IOMSC's 10-year Anniversary Meeting Proceedings

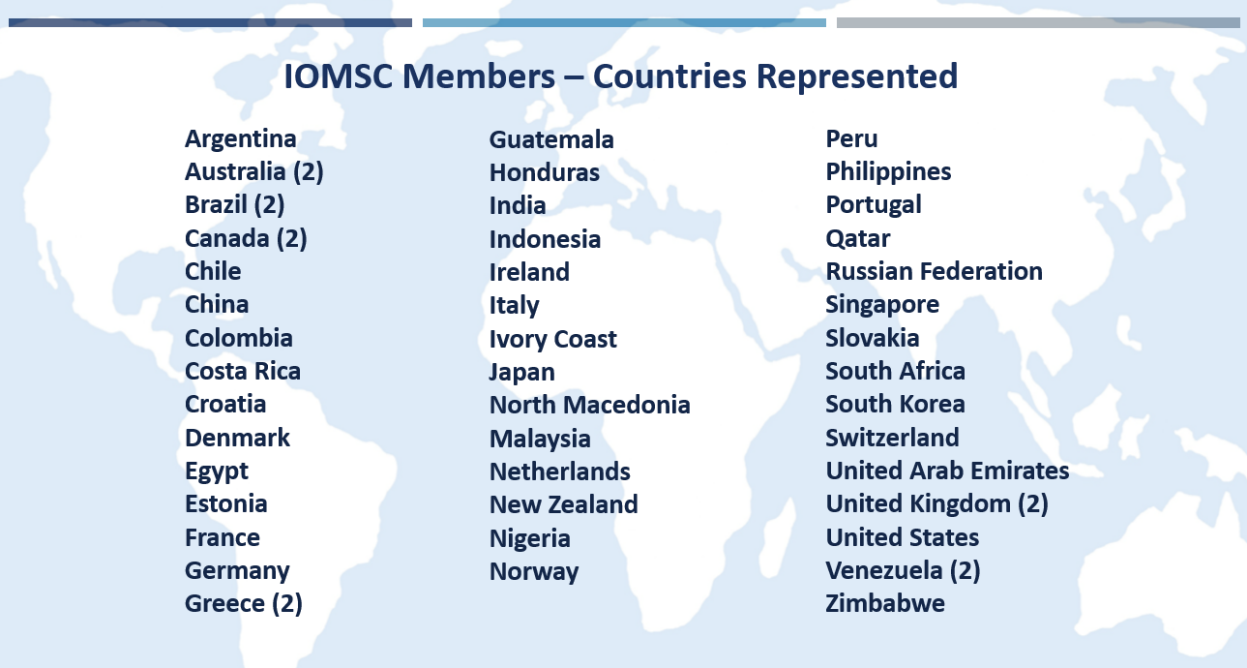
Growth and Opportunities for Future Collaboration Post-COVID

April 14, 2023

Philadelphia Marriott Downtown, Philadelphia, PA, USA

WELCOME/OVERVIEW

Dr. Ron Loeppke and Dr. Richard Heron, Co-Chairs of IOMSC, welcomed everyone and began the meeting providing on the perspective of where IOMSC began 10 years ago and where IOMSC is today celebrating 10 years. During our inaugural meeting in 2014 at AOHC in Orlando, Florida, 17 society members joined us either in person or online. Now, 10 years later, IOMSC has 50 member societies in 44 countries, representing more than 30,000 occupational medicine health care professionals around the world with the potential to impact an approximately 70% of the world's workers. Below are the countries represented in IOMSC's membership.



Dr. Doug Martin, President of ACOEM, welcomed everyone to Philadelphia, Pennsylvania to celebrate this milestone for IOMSC. He could only hope to see what the next 10 years will bring for IOMSC. Philadelphia holds a rather significant place in United States history. A lot of the things that happened in history, happened in this city and he is excited to be here. The pandemic presented many challenges for everyone in how to take care of workers and workplaces. These challenges are not easy, and I am so happy to see everyone in person and online participating in this event. Craig Sondalle, CEO of ACOEM, also welcomed everyone commenting that AOHC has over 1,000 AOHC attendees with 42 countries represented. ACOEM is going through a strategic process to define the path forward for ACOEM and

OEM. One of the values ACOEM will focus on is collaboration and that will be a value that is defined in our business and a value in how to interact with each other. The Co-Chairs formally thanked the sponsors for this meeting – Corporate Health Resources, Inc. and Enterprise Health – for their support.

Meeting Objectives

The meeting objectives were reviewed which included:

- "Looking Forward" Discussion with Professor Dame Carol Black, Dr. Ivan Ivanov (World Health Organization (WHO), Dr. Brian Davey (World Bank)
- Updates from IOMSC Member Societies
- Offering Value to Members
- IOMSC as a Sustainable Organization – Funding and Succession Planning
- Advocacy – IOMSC's Impact via Members/Stakeholders/Supporters
- Brainstorm Session – How might IOMSC grow in impact?
- Next Steps

IOMSC Mission and Vision

Dr. Heron reminded delegates of IOMSC's mission, vision and purpose. IOMSC's mission is to improve workers' health and workplace safety on a global scale. It is a medical and scientific organization of occupational and environmental medicine (OEM) societies that provides an assembly for leaders/representatives of OEM organizations worldwide. IOMSC's vision and purpose is to aim to:

- Be a global OEM organization (society) of national OEM organizations (societies),
- Advance the specialty of occupational and environmental medicine (OEM),
- Collaborate on global issues of OEM concern and opportunities, and
- Promote and share the provision of evidence-based OEM on a global scale with meaningful impact at personal level – one worker at a time.

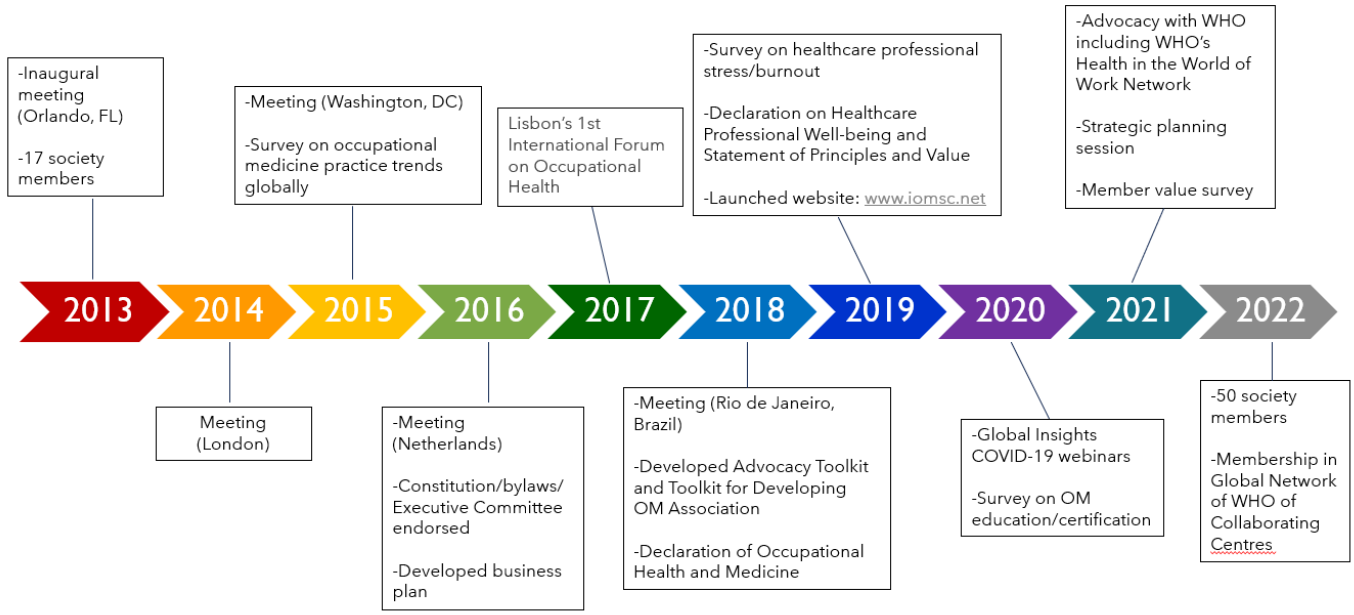
IOMSC's Beginnings and Achievements – Hilary Todd, Barry Eisenberg

Videos highlighting the beginning of IOMSC are available on the website at https://www.iomsc.net/news. Barry Eisenberg and Hilary Todd, Chief Executives of UK SOM and ACOEM respectively at the inception of IOMSC, shared the following reflections on IOMSC (also see Appendix B).

