INTERNATIONAL OCCUPATIONAL MEDICINE SOCIETY COLLABORATIVE (IOMSC)

Discussion Summary from the September 15, 2016 Meeting in Amsterdam, The Netherlands

WELCOME AND INTRODUCTIONS

Welcome remarks were given by Dr. Ronald Loeppke (ACOEM), Dr. Richard Heron (SOM), Dr. Jurriaan Penders (Netherlands Society of Occupational Medicine (NVAB)), Dr. Herman Spanjaard (NVAB) and from our meeting sponsors – Todd Hohn (UL Institute of Integrated Health and Safety) and John Knoebel (DaVincian Healthcare). *See Attachment 1 for list of meeting participants.*

IOMSC CONSTITUTION ENDORSEMENT

We were pleased with the comments received on the draft Constitution and we have put together a good framework to move the IOMSC forward. Though we want to make sure we do not miss anything substantiate, we are at the point where we are looking for agreement from all delegates present to endorse the Constitution. Some of the highlights from the Constitution include stating that we are an organization whose members specialize in occupational medicine, each country could have 2 delegates total (e.g., some countries have 2 medical societies and each could nominate 1 delegate), and will have a meeting at least every 24 months and telephonic meetings as needed. We realize that the Constitution may not be perfect but we need a document which describes the essence of the organization and allows us to make a difference. We need a document to convince people to support us and that can help facilitate participation/membership and serve as a framework. We want to endorse now and review its effectiveness after two years and then make any necessary changes.

We also want to begin the formation of an Executive Committee that would include members from around the world. We are proposing that SOM (Dr. Richard Heron) and ACOEM (Dr. Ron Loeppke) serve as co-chairs of the Executive Committee, since these organizations began IOMSC, with the remaining openings filled by Dr. Herman Spanjaard from The Netherlands, Dr. Paulo Rebelo from Brazil, and Dr. Peter Connaughton (secretary/treasurer) from Australia. In addition, we are asking endorsement of this proposed Executive Committee. Part of the Executive Committee's role will be to make financial decisions, recognize the variety of economics in the member countries, look at the role of sponsorship and fund development, and consider input from members and decide which global issues IOMSC should campaign.

At this time, it was open up for discussion. Dr. Bazas had a few edits regarding some of the terminology in the Constitution and had some questions regarding financial audit. Currently, IOMSC is set up so it is not an incorporated body, it is under ACOEM and SOM who are legally non-profit organizations (directed by parent organizations). We don't want to set up IOMSC where we are tied down by bureaucratic details and cannot do anything. Regarding voting, each country could have the maximum of 2 societies and the 2 societies need to share the vote (one per society). It was suggested that we add a preamble to the Constitution describing who the mother body is for IOMSC and to include a discussion on financial transparency. It was also brought up that we take into consideration ethnicity and gender when choosing the Executive Committee (currently, it is only white males) and also include representation from the South African countries. Over the next two years, we will also look at further diversity on the Executive Committee. In addition, it was noted that the list of charter organizations

should be included in the Constitution. The changes/additions noted above will be included in the final Constitution.

By acclamation, the Constitution was endorsed and the proposed Executive Committee was endorsed. *See Attachment 2 for final Constitution.*

FOCUS ON GLOBAL OCCUPATIONAL MEDICAL SOCIETIES

We had presentations from four countries:

Canada

- Dr. Kenneth Corbet shared results from a survey by the Royal College of Physicians and Surgeons of Canada which asked respondents to describe the occupational medicine services they provided over the course of their career by level of prevention (primary, secondary, tertiary), level of intervention (worker, workplace, workforce), individual assessment vs. program/policy development, 'at risk' groups in the workforce, and the types of organizations for whom they had worked. *See presentation slides for additional details.*

- Dr. Allen Kraut from the Occupational and Environmental Medical Association of Canada reviewed occupational medicine training in Canada, including the types of certifications available. He also provided results on the practice settings of Canadian occupational medicine physicians and tasks performed by them in comparison to the type of Canadian certification they hold. *See presentation slides for additional details*.

Australia/New Zealand

- Dr. Peter Connaughton from the Australasian Faculty of Occupational and Environmental Medicine shared some of the strengths, successes, and challenges the Faculty faces. *See presentation slides for additional details*.

