

EASOM

EUROPEAN ASSOCIATION OF SCHOOLS OF OCCUPATIONAL MEDICINE

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News Letter



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Linz, Austria, will be the venue for the forthcoming General Assembly of EASOM. We will be the guests of the Austrian Society for Occupational Medicine and we will have the opportunity to learn about how occupational medicine has evolved in recent times.

The Austrian Society for Occupational Medicine was founded in 1954 to provide a platform for the development of occupational medicine as a distinct medical specialisation. Presently the society has some 450 members, among them most of the country's full-time specialists in occupational medicine. Annual national conferences have been held since 1981. This year's conference in the capital of the Upper Austrian province and an area characterised by heavy and chemical industry, is an ideal setting to talk about the future of EASOM. Linz, with a population of 250,000 inhabitants is presently undergoing rapid changes to adapt to the changes in the profile of those industries.

Of the 1300 company doctors in Austria, many work part-time,

their principal practice being in primary care. Approx. 300 are work full-time in occupational medicine. Since 1st. January 1998 all companies with more than 50 workers in one location have been required to provide an occupational medical service. For smaller companies the Workers' Compensation Board, a compulsory insurance organisation, has been expected to provide both occupational medicine and workplace safety services free of charge.

Training in occupational medicine is provided by 2 academies (Linz and Klosterneuburg, the Linz academy being one of the founding members of EASOM). Doctors practising Occupational Medicine need to pass a 12 week training scheme leading to a certificate permitting them perform as company doctors. Specialisation in occupational medicine, in accordance with EU regulations for medical specialists, requires a further training amounting to 6 years in total.

The Linz meeting promises a lively debate for EASOM.



THE INTERNET AND OCCUPATIONAL MEDI- CINE

GIULIANO FRANCO

Inroduction

Internet technology now provides access to an enormous volume and broad variety of health information. Unfortunately, not all the information comes from reliable sources and it often lacks a complete bibliography. Thus, the Internet sometimes delivers pseudo-scientific pieces of information. This makes it difficult for the user to determine which information is usable and credible; how it can be evaluated, critiqued, or verified; when it should be ignored, rejected, debunked, or erased.

The explosive growth of the Internet is well documented. The number of devices accessing the Web will grow from 12,6 million worldwide in 1995 to 233,3 million by the year 2000. The number of people accessing the Internet has more than doubled in the past 18 months, with 25 percent of the general population over the age of sixteen now using it.

At the moment there are over 10,000 health-related web sites. A recent report ¹ indicates that 36.7 percent of the general Internet user population accesses the web to retrieve health and medical in-

formation.

The web and occupational medicine

With this explosive growth has come an increased demand for information about occupational medicine. Sources of such information are mainly governmental, universities, medical centres and private associations. Many of these sources are authoritative and valid. Others, however, may mislead the consumer or could be misinterpreted. Consequently, criteria have been proposed to define a qualitative information standard relating to occupational hazards in the workplace. On the Internet site quality could be assessed using the following criteria:

- 1) Source: a site might show an Institute's or organisation's name, including a framework and contents
- 2) Author's name and documents' title
- 3) Bibliography
- 4) Number of times the site has been accessed
- 5) Internal search engine
- 6) Free admittance to information
- 7) Interactivity
- 8) Logical organisation links
- 9) When the site has been updated
- 10) Complexity of information:
 - a) high, b) medium, c) low

These criteria have been used to analyse several sites on the internet. (See table 1.)

The survey was conducted using some well known search engines (Altavista, <http://www.altavista.digital.com>; Yahoo, <http://www.yahoo.com>; Lycos, <http://www.lycos.com>). The list of occupational medicine URLs (Universal Resource Locator) is very wide. Occupational medicine sites are available worldwide: Europe, Canada, United States, Japan, Australia, etc. Most of them satisfy all criteria we considered, especially the European and American ones.

The Duke Occupational and Environmental Medicine; the Finnish Institute of Occupational Health; the University of Edinburgh and the European Agency for Safety and Health at Work are reported on here. The latest, although still experimental, seems to be based on a solid logical structure.

Among the sites in the United States, those from the government and universities have considerable resources. The most important sites are the National Institute for Occupational Safety and Health (NIOSH); the Occupational Safety and Health Administration (OSHA); the Occupational and Environmental Medicine, which allows users to consult some of the manuals on-line, and the International Occupational Safety and Health Information Center (CIS).

