INTERNATIONAL OCCUPATIONAL MEDICINE SOCIETY COLLABORATIVE

Proceedings of the May 6 & 7, 2015 Meeting

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Attendees at the IOMSC meeting May, 2015 at The World Bank, Washington, DC.

Introduction

In 2013, the American College of Occupational and Environmental Medicine (ACOEM – United States) and the Society of Occupational Medicine (SOM – United Kingdom) convened an exploratory meeting of international occupational medical societies attending the American Occupational Health Conference (AOHC) in Orlando, Florida.

The initial meeting of the group, now known as the International Occupational Medicine Society Collaborative (IOMSC), explored topics impacting workplace health globally, and identified issues of concern and common goals that unite practitioners of occupational and environmental medicine (OEM) worldwide. The participating societies, plus several joining via conference call, expressed great interest in continuing to meet and work to address problems and seize opportunities to more effectively promote international worker health and safety.

In 2014, the IOMSC held a second meeting in London to discuss three priority issues identified in 2013, including:

- Developing a brief report explaining the scope of occupational medicine
- Identifying the educational qualifications required for OEM certification
- Outlining the roles and responsibilities of occupational medical societies

At its latest meeting, held May 6-7, 2015, at World Bank headquarters in Washington, D.C., the IOMSC continued to advance new thinking on key issues, including an effort to better define OEM including its role in health care and its impact around the world. Specific questions to be addressed included:

- How can occupational and environmental medicine be best described?
- Why is it important to employers and governments?
- What impact does OEM have on workplace safety and health?
- What type of education is required to be considered an OEM practitioner?
- What are the roles and responsibilities of occupational medicine societies to promote and advocate the specialty both locally and internationally?

The following report represents the discussions of the IOMSC members at the May 2015 session. For the purpose of historical context, this paper also presents a brief history of OEM, and provides benchmark statements on issues addressed at the 2014 session on: the educational requirements of OEM practitioners, and on the role of the occupational medical society in promoting and advocating for the profession.

The IOMSC is in the process of planning for its 4th annual meeting to be held in Amsterdam, Netherlands, on September 15, 2016.

The Global Importance of Occupational and Environmental Medicine

In recent decades, it has become increasingly clear that the health of the workforce is important to the economies of nations. More and more studies indicate that employers who invest in the health of their workers are more likely to achieve enhanced productivity and better bottom-line results. In turn, optimal worker health can help nations' economies grow, while lowering overall health costs.[1,2,3,4,5]

With this awareness has come a wide range of innovations and new thinking in the medical specialty of OEM, which has been addressing the issues of occupational health and safety and the promotion of health in the workplace since the early 1900s. OEM is a *unique* preventive medicine specialty that positively impacts the health and productivity of workforces and therefore the health of national economies. OEM specialists work to ensure that the highest standards of health and safety can be achieved and maintained in the workplace. OEM involves a variety of disciplines – however, its primary focus is preventive medicine and the management of illness and injuries related to the workplace.

The traditional role of OEM physicians has been identifying hazards, detecting exposures, protecting the workforce, and educating workers regarding workplace hazards through integrated health and safety policies, procedures and programs. Today the role of the OEM physician has expanded to include a broader emphasis on productivity and wellness in the workplace.

The sphere of influence of OEM is expanding and impacts millions of workers worldwide, with one OEM physician capable of impacting tens of thousands of employees and their families annually. As corporations become more global in nature, many OEM physicians impact not only workers, but also the communities in which these workers operate -- by participating in research and advice on international health issues, such as communicable diseases (e.g. Ebola and AIDS) and chronic diseases (e.g. diabetes and heart disease).

OEM physicians worldwide share the 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. OEM specialists 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
- Preventing and/or managing chronic disease
- Integrating workplace health with health in the home and in the community

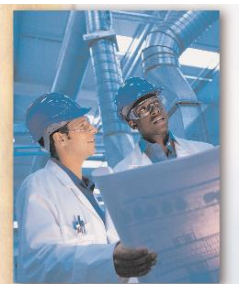
Key changes occurring in the workplace today include:

- The globalization and mobility of the workforce,
- Changing of work environments and patterns (telecommuting, constant accessibility)
- Massive use of IT technology resulting in transforming typical work schedules,
- An increase in number of female workers,
- An increase in number of older workers as individuals live longer and extend their time as active employees,
- And exposure to new risk factors (nanotechnology, EMF).