IOMSC started when Dr. Heron and Dr. Loeppke were presidents of ACOEM and SOM and in working together, realized that occupational physicians have common challenges in the UK and U.S. Both are proud of IOMSC's accomplishments as ideas like IOMSC don't fall out of the sky. Big ideas could be traced back to years of effort and the involvement of many individuals over time. The importance of communicating achievable milestones and metrics to measure your progress was noted. One of the biggest challenges that medical societies face is the regular (often annual) change in leadership. Big ideas take a long time to develop so it is important for there to be a mechanism to share your goals, objectives and achievements over time. As a collaborative, IOMSC has the potential to support many like efforts through your expertise in population health. To be successful in moving forward your own agenda, you need to be able to present your ideas in the context of population health because that is what policymakers care about. Occupational health specialists have the expertise to do this and can reach out to other organizations (with like purposes) to offer their expertise in a collaborative way in the areas of public health and population medicine. This will provide the ability to extend in a mutually beneficial way beyond the traditional goals of occupational medicine and even some of the initial objectives of IOMSC.

IOMSC's Accomplishments

Dr. Heron reviewed IOMSC's major accomplishments over the past 10 years which is highlighted below.



Professor Dame Carol Black (UK)

Though trained as a rheumatologist, Professor Black became involved in the British government advising them on health and wellbeing in the workplace and that is how she became interested in occupational medicine. She highlighted that collectively, we could be the bigger fish in the pool if we work together to make a difference. Occupational medicine is important worldwide and each country faces very similar issues and challenges including the complexities of the emergence of poor mental health, increasing environmental hazards and workplace health and safety risks. These issues are in the context of your own country and regulations but together, you can make a difference. IOMSC has evolved to a point where they can provide a unified voice and serve as a model and leader for occupational medicine societies, providing resources and tools. You are more visible and effective together. Prof. Black questioned the group – With what you are doing and developing, can it happen without your input? You want to know that your input is essential and that you are really making a difference. She hopes that IOMSC could say yes to this question and that things happening in occupational medicine could not have happened if IOMSC had not been formed. You want to know that you are influencing and bringing about change.

What is IOMSC going to do now? COVID influenced work and health significantly, and you need to use that to your advantage. Occupational medicine became in high demand and was valued during the pandemic, and you should not let that go back down. The health and wellbeing of the worker was elevated during the pandemic, mental health was an ever-increasing priority and hybrid working with all its risks and uncertainties need to be addressed. Prof. Black would like to challenge IOMSC to find one or two areas that each of your countries could develop over the next 1-2 years. Occupational medicine in the NHS in the UK was never high on their list but due to the work of many people around this table, it has now been put on their agenda. There is now growing occupational health in our health system with occupational medicine just recently acknowledged in the UK budget. Digital transformation allows us to be more in contact with each other and gives us the opportunity to do something together. If she had to choose one area for IOMSC to focus on over the next 12 months, it would be mental health. But, either

way, by the end of the day, IOMSC should aim to have some clear objectives on what to focus on over the next 12 months.

Dr. Ivan Ivanov (WHO)

Dr. Ivanov congratulated IOMSC and highlighted that last week was the 75th anniversary of the WHO. He noted that today is also a very special day as the director generals of WHO (Dr. Tedros) and the International Labor Organization (ILO) (Mr. Houngbo) met to discuss work issues. Occupational health was on the agenda and the discussion at the highest level and this gives a lot of hope for a brighter future for occupational medicine. Occupational medicine plays a critical role in keeping workers healthy and safe in their environments and protecting health and human rights. There are many reasons to believe that it should continue to play such a role because the universal declaration on human rights specifies that everyone has a right to work, to free choice of employment, to just and favorable conditions of work.

In regard to human rights, the ILO declaration on fundamental principles and rights at work, adopted in 1998, was amended last year to include a safe and healthy working environment among the fundamental labor rights and principles at work along with freedom of association and forced labor and elimination of discrimination at work. In 2019, the United Nations General Assembly on Universal Health Coverage the heads of state and government committed to scaling up efforts to promote healthy and safe workplaces and expand coverage of occupational health services. Global commitments to human rights and universal health coverage could not be achieved without technical competent workforce and sound practices in occupational health. Occupational medicine is key to bridging between work environment, and personal health and well-being. Landscape of providers of health services at the workplace is gradually diversifying. Providers of mental health and wellbeing services are now competing with occupational health professionals for the attention of the CEO and a share of corporate spending. Therefore, occupational health associations, like IOMSC, have an increasing role in raising occupational health awareness and mobilizing employers, workers and government to respect the labor rights of workers. Workers need the basic protection of health and safety at work. Safety needs to be one of the basic human needs. Dr. Ivanov welcomes the work of IOMSC to bring together a new voice to occupational medicine.

Dr. Ivanov highlighted a few global health opportunities for the future. The global movement for universal health coverage cannot be complete without healthy and safe workplaces and without expanding the coverage of occupational health services and interventions for occupational health. The International Commission on Occupational Health (ICOH) suggests that universal coverage of basic occupational health services includes 1 physician and 2 nurses per 5,000 workers. To achieve this objective of universal occupational health coverage for the 3.5 billion working population, there is a need for 700,000 physicians with 10 weeks of training in occupational health and 1.2 million nurses. There is a global shortage of 10 million nurses and physicians. Therefore, there is a need to look into new strategies such as people-centered care which is putting people in their environment in the center of health care and a shift from fragmented health care driven by needs of health care providers to a holistic, comprehensive health care driven by the needs of the patient, the individual and his/her environment. Occupational medicine specialists need to be integrated into local health networks with referral pathways from primary care or other medical specialties and not to be enclosed behind the corporate door of big enterprises. Occupational medicine must also become part of the undergraduate training of physicians and nurses in all countries. Occupational medicine and associations could help to integrate work-related issues into the clinical guidelines and standards for health care providers.

Many health professionals do not know what occupational health/medicine is and Dr. Ivanov suggests that IOMSC consider (1) developing evidence-based practice guidelines/statements on occupational

medicine management of the most wide-spread issues, (2) participate more actively and visibly in world congresses and events on occupational health (e.g., those hosted by ICOH, ILO, etc.), (3) collaborate with other associations of specialists in medicine to raise awareness about work-related diseases and to prove their clinical management of such diseases, and (4) collaborate with other public health specialties (e.g., health promotion, infection control, etc.) to address the specific health needs of workers (including health care workers who face many hazards/risks in their work).

ILO is developing a global program/campaign – Caring for the Carers – to address occupational safety management for health care workers.