(Continued on page 11)

DANISH NATIONAL INSTITUTE

Ib Andersen, Ingrid Lauritsen

New structure within the Danish National Institute of Occupational Health

1. Background

In spring 1995, the Danish Minister of Labour presented an action programme for a clean working environment by the year 2005. It sets out the general goals for preventive health and safety activities and, thus, provides a general framework for all work in this field in Denmark during the next 10 years.

The action programme was preceded by a broad public debate on the subject. The results are reflected in the programme, which was drawn up in co-operation with the Social Partners, and which has received broad support in the Danish Parliament.

On the 1st January 1997 the Danish National Institute of Occupational Health ceased to be part of the Working Environment Service in Denmark. The Institute has become an independent government research Institute reporting directly to the Ministry of Labour. A board of directors was established on 1st January 1998. Six of the members of the board are from academia, eight from the social partners, one from the Working Environment Service and two represent the staff of the institute. The chairman of the board is a member of the European Parliament and is a former Danish Minister of the Environment.

The missions of the institute have not changed: They remain research and development, dissemination of knowledge and PhD and postgraduate training.

The most important reason for the changes is that the Danish Parliament's action plan for a clean working environment by 2005 has specified the following 7 visions for improvement:

- ◆ Fatal accidents caused by factors in the working environment
- ◆ Occupational exposure to carcinogenic chemicals and occupational brain damage due to exposure to organic solvents or heavy metals
- ◆ Occupational injuries to children and young people
- ◆ Injuries caused by heavy lifting and occupational diseases resulting from monotonous, repetitive work
- ◆ Damage to hearing due to noisy work
- ◆ Damage to health caused by psychosocial risk factors at work
- ◆ Diseases or serious problems because of a poor indoor climate in the workplace

It was also clear, from a user survey in 1995, that the institute should attach greater importance to the psychosocial area of occupational health and should support practical workplace projects on the prevention of work-related diseases and conditions.

An important aim of the new structure, therefore, is to make the Institute more user-friendly, task oriented and flexible.

2. The Transition To A New Structure

The previous structure of the Institute dated from 1988. It was based mainly on discipline-oriented departments each with 1-3 core areas, i.e. Departments of Occupational Hygiene, Chemistry/Biochemistry, Toxicology, Physiology

and Medicine. The establishment of a more flexible, spontaneous and problem-orientated organisational structure has required considerable changes.

3. Main Structure

Figure 1 shows how the management has strengthened the strategic level, the contacts with the external interested parties and internal co-operation. The top management now consists of a Director General, a Deputy Director and a Director of Research.

The administrative functions and the service functions have been centralised in two secretariats, so that the support for the individual functions has been secured and the co-operation among related functional areas has been strengthened.

The research is structured in four overall departments:

- * Chemical and biological exposures, effects and solutions
- * Indoor climate, effects and solutions
- * Work physiology (repetitive, monotonous work and heavy lifts), effects and solutions
- * Psychosocial exposures, effects and solutions

