

EASOM SUMMER SCHOOL
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What does the professional community expect of professionals in occupational medicine?



- A competent doctor who knows how to do it
- A competent professional who maintains good performance and good medical practice i.e. –does it well

Early Definitions of Competencies



- **Ramazzini**
- The Occupational History- “What is your Occupation?”
- Risk Assessment- “ The physician should visit the lowliest workshops and study the mysteries of the mechanic arts”
- **Donald Hunter 1955-**
- “he must be prepared to make himself technically minded to a degree that used to be thought quite foreign to the sphere of practical medicine”
- “be in a position to make the industrialist understand the risks to which his men are exposed”

Evolution of Competencies

- WHO/ILO definition 1950 “physical, mental and social well-being...prevention...protection”
- WHO/ILO 1996- Global Strategy for Occupational health for all- “the overall promotion of health and workability for all employees”
- SCOTLAND 2005- “ healthy working lives” – maximising the functional capacity of the working age population

Legislation

- European Directive 89/391/EEC- framework for regulation of Health and Safety (Competent Persons)
- European Directive 93/16/EEC- facilitate the free movement of doctors and the mutual recognition of their diplomas certificates and formal qualifications

Delphi study on Competencies of Occupational Physicians

- Objective – to gather the opinions of Occupational Physicians across Europe
- Target Group – Membership of EASOM, UEMS (Occ. Med section), ENSOP
- Method – Questionnaire – two surveys, the first based on the UK Faculty of Occupational Medicine training syllabus

Results 1 – Importance mean scores



	Knowledge	Experience	Competence
Occupational hazards to health	4.4	4.2	4.5
Research Methods	4.3	4.0	4.0
Health Promotion	4.1	3.6	3.6
Law and Ethics	4.0	4.0	4.2
Communications	4.0	4.0	4.2
Assessment of disability	3.7	3.6	3.9
Environmental medicine	3.4	3.5	3.5
Management	3.3	3.3	3.6

Round 2 –Low ranking mean scores



- Additional items
- Sickness absence advice and monitoring
- Ill health retirement
- Managing training
- Health Promotion advocacy and audit

Findings



- Respondents had traditional disease focused views of the competencies required of occupational physicians
- Competencies were lagging behind the evolving definition of occupational health.

1997- Requirements of occupational medicine training in Europe - International Conference

- Part of the above Delphi study
- Organised in association with ENSOP
OM Section of the UEMS,
WHO Centre for Environment and Health (Bilthoven),
UK Society of Occupational medicine (Scottish Group) and
Faculty of Occupational Medicine

Conference Objectives

- Describe and assess the training needs and models of training of occupational physicians across Europe
- Identify differing country practices
 - differing assessment methodologies,
 - length of training and
 - variability of emphasis within countries.
- Define and assess the competencies required of occupational physicians across Europe.

WHO publication



Editors

Ewan MacDonald, Boguslaw Baranski, Jane Wilford

WHO document

- This document was
 - adopted by the UEMS
 - used as a guideline for defining the curriculum used in the training of occupational physicians across Europe.
 - used by many of the accession countries seeking to harmonise their training.

Subsequent review by UEMS – Occupational medicine section

1. The WHO document “Occupational Medicine in Europe: Scope and Competencies” accurately reflects what occupational physicians actually do.
2. The most important activities are very strongly agreed at European level (assessment of fitness to work, advice on prevention of occupational disease etc).
3. The least important activity for occupational medicine (primary care/treatment) is also strongly agreed.
4. There are three activities where there is more ambivalence - exposure assessment, first aid/emergency treatment, sickness absence surveillance.