Dr. Brian Davey (World Bank Group)
Some areas for IOMSC to focus on are mental health and well-being and the challenges of vaccinations and procuring vaccines when you are a not a wealthy nation and having reliable and effective medical records and reporting. It would be helpful to identify other organizations to collaborate with as there is power in collaborating with others. For example, WHO, ICOH, ILO, International Social Security Association, Institution of Occupational Safety and Health (IOSH), International Economic Organization (to help make the business argument and get attention), International Ergonomic Association, European Society of Occupational Psychology, International Occupational Hygiene Association, Latin American Association of Occupational Health (ALSO), clinical specialties that work with occupational disease (i.e., International Society of Dermatology), international association of nurses, etc.

A discussion followed on ways to mobilize resources to assist economically challenged parts of the world. Developing countries need occupational health specialists. There are countries where there is only one occupational health specialist (e.g., Sudan). There are different ways to do this – Occupational Health Without Borders movement. Occupational medicine societies particularly those that operate internationally and those that operate with multinational companies and private sectors they may have opportunities through private sector channels to mobilize resources.

UPDATES FROM MEMBER OCCUPATIONAL MEDICINE SOCIETIES/ASSOCIATIONS

Several societies presented updates on their societies' activities. They are summarized below.

Australasian Faculty of Occupational and Environmental Medicine (AFOEM)
Peter Connaughton, MB BCh, LRCP&SI, MBA, FAFOEM, FACOEM

AFOEM's purpose statement aligns directly with the purpose and values of IOMSC. AFOEM's purpose and roles include recognition of the specialty of OEM, promotion of the health and wellbeing of workers, promotion of healthy workplaces and good work, sharing standards of training and practice and continuing professional development, and shaping the future of healthcare. By participating and contributing to the IOMSC, AFOEM is more likely to get recognized internationally by being a part of IOMSC, help with drive and purpose of promoting the health and wellbeing of workers, and healthy workplaces and good work. AFOEM should be a strong supporter of IOMSC because its success of an effective IOMSC will reflect well on what is being done in Australia. AFOEM's activities that can be contributions to IOMSC can include:

- *The Health Benefits of Good Work®* – 370 organizations in Australia and New Zealand are signatories to Consensus Statement.
- *Health of healthcare workers* – Two working groups: (1) Improving the Health of Healthcare Workers (evidence-informed guidance and advocacy, gaps identified in COVID-19 pandemic) and (2) The Value of OEM Physicians in Healthcare.

- *Accelerated silicosis* – Advocated for National Dust Diseases Task Force, working with Thoracic Society & Department of Health for a National Occupational Respiratory Disease Registry, and draft legislation expected this year. Advocacy for occupational diseases into an Australian CDC.

Colombian Society of Occupational Medicine
Maria Claudia Borda, MD, MHSA

In Colombia, there are many postgraduate university programs in occupational health. These include 51,936 total occupational health licenses, 1,553 psychologists, 5,457 engineers, 1,993 physicians, 10,092 OSH professionals, 9,268 other professions, and 2.357 technicians. The Colombian Society of Occupational Medicine is the oldest occupational health society in Latin America, with 75 years of foundation, uninterrupted monthly meetings, all supported with minutes that rest in the archives of the Society. There are 41 congresses of occupational health and occupational medicine recognized for their high academic and scientific level. The Society has published 21 books on occupational health and the quarterly magazine for 25 uninterrupted years. Several of our affiliates have been the pioneers of specialization programs and courses in occupational health and occupational medicine in the most recognized universities in the country. The mission of the Colombian Society of Occupational Medicine is to, at the national level, promote the scientific and union development of occupational health specialists, in any of its various branches. It will strengthen its status as an integrating entity of the interests of its associates and will invigorate its presence in the country. It will guide its functions to support the development of occupational health in Colombia, for the benefit of the health of the workers and support for the productivity of the companies. The Colombian Society of Occupational Medicine wants to host ICOH 2030 and wants our entire continent to be an example of health care for the working population, research and advances in occupational health. Our society can do this through exchange experiences, lessons learned and success stories for a safe, healthy and sustainable world of work.

Danish Society of Occupational & Environmental Medicine (DASAM)
Harald Meyer, MD, PhD

Denmark has 5 regions and 7 occupational medicine clinics with 150 specialists in occupational medicine and 55 others working in the specialty. There is a process with the National Board of Health about the future of the speciality, including discussion of merging with societal/social medicine. It was decided that DASAM will remain its own speciality but should officially include environmental medicine as our responsibility (and in our official name). DASAM has been very active in public discussion on PFAS pollution and health aspects, arrange yearly scientific societal meeting, lobby for funding for a national database for objective measurements in the work-environment (like in Norway) – occupational medicine specialists will be able to see what the exposures for their patients are, and educating new specialists (theoretical courses). There are some recruitment problems as the specialty is not as attractive as others but hopeful, that recruitment can be improved. DASAM would like to strengthen its international efforts by enhancing international networks and collaboration, develop guidelines and to support worker protection agencies or authority. It is important for a country to control that companies do fulfill these guidelines.

Venezuelan Society of Work Medicine and Occupational Health (SOVEMETSO)
Dr. Aniceli Suarez Gomez

For SOVEMETSO, the benefit and added value to our society as a member of IOMSC would be to:

- Establish and strengthen this new international alliance through cooperation mechanisms,
- Strengthen a support alliance in favor of equity in workers' health and safe and healthy work environments,

- Exchange knowledge and standardization of action protocols,
- Receive training and support about changes in the labor market and the economy and take advantage of the opportunities that arise from technology, and
- Provide information on emerging knowledge in occupational health in various sectors such as the green economy, research perspectives, data analysis, artificial intelligence and how to prepare for it.

Some examples of inputs and participation that SOVEMETSO could contribute to IOMSC include:

- Participate in reinforcing and updating the knowledge of medical specialists in the area of occupational health.
- Develop agreed action protocols for the promotion of occupational health and the preventive management of occupational diseases, which involve the transdisciplinary of other medical specialties, which contribute to addressing occupational diseases, and which serve as reference models for exchange internationally based on scientific evidence.
- Create an international scientific journal endorsed by the IOMSC and its allied societies, as an official organ for academic dissemination and scientific research, with open access.
- Propose and agree on professional recertification models in occupational health among IOMSC member countries, in order to obtain international recertification.
- Create a system with technological support for epidemiological surveillance, which allows the systematization of information on occupational health of the member countries, in order to know and contextualize the behavior of occupational health in the different regions as a reference in decision-making. Based on these results, improve health promotion and prevention actions, in favor of the quality of life of workers, the labor market and the economy of each country.

Society of Occupational and Environmental Health Physicians of Nigeria (SOEHPON)
Musa Shaibu, MD, DOccMed, MBA

Membership of SOEHPON includes about 250 individuals who are mainly occupational medicine physicians spread across academia, industries and public/private sector. SOEHPON holds periodic professional activities within the year and an annual scientific meeting in November/December. It provides consultancy services to various industrial sectors on standards setting, information, and advisory services. Some of the developments of SOEHPON include:

- Occupational health awareness in workplaces across industries,
- Increase in membership especially in young doctors in industries with interest in certification in occupational health,
- Capacity building through webinars on current occupational health issues,
- Publication of the *Occupational and Environmental Health Journal (OEHJ)* which began in 2012,
- Development of occupational health standards and guidelines for Nigerian oil and gas sector, and
- Contribution to the National Occupational Health Policy with the Nigerian National Parliament.