Greece

- Dr. Theodore Bazas from the Hellenic Society of Occupational and Environmental Medicine (HSOEM) reviewed the coverage of the working population in Greece by occupational medicine, the type of occupational health services offered, the deficiencies in the training in occupational medicine, and some actions that HSOEM have taken to help. *See presentation slides for additional details*.

SUCCESSES, OPPORTUNITIES AND CHALLENGES OF IOMSC MEMBERS

Prior to this meeting, we invited members to submit accomplishments, opportunities or challenges that their society is facing in order to facilitate this discussion. We received responses from Japan, South Africa, United Kingdom, Qatar, United States, Canada, Switzerland, and Estonia.

In summary, some of the successes of the medical societies included:

- Mental health programs
- Journal/Newsletter
- Conferences
- Improved communication with government
- Occupational medicine practice guidelines
- Engagement program with other medical practitioners
- University continued occupational medicine position
- Development of Integrated Health and Safety (IHS) Index
- National workplace injury reporting system

- eHealth certificate for drivers
- Working ability reform

In summary, some of the challenges/opportunities of the medical societies included:

- Technology (social medial, e-learning)
- Promoting health promotion programs/health and productivity at workplace
- Addressing health prevention issues actively to public
- Chemical risk management at workplace
- Funding/resources
- Licensing of occupational health professionals/licensing criteria for occupational health clinics
- Lack of occupational medicine specialists/lack of interest in specialty by medical students and young physicians
- Downsizing occupational medicine department
- Need for enhanced skills in language, knowledge, and expertise

See presentation slides for additional details from these eight countries.

GUEST SPEAKER: ANDREW CURRAN, BSc (Hons), PhD, FSB, FCMI, Hon FFOM
Chief Scientific Advisor and Director of Research, Health and Safety Executive, UK

Professor Curran spoke of a new strategy to help Great Britain work well. The new strategy includes acting together, tackling ill health, keeping pace with change, managing risk well, sharing successes, and supporting small employers. A new science and evidence strategy was just released last week. In addition, a new health strategy is in development and should launch Dec. 3. There will be eight dimensions used to prioritize health topics and interventions have to be based on the evidence. In addition, the Health and Safety Executive is conducting several studies – focus groups with safety representatives, young workers/apprentices, and FOM/SOM/COHPA/AOHNP – to help them identify the top health conditions to focus on in their new health and work strategy. *See presentation slides for additional details*.

GUEST SPEAKER: JASMINKA GOLDONI-LAESTADIUS, MD, PhD, FACOEM
Senior Occupational Health Specialist, The World Bank

The United Nations (UN) brings and maintains peace among nations. They have 9,000 staff at DC headquarters and 6,000 staff in the field. UN workforce faces many challenges – works and lives in some of the most difficult places, are away from social and cultural roots, face language/cultural barriers, are always on the move, and have limited access to adequate health care. Ninety-five percent of UN physicians have no formal training in OEM. So, there is a need for collaborating with IOMSC to work on OEM practice in the UN. A collaboration between IOMSC and UN physicians can result in cross fertilization of knowledge, ideas, and best practices; unified advocates for OEM; healthier and happier national and global workforce; safer workplaces and environments; and stronger economies. *See presentation slides for additional details*.

SUSTAINING THE IOMSC: A FRAMEWORK FOR BUSINESS OPERATIONS
Barry Eisenberg (ACOEM) and Hilary Todd (SOM) began the discussions for the framework for sustainability for the IOMSC. They stated that we first needed a Constitution/governance structure (which we agreed on this morning) and we now need financial sustainability or a business plan to determine where resources are coming from to build a financial framework and conduct programs. Current revenues are made up of in-kind funding from ACOEM and SOM along with some unrestricted grants from sponsors. A large portion of the expenses to date have been for support staff and meeting/program expenses. Currently, $175,000 is being spent (we have developed, distributed, and compiled results on global survey, had one meeting, and created a database). We could sustain at the current level or ideally

we would like to grow to the $330,000 level which would enable us to create a mass of successful projects and develop a website to get our name out there.

