

EASOM

EUROPEAN ASSOCIATION OF SCHOOLS OF OCCUPATIONAL MEDICINE

Issue: 4
December 1997

News Letter



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Every so often an organisation has to re-examine its purpose. It has to check that the people that created it are still committed to its existence. The pace of change at the end of the 1990's is such that, without realising it, organisations become redundant. They no longer retain the importance and the meaning to their creators that was the initial impetus to take time and effort to found them.

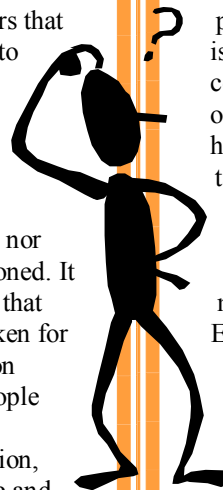
That this is necessary does not imply that the organisation has failed, nor that it should be abandoned. It is merely a recognition that things should not be taken for granted. An organisation requires leadership; people require motivation. Leadership is about vision, about clarity of purpose and about encouraging people to follow. Put crudely, it is about selling an idea and making people want to invest in that idea. It creates movement within the organisation: things happen.

EASOM was created by far-sighted people who looked at

occupational medicine from a European perspective and realised that much could be gained by creating a forum in which academic occupational physicians could meet and exchange information and ideas. That vision has not been lost, but there is a need to test it against current perspectives of occupational medicine. There is an increasing awareness that occupational medicine can play a key role in maintaining and promoting the health of nations. What is, perhaps, less apparent in some countries is the specialist nature of occupational medicine and occupational health. EASOM has to be more than a talking shop. Talk must be followed by action.

What does EASOM mean, to its members and to others? How can EASOM make a difference to individual practitioners, to national groupings and to the development and evolution of occupational medicine in Europe?

1998 is the year of the next general assembly, which is planned to coincide with a meeting of the Austrian occupational medicine society, in September. The next few months should be a time of reflection, re-evaluation and re-affirmation of the need for EASOM and of its direction and modus operandi, to take occupational medicine forwards.





INTERNET WORLDWIDE WEB E-MAIL

In the last edition of the Newsletter we looked at the EASOM web page, known as project EENSOM.

<http://www.medlav.unimo.it/project.htm>

There are many other useful Internet web pages that will be of interest to EASOM members. Perhaps one of the best established, and the best known, is the Duke University web page. However, this excellent web page will be reviewed in a later edition. Making no apologies for a Euro-centric focus, the next web page chosen for the Newsletter is that of Edinburgh University, which has been written by Raymond Agius and developed by Ian Smith. The address is <http://www.med.ed.ac.uk/hew/> which brings up a colourful picture of Edinburgh, with the castle in the background, and a welcome to HEALTH, ENVIRONMENT & WORK. The site consists of hundreds of files about environmental and occupational health from the University, as well as links to many elsewhere. The pages may be viewed with or without frames. From the home page there are links to other web pages, an index of teaching resources in occupational and environmental health, information about undergraduate and post-graduate courses and training in occupational and environmental medicine, a search facility and a page with recent information and additions to HEW. The latter page currently has links to the British Medical Journal for a follow-up report on the Gardner Report, a report summary on "The Quantification of the Effects of Air Pollution on Health in the United Kingdom" and a nature special on BSE/CJD. There is also a useful list of imminent or recent lectures/tutorials for the University students, including a critical appraisal of environmental and occupational health literature, the influence of work on health and the recognition of work-related ill-health and organs of first contact: skin and lungs. The Directory of sites in occupational and environmental health is a

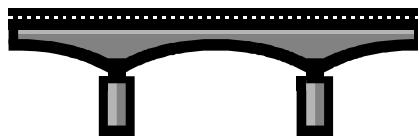
good place to begin "surfing" the net to find out just how much information is available to occupational physicians. The links have been categorised to help the explorer and it is possible to chose from:

- ◆ Current or recent hot topics and new sites
- ◆ Governmental
- ◆ Educational: HEW or from Elsewhere
- ◆ Toxicology Databases
- ◆ Pollution
- ◆ Resources and Directories
- ◆ Journals and Books
- ◆ Societies, Lobby groups, Companies, Conferences
- ◆ Internet
- ◆ University of Edinburgh

The index of teaching resources is an alphabetical index of WWW teaching resources that have been produced by the University of Edinburgh. They are based on degree courses in environmental health, medical student teaching and other resources. Browsing the list reveals topics such as air pollutants and asthma, building sickness, cancer and work, health surveillance, lead, rehabilitation, sickness absence and the recognition of work-related ill-health.