Some of the challenges in Nigeria include inadequate support from legislations, poor occupational health infrastructure (e.g., occupational hygiene labs, etc.), and lack of sub-specialty fellowship training. The benefits of IOMSC membership to SOEHPON include:

- Networking with other occupational medicine societies for peer reviews and capacity building,
- Exchange programmes to learn about occupational health management in other countries,
- Capacity building with online occupational health training and updates (e.g., webinars, etc.),
- Participation in international training programs available in Nigeria (e.g., Masters Programmes, Residency Programmes in OH),

- Support to advance occupational health sub-specialty for fellowship training in Nigeria, and
- Collaboration in research in occupational health.

Association of Labor Medicine of Guatemala (ASOMET)
Rodolfo Rafael Ramírez, MD, MBA, MSc

This year, Guatemala is going to celebrate the 25th birthday of the Guatemala Occupational Medicine Society (ASOMET). ASOMET wants to be leaders in training of any professionals that are related to occupational health and safety. The association has 150 active members and represent 74 companies (metal workers, rural areas, corporate medicine, etc.). More than 70% of the membership is comprised of medical doctors. The two cornerstones of ASOMET are an academic program (one session, 2 hours session every month) and this year's program is focused on how to implement a prevention program in your company. ASOMET uses Thinkific to present a 5-module certification introducing professionals to occupational medicine which includes the conference, reading materials, dissertation, and an exam. Certificate for the program is done through Accredible. See https://asomet.thinkific.com.

Portuguese Society of Occupational Medicine (SPMT)
Jorge Barroso Dias, MD, MS

The Portuguese Society of Occupational Medicine (SPMT) was founded 57 years ago and holds annual congresses, other meetings, workshops, and newsletters. Research has been focused on alcohol, tobacco, obesity, and sleep. SPMT also tried to help the African countries that speak Portuguese, and it was well received. Through IOMSC, Dr. Dias is helping to provide the occupational perspective to the group that is providing guidance for the implementation of a national deployment and vaccination plan for the WHO. The benefits SPMT receives from IOMSC include support and networking, research and publications (e.g., workers' health indicators), and academy (e.g., webinars, workshops, and E-learning). Portuguese participation to contribute to an effective IOMSC can include an IOMSC Congress in Lisbon, collaborative research, IOMSC Global Academy, and IOMSC meetings (in person and online).

Japan Society of Occupational Health (JSOH)
Koji Mori, MD, PhD

The Japan Society for Occupational Health (JSOH) is comprised of about 8,800 members with about half of the members being physicians, one-third nurses, and the rest including dentists, hygienists, psychologists, etc. Under the headquarters, JSOH has nine regional meetings, four sectional meetings by occupations, and 29 research groups. Some of the major activities of JSOH include national conferences, regional conferences, and publications in three journals (Journal of Occupational Health, Environmental and Occupational Health Practice, and Sangyo Eiseigaku Zasshi). JSOH also issued recommendations on Occupational Exposure Limits, provides certification of specialists, training programs, a practical guide, and public relations thru the website. During the pandemic, JSOH contributed to countermeasures against COVID-19 at the workplaces by providing evidence-based guides and tools. JSOH is also planning an international exchange program to the Sustainable Development Goals (SDGs) in occupational health in Asia. The program supports collaboration initiatives between society members and researchers in Asian countries. Also, highlighted was the health and productivity management initiatives which have been led by the Japanese Ministry of Economy, Trade and Industry. The initiatives mainly include support programs for capacity building in corporations to promote health and productivity management, health and productivity management recognition programs and support programs for disclosure to investors.

American College of Occupational and Environmental Medicine (ACOEM)
Kenji Saito, MD, JD, FACOEM

One of the goals of Dr. Saito's upcoming presidency at ACOEM is looking at health care, innovation and how to incorporate health and productivity. One area that needs to be defined is how to look at health and wellbeing in the era of artificial intelligence. Telemedicine, digital health, the metaverse are here to stay. The wealth of a nation is truly tied to the health of the nation. Productivity metrics are often unfair and inaccurate measures of worker performance. But in a remote era, productivity needs to be defined in a different way and occupational medicine need to take that lead. Since the pandemic, some of the Chief Medical Directors in the corporate world that have been hired are not occupational medicine physicians. They reach out looking for advice on our profession. There is a great opportunity that could be filled for corporate entities and worldwide. The field could progress in a meaningful way if knowledge and data are shared and there is collaboration. There is a need to look at the workers' experience in the workplace – physical environment, remote work, and mental health. Also, need to determine how to harmonize what is done in our profession – primary care, specialty care, surgical care or even around incorporating occupational medicine more globally. Today, it was shared that there needs to be a focus on mental health, integrate with other health care networks and physicians and have OEM be the doorway to society and humankind. There is also a need to incorporate planetary health and recognize the environment in our specialty. Last year, with the direction of Dr. Bob Bourgeois and Dr. Doug Martin, ACOEM was able to get environmental medicine recognized as part of our specialty (the American Board of Preventive Medicine only recognized the occupational medicine piece). Exposures have changed and so have the exposures from the environment, and there is a need to determine how to manage those environmental exposures. ACOEM's OEM Competencies clearly outline what environmental health means for occupational medicine physicians. A big attraction to younger students to our field is the environmental health piece.

Estonian Society of Occupational Health Physicians
Dr. Tiia Piho

Estonia has 1.34 million inhabitants and about 50% (677,400) of them were employed in 2022. In 2022, unemployment rate in Estonia was 5.6%. There are about 100 members (occupational health physicians!) in the Society with about 50 of them actively working. Mathematically, this means 12-13,000 employees per 1 doctor. In Estonia, it is also a problem that the medical staff is aging, retiring and there is a shortage of young doctors (and nurses). To become an occupational health doctor in Estonia, after 6- years of basic medical training, you must complete a 4-year comprehensive residency training. The terrible war in Ukraine has brought a lot of stress, anxiety and rising taxes and prices to the world. The smaller the country is, the more sensitive its economy is also. Due to war in Ukraine, there are 70,000 war refugees who currently remain in Estonia (57% of those who have entered the country) and about 80% of them are women and children. Estonia and Estonian doctors are trying to help them as much as possible. Many Estonian occupational health doctors have worked on the so-called "primary frontline" during COVID pandemic and now are taking care of the health of war refugees for the first time after they arrive in our country. It has also been mentally difficult for our medical stuff to see these suffering people and listen to their concerns. But despite all the hard times, our Society of occupational health physicians have done a lot of work and for December 2022, they completed a 500-page science-based instruction manual for occupational health doctors. This guide is intended to help to improve and standardize the quality of the services occupational health doctors provide. Since 2016, the Society has organized so-called summer-schools for our members in different nice places of Estonia where there are presentations and discussions in the occupational health field as well as listen to some exciting other speakers. This event is expected and appreciated among our doctors.

Chilean Society of Occupational Medicine (SOCHMET)
Marta Cabrera Conteras, MD

The Chilean Society of Occupational Medicine was established in 2014 as a non-profit medical organization and the mission is to advance the field of occupational medicine in our country and serve as a local technical authority in this area. SOCHMET's goal is to have occupational medicine recognized as a distinct medical specialty (but it has not been achieved yet). They cannot get the government to recognize the importance of occupational health. Though they advocate, the challenge is that there have been 7 ministers of health in the past 9 years. By the time an appointment is set with a new minister, they change. Currently, the organization has 130 members, of which 65 are full members that comply with the established definition for occupational medicine physicians (of which only 5 are fully trained in occupational medicine, the remaining are trained in online programs or Masters programs). The Board includes representatives from public and private industry, independent consultants, and academia. Since 2015, the Society has been members of the Latin American Association of Occupational Health (ALSO), and currently hold the presidency for the 2021-2023 term. Since there is no formal education or training program in the country for occupational medicine, SOCHMET sponsors online occupational medicine courses and participate in conferences with training modules in the field of occupational medicine. This training is not only for physicians.