To achieve a healthy and safer workforce in this changing global environment, the role of OEM has never been as important as it is today.

SECTION 1 – The History of Occupational and Environmental Medicine

EARLY HISTORY OF OEM



The earliest mention of occupational medicine can be traced to antiquity, with the Greeks and Romans observing increased rates of illness and death among miners.[6] Hippocrates described a case of lead poisoning[7] and Pliny (23-70 AD) discusses the poisonous nature of lead, mercury and sulfur but noted there were no protections for the workers.[8]

At the end of the 15th century, the literature began to mention occupational diseases. In 1473, Ulrich Ellenbog, a German physician wrote a brief report *On the Poisonous Wicked Fumes and Smokes* in reference to the fumes from coal, nitric acid, lead and mercury which goldsmiths and metal workers were exposed.[8] Paracelsus (Theophrastus von Hohenheim), a Swiss physician, followed with a treatise published in 1567 on the diseases of mine and smelter workers (*On the Miners' Sickness and Other Miners; Diseases*) which referred to "lung sickness" attributable to the climate and vapors in the mines.[8]

In 1713 the first comprehensive discussion of occupational diseases, *Diseases of Workers,* was published by an Italian, Bernardo Ramazzini.[9] However it was not until the industrial revolution in the 1800s that the plight of workers was widely recognized – in particular the length of the workday and the age at which children began working. After Ramazzini, the person with the most notable influence on worker health was Dr. Charles Turner Thackrah, an English surgeon who in 1832 presented worker health's epidemiologic dimension. He reviewed notices of mortality and found that death rates were higher in manufacturing towns than in agricultural areas, attributing the excess deaths to the injurious effects of manufacturing and the crowded population in manufacturing towns.[6,10]

By the mid-1800s laws were being enacted throughout Europe and in the United States to address the plight of workers, including the impact of working conditions on health. In London a report on the *State of Children Employed in Cotton Factories* was sent to Parliament in 1818 along with a petition to limit the number of hours children were allowed to work daily. In 1842, Edwin Chadwick, Secretary to the Poor Law-Commission presented to Parliament a *Report on the Sanitary Condition of the Laboring Population of Great Britain.* This report resulted in the passage of the Public Health Act of 1848, whereby the British Government assumed responsibility for safeguarding the health of the population.[10]

Around the same time, in the United States, Massachusetts passed the nation's first child labor law in 1836, and became the first state to limit the number of hours women could work to 10 hours per day and 60 hours per week.[10] In 1883, Otto von Bismarck, the Prussian Chancellor, instituted the first social insurance legislation in the Western world with the enactment of sickness insurance and followed that in 1884 with the enactment of workers' compensation.

A number of major workplace disasters – such as the mining disasters in Courrieres, France, Monongah West Virginia, and Honkeiko, China, that caused thousands of worker deaths; the Triangle Shirtwaist fire in New York City garment district, which resulted in 145 worker deaths; and the Halifax, Nova Scotia, shipping disaster, in which 1,800 workers died – resulted in additional regulations on various industries designed to protect workers.[11]

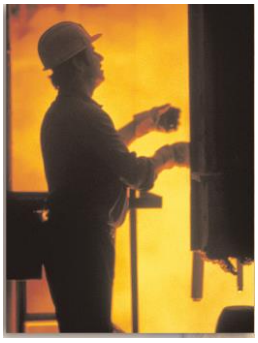
Modern Day Workplace Disasters Worldwide

Despite the laws and regulations implemented by countries around the world to address safety and health issues, workplace disasters still continue to occur. Within the last 30 years alone, the following major disasters have occurred[12]:

- 1986 – Prypiat, Ukraine – A test on a reactor went out of control at the Chernobyl nuclear power plant, resulting in a nuclear meltdown. The explosion and fire that occurred resulted in the deaths of nearly up to 50 people and today Prypiat remains a ghost town.
- 1988 – Rawalpindi, Pakistan – A military storage center explosion resulted in the loss of more than 1,300 lives.
- 1988 – Piper Alpha Disaster – This explosion on a North Sea oil production platform is still the world's worst offshore oil disaster in both lives lost (167) and impact on industry.
- 2011 – Fukushima, Japan – Triggered by an earthquake, this is the largest nuclear disaster since Chernobyl. Plant workers were severely injured or died as a result of the conditions from the tsunami that resulted from the earthquake. The impact of the resulting nuclear fallout is not yet known.
- 2012 – Dhaka, Bangladesh – A fire in a factory killed 112 workers, including 12 jumping from windows to escape.
- 2013 – West Fertilizer Company Explosion – West, Texas, USA – A fertilizer company exploded due to the unsafe storage of ammonium nitrate. Fourteen workers died and another 160 were injured.
- 2013 – Rana Plaza Collapse – Dhaka, Bangladesh – Unsafe construction practices resulted in the collapse of a building and the deaths of 1,129 people – mostly garment workers.

OEM physicians and occupational safety professionals have been instrumental in determining the root causes of these workplace accidents and implementing policies and programs to avoid future incidents. In fact, the role of the OEM physician has changed from being primarily reactive to the injuries and illnesses that occurred in the workplace to that of prevention of illness and injury and promotion of healthy lifestyles. It is now well recognized that health impacts work, and work impacts health. With the passage of time and changes in the workplace, such as the globalization of the workforce, increasing female workers and an increasingly older workforce, there is now a greater focus on addressing workforce health and wellness as well as safety.

Over the last 35 years, many nations have implemented education and training programs for employers, workers, and occupational health and safety (OHS) professionals, and these programs have become essential tools in reducing the burden of occupational injury and illness.



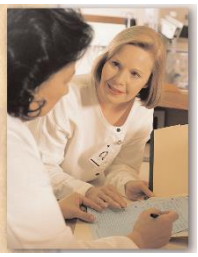
Working alongside national agencies, the profession of OEM has also significantly expanded its scope and presence in the workplace, contributing scientific research, new clinical guidelines for medical care, and public health programming. Gradually, companies have begun to look at more preventive practices in addition to workplace-specific matters such as repetitive injuries or exposure to chemicals. In summary, as of 2015, the work and potential impact of OEM physicians on a nation's overall health is more significant than ever. Maintaining and nurturing the profession of OEM is an important endeavor.

TODAY'S OEM PHYSICIAN

Healthy Workers- Healthy Returns

The International Labour Organization estimates that each year there are 270 million occupational accidents, 160 million workers diagnosed with occupational diseases and more than 2 million work-related fatalities. These numbers, however, may underestimate the true extent of the problem since many occupational injuries and illnesses are under-reported – and that's in all countries, not just developing countries.

In addition to workplace injuries or illnesses, countries around the world face the growing epidemic of chronic disease, with significant impact on people of working age and significant implications for the affordability of health care. According to the World Health Organization (WHO), chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are by far the leading causes of mortality in the world, representing 63 percent of all deaths worldwide. Additionally, chronic musculoskeletal disorders are exacerbated with sitting at work and obesity and lack of physical activity contribute to growing number of chronic medical conditions.



The OEM physician is an employer's partner in health promotion, helping to design programs that address these daunting statistics. While workplace goals will always include reduction and treatment of job-related injuries, this multi-disciplinary professional can help the company bottom line by promoting a culture of health and a healthy work environment to support health and well-being for all employees.

OEM physicians have expertise in determining the ability of employees to perform work; the arrangements of work, the physical, chemical, biological, and social environments of the workplace, and the health outcomes of environmental exposures. Practitioners in the field diagnose, treat (in most countries) and prevent conditions caused by environmental and/or occupational exposures and stressors.

They recognize that work and the environment in which it is performed can have favorable or adverse effects upon the health of workers as well as of other populations; that the nature or circumstances of work can be arranged to protect worker health; and that health and well-being at the workplace are promoted when workers' physical attributes or limitations are accommodated in job placement.