We feel that we need to create a structure where member societies contribute a portion. One recommendation for your consideration, in order to have a diverse set of revenue sources, is a three-way contribution approach – 1/3 from membership contributions, 1/3 from project grants, and 1/3 from unrestricted grants. We recognize that member countries come with different contribution levels but member contributions are symbolic and important when we are seeking grants. We also need assistance from members to help us identify some possible funding sources. Project grants entail applying to other organizations for particular projects and we would engage all members in this – we would have to do the work and produce a product for the funder. We would have to determine as a group red line industries we would not want to accept funding from (e.g., tobacco industry, arms industry, etc.) and make sure that the activity supports our mission. We have also allotted a small amount of revenue for observer fees at future meetings (individuals who want to attend a meeting but are not a delegate would have to pay). Unrestricted grants provide you with support money and we would get to decide what we do with the money. We need to decide if we are happy with where we are and what we are currently doing or if we want to be doing more. *See presentation slides for additional details*

For membership contributions, it was noted that we need to look at the development of the country, the resources of the country, and members need to be able to "sell" why it is good for their occupational medicine society to be a part of the IOMSC. We need to show the value that the IOMSC provides to member associations and also what value it has for members of the associations. The new database we created has the World Bank designations for country's income. But, it is also important to consider the size of the country's society's membership. It was noted that we need to look to member size first and come up with a simple model. Members will have to show that this is a good thing, with a good mission, and indicate what will be accomplished in 3 years to their society. We are proposing that the new Executive Committee develops option for member contributions.

Several suggestions were noted that might assist in bringing money into IOMSC. For example:

- Hold an educational world program – people may pay more to share ideas with others at a world program – demonstrate what work we do and others will come and share.
- Piggyback on another meeting and hold a conference every 3 years worldwide – good practices and how to do. We could build networks and cooperation.
- Find an App developer, share with membership and some countries might be able to share.
- There is the IHS Index and other mutual contributions that work in our own countries. Maybe sell some of these products (e.g., you get a packet of information for $3,000).
- Develop a website and use the website as a revenue builder – brand which has value and sponsorship on website.

Our current sponsors noted that:

- (John Knoebel) In just 18 months, DaVincian founded the Center for Functional Capacity. We do come to events but also allowed to present at President's reception. When we sell something, a percentage of the sale goes to fund for ACOEM. I now have the opportunity to meet 33 countries through IOMSC that are doing occupational medicine and that have a mission comparable to DaVincian. We developed products from ACOEM and soon to be IOMSC and the value is measurable and a definite alignment of missions. If you put 50 organizations on a grant application, you can get 15-20 time more.
- (Todd Hohn) Advance safe working environments around the world, funded by UL but challenge runs into being independent and what benefit do you bring to sponsorship, integrity, and how transparency is shared.

CASE STUDIES – FUTURE INITIATIVES

Dr. Herman Spanjaard, NVAB
Dr. Spanjaard presented on four areas: law making, education, EU Campaign on carcinogens, and an App. For law making, there are laws on working conditions and we could influence the content of the law. The Ministry of Labor makes laws and reviews them and asks stakeholders for their input. Every occupational physician has access to the work floor and working conditions. For education, we developed a model based on competencies and self-evaluation. Doctors own self-evaluation and what patients say are different. Dr. Spanjaard will share this instrument. For EU Campaign, the Dutch chair has been working for 6 months in launching a campaign for 25 new carcinogens at the workplace. The Campaign will help EU doctors show they can do something. Finally, developing an App is the future. Medical records are not given to new occupational doctors. We need to give the responsibility of health of worker to worker and give them their medical records.

Comments from members included that it takes years to change politics. It may take 5+ years and sometimes it is too easy to give up too early. It was asked if we can assist employees to have a portable electronic record. We are less interested in old medical records as it is more important to have access to exposures over time.