Some suggestions for future collaboration with IOMSC include defining minimum contents of the academic curriculum of the training programs for OEM; establishing an international certification of OEM physicians aligned with these contents; guiding associated societies in the development of the "environmental" aspects of the OEM training; promoting and offering scholarships for rotations/ fellowships for OEM physicians from developing countries in universities, corporations or international organizations; and facilitating knowledge sharing by obtaining access to main occupational medicine journals.

Occupational Medicine Specialists of Canada (OMSOC)
Niels Koehncke, MD, MSc, FRCPC

There are two associations in Canada - the Occupational Medicine Specialists of Canada and the Occupational and Environmental Medical Association of Canada. OMSOC has 73 active members (including international members, students, residents, retired) and is the designated national specialty society by the Royal College of Physicians and Surgeons of Canada. Our specialty faces challenges in Canada due to retirements and low intake (~50% > 65), low numbers per capita (0.1 – 0.3/100K), and meeting workforce needs: emerging issues, exposures, and technologies. The benefits of IOMSC membership include:

- Global networking, linkages, exposure – website, promotion (conferences webinars, etc),
- Professional development opportunities,
- Learn from others and share challenges and solutions,
- Advocacy: an international advocate to help address national challenges, and
- Resource: shared guidelines, policies, emerging issues and responses, frameworks.

OMSOC can contribute to IOMSC by responding to IOMSCs needs and plans through input into strategic planning, goals, initiatives; representation and contribution to committees, working groups; sharing our experiences (e.g., pandemic lessons, emerging issues, new exposures, etc.); working collaboratively with IOMSC and its members; incorporating IOMSC into our strategic planning; and targeting IOMSC membership for our professional development events.

Society of Occupational Medicine (UK)
Shriti Pattani, MBBS

The benefits, value and outcomes SOM could potentially achieve from being an active member of IOMSC include:

- Benefits - Knowledge exchange and innovation e.g., speakers at conference
- Value – advocacy success at WHO
- Outcomes – understanding the future of occupational health and role of multidisciplinary teams
- Submissions to *Journal of Occupational Medicine*

SOM can contribute to IOMSC through:

- Supporting charity set up and advocacy work
- Leadership e.g., on Executive Committee
- Partnerships with similar societies e.g., building on IAOH; ACOEM, ANZSOM
- *Journal of Occupational Medicine* support
- Joint webinars
- Sharing our innovation e.g., OH technicians' self-assessment tool

Netherlands Society of Occupational Medicine (NVAB)
Herman Spanjaard, MD, MPH, FACOEM

The Netherlands Society of Occupational Medicine (NVAB) has an International Committee that had not been very active. In response, a retired professor said he would come back and asked Dr. Spanjaard to also help to bring some energy back to the committee. Through their efforts, there are now more young occupational medicine physicians because they went out to universities, student organizations and job markets to promote the field of occupational medicine vs. being a surgeon. As an example, Dr. Spanjaard is now training 24 young doctors and lateral entrants.

NVABs offer to IOMSC include the following resources available online:

- Foundation Learning and Developing Occupational Health (LDOH),
- Free online books – "OSH online. How to find reliable information," (3rd edition, 2016) (download at https://shop.ldoh.net/ (English, Spanish), "Work and Health in Agriculture" (2022), and "Repository on BOHS" (2022), and
- Free e-lessons and e-modules on OSH in: https://library-education-osh.ldoh.net/.

Venezuelan Society of Occupational Medicine (SOVESO)
Yohama Caraballo-Arias, MD

SOVESO focuses on education by providing monthly training to occupational physicians, as well as general physicians and students. They also developed a chapter on each state to have local and representatives all over the country. For partnerships and networks, SOVESO continues to be part of ICOH, are delegates in ICSOEM and will be leaders for next Latin America conference.

Emirates Occupational Medicine Society
Nahid Ebinouff, MRCGP, FFOMI

The Emirates Occupational Medicine Society has been in existence for 10 years. Some of the challenges faced include there are few occupational medicine specialists with many concentrated in oil/gas and healthcare. There is also a lack of occupational nurses. The Society is working with the Faculty of

Occupational Medicine (FOM) for center exams for membership. The IOMSC documents have been useful, and the Society's framework has been based on these documents.

OFFERING VALUE TO IOMSC MEMBERS

IOMSC Executive member, Dr. Peter Connaughton, shared insights into the value IOMSC brings to its members. The professional development opportunities that IOMSC has fostered focus on collaboration, communication and the exchange of OEM expertise and best practices based on the knowledge of the current state of the specialty internationally, structured actions and themes of opportunity. IOMSC has led activities to acquire and share knowledge about the specialty including three surveys which are all available on the IOMSC website (e.g., impact of occupational medicine globally, health care professional stress and burnout (pre-COVID), and occupational medicine pipeline).

IOMSC has led activities to provide structure for focused actions to provide a basis for us to move forward including the development of a Constitution, an Advocacy Toolkit (a systematic approach to developing advocacy strategies within your own countries), Development of Occupational Medicine Association Toolkit (systematic approach to paving the way to developing your own society), and collaboration and engagement with the WHO. Regarding our engagement with the WHO, IOMSC was recently announced as a new member of the Global Network of WHO Collaborating Centres for Occupational Health which is planning a meeting in Marrakech, Morocco in conjunction with ICOH.

IOMSC's activities on the theme of opportunities include a number of webinars on the mental and emotional health of the workforce, occupational health interventions during the COVID-19 pandemic, and a series of occupational medicine webinars around the world done in collaboration with SOM. IOMSC has declarations on health care professional's health and well-being, global importance of occupational medicine and the business value of health, and the position paper on healthy workers and healthy workplaces.

The discussion was opened to the group where one suggestion was made to improve the value by having materials translated in different languages. The examples of work that have already done by a wide range of individuals who have donated their own time and enthusiasm. You can canvas who can assist us in creating the resources in different languages to improve the value and have the capacity to spread the information globally and increases our reach. It was suggested that the IOMSC can invest in having closed caption real time translation. Another observation was that there may be pockets in the world that have not been reached. It may be helpful to work with the UN or the World Bank to extend our reach. Some physicians have applied for scholarship through ACOEM to participate in the meeting (e.g., Malaysia, Nepal). There are individuals looking for guidance as well (e.g., a physician in Nepal indicated she is the only physician practicing occupational medicine in her country). There are so many opportunities to be done globally especially in countries that do not have occupational medicine societies. The key things needed to achieve our goals are people to do the work, the actions and outcomes spoken at during the beginning of the meeting and funding, structure and sustainability.

IOMSC AS A SUSTAINABLE ORGANIZATION

IOMSC has been working towards recognition as a charitable organization. Up until now, ACOEM and SOM have been supporting IOMSC, but we were just notified in April 2023 (a day before the anniversary meeting) that the Charity Commission legally registered IOMSC in the UK. This means that funds can be held in a bank account, funds will be reported to the Charity Commission. Based on the Constitution, there were some changes that they required which will be shared with members. The Commission will

want to see public health/worker benefit (not only that there is benefit to member organizations). IOMSC will need to ensure that the organization does not act in a way that benefits a trustee, that a political party is not highlighted (just indicate as government) and the basis of payments from corporate sponsorships are described.