In addition to clinical knowledge, OEM physicians are also skilled at using the tools of preventive medicine to improve the health of a defined population of workers and their families. Company-based health enhancement programs developed or managed by OEM physicians cover a variety of services: health risk appraisals, flu shots, weight-management, smoking cessation and stress reduction programs, onsite fitness centers and health club discounts, web-based health and fitness tools, and mental health and substance abuse counseling. The most effective programs also integrate these elements with health coaching and condition-management programs in a population health management strategy.

WHY OEM MATTERS

- Well trained and supported OEM physicians can help design and manage employee health benefits programs in a way that enhances the well-being of employees, while containing costs and contributing to a healthier, more productive national workforce.

- Proactive medical programs can reduce absenteeism and presenteeism and reduce or eliminate other detriments to productivity, keeping the workforce competitive in a global marketplace.
- Preventive measures in the workplace, leading to healthier employees, will help address the exploding costs of entitlement programs – national health, pensions and social security programs.
- A unique range of training – including population health management, relationship between work and health (and costs) and community health – is unique to OEM physicians and brings tangible advantages when utilized in the workplace.
- The OEM specialty has the ability to address epidemic and pandemics, chronic health conditions and disaster preparedness – making it especially valuable in today's global environment.
- OEM physicians develop and maintain the standards of care for worker health.
- OEM physicians have a "multiplier" impact on population health — their decisions can impact thousands of employees and their families.
- All functions of the OEM physician are focused on the prevention of occupational diseases and work-related disorders. Working in conjunction with safety professionals, OEM physicians aim to promote and preserve sustainable employability in the interest of the employee, the society he or she is part of, and the company.

As a result of these trends in health care, leaders in the field see a growing recognition of the value of OEM as well as an increase in the demand for qualified OEM physicians in the foreseeable future.

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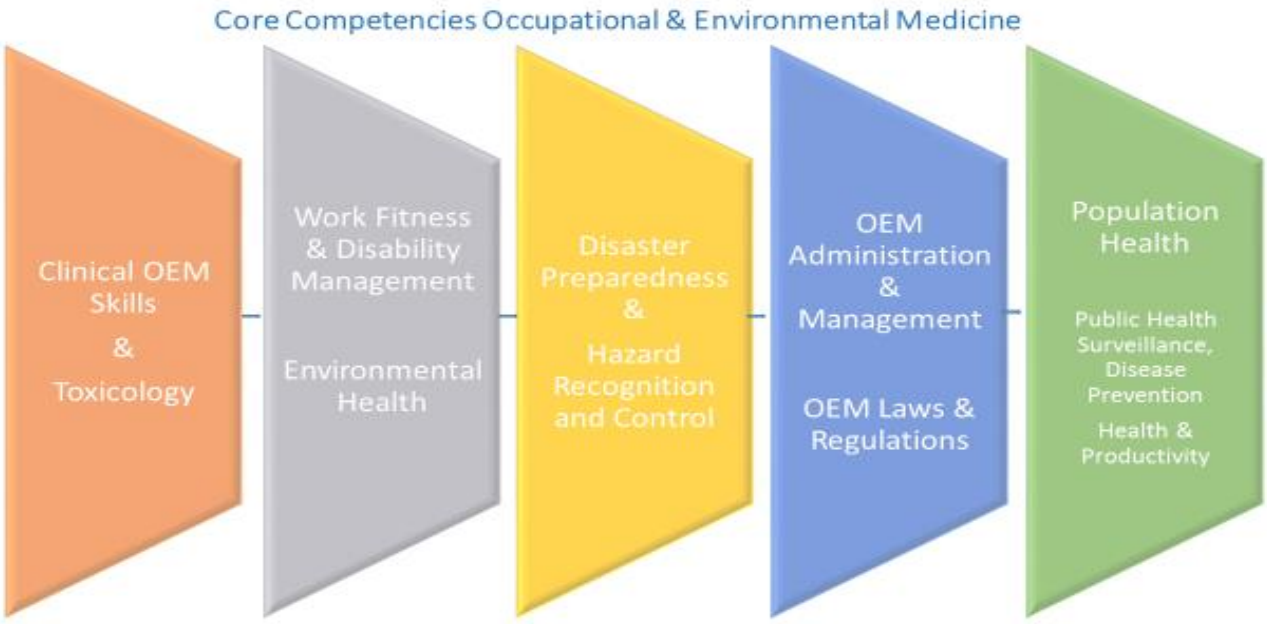
SECTION 2 – The Training of Occupational Medical Practitioners