Validating defined competencies of
occupational physicians with their
customer group
in the UK

Aims of Study

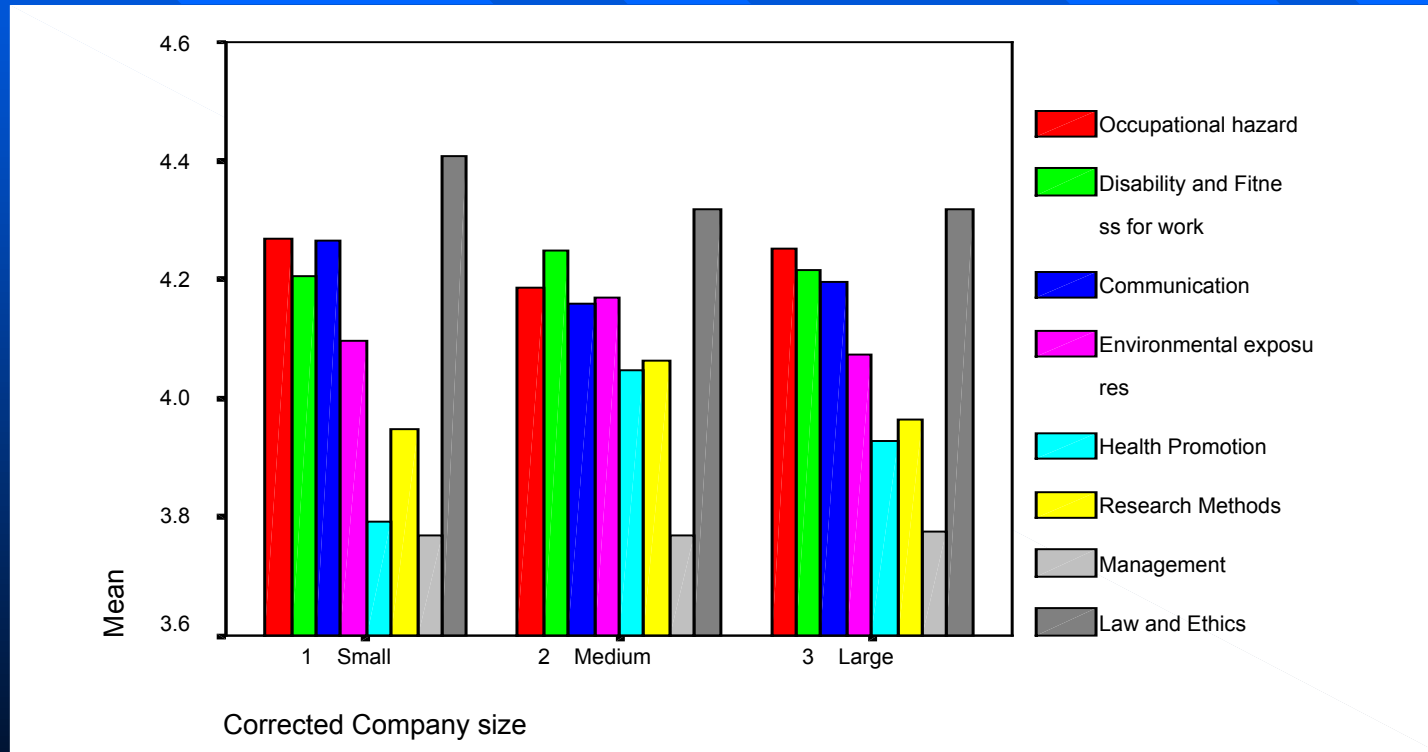
- To survey UK employers, employees and their representative bodies,
 - To establish their priorities,
 - To compare these opinions with those of occupational physicians
 - To explore the concerns of employers and employees on health at work.