Dr. Tomohisa Nagata, Japanese Medical Society Research
Dr. Nagata reported on the Collabo-health Cohort Study conducted in 20 companies in Japan looking at company data (e.g., annual health check-up, way of working (occupation category, overtime), absenteeism, presenteeism, etc.) along with data from health insurance claims. He also discussed that many employers are concerned about presenteeism so they are calculating the total costs (medical and presenteeism) in 4 pharmaceutical companies in Japan. *See presentation slides for additional details.*

IDENTIFICATION OF 1-2 PROJECTS FOR THE NEXT ONE-TWO YEARS

Dr. Peter Connaughton - Developing an International OEM Training Strategy
One idea for a project could be related to education – international best practices and benchmarking and sharing and cross-pollination of strategies. Some options could include visits to colleagues (e.g., spend 1 week in another country to learn from colleagues), work experience for trainees (1 to 3 months), formal residency training exchanges, scholarships, or leadership opportunities. IOMSC would need to decide if this is a priority, develop a strategy, develop goals and objectives – what will the success be in 3-5 years, identify resources and opportunities, and promote and encourage. IOMSC would not be creating educational content nor would we be an employment or travel agency. If students publish their experience, then it would be a good vehicle to publicize the IOMSC.

List of Other Potential Projects

- Training in occupational health globally and training programs (UN and World Bank) for others about occupational medicine, including laying out criteria for training.
- Position papers – send us your ideas for topics (one suggestion was a scope of practice summary statement).
- Develop an App.
- Impact/interaction in what we do and the legal system.
- Self-assessment tool for countries - develop a 1,000 point model for countries (based off of the ACOEM Corporate Health Achievement Award criteria).
- Mission of promoting the role of occupational medicine – put best practices on website (e.g., how do we do membership, recruitment, develop position papers).
- Network to collect data on outcomes (international registries) of value proposition – measuring the impact of interventions.
- Look at health outcomes which is a big future goal.

- Dr. Curran mentioned that he could rerun surveys done through other international societies for no additional charge.
- Occupational health performance indicators – what is the global standard for international health specialists.
- Development of a directory of national medical societies.

NEXT STEPS

- Take business slides and combine with other resources for members to take back to their organizations (e.g., fact sheet/message book, document identifying who we are and how we are different from ICOH).
- Send any other suggestions for projects by e-mail to Julie Ording at jording@acoem.org.
- Send out survey to prioritize projects (take into consideration resources and time).
- Executive Committee will develop options for member contributions.

ATTACHMENT 1: IOMSC SEPTEMBER 15, 2016 MEETING ATTENDANCE

	FIRST NAME	LAST NAME	ASSOCIATION	ASSOCIATION TITLE	COUNTRY	RELATION
IN-PERSON						
Dr.	Maria Cecilia	Colautti	Society of Occupational Medicine of the Province of Buenos Aires	Delegated Representative	**ARGENTINA**	Delegate
Dr.	Peter	Connaughton	Australasian Faculty of Occupational and Environmental Medicine (AFOEM)	President	**AUSTRALIA**	Delegate
Dr.	Kenneth	Corbet	Occupational Med Specialists of Canada (OMSOC)	President	**CANADA**	Delegate
Dr.	Joan	Saary	Occupational Med Specialists of Canada (OMSOC)	Past-President	**CANADA**	Delegate
Dr.	Allen	Kraut	University of Manitoba		**CANADA**	SPEAKER
Prof. Dr.	Zhao-lin	Xia	China Occupational Safety and Health Association (COSHA)	Vice Chair of Committee on Occupational Health	**CHINA**	Delegate
Dr.	Tiia	Piho	Estonian Society of Occupational Health Physicians (ETTAS)	Delegated Representative	**ESTONIA**	Delegate
Dr.	Karin	Sarapuu	Estonian Society of Occupational Health Physicians (ETTAS)	Delegated Representative	**ESTONIA**	Delegate
Dr.	Theodore	Bazas	Hellenic Society of Occupational and Environmental Medicine	Delegated Representative, Former Vice-President	**GREECE**	Delegate
Dr.	Thomas	Donnelly	Irish Society of Occupational Medicine (ISOM)	Delegated representative	**IRELAND**	Delegate
Dr	Fabriziomaria	Gobba	Italian Society of Occupational Medicine and Industrial Hygiene	Delegated representative	**ITALY**	Alt Delegate