The HEW pages are well presented and they are continually up-dated. This initiative represents a significant advance in facilitating the sharing of teaching resources and the acquisition of information to assist teachers and trainers in the preparation of their own teaching packages. However, it should be noted that copyright does exist on the pages and people accessing are advised that copies of the information should not be made without asking for permission.

A recent development which will be of interest to EASOM members is the establishment of a new e-mail discussion list. Once again, Raymond Agius has been instrumental in providing the impetus for the list, which is intended to



MAILBASE

complement the HEW web page. The list is called OCCENVMED and it is run under the auspices of MAILBASE, a service which is based in the University of Newcastle-upon-Tyne.

MAILBASE provides electronic discussion lists for the U.K. higher education community. It has a web-site <http://www.mailbase.ac.uk/index.htm> which provides information about all the lists and how to access them. At present, there are more than 1800 lists and almost 130,000 members. OCCENVMED has been set up to promote exchanges of information between researchers and teachers in occupational and environmental medicine, as well as discussion about current issues. Although the list is based in the U.K. it is hoped that members will be drawn from Europe and the rest of the World. The list has more than 100 members already, from the U.K., Europe, U.S.A., India and elsewhere. To some extent, the list is on-trial, because of the small academic occupational medicine community in the U.K. It will survive if it is popular with occupational physicians, or other professionals with interests in occupational and environmental medicine. It is to be hoped that, as more EASOM members join the Internet, and obtain e-mail addresses, they will consider becoming members of OCCENVMED.

For completeness, it should be pointed out that there is a similar discussion list associated with the DUKE web page. This list, has a similar name, OCC-ENV-MED-L. However, the content of this list is very biased to the USA, having been established for a number of years with many US members. The aim of OCCENVMED is to achieve a list with a European focus, but which will be of interest to the rest of the world.

An advantage of an e-mail discussion list is its interactive nature and the speed at which replies can be received. A message

(Continued on page 3)



(Continued from page 2)

that is sent to the list will be transmitted, almost instantaneously, to all the members of the list. OCCENVMED is an open list, i.e. requests are not vetted. Recent requests have ranged from queries about suitable text books to the management of post-prion exposures. There has been information about a discussion document from the H.S.E. of Great Britain inviting comments on a new occupational health strategy for the country and an announcement of a forthcoming launch by the Faculty of Occupational Medicine, of the Royal College of Physicians of London, of a publication on a core curriculum in occupational medicine for Medical Schools.

This is a new internationally accessible catalogue. Based at the University of Manchester, COPAC provides unified access to the consoli-

COPAC

dated online catalogues of some of the largest university research libraries in the U.K. and Ireland. COPAC is normally available 24 hours a day, 365 days a year and access is free of charge. The database currently contains 4.7 million records, from 10 universities. Records from a further 13 universities will be added in due course.

<http://copac.ac.uk/copac/>

Mailbase Electronic Mailing List Service

Mailbase

provides electronic discussion lists for the UK higher education community.

We currently have 1,820 discussion lists, and 126,811 members worldwide.

Mailbase is a [JISC funded service based at the University of Newcastle](#) and receives additional support from [Sun Microsystems](#).

Mailbase Workshops in Scotland

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[V](#) [X](#) [W](#) [Y](#) [Z](#)

occenvmed

Mailbase

This list will be of interest to all practitioners of occupational and environmental medicine and occupational health. Its aim is to promote discussion about current issues and to foster a global approach to research and teaching.

[List information](#)

Owner has restricted access to membership details

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[Joining and leaving occenvmed](#)

1 1:06:36

Boguslaw Baranski

Reorientation of occupational health practice across Europe

Regional Adviser, Occupational Health, World Health Organisation.
European Centre for Environment and Health, Bilthoven Division.