OEM is the recognized specialty within medicine that focuses on the health and safety of workers and requires advanced training for board certification. The OEM physician applies evidence-based practices, such as shared medical decision-making, outcome measurements and continuous quality improvement, as the medical system evolves to incorporate standards of care. A physician specializing in OEM is expected to attain competency in 10 core areas, which can be classified under the following five key topics:

1. Clinical OEM skills and toxicology
2. Work fitness and environmental health
3. Disaster preparedness and hazard recognition
4. OEM Administration, laws and regulations
5. Population health management



Following is a brief discussion of the 10 core competencies that must be achieved, presented by topic area, to be an OEM specialist.

Clinical OEM Skills and Toxicology

1. *Clinical Occupational and Environmental Medicine:* The OEM physician should have the knowledge and skills to provide evidence-based clinical evaluation and treatment for injuries and illnesses that are occupationally or environmentally related. The OEM physician's expertise is also applied to evaluating the impact of personal medical conditions on the ability to perform work tasks. Throughout the course of care, the physician should seek to maximize the patient's functional recovery. Clinical expertise is applied in face-to-face patient care, as well as in activities such as case management and peer-to-peer discussions.

2. *Toxicology:* The OEM physician should have the knowledge and skills to recognize, evaluate, and treat health effects of exposures to toxic agents at work or in the general environment. The physician also should have the knowledge and skill to develop, evaluate, and manage medical surveillance and biological monitoring programs for toxicological exposures.

Work Fitness and Environmental Health

3. *Work Fitness and Disability Management:* The OEM physician should have the knowledge and skills to determine if a worker can safely be at work and complete required job tasks. The physician should be able to assist the patient in identifying personal functional goals and develop a treatment or management plan that attempts to align the patient's goals with the job requirements. The physician should have the knowledge and skills necessary to provide guidance to the employee and employer when there is a need for integration of an employee with a disability into the workplace, or when there is a need to pursue other avenues, such as vocational rehabilitation or disability benefits.

4. *Environmental Health:* The OEM physician should have the knowledge and skills to recognize potential environmental causes of concern to the individual as well as to community health. Environmental issues most often include air, water, or ground contamination by natural or artificial pollutants. The physician should know about the health effects of the broad physical and social environment, which includes housing, urban development, land-use and transportation, industry, and agriculture.

Disaster Preparedness and Hazard Recognition

5. *Disaster Preparedness and Emergency Management:* The OEM physician has a critical role in emergency preparedness and emergency management, with responsibility for protecting employed individuals and the national workforce from health and economic consequences of disasters. The OEM physician should have the knowledge and skills to collaborate with the employer management team to plan for workplace response to natural or manmade disasters. Emergency management planning includes resource mobilization, worker population tracking, communication contingency planning, and collaboration with local, state, or federal agencies.

6. *Hazard Recognition, Evaluation, and Control:* The OEM physician should have the knowledge and skills necessary to assess if there is risk of an adverse event from exposure to physical, chemical, biologic, ergonomic, or psychological hazards in the workplace or environment. The OEM physician should be prepared to collaborate with industrial hygienists or other qualified safety and health professionals and interpret measurements and reports from such professionals in context. If there is a risk with exposure, then that risk can be characterized with recommendations for control measures or medical surveillance. The OEM physician should demonstrate an understanding of the core principles of industrial hygiene, ergonomics, occupational safety and risk/hazard control and communication, and apply the principles of the Hierarchy of Controls to protect the health of individual workers, patients, and the public from the range of known chemical, physical, biological and radiological hazards.

