

2014 Meeting Proceedings: International Occupational Medicine Society (IOMSC)

June 28, 2014 – London, England

Hosted by:

Society of Occupational Medicine, United Kingdom

American College of Occupational and Environmental Medicine, USA

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INTRODUCTION

The inaugural meeting of the International Occupational Medicine Society Collaborative (IOMSC) was convened May 1, 2013, in Orlando, Fla., USA. The meeting brought together representatives of 17 countries to discuss interests as well as opportunities and challenges facing occupational medicine practitioners globally. During the initial meeting, IOMSC participants developed a list of challenges and opportunities for collaboration and a consensus statement as follows:

“OEM specialists worldwide share common goals of safeguarding and improving the health and well-being of people at work, enabling them to have more rewarding working lives. Success brings benefit to individuals and their families, to employers, to communities and to the economy at large. We seek to achieve these goals by ensuring safe and healthy work environments, promoting a balanced work-home life and psycho-social work environment, facilitating access to the personal health resources needed to keep employees healthy and prevent and/or manage chronic disease, and seeking to integrate workplace health with health in the home and in the community.”

There was agreement among participants to continue the dialogue and to meet in-person annually. Recognizing a global need for improved communication, IOMSC has grown to include more than 30 OEM societies.

On June 28, 2014, IOMSC convened its second annual meeting in London. Meeting goals were to build upon the dialogue of common global occupational health interests, opportunities and challenges and to begin to address these issues by forming goals and standards for occupational medicine societies across the globe. The specific focus of this second meeting was to address the following three issues and develop action steps for implementation:

1. Communicating the value of occupational and environmental medicine (OEM) to employers, government, policy makers and others
2. Defining the role of the occupational medicine society
3. Educating practitioners

To address these issues, participants divided into three work groups, each tasked with deliberating a respective topic and identifying a plan of action. These breakout groups were followed by a general session where the findings of the individual groups were discussed and finalized. Following is the report and recommendations from the second annual meeting of the IOMSC.

IOMSC PARTICIPANTS

The following countries were represented at the second annual meeting of the IOMSC:

- Academy of Occupational and Environmental Medicine Malaysia (AOEMM)
- American College of Occupational and Environmental Medicine (ACOEM)
- Danish Society for Occupational and Environmental Medicine (DASAM)
- Faculty of Occupational Medicine, UK (FOM)
- German Society for Occupational and Environmental Medicine (DGAUM)
- Irish Society of Occupational Medicine (ISOM)
- Korean Society of Occupational and Environmental Medicine (KSOEM)
- Netherlands Society of Occupational Medicine (NVAB)
- Norwegian Association of Occupational Physicians (NAMF)
- Occupational and Environmental Medical Association of Canada (OEMAC)
- Portuguese Society of Occupational Medicine (SPMT)
- Society of Occupational and Environmental Health Physicians of Nigeria (SOEHPON)
- Society of Occupational Medicine (SOM)
- Swiss Society of Occupational Medicine (SGARM)



OPENING REMARKS

John Harrison, MD, FRCP, FRCP (Edin), FFOM, Chief Medical Officer at Devon and Cornwall Police, opened the meeting with a discussion of global occupational medicine. He indicated that occupational medicine is about population health management but at an individual level, dealing with illness and health surveillance for the worker. Further occupational health is not just about physicians, but encompasses the work organization and the need for employers to invest in occupational health and safety.

The World Health Organization (WHO) released a global action plan on workers' health which indicates the need to influence policy both at the government and employer level, improve performance of access to occupational health services and incorporate worker's health into other policies. Three key areas that the WHO report focuses on are:

1. Health Workplaces, work related physical and psycho-social health the promotion and support of health behaviors as well as identifying the social and environmental determinants of health.
2. Occupational and work related diseases – identifying and remedying these issues
3. Essential Intervention – only 15% of workers worldwide have access to occupational medical services and there is a need to invest in occupational health and use limited resources appropriately

Dr. Harrison indicated that the key challenges in the 21st century are the globalization, aging, and mobility of the workforce. To address these challenges there needs to be a paradigm shift from historical views to future needs and from a labor perspective to a public health approach. A new philosophy is good work is good for health, good for business and national prosperity. The vision should be universal access to occupational health services for all workers. The Clinton Foundation noted that health is the greatest asset or greatest liability of an economy.