The World Health Organisation (WHO) Global Strategy for Occupational Health for All has been endorsed in 1996 by the 49th World Health Assembly (WHA) and supported by representatives of the International Labour Office and the European Commission, who attended that session. The strategy emphasises the need for and benefits of promoting healthy work practices and health and safety at work. The workplace is one of the most important settings for protection and promotion of health and, in fact, it determines to a large extent the quality of life in general.

The basic principles of the **WHO Global Strategy** are as follows:

- ◆ Occupational health and safety is an integral component of the health concept: a part of socio-economic development, and a fundamental human right and worldwide social goal.
- ◆ Political commitment of a nation as a whole, not only the Ministry of Health and/or Labour is essential for the attainment of occupational health for all.
- ◆ Involvement of all parties (employees, employers, authorities, occupational health professionals) in the planning and implementation of health and safety at work is a key factor.

The definition of occupational health has broadened considerably and there has been a transition from the strict concept of "prevention of occupational injuries" to overall protection and promotion of workers' health.

The 12th session of the Joint ILO/WHO Expert Committee on Occupational Health in 1995 has made a statement that the focus in occupational health is on three objectives:

- i) the maintenance and promotion of workers' health and working capacity;
- ii) the improvement of the working environment and work to become conducive to safety and health;
- iii) the development of work organisation and working cultures in a direction which supports health and safety at work and in doing so also promotes a positive social climate and smooth operation and may enhance productivity of the undertaking. The concept of working culture is intended, in this context, to mean a reflection of the essential value systems adopted by the undertaking concerned. Such a culture is reflected in practice in the managerial systems, personnel policy, principles for participation, training policies and quality management of the undertaking.

One of the priority objectives of the **World Health Organisation (WHO) Global Strategy for Occupational Health for All** is development of healthy work practices and promotion of health and safety at work. The strategy requires reorientation of the scope of occupational health to include health promotion as an element of occupational health programmes in enterprises. The WHO Regional Office for Europe (WHO/EURO) held a consultation on the role of occupational health services in the promotion of working ability and health, in Turku, Finland, 11-12 November 1996. Following discussion on the implementation of the WHO Global Strategy in Europe, the participants recommended that every Member State should ensure workplace health promotion activities, whenever possible with assistance of the occupational health services. It was concluded that the social partners: employers and employees with support of national or local authorities, have key and dominant roles in workplace health promotion.

Workplace health promotion and promotion of working ability

Health promotion as a new dimension of health strategy is a key issue of the WHO Health for All Policy, and it reached conceptual maturity in the Ottawa Charter for Health Promotion. It is defined in the Charter as the process of enabling people to increase control over, and to improve, their health. One reason for the choice of the workplace as a setting for health promotion relates to demographics. The majority of men and women are at work, and the workforce of the future will be older and include more women and minorities. Males, who are at greater risk of injuries, premature disability or death from most chronic diseases, are difficult to reach through traditional medical care and non-work-related public health programmes. These factors not only justify the development of workplace health promotion but also open up the question as to what kind of organisation - either newly developed health promotion agencies or existing occupational health services - should take responsibility.

The concept of maintenance of working ability has been developed by innovative occupational health services in response to the growing challenge caused by an ageing workforce and the ever-increasing cost of social security. To a certain extent it is a new interpretation of occupational health as defined by the Joint ILO/WHO Committee on Occupational Health in 1950 as "multidisciplinary activity which should aim at promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations"

Such an interpretation could mean that occupational health services should be involved more actively than

hitherto in workplace health promotion without giving up their traditional tasks related to prevention of accidents and injuries linked with the course of work. Workplace activities aimed at the maintenance of working ability include all measures that the employer and the employee undertake, as well as other organisations, in a united effort to promote and support the work ability and functional capacity of all persons active in working life throughout their occupational careers. The maintenance of work ability means extension of traditional occupational health and safety, at least at company or undertaking level, by the incorporation of a health promotion approach.

