

ATOM Project Workshop

Workshop on Assessment Methodologies - Conclusion of Phase 1 ATOM project

Workshop on Assessment Methodologies

The first phase of this project aimed at identifying the different types of assessment methodologies already in place in individual countries and this was conducted through a survey of standard setting/examining bodies. The survey was completed by 45 representatives from 26 countries worldwide. This exercise also helped in the identification of more than 225 experts in training or assessment of specialists in Occupational medicine worldwide. The results of this survey were presented at a workshop in Barcelona, Spain (9-10th November 2006).

The workshop was attended by 41 participants from 17 countries.

Participants were invited to discuss these results of the survey and identify the most appropriate assessment methodologies that could be used as part of the assessment of trainee specialists in Occupational Medicine.

Another objective of this workshop was to establish a network of experts involved in the training and assessment of specialists in Occupational Medicine who will advise on the development of this common assessment tool in Phase 2. This network will ensure that the tool produced will be appropriate for use in all participating countries. Workshop participants were given the opportunity to nominate individuals from their country who can contribute to this network.

ATOM workshop programme

Thursday, November 9th

Chair: Dr. Consol Serra, University Pompeu Fabra, President of UEMS, Section of OM.

14.00h Registration

15.00h Welcome

- Dr. Fernando G. Benavides, University Pompeu Fabra, Spain
- ICOH Professor Alain Cantineau, Louis Pasteur University, France.

15.15h Introduction to the project

- Dr. Ewan Macdonald, Glasgow University, UK.

15.30h International perspective

- Dr. Kristiina Mukala, President of EASOM
- Dr. Consol Serra, University Pompeu Fabra, President of UEMS Section of OM

16.00h Survey of Training centers

- Dr. Knut Skyberg, National Institute of Occupational Health, Norway
- Dr. Nundita Reetoo, Glasgow University, UK.

16.30h Principles of assessment

- Dame Professor Lesley Southgate, University of London, UK

16.50h Coffee break

18.15h Reception at Barcelona Townhall

20.30h Dinner

- El Merendero de la Mari, Plaça Pau Vila, 1 (Barcelona)

Friday, November 10th

Morning Session, Chair: Dr. Ewan Macdonald. University of Glasgow

0900h Challenges and options in assessment

- Dame Professor Lesley Southgate, University of London, UK.

1000h Workshops:

1. How could trainees be assessed?
2. Knowledge base - what is the knowledge that should be common to all trainees?
3. Knowledge or Performance assessment?

10.15h Report from Workshop 1 & plenary discussion

11.00h Coffee break

11.30h Occupational Medicine training and assessment in

- North America - Professor Bob Goldberg
- Japan - Professor Takahashi Muto
- South Africa - Professor Mohamed Jeebhay

13.00h Lunch

Afternoon Session, Chair: Mònica Ballester. Catalan Society of Safety and Occupational Medicine

1400h Reporting from Workshops 2

Reporting from Workshops 3 and discussions

14.45h Establishing the working group of assessment specialists

- Dr. David Courtney. Assessment Specialists Faculty of Occupational Medicine, Ireland.

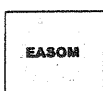
15.30h Action plan and next steps

- Dr. Ewan Macdonald. University of Glasgow, UK

16.30h Closure

ATOM Workshop presentations

Workshop Participants



資料 3



Survey of assessment methodologies used by trainers and assessors
of trainee specialists in Occupational Medicine

1	Which country are you from?	Japan		
2	What is your Name?	Toshiaki Higashi		
3	What is the name of your organisation?	Japan Society of Occupational Health		
4	Please describe your position in the organisation			
	What is the title of the post you hold?	Secretary General of Certification Committee of Occupational Physician		
	What are your main responsibilities?	Management of Certification system of Occupational Physician provided by Japan Society of Occupational Health		
5	Can you please provide us with your contact details?			
	Address	Institute of Industrial Ecological Sciences Univ. of Occupational & Environmental Health, Japan 1-1 Iseigaoka Yahatanishi-ku Kitakyushu city 807-8555		
	Telephone	093-691-7470		
	Email Address	thigashi@med.uoeh-u.ac.jp		
6	Which one of the following best describes your organisation? (Please select X)			
	Training Body			
	Assessment Body	X		
	Training and Assessment Body			
	Supervisory Body	X		
	Other (please describe)	I commit the training body in University of Occupational & Environmental Health, Japan		
7	Which sector does your organisation belong to? (Please select X)			
	Private Sector	X		Organization of academic society
	Public Sector			
	Other (please describe)			