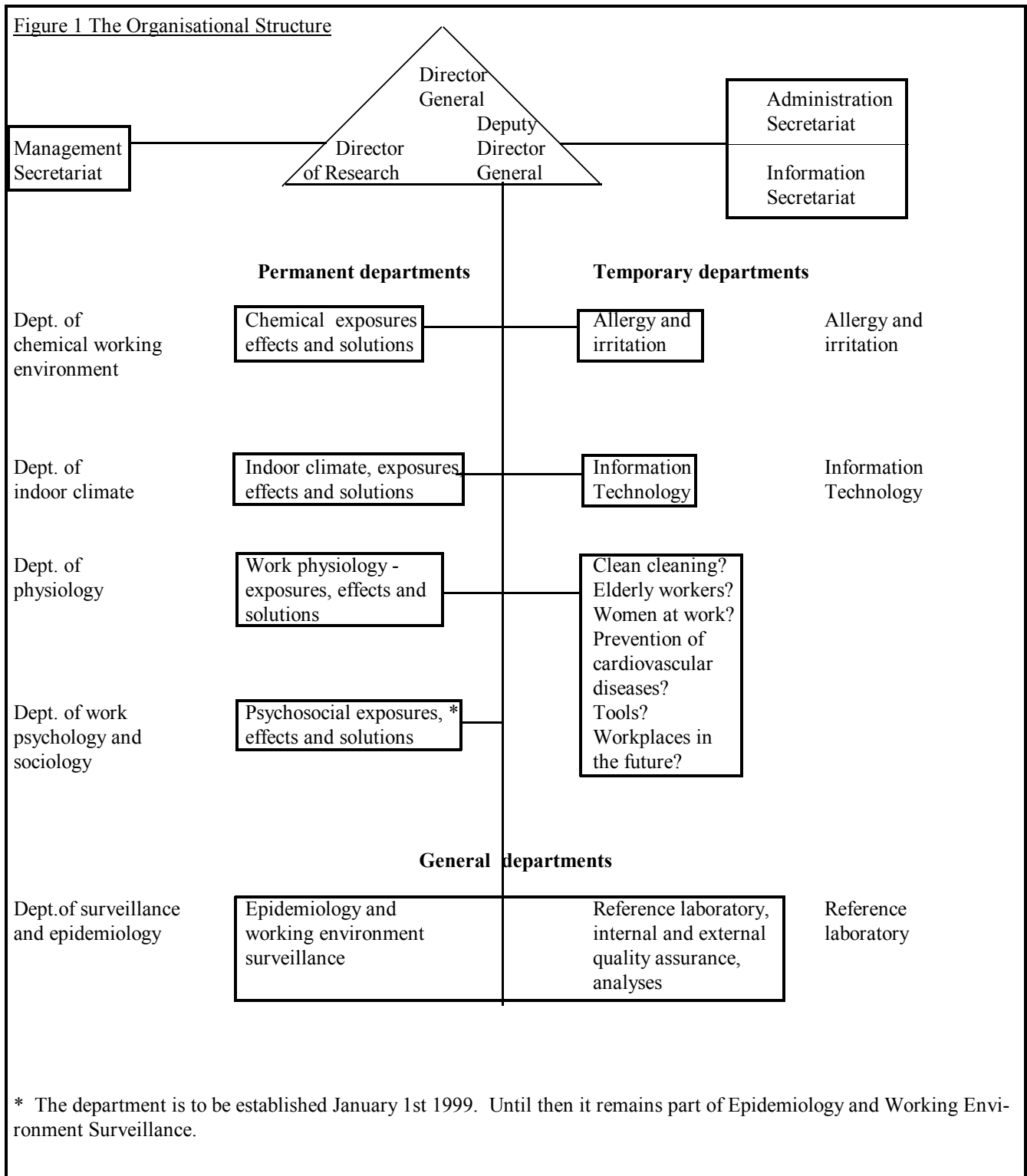
Moreover, two general departments have been established:

- 1) Epidemiology and working environment surveillance
- 2) Reference laboratory and

(Continued on page 4)

quality assurance

In addition, a number of temporary departments have been created: Allergy and Irritation and Information technology.



Thus, the Institute covers four out of the seven visions that have been described by the Danish Parliament. They have been selected because research in these areas will be extremely important. The vision concerning hearing damage is partly

(Continued on page 6)

Ewan Macdonald

UEMS Section in Occupational Medicine Progress in Europe

Senior Lecturer in Occupational Health, Department of Public Health,
University of Glasgow, 2 Lilybank Gardens, Glasgow G12 8RZ

The Section in Occupational Medicine of the Union of European Medical Specialists (UEMS) first met in January 1997. The section was established after proposals from at least 9 European countries were received by the UEMS. There are two representatives from each country, who have to be nominated by the relevant national medical association. In the U.K. this is the British Medical Association. One representative must be an academic nominee and the other a practitioner. The UEMS Section in Occupational Medicine provides a forum, therefore, to enable academic and practitioner networks to operate jointly within the medical and political framework of Europe. (see box)

UEMS was founded in 1958. (See EASOM Newsletter No. 3 - Ed.) Its purpose is the harmonisation and improvement of the quality of medical specialist practice in the European Union. It has produced a number of charters and has established working groups, some of which are active in the production of European standards and qualifications.

The Occupational Medicine Section has, as its Chairman, Dr Tom McMahon from Eire. Tom is the immediate Past President of the Irish Society of Occupational Medicine. The Secretary and Treasurer is Dr Ewan Macdonald, immediate Past "President" of the U.K. Faculty of Occupational Medicine (and an advisor to the Board of EASOM). The Section has tried to be proactive and it recently achieved a very positive 45 minute meeting with Commissioner Flynn. A delegation comprising Tom MacMahon, Kaj Husman from Finland (also a member of EASOM) and Ewan Macdonald was joined by Dr Joe Kearns who is Treasurer of the Standing Committee of Doctors, with whom UEMS liaises closely. The mutual Irish background

of Tom MacMahon and Commissioner Flynn was conducive to a warm reception of proposals, contained within a briefing document, that set out the main attributes and functions of an occupational physician, as well as the concerns of the group.

