BCG to staff who will have clinical contact with patients.



Should occupational physicians be involved with the control of MRSA?

The diminished availability of graduates from British medical schools has led to an increasing number of doctors coming from European countries to work in British hospitals. Many European countries do not routinely offer BCG as part of a programme of protection against tuberculosis. This means that doctors from these countries are often unwilling to accept the offer of BCG as this is likely to alter any subsequent response to PPD, which might be interpreted as their having tuberculosis in their native country. This might lead to their being treated for tuberculosis unnecessarily. However, this poses a problem for NHS-based occupational physicians.

Evidence supporting BCG vaccination of adults is lacking. However, the current policy has been formulated by the British Thoracic Society. Should European doctors be treated differently from British doctors? Are U.K. hospitals within their rights to insist on the vaccination or to restrict the areas of practice for doctors who decline to have the BCG? Is there a solution to this ?

Methicillin Resistant Staphylococcus aureus (M.R.S.A.) is not a new phenomenon. However, during the 1980's there has been increasing concern about its appearance in hospitals and in community settings in many parts of the world. Studies have shown that it is a problem in Europe, particularly in the southern European countries, where prevalence rates of 30% have been reported. Although the name suggests that it is resistance to methicillin that is the problem, these organisms are often resistant to many antibiotics. Infections with MRSA may have to be treated antibiotics such as vancomycin or teicoplanin: These are expensive antibiotics with significant side-effects and which may have to be administered in hospital. It is desirable, therefore, to prevent MRSA from becoming endemic.

Why is this an occupational health issue? Strategies to control the spread of MRSA have included the "isolation" of hospital staff who have been found to be carriers of the organism and treatment by occupational health staff.

Although some hospitals are trying valiantly to contain the spread of MRSA, others have given up the fight. Consequently there is an inconsistent approach to this issue in the U.K. There is an urgent need for a national consensus, perhaps a European consensus given the freedom of movement of staff within the European Community, about how to manage the spread of MRSA. Consideration should be given to the associated ethical issues of treating people who are not ill and of stigmatising staff who happen to become carriers. There is also the cost of screening and of replacing staff who are suspended from work. What is a sensible solution ?

The rapid development of the Internet and the increasing numbers of people who are able to access it means that it has now become an established communications medium. Anybody who is anybody has a website and EASOM has joined the club.

Led by Professor G Franco at the University of Modena, Italy, the web site has gradually evolved during the last 12 months. The site can be found at http://www.medlav.unimo.it/project.htm The following text has been taken from the web pages, but the layout has been changed.

PROJECT EENSOM

Project EENSOM

EENSOM
European Electronic Network of Schools of Occupational Medicine

1. Aim :
The project aims to support the action plan of the European Association of Schools of Occupational Medicine, based on the establishment of a network of correspondents throughout Europe.

This will allow (i) the acquisition of information on occupational health and safety, (ii) the acquisition of information about each School of Occupational Medicine, (iii) the acquisition of information about syllabus contents of the education and training in occupational medicine, (iv) the identification of relevant institutions in Europe and throughout the world, (v) the report of relevant continuing educational programs, (vi) the access to teaching material. The network ensures a fair and efficient regional diffusion in order to serve speedily all Schools of Occupational Medicine and other relevant institutions such as WHO and ILO with regards to the different aspects of training in the field of occupational medicine.

2. Rationale :
The ongoing movement towards a closer co-operation between the countries of the European Union affects also the activity and the training of medical specialists, including the occupational physicians. According to European Union regulations, the title of "Specialist in Occupational Medicine" is presently recognised by all member states. However, within European countries appreciable differences exist about the institutions involved in educating these professionals. This entails the need to harmonise educational and training programmes and the matching of the diplomas to standard requirements. A standard or core curriculum should be adopted by all member states. It could include a basic training comparable in all countries and a specific training peculiar to each country.

3. Specific interest by institutions :
The network will be a tool to be used as a provider of information within the Schools of Occupational Medicine and other relevant institutions, enabling the exchange and the dissemination of information about educational and training programs, syllabuses, related educational material and publication. This would contribute to the effort finalised to the harmonisation of approaches and methods adopted by different national programs in a European dimension.

4. Participants :

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(Continued on page 10)

INTERNET WORLDWIDE WEB E-MAIL

(Continued from page 9)

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h) J. Harrison, School of Occupational Medicine, University of Newcastle, Newcastle

PROJECT  EENSOM

EASOM
European Association of Schools of Occupational Medicine

The movement towards closer co-operation between the countries of the European Community has implications for the training of Occupational Physicians. EC Directives emphasise 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.

EASOM is an organisation providing a platform for discussing approaches to harmonisation of training for Occupational Physicians.

1. Constitution of EASOM

•Article1 •Article2 •Article3 •Article4 •Article5 •Article6 • Article7 •Article8

2.Internal regulation

•Chapter1 •Chapter2 •Chapter3 •Chapter4 •Final decision

3.List of members

•Austria •Belgium •Czech Republic •Finland

•France •Germany •Irish Republic •Italy

•The Netherlands •Norway •Poland •Portugal

•Spain •Sweden •Switzerland •United Kingdom

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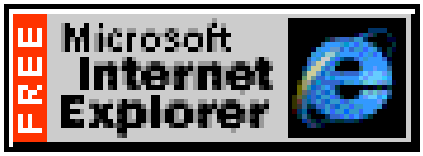
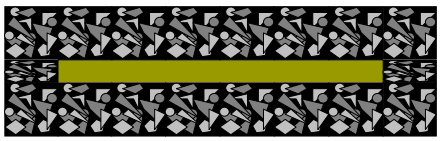
tel. +31 20 5664949 / fax +31 20 6975359
e-mail: P.J.Kroon@amc.uva.nl



This web site is just one that will be of interest to occupational physicians and all occupational health practitioners. It is hoped that this site will act as gateway to many other sites within Europe and the rest of the World. As it develops links will be added to make “surfing the web” easy as you ride the waves of occupational medicine and health.