Analysis breakdown

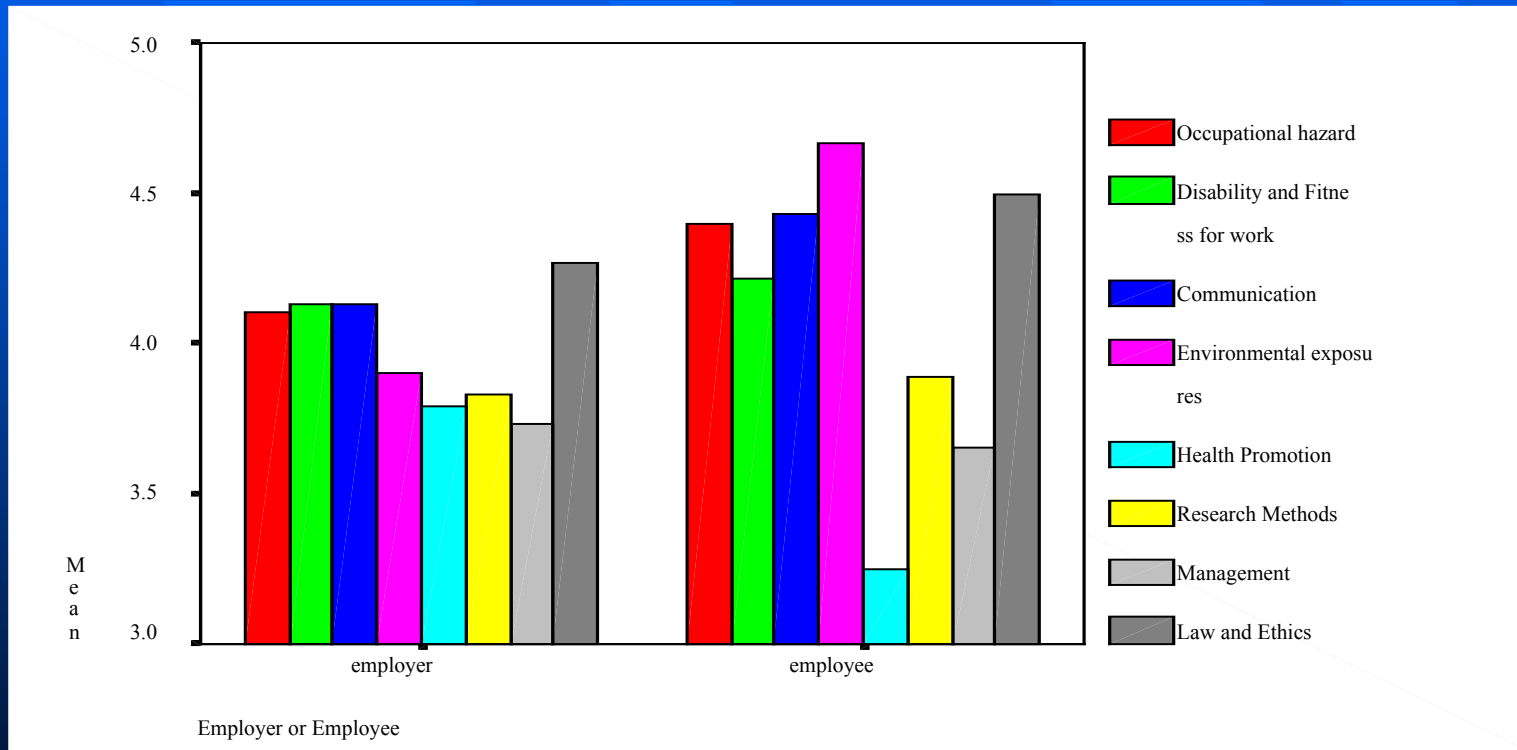


- Company size
- Employment category
- Business category (SIC codes)
- Private vs. Public companies
- Location within the UK

Classification by Company size



Classification by Employment category



Rating of training area from most important (1) to least (8)