Dr.	Koji	Mori	Japan Society for Occupational Health	Delegated Representative	**JAPAN**	Delegate
Dr.	Tomohisa	Nagata	University of Occupational and Environmental Health	Researcher	**JAPAN**	SPEAKER
Dr.	Effiem J.	Abbah	Society of Occupational & Environmental Health Physicians of Nigeria (SOEHPON)	Assistant National Secretary	**NIGERIA**	Delegate
Dr.	Jorge	Barroso Dias	Portuguese Society of Occupational Medicine (SPMT)	President of the Board	**PORTUGUAL**	Delegate
Dr.	C. Rikard	Moen	Qatar Occupational Medicine Group (QOMG) and the UAE Occupational Medicine Society	Chairman	**QATAR**	Delegate
Dr.	Daan	Kocks	South African Society of Occupational Medicine (SASOM)	Chairman	**SOUTH AFRICA**	Delegate
Dr.	Klaus E.	Stadtmüller	Swiss Society of Occupational Medicine (SGARM)	President	**SWITZERLAND**	Delegate
Dr.	H.O. (Herman)	Spanjaard	Netherlands Society of Occupational Medicine (NVAB)	Vice President	**THE NETHERLANDS**	Delegate
Dr.	Kees	van Vliet	Netherlands Society of Occupational Medicine (NVAB)	Director	**THE NETHERLANDS**	Delegate
Dr.	Monique	Frings-Dreesen	Netherlands Society of Occupational Medical		**THE NETHERLANDS**	GUEST
Dr.	Jurriaan	Penders	Netherlands Society of Occupational Medical	President	**THE NETHERLANDS**	GUEST
Dr.	Tore	Tynes	Norwegian Association of Occupational Physicians (NAMF)		**NORWAY**	Delegate
Dr.	Richard	Heron	Faculty of Occupational Medicine, UK	President	**UNITED KINGDOM**	Delegate

Ms.	Judith	Willetts	Faculty of Occupational Medicine, UK	Executive Assistant to the President and CEO	**UNITED KINGDOM**	GUEST
Dr.	Sally	Coomber	Society of Occupational Medicine (SOM)	2016 President	**UNITED KINGDOM**	Delegate
Ms.	Hilary	Todd	Society of Occupational Medicine (SOM)	International Consultant	**UNITED KINGDOM**	Secretariat
Mr.	Barry	Eisenberg	American College of Occupational and Environmental Medicine (ACOEM)	Executive Director	**UNITED STATES**	Secretariat
Dr.	Ronald R.	Loeppke	American College of Occupational and Environmental Medicine (ACOEM)	Past-President	**UNITED STATES**	Delegate
Ms.	Doris	Konicki	American College of Occupational and Environmental Medicine (ACOEM)	Director, Corporate Relations	**UNITED STATES**	Staff
Mrs.	Julie	Ording	American College of Occupational and Environmental Medicine (ACOEM)	Manager, Special Projects	**UNITED STATES**	Staff
Dr.	Charles	Yarborough	American College of Occupational and Environmental Medicine (ACOEM)	President-elect	**UNITED STATES**	Alt Delegate
Dr.	Kathryn	Mueller	American College of Occupational and Environmental Medicine (ACOEM)	Past-President	**UNITED STATES**	GUEST
Mr.	Nick	Falco	American College of Occupational and Environmental Medicine (ACOEM)	Director, Business Operations	**UNITED STATES**	Staff
Dr.	Jasminka	Goldani-Lasteduius	World Bank		**WORLD BANK**	SPEAKER
Professor	Andrew	Curran	Health and Safety Executive	Chief Scientific Advisor, Director of Research	**UNITED KINGDOM**	SPEAKER
Dr.	Teri	Lillington	Shell Oil	Regional Manager		GUEST

Mr.	John	Knoebel	DaVincian Healthcare	Senior Vice President Sales	**UNITED STATES**	SPONSOR
Mr.	Todd	Hohn	Underwriters Laboratories	Global Director, Integrated Health and Safety Institute	**UNITED STATES**	SPONSOR
ON PHONE						
Dr.	Hana	Brborovic	University of Zagreb, Zagreb Medical School, Andrija Stampar School of Public Health	Deputy Head of Management & Organization	**CROATIA**	Delegate
Dr.	Paulo	(Antonio de Paiva) Rebelo	Brazil Occupational Health Association (ANAMT)	President	**BRAZIL**	Delegate
Dr.	Okon	Akiba	Society of Occupational & Environmental Health Physicians of Nigeria (SOEHPON)	National Secretary	**NIGERIA**	Delegate
Dr.	Bill	Buchta	American College of Occupational and Environmental Medicine (ACOEM)	Vice President	**UNITED STATES**	GUEST
Dr.	Jean	Xiao				