A number of specific points were raised during the meeting:

- 1 The high level of work-related ill-health occurring across European countries
- 2 The poor recognition of occupational ill-health when it presents to the general health providers in their respective countries and the need for improved

EUROPEAN CHARTERS

- **TRAINING MEDICAL SPECIALISTS**
- **QUALITY ASSURANCE**

- 3 recognition of work-related ill-health when it occurs
- 3 The serious inequalities in access to competent occupational health advice across Europe, with, for example, Finland achieving 90% whereas other countries, such as the U.K., being nearer to 20%
- 4 The rise of the workplace health promotion movement, which must be incorporated into occupational health promotion programmes to ensure that employers do not pursue general health promotion at the expense of health protection in the workplace

The meeting concluded by making some specific proposals with respect to

the arrangements for occupational health within the European Union. These proposals, which will be familiar to everyone who has been with EASOM were:

- α every worker should have access to competent occupational medicine advice
- α the organisation of work should promote both mental and physical well-being
- α the practice of occupational physicians should be based on appropriate training and the agreed European competencies
- α occupational physician representative bodies should be consulted in the framing of European health and safety legislation
- α the delivery of occupational health and safety services should be legally underpinned and should be based on quality assurance and quality improvement principles.

Commissioner Flynn responded positively to the proposals, recognising that the profession would wish to have access and be consulted when health and safety legislation was being drafted.

He was particularly interested in whether the delegation represented the profession as a whole, and, in particular, made reference to EASOM and ENSOP (the European Network of Societies of Occupational Physicians). It was possible to reassure him that, following the Glasgow "core competencies" meeting in April 1997, an agreement had been drawn up between EASOM, ENSOP and UEMS for mutual collaboration

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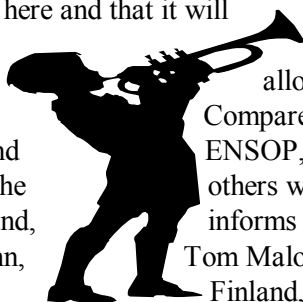
DITORIAL



DITORIAL

This edition of the Newsletter is a truly multi-national production. It is encouraging that it has been possible to collate contributions from all over Europe and to present a Newsletter which may be regarded as representative of EASOM. We begin with the announcement of the General Assembly in Linz, Austria. I am grateful for the background information about Linz and the Austrian Society provided by Gerhard Elsigan. Next there is a study of internet sites by Giuliano Franco from Modena. There has been an explosion of information available on "the net" but is it all reliable? Should the Newsletter be on the internet? Perhaps it is inevitable that this will happen, but does the membership support this? There will be an opportunity to discuss this in Linz. In the meantime, there is a questionnaire to be answered to provide the board with some background information about the current availability of e-mail and homepages amongst the membership. There is a report about the progress being made in Denmark with their Institute of Occupational Health and we hear also of the economic changes that have occurred in Poland that will have a significant impact on the way in which occupational health services are delivered in that country.

We know that change is here and that it will continue. EASOM itself may feel the winds of change, as this year's General Assembly will allow the membership to vote for the new board. Compared to our sister organisations, UEMS and ENSOP, EASOM has achieved a level of maturity that others will aspire to. Ewan Macdonald, from Scotland, informs us that, in the meeting with Commissioner Flynn, Tom Malone, from Ireland, and Kaj Husman, from Finland, the Commissioner asked whether UEMS and EASOM were working together. We cannot prevent change but we can try to influence it. We can do this politically and we can do this via education and training. The EASOM network facilitates both.



The EASOM initiative to apply to the Leonardo da Vinci and the Socrates programmes demonstrates the value of cooperation. The infrastructure that now exists, and which is attracting new participants all the time, will encourage communication between European Schools leading to an increasing awareness of activities, development of training programmes by sharing and opportunities to collaborate in new ventures. The pressures to assure the quality of training programmes are inescapable. In addition, there will be pressures to improve the evidence base for what is taught. This means that training programmes must be linked to research into occupational medicine and occupational health. EASOM can encourage and facilitate such research by bringing together the relevant people from within Europe and by ensuring that research funding agencies are appraised of the importance of occupational health.