OEM Administration, Laws and Regulations

7. *OEM Related Management and Administration:* The OEM physician should have the administrative and management knowledge and skills to plan, design, implement, manage, and evaluate comprehensive occupational and environmental health programs and projects. OEM physicians need an understanding of health care benefits, workers' compensation systems, electronic health records and knowledge of the laws and regulations applicable to the jurisdiction, industry and population of interest. OEM physicians in all practice settings are expected to be sensitive to the diverse needs and cultural backgrounds of those they serve, and anticipate meeting diverse needs in setting up their practices. Additionally, leadership skills are of value to companies and leadership training should be a component of specialty training. (Currently leadership training is required in some countries, but not all.)

8. *OEM Related Law and Regulations:* The OEM physician should have the knowledge and skills necessary to comply with the wide range of laws and regulations concerning the interactions between work and health. As recognized experts on the causation of occupational and environmental injuries and illnesses and workers' ability to perform work with or without reasonable accommodations, OEM physicians are frequently called upon to provide expert testimony, write expert opinion reports, and provide peer review. The OEM physician needs to interact knowledgeably with non-medical professionals, including human resources managers, operations managers, safety professionals, union leaders, government officials and legal professionals, and should understand the rules of these worlds.

Population Health Management

9. *Public Health, Surveillance, and Disease Prevention:* The OEM physician should have the knowledge and skills to develop, evaluate, and manage medical surveillance programs for workers as well as the general public. The physician should be able to apply primary, secondary, and tertiary preventive methods.

10. *Health and Productivity:* The OEM physician should be able to identify and address individual and workplace organizational factors in order to optimize workers' health and enhance their productivity. These issues most often include absenteeism, presenteeism, health enhancement, and population health management.

Next Steps

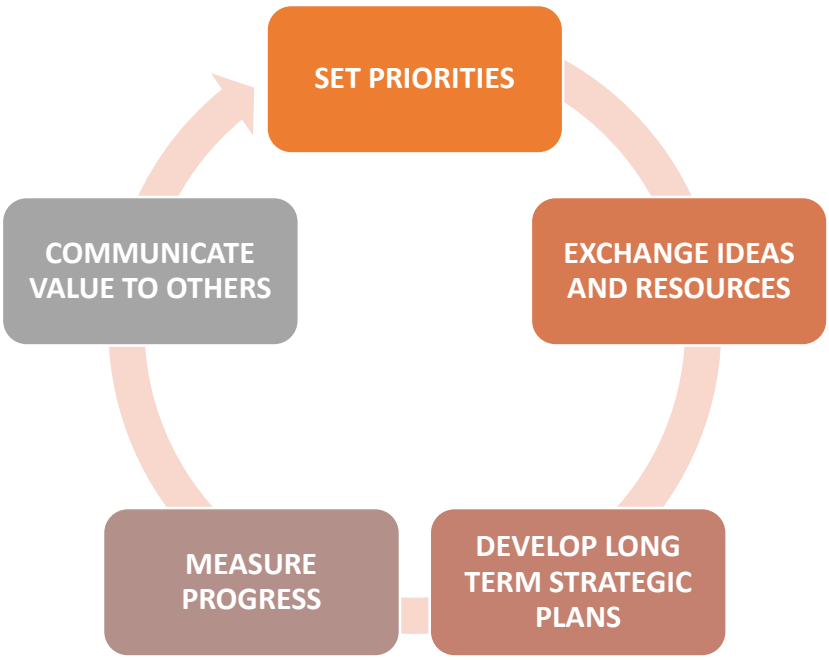
While the specialty of OEM has been in place for more than 100 years, there is a lack of trained specialists to address workforce needs worldwide. Therefore, the issue of how to train other physicians – such as general practitioners, urgent care, family practitioners and others – must be addressed so they can understand the complexities of OEM and the tenants of population health management.

SECTION 3 – Roles and Responsibilities of Occupational Medicine Specialty Societies

Even though the number of formally trained occupational medicine specialists is limited around the world, the professional societies that they form, and the programs those societies develop, have enormous potential, globally, to improve the health and productivity of the workforce and their families. And in turn, by improving the health and productivity of the workforce, extraordinary advances can be made in the economic performance of the respective country. The more organized and effective the medical society, the more supportive and positive the impact will be on those physicians practicing occupational medicine in the country, and consequently on the populations and workers they serve.