ATTACHMENT 2:

CONSTITUTION OF THE INTERNATIONAL OCCUPATIONAL MEDICAL SOCIETY COLLABORATIVE (IOMSC)

BACKGROUND AND INTRODUCTION

In 2012, leaders in the United States' American College of Occupational and Environmental Medicine (ACOEM) and the United Kingdom's Society of Occupational Medicine (SOM) began discussing an initiative designed to build stronger collaborative relationships between occupational medical societies around the world that represent the physicians and other health professionals who promote the health of workers. These discussions were driven by a growing awareness that occupational medicine societies worldwide are addressing a common set of issues as work processes become more standardized, businesses become global, and environmental hazards in the workplace and health risks among workers increasingly cross national boundaries. In a series of meetings, ACOEM and SOM created the framework for a new organization, the International Occupational Medicine Society Collaborative (IOMSC).

On May 1, 2013, the two organizations convened leaders from 18 national occupational medical societies to discuss mutual issues and concerns in global occupational medicine, a meeting that led to the establishment of the International Occupational Medicine Society Collaborative (IOMSC). As established, the IOMSC provides an ongoing assembly to promote best practices in occupational medicine and greater awareness of issues and solutions for better worker health worldwide. Its active participants are delegates appointed by occupational medical organizations, world over, including nations with developing economies.

Since its inception in 2013, the IOMSC has steadily grown from the initial group of 18 societies in 16 countries to a roster that today includes 36 societies in 34 countries, which includes approximately 40% of the world's workers.

On September 15, 2016 at the 4th annual meeting, the IOMSC endorsed a Constitution which presents the structure and general operational parameters for the organization. As such, the IOMSC is an organization created under the auspices of both ACOEM and SOM; both of which are registered not-for-profit organizations in their respective countries and function under the rules and regulations therein, including annual audits of finances and reports to the appropriate regulatory bodies.

As established, the IOMSC is committed to conducting its affairs by deliberation based on mutual agreement, with full transparency in all matters and ensuring diversity in engagement and leadership.

CONSTITUTION OF THE INTERNATIONAL OCCUPATIONAL MEDICINE SOCIETY COLLABORATIVE

ARTICLE 1

NAME OF THE ORGANIZATION

1.1 The name of the organization shall be the International Occupational Medicine Society Collaborative ("IOMSC").

ARTICLE 2

MISSION

2.1 IOMSC is a medical and scientific organization that provides an assembly for representatives of occupational and environmental medicine societies worldwide to address and collaborate on issues of concern and opportunities to advance the specialty of occupational and environmental medicine.

2.2 The IOMSC mission is to identify and improve workers' health and workplace safety on a global scale.

We do this by:

- Assembling societies from around the world which voluntarily and proactively participate and contribute to ongoing discussions of issues of mutual concern and ways to address such issues.
- Strengthening relationships between national occupational medicine societies, leveraging resources to provide evidence based solutions to common conditions, and enhancing the capacity to collect data and measure outcomes.
- Providing a respected and influential global voice for occupational and environmental medicine societies and their members.
- Increasing access to the body of knowledge, collective experience (both practical and academic), and best practices in occupational and environmental medicine.
- Understanding and harnessing the relationships between occupational and environmental societies and the governments in which they operate to advance the role of occupational medical societies in policy making and advocacy.
- Developing workable approaches to integrate workplace health and safety with health in the home and in the community as part of primary health care systems for the benefit of the populations of all countries.
- Enabling occupational medicine societies to globally promote the specialty and to provide valuable educational, scientific, and practice resources to their members.

2.3 The official language of the IOMSC shall be English.

ARTICLE 3

DELEGATES

3.1 IOMSC shall be an organization of occupational medical societies around the world that represent physicians who promote the health of workers and are represented by delegates appointed by each society. Each society shall have one regular and one alternate delegate. In those instances, where there is more than one duly recognized occupational medical organization, as defined in Section 3.5 below, in a country, each organization shall have one regular and one alternate delegate. However, there shall be no more than two societies per country.