EASOM will work because people want it to work. EASOM can bring people from different countries together and help them work for mutual benefit. Ultimately, that has to be good for everybody.

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covered by the department of chemical/biological exposures, effects etc. which has a programme for chemical related hearing damage.

The institute has taken the view that the research content in the visions relating to fatal accidents and to occupational injuries of children and young people is relatively small, compared to the amount of activity that will be focussed on workplace inspection. Consequently, the work to meet these visions will be handled by the Working Environment Service alone.

The homepage of the new institute

Contact the Editor at this address:
D.E.O.M., The Medical School, Framlington Place, Newcastle-upon-Tyne NE2 4HH, England. Tel: 0191 222 8748 Fax: 0191 222 6442 E-mail: john.harrison@newcastle.ac.uk



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 in Newsletter 4.

EASOM NEWS

June 1998

EASOM BOARD

THIRD GENERAL ASSEMBLY, LINZ, AUSTRIA.

SEPTEMBER 11/12 1998

All EASOM members are invited to attend the third General Assembly.

It is now four years since the first elections were held for the various posts on the EASOM board. This means that nominations will be requested for members who wish to be considered for election to the new board. If necessary, a postal ballot will be arranged.



The proposed agenda for the Assembly is as follows:-

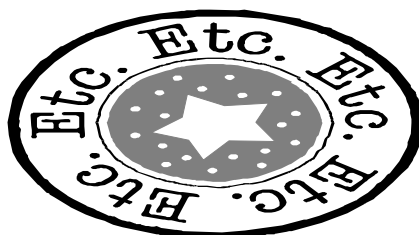
- 1 Opening
- 2 Apologies
- 3 Report of EASOM activities in 1996 and 1997
- 4 Report from the Secretary
- 5 Financial report 1996/97
- 6 Election of Chairperson
- 7 Election of Board members
- 8 Membership fees 1999/2000
- 9 Venue for next General Assembly.

The most recent meeting of the EASOM board was held in Leuven, Belgium, in February.

The forthcoming General Assembly in Linz was a major topic for discussion. Helmut Krueger and Barbara Nemitz were mandated by the board to liaise with the organisers in Linz with regard to the conference themes. Further information about the General Assembly will be sent out by the Secretary.

EASOM has submitted an application to the European Commission's Leonardo da Vinci programme. This is concerned with training in the workplace. The proposal is a multi-disciplinary collaboration to review the current arrangements in member countries, with respect to occupational health, and to propose new training programmes. The EASOM network of Schools of Occupational Medicine made such a proposal realistic at a European level. We will have to wait until the Autumn to find out whether EASOM has been successful.

There has also been some discussion about a proposal under the Socrates programme. This provides some funding for projects with a maximum duration of 3 years. There is a range of options for consideration, including the common development of European modules and projects involving networking. Once again, the existence of EASOM makes such projects realistic.



The board has discussed the future of the Newsletter and has agreed that the internet is an ideal medium for its distribution. Access to the Newsletter will probably via the EASOM homepage. In order to progress this idea we will gather information from members about the availability of e-mail and access to the internet. (see page 10) The development of EENSOM means that EASOM has a homepage that members may link to, if they wish. Some members have their own home pages already, either via their Universities or Institutes, or as individual subscribers to the internet via one of the many internet service providers.

The board is keeping up to date with the progress of UEMS (see page 5) and ENSOP. The inaugural meeting of ENSOP will take place in Brussels, in June.

Quality continues to be something that EASOM wishes to promote. The board heard that the Finnish Institute (FIOH) has completed a quality evaluation project, the findings of which should be of interest to all EASOM members. Ollie Punnonen is our contact with the FIOH and we hope that it will be possible to obtain more information about this. (Perhaps, Ollie will write an article for the Newsletter.) The possibility of holding a workshop in Linz about this was raised, but at the time of writing a firm decision had not been made. The idea of developing a questionnaire to be used in Schools of Occupational Medicine to gather information about the teaching methods used has been raised and this might be a useful way of benefiting EASOM members. If we can learn from each other and enhance the quality of teaching programmes, EASOM will be fulfilling one of its key objectives.

Marek Mikulski

The Nofer Institute of Occupational Medicine, School of Public Health. Poland

Occupational Health Care Services Transformations In Poland

The process of economical and systemic transformations ignited in Poland in 1989 revealed the need for deep, organisational modifications in all the sectors of economic activity. A rapidly growing free market economy and the new conditions of functioning within the transformed system showed that most of the organisational structures in Poland were out-of-date and in need of adjustment to the new situation. In addition, these conditions affected the system of occupational health care services, which for years had been operating based on the regulations formulated as early as 1953.