Dame Carol Black, DBE, MD, FRCP, Expert Advisor on Work and Health to the UK Department of Health, discussed the changing world of work. Dr. Black noted that work is changing and OEM needs to adapt to this changing world. Key changes in the workplace are the globalization of the workforce, more female workers and an increase in older workers as individuals have a longer life span and work longer. The health of the workforce is important to the economy of a country and optimal worker health can assist the GDP of the country to grow and lower the overall country's health bill. However, to achieve a healthy and safer workforce there needs to be champions for occupational health among:

- Government
- Employers
- Trade unions
- Public health allies

An understanding of the changing dynamics of the workforce is essential to maintain healthy and safe workers. People are living longer and therefore extending their work-life later. As workers age, there should be a re-tooling of the skill set for the job and/or placement of the worker into a different job.

The OEM community should take a life approach to health addressing trans-generational issues. OEM must embrace the changing nature of work, articulate a brand that is simple and straightforward and communicate this to government, employers, employees, trade unions and the general public. Occupational health is selling energy by staying healthy at work.

WORK GROUP REPORTS

Work Group: Communicating the Value of Occupational and Environmental Medicine

This group addressed how best to communicate the value of occupational and environmental medicine to various constituencies including government, business and industry, workers and workplaces and the public at large. Based on their deliberations, the group determined that the message that will make an impact and which should be communicated is that “Occupational and environmental medicine (OEM) is a *unique* preventive medicine specialty that impacts the health and productivity of our workforce and therefore the health of our nation’s economy.” Communication channels should be broad and include newspapers, TV and other media outlets as well as employing social media such as Twitter® and YouTube®.



The messages should articulate the following:

- increasing importance of the specialty, i.e., ability to address epidemic and pandemics, and
- Unique training including population health management, relationship between work and health (and costs), and community health

The sphere of influence of OEM is expanding and impacts millions of workers with one OEM physician capable of impacting tens of thousands of employees and their families annually. Each country’s OEM society should calculate its footprint, i.e., the number of workers impacted by their members. For example, ACOEM has determined that its members reaches 120million lives and this has the potential to influence insurance and health care costs.

Based on discussions, a recommendation from the group, “Communicating the Value of Occupational and Environmental Medicine,” is to define further the statement “We are unique medical specialty that positively impacts the health and productivity of our workforce and therefore the health of our nation’s economy.” This statement should be developed and translated into messages for business and government. Additionally, the various media outlets should be articulated and distributed to IOMSC members.

Work Group: Defining the Role of the Occupational Medicine Society



This group was charged with addressing what occupational medical societies can do for workers and how best to communicate the role of the medical society including defining:

- The code of conduct societies should follow, and
- Identifying keys to maximum effectiveness and sectors in which societies should possess expertise

There needs to be a mechanism to create bridges between healthy workers and healthy workplaces. This can be accomplished through educating government and business on the role of the occupational medical society and effective advocating on the part of the OEM society. The

occupational medical society needs to define standards of competence and capability as well as ethical standards for its members. One motto for occupational and environmental medical societies can be **“We serve our members by serving others first.”**

This group recommended that IOMSC develop a guidebook/framework for OEM societies globally on how to establish and promote the role of the society. This guidebook should address what occupational societies can do for workers and how best to communicate and advocate their positions to government and business/industry.

Work Group: Educating Practitioners

Work Group 3 was tasked with reviewing the education/training of practitioners of OEM including addressing how to train other practitioners such as general practitioners, urgent care, and others to understand the complexities of OEM and the tenants of population health management. A key point that should be stressed in OEM training is leadership skills and how this is a value added to companies. In some countries, leadership and management is incorporated in OEM specialty training but this is not the norm globally.



To begin, the specific skills for OEM specialist should be identified and differentiated from other specialties. OEM should reach out to other fields and explain the broader range of occupational and environmental medicine.

The Work Group identified the following elements as essential in educating OEM practitioners:

- Incorporate leadership and management training in medical and residency training;
- Information on occupational medicine should be incorporated into medical student education;
- Reach out to other specialties to educate on broad aspects of occupational medicine;
- Build pyramid to delineate responsibilities and develop competencies for specific occupational medical procedures which can be accomplished by non board certified occupational medicine physicians; and
- Develop tool/case studies to explain occupational medicine worldwide.

IOSMC – MISSION AND MANDATE

Following the general discussion from the Work Groups, participants reviewed the mission and mandate of the IOSMC. While the group is not prepared to formalize a legal structure, the overall mission and composition of the group should be agreed upon. The discussion reviewed the current working mandate and confirmed the following language for use in IOSMC materials:

IOMSC provides a forum for collaboration for representatives of occupational and environmental societies worldwide to collaborate on issues of concern and opportunities for change and to:

- Share information
- Discuss issues of mutual concern
- Provide a unified voice on occupational medicine worldwide

In addition, participants agreed that IOMSC should be comprised of delegates from OEM societies worldwide.