Quality assurance in the management of occupational safety and health

Leading commercial companies all over Europe increasingly use quality management standards to assure the quality of a product or service and to secure the confidence of the customer. This has resulted in widely spread and differing practices in using internationally accepted quality standards and terminology, and establishment of governmental and non-governmental quality certification bodies and training centres. The application of these standards into occupational health practice is still rather scanty. However some countries (e.g. United Kingdom, Finland, Netherlands, Spain, Sweden) have already set requirements for implementation of quality management principles into OHS practices including auditing, certification and guidelines on good occupational health practice. In the Netherlands there is a legal requirement for the certification of the Safety, Health and Welfare (SHW) services under the new Working Conditions Act which came into force on 1 January 1994. For the present, the Minister of Social Affairs and Employment awards certificates to SHW services and monitors the quality of services. It is intended that the private sector will take over this task in future. To get certification an SHW service must have a quality system on

which its service is based. The requirements for this system are comparable with those laid down under ISO 9001. A slightly different approach has



been undertaken in the UK and Spain. In the UK a British Standard BS 8800 has been published under the authority of the Standards Board and came into effect on 15 May 1996. The standard is a guide to occupational health management systems. The Spanish Association on Normalisation and Certification has issued a set of standards on prevention of occupational risks: UNE 81900-81902. Both British and Spanish standards are based on general principles of good management and are designed to enable the integration of occupational health and safety management within an overall company management. Thus, in contrast to Dutch procedures, they are not oriented to quality assurance in management of occupational health services, but to integration of occupational health and safety issues into the overall quality management of any com-



mercial enterprise. Thus, there are preconditions to allow developing international guidelines to implement quality assurance standards into occupational health services management. A full utilisation of the ISO quality standards, particularly EN ISO 14000/14001 and 9000 series on environmental and quality manage-

ment systems or equivalent, might be taken into account in the development of good occupational health management practice in industry. The main purpose of international guidelines is to encourage and facilitate implementation of quality management in countries which have not yet started this approach.

In conclusion, there is a trend towards reorientation of occupational health and safety to introduce more extensive use of workplace health promotion processes. The aim is to improve health and working ability, productivity and human relations at work and to reduce sickness absenteeism. There are economic incentives to improve working conditions and workers health, facilitating a cost-benefit analysis of occupational health and safety activities. At the same time there is a trend to deregulate occupational health services and to operate them on a competitive health market basis. Privatisation of occupational health services in the public sector contributes to a need to establish quality systems in their management. These trends are driven by a need to increase efficiency of obtaining a health gain for the workforce through reducing occupational and non-occupational diseases, improve human relations at work and increasing competitiveness of enterprise.

Indicators for occupational health used in most of countries do not reflect the importance of the role and impact of the workplace as a setting for the health of the nation nor do they sufficiently reflect the need for change in occupational health practice. Part of the east-west health gap in Europe might be related to the difference in the quality of occupational health provision and workplace health promotion.

Evidence to support this hypothesis is lacking. Surveys to compare the working cultures and working environment in different countries might provide data useful in explaining at least part of the east-west health gap.

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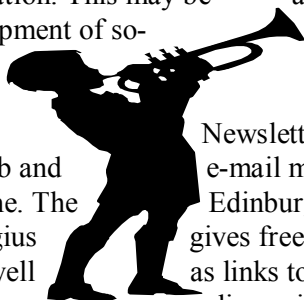
EDITORIAL



EDITORIAL

This Newsletter is the organ of communication for the members of EASOM. This form of communication has been used by organisations of all kinds for many years to let people know what is happening and to give them an opportunity to express their own views. Production of a Newsletter is relatively easy and cheap, particularly with the availability of good desktop publishing packages for the office or home computer. However, there are some disadvantages with Newsletters. For example, they tend to be compiled by a small group within the organisation, who might not be easy to contact, and they only appear every few months. Thus, the news element of the publication is rather limited, unless they bring news of events that are some time in the future, or that are likely to continue for a long period of time.

In our everyday lives we have become accustomed to the immediacy of news. We are bombarded by news on the radio, television, pagers, faxes and, most recently, the Internet. There is also an increasing trend towards making everything interactive. The radio phone-in is now common place and it is not unusual for TV programmes to feature audience participation by telephone. The Internet offers both the facility of up-to-the-minute news and interactive participation. This may be available via the world-wide web due to development of so-called push technology, or via e-mail.