As for funding, IOSMC will need to rely on members and sponsors. IOMSC will continue to approach members for contributions using the model based on economic status and membership numbers as was done pre-COVID. IOMSC has drafted an updated business plan for 2023 which will be shared where the trustees are responsible for the Charity. The current trustees are Drs. Heron, Loeppke, Connaughton, Rebelo and Spanjaard. As much as they have committed a lot of time, they are planning for a refresh of trustees with some level of continuity.

There are several ways IOMSC can leverage our efforts, through:

- Workers within organizations (including contractual workers).
- Products and services we touch or organizations we collaborate with. The things that are produced or the services provided have the potential to help health or diminish it.
- People who work in organizations or the people who buy or make use of those products. People who work in organizations are part of the community.
- Organizations chose partnerships – who you choose to work with/how close you want to be associated and that affects the health impact of your organization.

IOMSC needs committed members to come forward and get involved. IOMSC needs young passionate members so please let us know if you want to help as your contributions are welcomed. Feel reach out to any of the current Executives and let us know if you have an interest or any questions.

ADVOCACY – IOMSC's IMPACT VIA ITS MEMBERS/STAKEHOLDERS/SUPPORTERS

IOMSC has developed several tools/publications around advocacy including:

- IOMSC Advocacy toolkit,
- "Declaration on Health Care Professional Well-being" and "Statement of Principles and Value,"
- Collaboration with the University of Maryland School of Medicine about international approaches to occupational medicine education and certification by surveying IOMSC members and a survey on the use of the advocacy toolkit and publication,
- Engagement with WHO via webinars and promoting messaging around World Patient Safety Day and COVID-19 resources/surveys, and
- Global Insights Webinar series.

Some of the key stakeholders include WHO, ILO, ICOH, global health NGOs, state governments, universities, and funders (e.g., World Bank, Maximus, Gates Foundation, Rockefeller, Ford, etc.). We hope with charitable status, it will help us get funders to contribute to IOMSC. What does IOMSC need? IOMSC needs an active advocacy group, clear advocacy objectives, member involvement (e.g., sign on for position papers/letters and via webinars), nimbleness, and outcomes (e.g., change in policy to be pro-occupational medicine). Some suggested advocacy objectives for IOMSC may include helping members to influence their governments, expanding occupational medicine education capacity, shared technical learning (e.g., silicosis with other specialties), and global advocacy (e.g., at World Health Assembly).

Two examples of successful advocacy were shared by Nick Pahl (UK) and Dr. Herman Spanjaard (Netherlands), IOMSC Executive Committee member. The UK experience included a budget

announcement. They needed the workforce to grow as the health of workers was affecting the market and therefore, officials needed to do something in order to get re-elected. A clear statement of the asks was needed, and several Society of Occupational Medicine (SOM) position statements were used to help make the case including those on universal access, worklessness due to Ill health, and occupational health – value proposition. Need to look at how quickly you can scale up and innovation (e.g., in primary care with occupational health). There are some data gaps as since it is not known how many people work in occupational health. In advocacy, you need to know what you are trying to achieve. It is important to involve other stakeholders. Before you go to your government, get others to share messages with the government (e.g., business, HR). Need to develop tactics – ask questions and put pressure, hold an evidence-based briefing, and be persistent – always follow up with contacts.

Several achievements have occurred in the Netherlands including a change in legislation which brought occupational medicine in the Centre of Disability (occupational medicine decides on short term disability and not long-term disability so any person within 2 years, occupational medicine decides if they work or not). The legislation was not well equipped and there was a change in legislation, and it came through Parliament. Politics are unpredictable and out of the blue came a new Secretary of Social Affairs in which we had knocked on the door for 20 years because occupational medicine education s privately funded, and it has never been funded by the Ministry of Medicine. Suddenly there is temporary funding for 2 years to train in occupational medicine because there is such a shortage. Employers complained that there is a waiting list to see an occupational medicine physician to determine if patients fit to work of 2-3 months. So, they found some money to help the problem. So, never give up and be prepared! Advocacy tactics used were parliamentary questions and meetings and meetings with MPs and civil servants of Ministry of Social Affairs. It is important to have contacts and to use them.

The floor was open for others to share their advocacy efforts. Dr. Dias shared that in Portugal, they use their scientific events to do advocacy by inviting politicians to open the conversation with them and provide an opportunity for them to see what occupational medicine does. Dr. Shaibu shared that in Nigeria, they also use their scientific conference to drive and bring those in government and they also go to academia to attract young people as people are trying to find different jobs. Dr. Koehncke shared that in Canada, the expertise and practice of occupational medicine and practice is not geographically even. In some parts of Canada, there are few occupational medicine providers and in other parts, they are much more concentrated. Where occupational medicine providers are present and where government agencies and other institutions are aware of them and have taken advantage of the expertise, it is much easier for advocacy to take place and more challenging where the expertise is not as available. Dr. Moen shared that in the UK, it is a lot of work and if you do lobbying and advocacy, you have to deliver what you promise – resourcing and quality. Ten years ago, occupational medicine was doomed (e.g., decline in those being trained). So, a lot of work has gone into addressing this decline in occupational medicine training. Key undergraduate curriculum was created for undergraduates to learn about occupational medicine and created other roots that people can do to work as occupational medicine physicians – diploma (now international) and non-formal post-training. For the first time, the UK has bottomed out in the number of trainees, and it is on the way up and for the first time in 10 years, the membership exams have been oversubscribed and two sets of exams have been conducted to accommodate the higher interest. The key is that you have to ensure the quality of what you are delivering.

ROUNDTABLE BRAINSTORM SESSION: NEXT STEPS FOR IOMSC

Participants were asked about how IOMSC members can ensure that every company is a healthy company and how IOMSC might be able to grow in impact from an international perspective. Below are summaries from each of the breakout groups.

Group #1:
Target resources for employees to ensure safety and health, bring awareness to OEM providers – education and guidelines (compliance with guidelines), and engaging regulators in process via advocacy efforts to ensure worker safety. It was important to recognize unmet needs around the world and that an atlas of needs/challenges in various countries should be developed. Also, important to collaborate with other ministries of health, UN and other associations and to facilitate training/education/ knowledge sharing. Access to occupational health is an important area – identify ways to better deliver care and identify gaps on what is needed. IOMSC might be able to grow through a Global Academy (knowledge sharing) comprised of toolkits, webinars, rotating ground rounds, courses (e.g., ACOEM OEM Essentials) (though will need to overcome the challenge of translation); international scholarships; and acknowledging the differences among members of international community including unique regulatory challenges.

Group #2:
To have an effective organization, you must have funding and the right staff in place. You also need to collaborate with like-minded organizations.

Group #3:
To help ensure companies are healthy and safe, provide mechanisms and/or linkages between associations and individuals to help those with no or underdeveloped regulations (OHS) to improve/ grow/advocate for effective regulations. Some tools to promote and advocate for specialty training in occupational medicine and non-specialty education for physicians in occupational medicine (practice interests):

- Twinning – linking individuals and associations worldwide to advance mentorship and training, capacity development. Sharing undergraduate curriculum in occupational medicine. Case studies and templates (share) in occupational medicine educational curriculum tools.
- International "occupational medicine" rounds – venue for students, interested physicians
- Pathways for postgraduate education advocacy IOMSC could collect and share case studies of successful pipeline efforts in individual countries - like integration of OEM topics into premed and medical school curriculum and establishing specialty certification standards (countries that recently successfully got our specialty recognized). How did they do it? What lessons are there for other countries?

Group #4:
Framework entails (1) the need to start from data (cannot make any decisions without data), (2) marketing (what is the message to convey to the world, what is the correct message, and need to articulate better what occupational medicine is in one sentence), and (3) finance/funding (talk the language of money, return on investment – show companies and government that for every dollar they put in, they get $10 back). IOMSC needs to target environmentally sustainable growth, have partnerships and an agile mindframe.