These regulations secured the legal foundations for the organisation of the then so-called Industrial Health Care Services which were intended to provide the workers with medical treatment and prophylactic health care. This system of services was supposed to be delivered by the outpatient clinics established in big industrial plants (serving the Industry workers) and at District outpatient clinics. More recently the latter have been based in Health Care Complexes (serving other than industry workers). Unfortunately, this resulted in only about 75% of all the industry employees being provided with these services and, at the same time, over 50% of Health Care Complexes failed to establish occupational health care services, thus depriving the workers outside the industry sector of professional occupational health care. Also, the delivery of prophylactic

health care services to the workers was far from the satisfactory; medical personnel, employed within this system, were more interested in providing the workers with medical treatment, rather than offering prophylactic health care services. These were either absent or provided only to a minimal extent. Therefore when the process of transformation started in Poland it became obvious that the organisational foundations for this system needed to be changed. After long and fervent discussions (there were even governmental postulates expressed that the whole system of occupational health care services should be dissolved and that the existing resources be transferred to the primary health care sector) certain legislative actions were undertaken.

The most important have included:

- ◇ the amendments to the Labour Code Act and
- ◇ formulation of the Act on Health Care Facilities
- ◇ formulation of the Occupational Health Services Act.

According to the latter, there emerged the possibility of creating different forms of Occupational Health Service Units, both in terms of types of services and also in terms of property for their location. This enabled employers to establish their own OHS Units.

Amendments to the Labour Code Act (1991,1996) – These amendments concerning health care of workers were formulated after the propositions from The Nofer Institute of Occupational Medicine and the Polish Society of Occupational Medicine. The bill on the Labour Code has been amended in so that it obliges every employer, including the private ones, to provide health care for workers and to meet the relevant costs, for ensuring workplace examinations for harmful agents and for informing the workers about workplace hazards and their potential ill-health

effects.

The Occupational Health Services Act (1997) - prepared by The Nofer Institute of Occupational Medicine and passed by Parliament in June 1997. The provisions of the Act ensure conditions for the satisfactory functioning of occupational health care services under conditions of a free market economy. It ensures equal chances of health protection for all employees, independent of job type or sector of economy in which they are employed. The Act also enables free development of OHS internal structures, creating conditions for the formation of the internal market resulting in competition which contributes to the improvement of the quality of health services and ensures correct relationships between the prices of the individual services. The detailed provisions of the Act legislate for State intervention, by ensuring the possibility of expert consultations for all the health care system and its environment, by providing expert supervision dedicated to quality assessment, and by enhancing the level of post-graduate training of occupational physicians. It is worth noting that in formulating the Act certain provisions contained in the EU legislation and in the ILO conventions were taken into consideration (Council Directive 89/391/EEC of September 12, 1989 which refers to measures necessary to improve worker health and safety at work and ILO conventions No 155 and 161 in particular). Therefore, the Act meets the current demand for harmonisation of Polish law with the legislation of European Union in this field.

In light of these legal actions, occupational health services in Poland have gradually adjusted to the needs of providing comprehensive professional health care to all workers. The initiatives of The Nofer Institute of Occupa-

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(Continued from page 5)
on such matters.

Access to high levels of decision making within the European Commission, in general, and DG5, in particular, will be a key objective for occupational physicians. Commissioner Flynn offered to facilitate this, although he was keen that members of the UEMS Section and the profession also accessed the advisory committee of health and safety through their own country representatives.



Every worker should have access to competent occupational medical advice.

Recognised bodies representing occupational physicians should be consulted in the framing of European health and safety legislation.

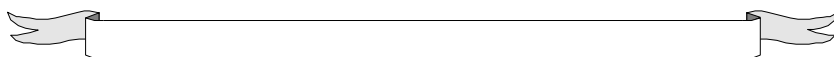
The Section will work with the social partners including employers, trades unions and government bodies, to ensure adequate provision of workplace occupational health and safety and appropriate research into occupationally related ill-health.

The organisation of work should promote mental, as well as physical, well-being.

Occupational physicians should be professionally independent and be bound by the ethical standards of the medical profession.

The delivery of occupational health and safety services should be based on quality assurance and quality improvement principles

The practice of occupational physicians should be based on appropriate training and agreed European competencies.