This edition of the Newsletter features examples of how the world-wide web and e-mail may be used for the benefit of occupational medicine. The Edinburgh University web page, written by Raymond Agius, gives free access to a wealth of useful information, as well as links to other web pages around the world. The mailbase discussion list OCCENVMED may be used to disseminate news and to provide a means for occupational physicians to ask questions or enter into debates, with the expectation that responses will be received very quickly. How can the Newsletter compete against this?

The answer is that the Newsletter is part of EASOM. It is a creation of the membership and the copy reflects what is happening within the membership. It will survive if, and only if, that is the wish of the membership because without their contributions there will be no Newsletter. E-mail discussion lists like OCCENVMED complement the Newsletter and will be a means for EASOM members to communicate with the Editor. The list and the HEW web page can be used to spread the news. Of course, not everyone is linked to the Internet yet. But even when they are there will still be a place for a Newsletter. It seems inevitable that it will be available on the Internet, as well as on paper, and when that happens it should be possible to take advantage of the multimedia packages that are available to improve the quality of the presentations. The use of audio and video clips will transform the submissions, bringing them to life and allowing them to convey the essence of occupational medicine: medicine practised in real workplaces with real people. It is that enduring interest that binds us together.

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EASOM is grateful for the contribution from Dr Boranski.

The views presented in this article are those of the author and not necessarily the views of the WHO.

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If you have any queries about
the organisation of EASOM

please contact the secretary

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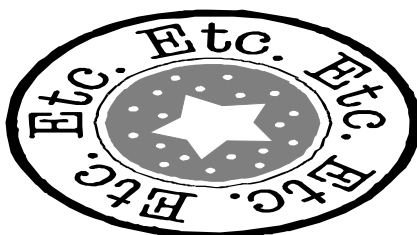
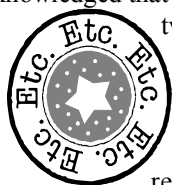
EASOM NEWS

DECEMBER 1997

Social security and health insurance costs are attracting a lot of attention. The cost of welfare provision vs the benefit to society is on the political agenda and will continue to be debated as the European Union begins to take shape. It is not surprising, therefore, that the recent meeting in Rouen, organised by the scientific committee for health services research and evaluation in occupational health attracted 230 people from 42 countries. This was the fourth international conference and the chosen theme was "Social Security Systems and Health Insurance: Financing and Implications for Occupational Health."

It was acknowledged that the relationship between occupational health and social security arrangements largely ignored by researchers. However, the impact of occupational health activity in areas such as prevention of occupational injuries, the management of absences from work attributed to ill-health and the reduction of premature retirement from the labour market, may be significant in reducing insurance premiums for companies and other organisations.

There is still much work to be done in this area and there is an opportunity for occupational health professionals to produce evidence of the effectiveness and the benefits of their work.
Piet Kroon.



EASOM BOARD

At the last meeting of the EASOM board there was an opportunity to review progress to date and to plan for 1998. The development of the Newsletter was discussed and the general feeling was that the members are happy with the issues, so far. It is difficult to be absolutely sure about this because there has not been much feedback from some countries. Although many members feel that they are unable to commit themselves to acting as correspondents, some have agreed.

Other European societies were discussed. Information about ENSOP and UEMS can be found in the previous issue of the EASOM Newsletter. It is fortunate that some of the current members of the EASOM board are also involved with these organisations. Piet Kroon is involved with ENSOP and Ewan MacDonald is secretary of the occupational medicine section of UEMS. These joint memberships will help to promote cooperation between the academic aspirations of EASOM, the political targets of UEMS and the practice concerns of ENSOP. Issues such as competency of occupational physicians and training needs are common to all the organisations. By working together, it should be possible to lobby the

various European departments and agencies.