Online Participants:
IOMSC could be effective globally by conducting a continental survey through regional groups to identify the people that have not been reached out to and to collaborate with ICOH. Because of the lack of personnel and expertise, IOMSC can help with collaboration with WHO and maybe the Faculty of Occupational Medicine in the UK with short course to easily convert from MBBS/MD in 6-month occupational medicine training. Help strengthen existing training programs. In Nigeria, there is Masters at post-graduate level and also training in professional area in residency programs. Need collaboration to help us with this training (e.g., student exchange program).

Appendix A: Meeting Attendees

IN PERSON ATTENDEES

American College of Occupational and Environmental Medicine (ACOEM)
Ronald Loeppke, MD, MPH, FACOEM
Douglas Martin, MD, FACOEM
Kenji Saito, MD, JD, FACOEM
Robert Bourgeois, MD, MPH, FACOEM
Jill Rosenthal, MD, MPH, MA, FACOEM
Stephen Frangos, MD, MPH, FACOEM
William Buchta, MD, MPH, MS, FACOEM
Tanisha Taylor, MD, MPH, MBA, FACOEM
Richard Wagoner, MD, FACOEM
Marianne Cloeren, MD, MPH, FACOEM, FACP
Craig Sondalle
Julie Ording, MPH

Association of Labor Medicine of Guatemala (ASOMET)
Rodolfo Rafael Ramírez, MD, MBA, MSc

Brazilian Association of Occupational Medicine (ABMT)
Paulo Antonio de Paiva Rebelo, MD, PhD, FACOEM

Chilean Society of Occupational Medicine (SOCHMET)
Marta Cabrera Conteras, MD

Emirates Occupational Medicine Society
Tayseer Mustafa, MD, MBBS, MFOM
Nahid Ebinouff, MRCGP, FFOMI

Japan Society for Occupational Health (JSOH)
Koji Mori, MD, PhD
Tomohisa Nagata, MD, PhD

Netherlands Society of Occupational Medicine (NVAB)
Herman Spanjaard, MD, MPH, FACOEM

Occupational Medicine Specialists of Canada (OMSOC)
Niels Koehncke, MD, MSc, FRCPC

Portuguese Society of Occupational Medicine (SPMT)
Jorge Barroso Dias, MD, MS

Qatar Occupational Medicine Group
Rikard Moen, MB ChB, MSc, FFOMI, FFOM, FRCPI, FACOEM

Society of Occupational and Environmental Health Physicians of Nigeria (SOEHPON)
Musa Shaibu, MD, DOccMed, MBA
Ayoola Agboola, MB CHB, PGCOM, MPH, PGCDSBA

Society of Occupational Medicine (SOM) (UK)
Richard Heron, MB CHB, FRCP, FFOM, FACOEM
Shriti Pattani, MBBS
Nick Pahl
Professor Dame Carol Black, DBE, FRCP
Will Ponsonby, MBBS, MRCGP, MFOM, FFOMI
Hilary Todd

World Bank
Jasminka Goldoni Laestadius, MD, PhD, FACOEM
Brian Davey, MBBCh, BSc Hons, DOH

Observers
Medichem
Tee Guidotti, MD, MPH, DABT, FACOEM

WorkCare
Peter Greaney, MD, FACOEM

VIRTUAL ATTENDEES

American College of Occupational and Environmental Medicine (ACOEM)
Barry Eisenberg, CAE

Australian and New Zealand Society of Occupational Medicine
Fiona Landgren

Australasian Faculty of Occupational and Environmental Medicine (AFOEM)
Peter Connaughton, MB BCh, LRCP&SI, MBA, FAFOEM, FACOEM

Colombian Society of Occupational Medicine
Maria Claudia Borda, MD, MHSA

Croatian Society of Occupational Medicine
Tomislav Furlan, MD

Danish Society of Occupational & Environmental Medicine (DASAM)
Harald Meyer, MD, PhD

Estonian Society of Occupational Health Physicians
Dr. Tiia Piho

Indonesian Occupational Medicine Association (IOMA)
Astrid Sulistomo, PhD, MPH
Dr. Mohammad Arief Novianto

South African Society of Occupational Medicine (SASOM)
Prof. Daan Kocks
Tineyi Victor Pfidze
Nokuthula Phoshoko, MB CHB, DOH

Xolile Zwane
Keith Stack
Patience Lindi Mokwena, MB CHB, MSc

Society of Occupational and Environmental Health Physicians of Nigeria (SOEHPON)
Prof Folashade Omokhodion MBBS, PhD, FFOM (UK), FFPH (UK), FWACP

Venezuelan Society of Work Medicine and Occupational Health (SOVEMETSO)
Dr. Aniceli Suarez Gomez

Venezuelan Society of Occupational Health (SOVESO)
Yohama A. Caraballo-Arias, MD
Prof. Igor Bello MOSH, MErg, PhD(c)

World Health Organization
Ivan Ivanov, MD, PhD, MPH
Dorothy Ngajilo, MD, PhD, MPH, MMed

Zimbabwe Society of Occupational Medicine
Dingani Moyo, MB ChB, MAppMgnt, MOHS, FRCP, FFOM, MFOM

SPONSORS

Enterprise Health
Jeff Donnell
Jay McCrosky

Corporate Health Resources, Inc.
Karen Cohen, RHIA

Appendix B: International Occupational Medicine Society Collaborate Reflections – Barry Eisenberg and Hilary Todd

April 1, 2023

Dear Ron and Richard,

Thank you for inviting us to join the recognition of the IOMSC's 10th anniversary. It seems hard to believe it's been that long, but the fact that IOMSC has been able to sustain itself during these difficult years is certainly worth celebrating.

Having both served as long time Executive Directors, or CEOs, of our respective organizations, and having observed organizational behavior over those long periods, we recognize that ideas like the IOMSC, do not "fall out of the sky." But rather they germinate and flourish from multiple years of "seed planting" and the work of many individuals, over many years, who contribute and continually build on the work of others.

Our jobs, as Executive Directors, then was more direct: to sense when the timing was right to take the "big step" forward and to "connect the dots" in ways that both captures the spirit and wills of the founders, but that can also sustain itself in a structurally efficient way. Successful organizations need both: the vision and energy that comes from volunteer leaders, and dedicated staff who can translate that vision into entities that "work" and provide longer term continuity.

So below are our respective recollections on how this all came to be and, as you would expect, reflect the extraordinary, collaborative, working relationships that we enjoyed over the years. We offer our observations with the belief that an understanding of history is an important element of the future; and helps preserve a model of development that may be useful, not only for IOMSC, but for many of its members in the years ahead.

Society of Occupational Medicine (SOM)
The seeds of relationship between SOM and ACOEM were first sewn by Murray Roberts, one of two British occupational physicians who first attended the ACOEM AOHC (the American Occupational Health Conference) in 1986. During attendance at subsequent AOHCs, he built both professional and personal relationships with American colleagues, including the late Bill Bunn, chair of the ACOEM International section, and Presidents to be Bill Greaves, Bob Goldberg, Dean Grove and Ed Bernacki, amongst many others. SOM held its own Annual Scientific Meeting (ASM) which was very small by comparison (attendance circa 350 compared with 2000 +).