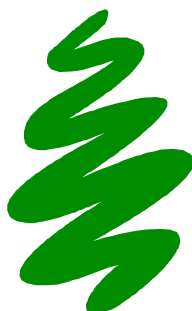


The possibility of a further meeting with Tom McMahon was raised. If this is achieved it is the intention of Tom to ensure that the President (sic) of EASOM and of ENSOP participate in that meeting.

There can be no doubt that this meeting was a step forward for occupational medicine within Europe. The recent formation of the Occupational Medicine Section of UEMS, with its representation of both academics and practitioners, clearly demonstrates its value. However, it is important that in these strategic issues UEMS, EASOM and ENSOP collaborate and speak with one voice.



“There can be no doubt that this meeting was a step forward for occupational medicine within Europe.”



“In strategic issues UEMS, EASOM and ENSOP collaborate and speak with one voice.”

The Purpose of the UEMS Section of Occupational Medicine

In addition to the objectives of the UEMS, the Occupational Medicine Section will promote the development of the occupational medicine specialty in Europe with the aim of improving the health of people at work.

To achieve this the Section has the following objectives:


- ◆ To influence the European Union Legislators
- ◆ To collaborate with appropriate agencies
- ◆ To advance and harmonise the quality of specialist medical practice
- ◆ To identify the common areas of the discipline, including the competencies and to provide training programmes for specialty and non-specialist doctors

EASOM MEMBERSHIP LIST UPDATES AND AMENDMENTS

1998

MEMBER	FULL / ASSOCIATE / SUSTAINING	CORRESPONDENT FOR EASOM
National Institute of Occupational Health Ib Anderson, Director Lersø Parkallé 105 DK-2100 Copenhagen DENMARK Tel: +45 39 29 97 11 Fax: +45 39 27 01 07 e-mail ib1@ami.dk	Associate	No
INTERESTED PERSON		
ILO Headoffice Dr G H Coppee CH-1211 Geneva 22 SWITZERLAND		

In this edition of the Newsletter we have not repeated the member's database. It will re-appear in the next edition. When the Newsletter appears on the internet, the database will be accessible via the EENSOM home page. It is very important that the information held on the database is correct. Would members check their entries and inform either the Editor, or the Secretary, of any typing errors or changes from the published information? In addition, please assist us by answering the following questions: (copy and fax)

QUESTION	PLEASE ANSWER
Do you have either a personal e-mail address, or a shared address? If you have an e-mail address will you SEND AN E-MAIL MESSAGE TO THE EDITOR e-mail: john.harrison@ncl.ac.uk (This will ensure that we have an accurate e-mail ad- Do you have an internet Homepage? If applicable, would you like to link your homepage to the EENSOM homepage, or the Newsletter ?	

(Continued from page 8)

tional Medicine in this field go however further beyond the sole aspect of organisation of occupational health services. The new program of occupational medicine specialist training adjusted to the needs of common European market is currently in the phase of formulation. Also the training program for industrial hygienists which has already been formulated is currently being implemented. All these activities will in the nearest future to a great extent contribute to the training process of personnel realising the tasks implicated by the Occupational Health Services Act.


INTERNET WORLDWIDE WEB E-MAIL

(Continued from page 2)

Occupational medicine journal web site are enjoying increasing popularity. Among these the sites that satisfy the criteria considered are: the Journal of Occupational and Environmental Medicine (JOEM); the International Archives of Occupational and Environmental Medicine; Occupational Medicine; the Scandinavian Journal of Work, Environment and Health and the American Journal of Industrial Medicine.

Ma

in web sites dealing with occupational health

Table 1

- ◆ The University of Edinburgh
<http://www.med.ed.ac.uk/hew/>
- ◆ Occupational Health and Safety
<http://www.gen.emory.edu/medweb/medweb.ohs.html>
- ◆ (ACOEM) American College of Occupational and Environmental Medicine
<http://www.acoem.org>
- ◆ CDC (Centers For Disease Control And Prevention)
<http://www.cdc.gov/>
- ◆ Duke University Occupational & Environmental Medicine
<http://gilligan.mc.duke.edu/oem/>
- ◆ Finnish Institute of Occupational Health
<http://www.occuphealth.fi/e/>