SUMMARY AND RECOMMENDATIONS

The June 28, 2014, meeting of the IOSMC provided a forum to discuss three important issues for occupational and environmental medicine globally. These are:

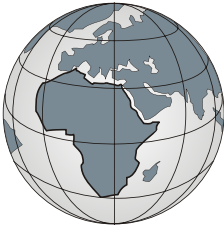
1. Communicating the value of occupational and environmental medicine
2. Defining the role of the occupational medicine society, and
3. Determining the educational components for OEM

The goal of the meeting was to define specific recommendations for each topic that could be acted upon and developed into products prior to the next meeting of the IOMSC in 2015. While discussions were extensive and many ideas surfaced, the participants finalized the following three actions steps/recommendations.

RECOMMENDATIONS AND ACTION STEPS

1. Communicate the value of occupational medical by refining the value statement of OEM and why it is important to the country/nation.
2. Identify and communicate the role of the occupational medical society by developing a guidebook/framework that delineates who we are and what societies can do for workers and business and industry.
3. Define and build a pyramid of the core competencies for occupational medicine.

The next meeting of the IOMSC will be **held Thursday, May 7, 2015,
in Washington, D.C.**



COMPARING THE PROFILE OF OEM GLOBALLY

PARTICIPANT COUNTRY SUMMARIES

As was done at the inaugural meeting, participants provided a brief synopsis of the environment and infrastructure for the practice of OEM in their respective countries. Each was asked to note the reach and impact of OEM in terms of the numbers of organizations it reaches, the number of employees and family members served, and the influence of OEM physicians on governmental policies. Highlights of country characteristics follow.

Brazil

The Brazilian Occupational Medicine Association has more than 4,000 physician members nationwide distributed among 26 state associations. These physicians care for approximately 92.5 million workers in 38 million jobs. Only around 12,800 physicians in Brazil are licensed in occupational medicine and due to sustained growth in the formal labor market and increased labor laws and regulations there is a severe shortage of OEM specialists.

Canada

In Canada, there are 60 OEM specialists for the 15 million workers with 250,000 workers/specialists. There is a 230 member OEM society which includes broader membership based than just occupational physicians. The biggest challenge in Canada is success planning with only 3 programs for OEM training and they graduate only 1-2 physicians per year.

Denmark

Denmark has 7 regional OEM clinics and has a membership base of 140 of which 70 occupational physicians. Of the 5.8 million residents, 2.8 million are workers. Key issues facing Denmark include development of evidence-based guidelines and the coordination and strengthening of OEM training.

Germany

In Germany, there are 41 million workers and 4-5,000 OEM specialists resulting in 40% of the workforce being covered by OEM physicians. Issues being addressed in Germany is the need to evaluate the value of the specialty. In addition, there is consideration of changing the name from occupational medicine to occupational medicine and prevention.

India

The national OEM association, the Indian Association of Occupational Health, represents more than 4,000 physicians working in industries, government, and a small number of private practitioners. The population of India is estimated at 1.3 billion with 54% of those of working age (around 700 million).

Ireland

Ireland is comprised of 4.5 million residents with 2 million of these in the workforce. There are 2 physician organizations in Ireland; however, workforce numbers are shrinking.

The Netherlands

There are 7 million workers in Netherlands with a 2,000 member occupational medical society. The concerns in the Netherlands include how to attract young doctors to the specialty and how to communicate the value of OEM nationally.

Nigeria

In Nigeria there are approximately 160 million people with 5-10 million participating in an organized workforce. In addition, there are 70-80 million unorganized workers with no health care. It is necessary to communicate the value of OEM within Nigeria and to have the university develop an OEM curriculum.

Norway

The issues in Norway continue to be an older OEM workforce and trouble recruiting new/younger physicians into the specialty. There are 5 regional hospitals for occupational health but there is a backlog of occupational health services – 30% of occupational health is being performed by general practitioners.

Portugal

There are 5.5 million residents in Portugal and approximately 1,000 occupational medicine specialists. Public health in Portugal is delegated to general practitioners and occupational medicine does not play a role.

South Korea

In South Korea the OEM society has 1,000 members. The greatest issue in South Korea is the musculoskeletal disease with two-thirds of workers' compensation claims a result of musculoskeletal problems.

Switzerland

There are 3.4 million workers in Switzerland. However, the average age of an OEM specialist is 50 and it is difficult to interest young physicians in OEM.

United Kingdom

There are 29 million workers in the UK. Two individual societies for occupational currently exist but they are close to a merger. Ongoing issues remain the ability to communicate the value of the OEM specialist.

United States

The national occupational medical specialty, ACOEM, has more than 4,500 members who take care of approximately 120 million workers and families. The ability to recruit new physicians into residency training is an issue as well as the ability to communicate the value of OEM to government, business and industry.

**For more information about the International Occupational Medicine
Society Collaborative, or to be added to the mailing list, e-mail
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