3.2 The delegates shall have overall responsibility for the business and affairs of IOMSC.

3.3 Organizations and delegates and alternates listed in Exhibit 1 are deemed Charter members of IOMSC by virtue of their expressed interest or participation in meetings up to adoption of this constitution. Additional societies may apply for IOMSC membership by submitting an application which will be reviewed and, if meeting the qualifications, approved by the Executive Committee.

3.4 IOMSC may invite observers from government, non-government or private medical, health or other health-related organizations to attend meetings and will endeavor to form partnerships with such organizations to further our mission. These organizations may apply to the IOMSC to obtain observer status. It will be the role of the Executive Committee to review all applications for observer status and grant the same. Organizations granted observer status are entitled to attend meetings and engage in discussion but may not vote or hold office. Observer organizations may be required to pay a registration fee.

3.5 Occupational and environmental medical society is defined as an organization whose members specialize in work to ensure that the highest standards of occupational health and safety can be achieved and maintained. While its membership may be multi-disciplinary, the society's programs focus on occupational medicine, prevention, and management of illness, injury or disability that is related to the workplace.

ARTICLE 4

MEETINGS OF THE DELEGATES

4.1 The delegates shall meet at least two times in each calendar year, with an in-person business meeting scheduled at least every 24 months. Delegates and alternate delegates shall attend all regular and special meetings of the IOMSC in person or through the use of conference tele-communications equipment by means of which all persons participating in the meeting can communicate with each other, when such equipment is reasonably available. A complete agenda shall be circulated two weeks in advance of all meetings.

4.2 The time and dates of the meetings shall be fixed by the Executive Committee. Special meetings may be called at the request of a majority of the members of the Executive Committee or of more than two-thirds (2/3) of the delegates who have a right to vote.

4.3 The presence of a majority in person or telephonically of the delegates shall constitute a quorum for the transaction of business.

4.4 The delegates shall take action on the basis of a majority affirmative vote of the votes cast by the delegates present. If a quorum is present, a vote is valid even though fewer than the quorum vote. Proxy votes are not permitted. A delegate may defer his/her vote to that society's alternate delegate at their discretion.

ARTICLE 5

EXECUTIVE COMMITTEE

5.1 The affairs of the IOMSC shall be managed by and under the direction of an executive committee, referred to as the Executive Committee.

5.2 The Executive Committee shall consist of five (5) delegates from five (5) distinct countries elected by the delegates during the business meeting convened at least every 24 months.

5.3 Upon approval of this Constitution, the current Founding Organizations delegates', ACOEM and SOM, will continue to serve as Co-Chairs for a period of 5 years. The position of Secretary-Treasurer and the remaining two members of the Executive Committee shall be nominated by the Co-Chairs and voted upon by the delegates at the same business meeting the Constitution is adopted. In order to stagger the terms of the Executive Committee so that some of the terms expire at each business meeting, the initial term of one of the at-large Executive Committee Members shall be for one year (or until the next business meeting) and those of Secretary-Treasurer and the second at-large Member for a two year period (or until the second business meeting following adoption of the By-laws). Thereafter, the Secretary-Treasurer and at-large members of the Executive Committee shall serve for a term of two (2) years and their term shall not expire until their successors have been duly elected.

5.4 The Officers of the IOMSC shall be Co-Chairs, (ACOEM and SOM Delegates) and Secretary-Treasurer, all of whom shall be delegates of the IOMSC and a member of the Executive Committee.

5.5 The duties of the Co-Chairs shall be to convene Executive Committee meetings. He/she shall have the general powers and duties of supervision and management of the IOMSC that usually pertain to the office of president. The Co-Chairs shall perform all such duties as are properly required by the Executive Committee.

5.6 The Secretary-Treasurer shall be responsible for keeping records of the Executive Committee and IOMSC actions, including overseeing the taking of minutes at all Executive Committee and IOSMC meetings, the sending out of meeting announcements, distribution of minutes and agendas to all IOMSC members and assuring that corporate records are maintained. The Secretary-Treasurer shall also make a financial report at each Executive Committee meeting, assist in the preparation of the budget, help develop fund raising plans, and make financial information available to the Executive Committee and IOMSC members.

ARTICLE 6

FUNDS

6.1 Funds required by IOMSC to conduct its affairs shall consist of, but not be limited to, voluntary contributions from participating societies and grants from corporations, foundations, governmental entities and other organizations involved in and/or supportive of the field of occupational and environmental medicine. Criteria and recommended level for contributions will be developed by the Executive Committee and periodically reviewed.