Core competencies of occupational physicians was the subject of the Glasgow meeting in April 1997 and the proceedings from that conference are expected to be published in early 1998. Ewan MacDonald is chairman of a combined working group from EASOM and ENSOP looking at competencies. The plan is to use the results of the conference combined with those from a repeat survey of occupational physicians using a modified Delphi approach. The latter has been completed and is being analysed. A draft list of competencies will be circulated to the other organisations to facilitate wider consultation within the speciality. The aim is to publish a European list of competencies from EASOM and WHO-Europe.

Quality in occupational medicine was also discussed. Quality assurance in education and training will become increasingly necessary and EASOM needs to take a lead in this area. A working group has been established comprising G Elsigan, H Krueger, E MacDonald, R Masschelein and O Punnonen. The board learnt that the Finnish Institute of Occupational Health has done a lot of work in this area.

The next board meeting was planned for the end of 1997, although at the time of writing it is yet to be convened. Amongst other things, the next General Assembly of EASOM in Austria, will be planned.

EASOM MEMBERSHIP LIST

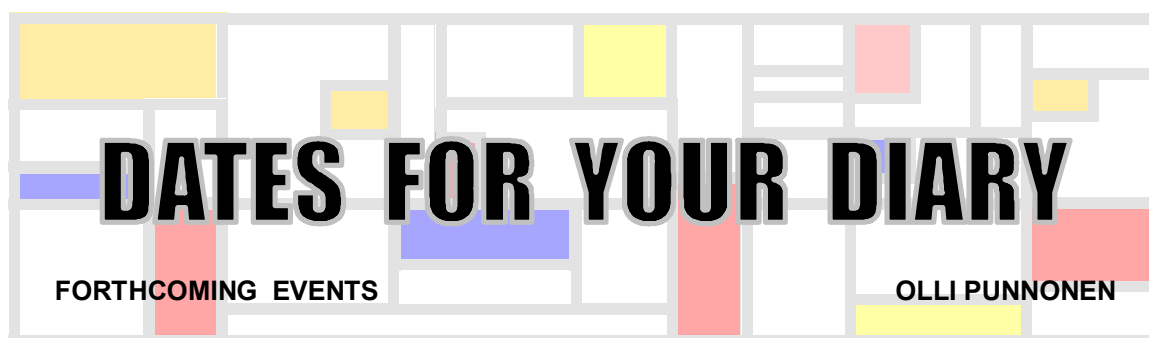
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1998	TITLE OF CONFERENCE/EVENT	VENUE/COUNTRY	CONTACT
March 23 - 27	New tools for good occupational health practice	SAARSELKÄ FINLAND	NIVA E-mail Gunilla.Ahlberg@occuphealth.fi
May 4 - 6	From protection to promotion. Occupational Health and Safety in Small-scale Enterprises	HELSINKI FINLAND	FIOH and others Anneli Vartio Tel: +358 (0) 9-4747 345 Fax: +358 (0) 9-4747 548 E-mail anneli.vartio@occuphealth.fi
May 6 - 8	Health and Safety at Work. 3rd European Film and Multimedia Festival	EDINBURGH SCOTLAND	European Commission Health and Safety Executive Fax: 44 (0) 151-951 4913
June 8 - 10	Good Occupational Health Practice and Evaluation of Occupational Health Services ◆ SECOND ANNOUNCEMENT	HELSINKI FINLAND	FIOH, ICOH Fax: +358 (0) 9-4747 548 E-mail inkeri.haataja@occuphealth.fi
June 21 - 26	XVI World Conference on Health Promotion and Health Education	SAN JUAN PUERTO RICO	Graduate School of Public Health of the University of Puerto Rico
June 23 - 25	International Conference Occupational Health in the Third Millennium ◆ FIRST ANNOUNCEMENT	MOSKOVA RUSSIA	RAMS Institute of Occupational Health E-mail izzmerov@orc.ru
September 14 - 16	Ageing and Work, Workability of elderly workers: a challenge for occupational health ◆ FIRST ANNOUNCEMENT	ELSINORE DENMARK	National Institute of Occupational Health, Danish Working Environment Fund and ICOH E-mail AMFUDD@inet.uni-c.dk
November 9 - 13	Quality Assurance and risk assessment in occupational health	LIETHUANA	NIVA E-mail pirjo.turtiainen@occuphealth.fi