In 1998, as Chair of the SOM London group that staged the ASM that year, Murray invited Bill Greaves, then President of ACOEM, to attend and do a presentation. The late Gary Greenberg also presented the first of his technology workshops at this and several subsequent ASMs. Both were a great success. (I had joined SOM in 1996 and it was the first ASM in which I was fully involved). In 2000, ACOEM hosted its own one-day conference added on to the ASM in Edinburgh. From this point, the ACOEM Presidents were invited to attend the ASMs. Dean Grove and Murray Roberts' terms as Presidents of each organization coincided and Murray arranged for me to spend a week at the ACOEM headquarters in Chicago in 2002, an experience I hugely benefited from including meeting Barry, the newly appointed Executive Director. The SOM Council (governing body) decided that from 2005, I should also attend the AOHC, thus strengthening the organisational relationship on the administrative front.

In 2007, Bob McLellan came to the York ASM. He gave a presentation on US occupational medicine practice. Donald Bruce was SOM President and they subsequently met, with me in attendance, to discuss further cooperation between SOM and ACOEM. This was the first time that what was to be called a 'Leadership Exchange' discussion took place. Bob and Donald hatched the idea of an exchange of views between SOM and ACOEM physicians via an informal get together. At the AOHC in New York in 2008, Bob hosted the first discussion with SOM President Gordon Parker. By then, the number of UK physicians attending the AOHC had grown significantly. It was attended by around 10 US and UK physicians, including Richard Heron, who would later lead the SOM's international development as co-founder with Ron Loeppke of the IOMSC.

The reciprocal exchange at the AOHC continued annually from then, with the attendance gradually increasing as Barry and I started receiving requests from other international attendees to join the discussions. Gradually attendance increased with participants from the world over adding their perspectives on occupational medicine practice. What emerged was a shared understanding and an almost identical set of challenges affecting all those contributing. When Ron Loeppke and Richard Heron coincided as Presidents in 2013-2014, the foundation of what would become and be titled the International Occupational Medicine Societies Collaborative (IOMSC) held its inaugural meeting at the AOHC in Orlando in May 2013, with 17 countries being represented. In 2014, SOM hosted the second meeting in London. The concept of the organization being a global concern, rather than one led by ACOEM and SOM, was cemented at this meeting, the emphasis being on equal international collaboration. There were representatives from 14 countries. I retired in 2016 and my active participation in IOMSC ended in 2017. I attended the IOMSC session at the AOHC in Salt Lake City in 2022 and was delighted to find that there are now 46 countries' occupational health organizations participating. The reciprocal attendances of ACOEM and SOM Presidents at the annual conferences continue and the IOMSC has been supported by them from its inception.

I feel very honored to have been in 'the engine room' with Barry from the start, supporting you, Ron and Richard, and to have watched the organization grow over the years. During my time at SOM, I was involved with various successful projects. The IOMSC is particularly close to my heart and is a source of pride, as I am sure it is to all of us who were there at the start.

American College of Occupational and Environmental Medicine (ACOEM)

ACOEM's involvement in international activities can be traced to interest simulated by numerous College Presidents, probably going back to the mid to late 90's. Hilary has noted a few and I was especially influenced, in my early years, by the contributions of Bill Greaves, Bob Goldberg, Dean Grove and Ed Bernacki. An important part of those early efforts was to build a tradition of providing special invitations to international registrants to ACOEM's annual meeting (the American Occupational Health Conference) to attend the meeting's President's Reception. This expression of goodwill was extremely valuable and eventually morphed into the idea of "Leadership Exchanges" at various meetings where the College would, for example, proactively invite International Presidents to attend ACOEM meetings on a complementary basis and vice versa. The College, progressively, made efforts to make those exchanges more than simply ceremonial, and increasingly worked to include exchange of clinical or other topics of common interest. This later development was especially important as it demonstrated ways in which international exchanges could bring value to the "rank and file" member.

After the "nursing breakup" in 2003, ACOEM was compelled to re-invent the AOHC and turning to the international audience was a logical strategic direction. Accordingly, the College became much more active in reaching out to international audiences to encourage attendance at AOHC, and the opportunity to attend the (invitation-only) President's Reception was an important part of that. Steadily looked for additional opportunities to engage and to recognize the international attendees in programming and

other areas, attendance steadily grew. ACOEM was becoming "more international" by design. We began publicly reporting on the number of countries attending our Annual as a measure of our success. As Executive Director, it was my job to organize the President's Reception (and the special invite list) and I recall, maybe in 2012 when Ron Loeppke was Vice President, being so impressed by how the attendance list had grown. In addition, enough time had passed, that I had gotten to know many of the attendees personally, and started to understand that underlying their attendance was a basic desire to learn from us, and from each other.

So, being kind of an "association person" anyway it wasn't a great leap for me to "float the idea" of an exploratory session to see if there might be common interest in an international association, of some sort. Dr. Loeppke was extremely supportive and encouraging. Aner a bit of discussion, we realized the value of a potential "partner" and we reached out to our SOM colleagues—first Hilary and then Richard Heron, both of whom were also enormously supportive and helped further the concept. Our thinking about this "partnership" and the ability we had to reach out to SOM was, again, a product of many years of learning about each other.

After a few brainstorming iterations, our working group came up with the "collaborative" theme to reinforce the idea that all countries would participate equally as "collaborators" and that this was NOT a special project of the College or SOM. And we agreed to test the idea at the next (2013) AOHC; as Hilary notes above, in Orlando at Shingle Creek. We sent out invitations to all the AOHC registered international attendees, hoping to get 8-10 countries; and I think we ended with over 20. So, we knew we had something. We were especially impressed with our "around the table" and the commonality of so many concerns, issues and problems related to the health of the working populations and the safety of the workplace.

Encouraged by that initial meeting we focused on creating a structure that involved five key elements: (1) a mission statement; (2) a communications plan (including Linked-In); (3) an innovative set of bylaws to establish IOMSC as an unincorporated international entity; (4) a business sustainability plan; and (5) a meeting schedule that would alternate among U.S and international locations (e.g., London, Amsterdam, Rio). We initiated an outreach/networking program for countries that we had not previously connected with, which became quite productive in adding more members.

We also laid out the elements of some initial program activity that included: the sharing of basic educational materials for county specific occupational health professionals; and we produced a "hands-on, action oriented" PowerPoint that laid out some basic elements of ways and methods that member societies could publicly advocate on behalf of their members. Useful, in and of themselves, the products, we felt, were important building-blocks in demonstrating the Collaborative's ability to produce tangible resources on a parallel track, as it continued to build its interpersonal working relationships.

Looking Back and Ahead

Together, as we reflect on the development of the IOMSC, and while recognizing the importance of the structural and program elements we created, the key for us was the leadership that you, Ron and Richard, provided. Respected and effective, you have worked to build a culture of inclusiveness, professionalism and progress that has, obviously, compelled so many country OM societies to continue to patriciate and to grow the Collaborative. The timing was good, we had the right mission, and we had the commitments of volunteer and staff leaders (both at SOM and ACOEM) to make it work.

While we have our own special recollections of our years at SOM and ACOEM, the IOMSC is one that we share and certainly in the "top 5" of things we feel the best about. Again, it is gratifying to see it blossom and it has the potential to do so much more. With fundamental changes in the demographics of working

populations around the world, and the ever-increasing demands occupational medical societies to remain relevant and vibrant, the list of needs will continue to evolve.

Our best regards and wishes for the future,

Barry S. Eisenberg, CAE, MS
Past ACOEM Executive Director; Lifetime Honorary ACOEM Fellow

Hilary Todd Past SOM Chief Executive Officer, Lifetime Honorary ACOEM Member Honorary Member SOM, Honorary Fellow Faculty of Occupational Medicine

Appendix C: Meeting Photos

Meeting Sponsors – Thank You!