To be effective as a national medical specialty society, the following should be conducted on a regular basis:

1. **Set priorities**. Identify the most important national issues to be addressed on an annual basis.
2. **Exchange ideas and resources with other occupational medicine societies**. Collaborate and participate with other national occupational medical societies to stay abreast of emerging international issues and concerns.
3. **Develop long term strategic plans**. For example, development of a multi-year strategic plan setting the direction, goals, and objectives for the society.
4. **Measure progress periodically**. Assess progress against the strategic plan. Make necessary modifications to meet the goals.
5. **Communicate the OM society's value to other medical specialties in their country and to the public at large**. Develop a clear statement on the value of OEM which can be used to inform and educate other stakeholders including health professionals, employers, insurers, government entities and the public on the role and value of OEM physicians.



In setting priorities and developing a strategic plan, the International Occupational Medical Society Collaborative (IOMSC), has coordinated occupational medicine societies around the world, and developed the following set of principles and activities, as aspirational goals for societies to adopt, within their resources and capabilities.

1. Maintain the Standards of the Specialty.

The Occupational Medicine Society should endeavor to maintain, articulate and disseminate the standards of care of the specialty. The standards of care should, whenever possible, be evidence based, and may include, among others: guidelines for the evaluation and management of occupational illness and injury; guidelines for primary, secondary and tertiary prevention; principles for safe and reasonable return to work; processes and metrics for workplace wellness and health and productivity management programs; methods for disability management, and environmental assessment. Depending on the laws of the country, OM standards may also be appropriate in areas such as workplace drug testing, commercial driver examination, and airline pilot examination.

2. Lead in Education and Certification

Occupational medicine societies should assume the lead role in the country in terms of continuing medical education for physicians practicing any aspect of occupational medicine. Educational opportunities can be made available in a variety of formats (e.g., as part of a national conference, stand-alone, face-to face, on-line) and should be provided in a manner so as to be accessible and affordable to the society's members. Educational opportunities should also be made available to non-members as appropriate. OM societies should liaise, directly or indirectly, with the national professional association that oversees the medical education of specialists.

Because there are likely to be many more physicians practicing some aspect of occupational medicine than there are physicians formally trained in the specialty, the OM society should be seen as the gold standard for providing OM continuing education to physicians in all specialty areas, regardless of their formal training. Such educational outreach is essential to helping maintain the standards of the specialty (see #1 above).

3. Support Scientific Inquiry

Occupational medicine societies have a key role to play in supporting the continual scientific evolution of the specialty. This may be done through such activities as hosting national scientific meetings, publishing proceeding of those meetings, facilitating publication of a peer-reviewed journal, undertaking special grants or projects and supporting student activities in the field, among others. Close liaison with other national bodies undertaking these tasks could facilitate the inclusion of OM content in the activities of others, as well.

4. Advocate for the Specialty

Occupational medicine societies should endeavor to communicate the value of the specialty to a variety of stakeholders including: patients, other medical specialists, employers and insurance companies, especially those insurance companies involved in workers compensation systems. OM societies support the development of policies and programs that enhance the health of workers and of those that are necessary to support clinical integrity of physicians practicing in the specialty. OM societies should share communications with other medical and surgical specialty societies and relevant non-physician organizations.

OM societies should endeavor to collect data that validates the contributions of occupational medicine to the long-term health of workers and to their health beyond their working years.

5. Provide a Meaningful Set of Member Benefits

Occupational medicine societies should provide benefits to their members that help them in their professional and personal lives. Such benefits could include access to key educational and scientific publications, access to the OM society's website, OM educational opportunities in the form of CME (see also #2) and access to relevant networking opportunities. OM societies should retain a directory of the society members, accessible by members, and also to the public with consent. OM societies may also provide benefits that may help relieve the stress of medical practice (e.g. record-keeping, career centers, and discounts on professional products such as liability insurance). Membership in OM societies could be available to physicians with training in multiple specialty areas and a type of membership (perhaps limited) could be provided to non-physicians, as appropriate, consistent with country specific laws and regulations.