6.2 The interests, nature and aims of any organization contributing a grant should be compatible with the mission of the IOMSC and the promotion of health of the populations of all countries.

6.3 The expenditure of funds in furtherance of IOMSC's mission and for the conduct of meetings of the delegates shall be authorized by the Executive Committee.

ARTICLE 7

ADMINISTRATION AND MANAGEMENT

7.1 The Founding Organizations, ACOEM and SOM, shall appoint one individual each as the Secretariats who shall administer the IOMSC.

7.2 Offices of the IOMSC will be maintained at both ACOEM in the United States and SOM in the United Kingdom, and other locations as the Executive Committee may determine

7.3 The official address for all correspondence shall be that of the ACOEM Secretariat – 25 Northwest Point Blvd., #700, Elk Grove Village, Il USA, 60007.

7.4 Funds received in support of, or for the operation of, the IOMSC will be administered by ACOEM or SOM. Funds designated for IOMSC use will be made payable to ACOEM or SOM and will be temporarily restricted for use by IOMSC for programs, activities or operations.

ARTICLE 8

AMENDMENTS AND DISSOLUTION

8.1 This Constitution may be altered or amended in whole or in part by a simple majority (51% or more) affirmative vote of the votes cast at a meeting of the delegates at which a quorum is present.

8.2 IOMSC may be dissolved by a two-thirds (2/3) vote of the votes cast at a meeting of the delegates at which a quorum is present.

CHARTER ORGANIZATIONS AND COUNTRIES EXHIBIT 1

Country & Organization(s)	Country & Organization(s)
Argentina Society of Occupational Medicine of the Province of Buenos Aires	**Netherlands** Netherlands Society of Occupational Medicine (NVAB)
Australia Australasian Faculty of Occupational and Environmental Medicine (AFOEM)	**New Zealand** The Australian and New Zealand Society of Occupational Medicine (ANZSOM)
Brazil Brazil Occupational Health Association (ABMT)	**Nigeria** Society of Occupational & Environmental Health Physicians of Nigeria (SOEHPON)
Canada Occupational Med Specialists of Canada (OMSOC) Occupational and Environmental Medical Association of Canada (OEMAC)	**Norway** Norwegian Association of Occupational Physicians (NAMF)
China Occupational Health Committee of the Chinese Association of Occupational Health and Safety	**Philippines** Philippine College of Occupational Medicine (PCOM)
Croatia University of Zagreb, Zagreb Medical School, Andrija Stampar School of Public Health	**Portugal** Portuguese Society of Occupational Medicine (SPMT)
Denmark Danish Society for Occupational and Environmental Medicine (DASAM)	**Russian Federation** Research Institute of Occupational Health of the Russian Academy of Medical Sciences
Egypt University Depart of Occupational & Environmental Medicine, Kasr Al Ainy, Cairo Univeristy	**Qatar** Qatar Occupational Medicine Group (QOMG)
Estonia Estonian Society of Occupational Health Physicians (ETTAS)	**Singapore** Occupational and Environmental Health Society of Singapore (OEHS)
France French Society of Occupational Medicine (SFMT)	**Slovakia** Slovak Society of Occupational Medicine (SLS)
Germany German Society for Occupational and Environmental Medicine (DGAUM)	**South Africa** South African Society of Occupational Medicine (SASOM)
Greece Hellenic [Greek] Society of Occupational and Environmental Medicine	**South Korea - Democratic People's Republic of Korea** Korean Society of Occupational and Environmental Medicine (KSOEM)
India Indian Association of Occupational Health (IAOH)	**Switzerland** Swiss Society of Occupational Medicine (SGARM)
Ireland Irish Society of Occupational Medicine (ISOM)	**United Arab Emirates** UAE Occupational Medicine Society

Italy Italian Society of Occupational Medicine and Industrial Hygiene	**United Kingdom** Faculty of Occupational Medicine, UK Society of Occupational Medicine (SOM)
Japan Japan Society for Occupational Health (JSOH)	**United States** American College of Occupational and Environmental Medicine (ACOEM)
Malaysia Academy of Occupational and Environmental Medicine Malaysia (AOEMM)	