The Newsletter will keep an eye open for sites of interest and future editions will feature those of particular interest. If anyone would like to publicise their web page please write to the Newsletter.



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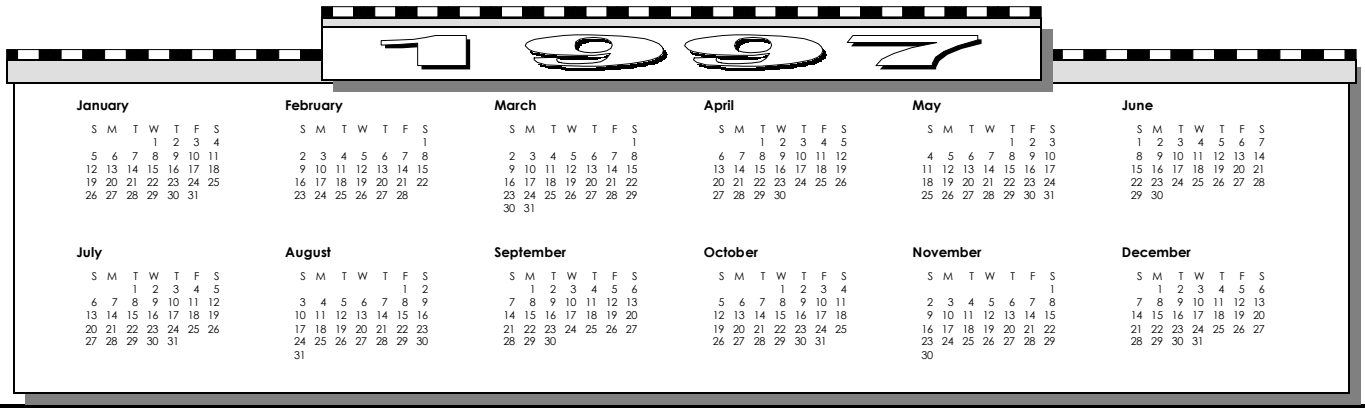
University of Glasgow Department of Public Health **Dr E B MacDonald** 2 Lillybank Gardens, Glasgow G12 8RZ UNITED KINGDOM Tel +44 41 339 8855 ext. 4031 fax +44 41 3305018	FULL	**YES**



DATES FOR YOUR DIARY

Olli Punnonen

1997		Contact
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 Professeur Caillard, CHU, 1 Rue de Germont, 76031 Rouen Cedex France. Tel 02 32 88 87 68
June 23-27	New challenges for the organisation of night and shiftwork, Majvik, Finland.	Majvik Congress Centre PO Box 122, Masala FIN-02401 Kirkhonummi, Finland TEL +358-0-2955-1250 Fax +358-0-297 6306
June/July 29/6-2/7	ICOH. The third international conference on Occupational health for Healthcare workers. Edinburgh. "ENVIRONMENTAL INTERACTIONS"	Mr T McGuire, Conference Bureau, 17 Hillpark Terrace, Edinburgh 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 Society, Nordic Ergon. Society, Tampere Univ. Technology, Markku, Mattila. Tel +358 (0)3 3162 111
July 7-11	Quality Assurance in Health Care Institutions: a training course for health care providers. Maastrict, Holland	Univ. Maastrict. Fax +31 43 361 4421 (Information - Annie Simon)
July 7-9	International Conference on Aging in the twenty-first century: An interdisciplinary perspective. Leuven, Belgium.	New York Univ.School of Education Tel: 212 998 5090 Fax: 212 995 4923
Sept. 10-12	"Health at Work - everyone's business". Brussels, Belgium.	Federation of Occupational Health Nurses in the European Union.
November 9-12	4th European Conference of the International Union for Health Promotion and Education. Jerusalem, Israel.	IUPHE/EURO, Dept. Health Education, Ministry of Health Fax: 972 3 613 3341

1998		Contact
May 4-6	From Protection to Promotion. Occupational health and safety in small scale enterprises. Helsinki, Finland.	TTL,TM, STM (Anneli Vartio) Tel 358 (0)9 4747 345
June 9-12	8th International Conference on hand-arm vibration. Umeå, Sweden. International Advisory Committee of International Conference on hand-arm vibration. (ICOH), Scientific Committee "Vibration and Noise" (SCVN) (National Institute for Working Life, PO Box 7654, S-907 13 Umeå, Sweden.)	Tel +46 90 165095 Fax +46 90 165027 E-mail hav98@niwl.se
June 8-10	Good Occupational Health Practice and Evaluation of Occupational Health Services Helsinki, Finland.	TTL, ICOH. (Inkeri Haataja) Fax: 358 (0)9 4747 548 inkeri.haataja@occuphealth.fi

JOIN US

Would you..... like to join..... 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 will be made available to members at a reduced 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 EAS-OM;

European harmonisation will affect us all. If you want your voice to be heard then EASOM is the forum for raising issues about training and education. Today's talk will bring tomorrow's action. Why not help shape the future ?

Membership fees will be fixed by the General Assembly.

Current membership fees, per annum, are:

Full members:	190 ECU
Sustaining members:	300 ECU
Associate members:	60 ECU

YES, I would like to join EASOM.

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Amsterdam School of Occupational Medicine

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