Meeting of IOMSC

June 2014 in London, England

SECTION 4– Summary: May 6 & 7, 2015 IOMSC Meeting

The IOMSC met May 6 and 7, 2015 in Washington, D.C. The meeting was hosted by The World Bank at its Washington headquarters and was sponsored in part by UL (Underwriters Laboratories). Participating in the meeting were 23 delegates representing 12 countries and 13 occupational medical societies. A list of IOMSC delegates in attendance is contained in Appendix 1.

The major focus of the meeting was to finalize discussions on several key questions:

- What is occupational and environmental medicine?
- Why is it important to employers and governments?
- What impact does it have on workplace safety and health?
- What type of education is required to be considered an OEM practitioner?
- What are the roles and responsibilities of occupational medicine societies to promote and advocate the specialty both locally and internationally?

The preceding report represents the consensus of these discussions.

In addition, the IOMSC's members reviewed a draft survey designed to assess the impact of occupational medicine globally. The survey questions were discussed and revised. It was determined that two surveys should be developed; the first to be sent to medical societies for completion based on their knowledge of occupational medicine in their country and the second survey should be designed for medical societies to send to their respective membership for data collection.

The survey designed for medical societies will be completed, disseminated and a final report of findings developed for the annual teleconference of delegates in November 2015. The second survey will be finalized by early fall and sent to medical societies to use as they deem appropriate.

Presentations were made by Dr. Brian Davey, director of the Joint Bank Group/Fund Health Services Department, Dr. Jasminka Goldoni Laestadius, and Dr. Naomi Abrams on the programs and initiatives provided to their employees worldwide. Medical directors Dr. Yimei Cao of the UN World Food Program from Rome, Dr. Sergio Arena of the UNHCR (UN High Commissioner for Refugees) from Geneva, and Dr. Matthias Lademann of the IAEA (International Atomic Energy Agency) from Vienna attended the meeting as guests. Additionally, meeting participants received a tour of the Bank's on-site Clinic, occupational health department, and exercise/wellness facilities.

The next meeting of the IOMSC is planned for September 15-16, 2016, in Amsterdam, Netherlands, hosted by the Netherlands Society of Occupational Medicine (NVAB).

IOMSC Delegates in Attendance, May 2015 Meeting

Country of Origin	Society Name		Delegate		Society Title
AUSTRALIA (Phone)	Australasian Faculty of Occupational and Environmental Medicine (AFOEM)	Dr.	David	Beaumont	President
CANADA (Phone)	Occupational and Environmental Medical Association of Canada (OEMAC)	Dr.	Maureen	Cividino	Past-President
CANADA	Occupational Med Specialists of Canada (OMSOC)	Dr.	Joan	Saary	Past-President
CANADA	Occupational Med Specialists of Canada (OMSOC)	Dr.	Kenneth	Corbet	President
ITALY	Italian Society of Occupational Medicine and Industrial Hygiene	Dr.	Francesco S.	Violante	President
IRELAND (Phone)	Irish Society of Occupational Medicine (ISOM)	Dr.	Thomas	Donnelly	Delegated representative
NIGERIA	Society of Occupational & Environmental Health Physicians of Nigeria (SOEHPON)	Dr.	Dominic I.	Ukpong	National Chairman
NIGERIA	Society of Occupational & Environmental Health Physicians of Nigeria (SOEHPON)	Dr.	Effiem J.	Abbah	Assistant National Secretary
NIGERIA	Society of Occupational & Environmental Health Physicians of Nigeria (SOEHPON)	Dr.	Okon	Akiba	National Secretary
QATAR	Qatar OH Physicians Group (QOHPG)	Dr.	C. Rikard	Moen	Chairman/President
SOUTH AFRICA (Phone)	South African Society of Occupational Medicine (SASOM)	Dr.	Daan	Kocks	Chairman
THE NETHERLANDS	Netherlands Society of Occupational Medicine (NVAB)	Dr.	H.O. (Herman)	Spanjaard	Vice Chair
UNITED KINGDOM	Society of Occupational Medicine (SOM)	Dr.	Alasdair	Emslie	2015 President
UNITED KINGDOM	Society of Occupational Medicine (SOM)	Ms.	Hilary	Todd	Chief Executive
UNITED KINGDOM	Society of Occupational Medicine (SOM)	Dr.	Richard	Heron	Immediate Past-President
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