- ◆ NIOSH (National Institute for Occupational Safety and Health)
<http://www.cdc.gov/niosh/>
 - ◆ OSHA (Occupational Safety and Health Administration)
<http://www.osha.gov/>
 - ◆ Occupational Safety and Health Electronic Resource
<http://infoventures.com/osh/>
 - ◆ European Agency for Safety and Health at Work
<http://www.eu-osh.es/>
 - ◆ Occupational Health Service
<http://www.dhssni.gov.uk/ohs/index.htm>
 - ◆ Occupational and Environmental Medicine Resources
<http://www.occenvmed.net/>
 - ◆ CIS (International Occupation Safety and Health Information Center)
<http://turva.me.tut.fi/cis/>
 - ◆ CCOS (Canadian Centre for Occupational Health and Safety)
<http://www.ccohs.ca/>
 - ◆ International Archives of Occupational and Environmental Medicine
<http://link.springer.de/link/service/journals/00420/>
- tocs**
- ◆ American Journal of Industrial Medicine
<http://journals.wiley.com/0271-3586/>
 - ◆ JOEM (Journal of Occupational and Environmental Medicine)
<http://www.acoem.org/>

<pubs/joem/joembas.htm>

- ◆ Environmental Health Perspectives Journals
<http://ehnet1.niehs.nih.gov/docs/journals>
- ◆ Scandinavian Journal of Work Environment and Health
<http://www.occuphealth.fi/eng/dept/sjweb/>

AUTHORS

E. Pezzuto, G. Franco

F. Chiar and Postgraduate School of Occupational Medicine - University of Modena,
School of Medicine,
G. Largo del Pozzo, 71 - I-44100 Modena, Italy. E-mail. Medlav@unimo.it

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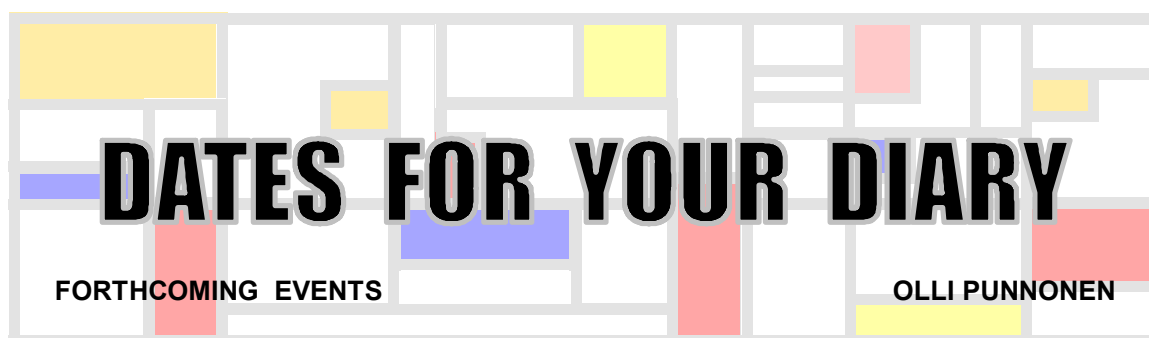
- 1 Brown, M. "Consumer health and medical information on the Internet: supply and demand"

<http://etrg.findsvp.com/health/mktginfo.html>

PS

Don't forget that you can e-mail articles, views, comments or queries to the editor at the following address:

john.harrison@ncl.ac.uk



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 11	Joint meeting between the Irish Society of Occupational Medicine and the Northern Ireland Group of the Society of Occupational Medicine	Co.KILDARE IRELAND	Dr. John Malone Academic Registrar Faculty of Occupational Medicine *
September 14 - 16	Ageing and Work, Workability of elderly workers: a challenge for occupational health ◆ FIRST ANNOUNCEMENT	ELSNORE DENMARK	National Institute of Occupational Health, Danish Working Environment Fund and ICOH E-mail AMFUDD@inet.uni-c.dk
September 25	Full day scientific meeting of the Faculty of Occupational Medicine, RCPI.	DUBLIN IRELAND	Dr John Malone*
November 9 - 13	Quality Assurance and risk assessment in occupational health	LITHUANIA	NIVA E-mail pirjo.turtiainen@occuphealth.fi
November 20	Smiley Lecture, Faculty of Occupational Medicine, RCPI.	DUBLIN IRELAND	Dr John Malone*

* Royal College of Physicians of Ireland, 6 Kildare St., Dublin 2

tel: 353-1-6045341
fax: 353-1-6773649
e-mail john_malone@finance.irlgov.ie

THANKYOU to everyone who has contributed to the production of this Newsletter. It is not possible to include a full list of credits, but you know who you are.