TRAINING AREA	IMPORTANCE RATING ORDER OF TRAINING AREA										
	All respondents	Breakdown by company size			Breakdown by company sector			Breakdown by respondent representative			
		Small Companies	Medium-sized companies	Large companies	Private Companies	Public Companies	Trade Unions	Employer representative	Employee representative	Health and safety Specialist representative	Trade Union representatives
Law	1	1	1	1	1	1	1	1	1	1	1
Hazards	2	3	2	3	2	4	2	3	2	5	2
Fitness	3	4	3	2	3	2	4	2	3	2	4
Communication	4	2	4	4	4	3	3	4	5	3	3
Exposures	5	5	5	5	5	5	6	5	4	6	6
Research	6	6	6	6	6	6	5	6	6	4	5
Promotion	7	8	7	7	8	7	8	8	7	8	8
Management	8	7	8	8	7	8	7	7	8	7	7

Most important areas of training (Round 2)



- **OCCUPATIONAL HEALTH LAW AND ETHICS:** be well-informed about the law, and codes of practice
- **ASSESSMENT OF DISABILITY AND FITNESS FOR WORK:** advise on disability and fitness for the job (including the Disability Discrimination Act)
- **COMMUNICATION:** read, write and speak clearly
- **ASSESSMENT OF OCCUPATIONAL HEALTH HAZARDS:** assess risks at work and advise on control measures
- **ENVIRONMENTAL MEDICINE:** Differentiate between work-related and environment-related health problems
- **RESEARCH:** Investigate a workplace problem through research
- **MANAGEMENT:** Identify the occupational health needs of an organisation

Prioritization of training areas by customers of occupational health and occupational physicians

Competency	Ranking by Mean Scores	
	Customer Group	Occupational Physician Group ¹⁸
Law	1	2
Fitness	2	5
Hazards	3	1
Communications	4	3
Exposures	5	8
Research	6	4
Promotion	7	7
Management	8	6

Good medical practice



- UK guideline for all doctors
- Specific interpretation for Occupational Physicians
- Published by the UK Faculty of Occupational Medicine

Good medical practice



- Patient/ Client/ Organisation
- Recognises dual responsibility of OP's to patients and client organisation
- Observance of professional ethical obligations

Providing good standard of care



- Competent Assessment
- Work within limits of competence
- Working with colleagues
- Decisions about medical care and advice
- Treatment in emergencies

Maintaining Good Medical Practice



- Keeping up to date
- Maintaining your performance
- Teaching training, appraising and assessing

Relationships with Patients



- Obtaining consent
- Respecting Confidentiality and autonomy
- Transfer of Medical records
- Good Communication

Dealing with Problems in Professional Practice



- Conduct or Performance of colleagues
- Complaints and formal inquiries
- Indemnity insurance

Working with Colleagues



- Treating colleagues fairly
- Working in teams
- Leading teams
- Sharing information with colleagues
- Delegation and referral

Probity



- Providing information about your services
- Writing reports, giving evidence and signing documents
- Research
- Financial and commercial dealings
- Conflicts of interest
- Ethics
- Financial interests in medical organisations

Health



- If your health puts patients at risk

Publications



- Macdonald, Ide, Elder, eds **Competencies of Occupational Physicians: requirements of Occupational Training in Europe**. University of Glasgow 1998
- Macdonald, Ritchie et al **Requirements for Occupational medicine training in Europe: a Delphi study**. Occupational and Environmental Med. 2000;57:98-105
- Macdonald, Wilford, Baranski eds **Occupational Medicine in Europe: Scope and Competencies**. WHO 2000
- Reetoo and Macdonald HSE Report 2004,
- Reetoo and Macdonald , Customer perspective :Occupational and Env Med 2005
- Faculty of Occupational Medicine www.facocmed.ac.uk
- Faculty of Occupational Medicine. Good Medical Practice for Occupational Physicians. London, 2001

Conclusions



- Our purpose is to meet the needs of working age people - not just the employed
- Competencies required of OPs are changing and will continue to change
- Opinions of stakeholders are important and need to be regularly evaluated
- Curriculum for training of specialists must continually evolve
- Need to develop systems to assist OPs maintain their performance- “ Good Medical Practice”
- How many of us could still pass a driving test?