8	Which organisation is responsible for setting the standards for the training of Specialists in Occupational Medicine in your country?		Japan Medical Association Univ. of Occup. & Envir. Health, Japan Japan Society of Occup. Health
9	Is this organisation also responsible for the training of specialists in other medical specialities?	No	
10	Which organisation is responsible for setting the standards for the assessment of Specialists in Occupational Medicine in your country?		Japan Society of Occupational Health
11	Is this organisation also responsible for the assessment of specialists in other medical specialities?	No	
12	Which of the following describe(s) the basic criteria required by doctors before they can start specialist training in Occupational Medicine in your country? (Choose more than 1 if appropriate and give details)		
		(X)	Please give details (e.g. Length and content of training/ experience)
	Undergraduate Degree		
	Postgraduate Degree		
	Postgraduate Experience	×	At least 3 years training of Occupational Health under the supervisor
	Other		
13	Please select (X) the components of the training programme for the specialist training of doctors in Occupational Medicine that are appropriate for your country and please specify the length of time in Months that trainees have to spend in each component		
		(X)	Length of training (Months)
	Academic training (e.g. lectures or supervised research project)	×	In total 2 months for OH course
	General Clinical posting (e.g. general medicine/ general practice)	×	24 months
	Occupational Health clinical posting e.g. hospital based clinics or workplace assessments, or industrial experience	×	In total 14 months for practice of Occupational Physician
	Other (please describe)		

14		Rating: Could you please select (X) the assessment methods described below which form part of the assessment methodologies used as part of the assessment of trainee specialists in Occupational Medicine in your country. Could you also give us the relative weight they carry as a proportion of the total assessment in percentage (%)		
	Assessment Method	Included (X)	Weightage (%)	Please give more details/comments if any in this column
1	Essay Questions –open questions to answer with free text			
2	Project Assessment- Participation in a project at a stage/ for a period		×	To write the scientific report
3	Multiple Choice Questions		×	At the examination
4	Photographic Slide Show Questions			
5	Epidemiological Examination Questions		×	At the examination
6	Oral Examination		×	Based on activity record(report)
7	Clinical Examination			
	(i) Traditional Long case examination of patients			
	(ii) Objective structured clinical examination			
	(iii) Other, please describe			
8	Research Based Dissertation/Thesis		×	Obligation of submit a paper to General assembly of JSOH
9	Modified Essay Paper using practical scenarios		×	At the examination
10	Short Questions paper			
11	Reviews of Literature			
12	Log Book/ training records/portfolios		×	Combined with oral exam
13	Workplace Assessments		×	Records of practical commitment
14	Monitoring of attendance		×	Participation to academic & Practical OHS meetings
15	Other types of summative assessments (please describe)			Participation to academic & Practical OHS meetings
16	Other types of formative assessments (please describe)			
TOTAL			100%	

15	<p>Ranking: The objective of this project is to design a common assessment tool which could be used as part of the assessment methodologies that you already use as part of the assessment of trainee specialists in Occupational Medicine. What methods would you prefer for this tool?</p>	
	<p>Rank your preferences in order from 1 (most preferred) to 17 (least preferred)</p>	
	Assessment Methodology	Ranking Preference
	Essay Questions	15
	Project Assessment	3
	Multiple Choice Questions	12
	Photographic Slide Show Questions	9
	Epidemiological Examination Questions	8
	Oral Examination	2
	Clinical Examination-Traditional Long case examination of patients	14
	Clinical Examination- Objective structured clinical examination	13
	Research Based Dissertation/Thesis- writing and defending	5
	Modified Essay Paper using practical scenarios	7
	Short Questions paper	10
	Reviews of Literature	11
	Log Book/ training records/portfolios	1
	Workplace Assessments	6
	Other types of summative assessments (please describe)	4
	Other types of formative assessments (please describe)	16

(*If you prefer, you may to **rank** the first 5 only)

16	In which format would you prefer the tool to be produced?	
	(Most preferred 1, least preferred 3)	
	Web Based	1
	CD ROM	2
	Paper	3

17	The World Health Organisation has published a list of Core Competencies Occupational Physicians are expected to have at the end of their specialist training (Occupational Medicine in Europe: Scope and competencies; www.who.int/occupational_health/regions/en/oeheuroccmedicine.pdf) This list has also been adopted by the Occupational Medicine Section of the Union of European Medical Specialists (UEMS). Is this list of competencies used in the design of the training curriculum of Occupational Physicians in your country?	Yes/No Yes and No
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18	If your answer to Q17a is No, could you please Email (k.n.reetoo@clinmed.gla.ac.uk) or send us by post a list of core competencies that you use in the design of the training curriculum and trainee specialists are expected to have by the end of their training in your country?
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If you have any comment about the questionnaire or any issues that were not clear when completing this questionnaire please use this space to give us more information

In the question No.14, Weightage is difficult because we require the examinees to pass it all the assessment process category. Evaluation of importance is compatible to question No.15

Thank you for your time in completing this questionnaire

Please Email the questionnaire to k.n.reetoo@clinmed.gla.ac.uk or post it to

Dr. Nundita Reetoo
 ATOMe Project
 Healthy Working Lives Research Group
 Public Health and Health Policy
 University of Glasgow
 Glasgow G12 8RZ
 UK

DEFINITIONS

TERMINOLOGY	DEFINITION
ASSESSMENT	A systematic procedure for measuring a trainee's progress or level of achievement against defined criteria to make a judgement about a trainee.
ESSAY QUESTIONS	The ability to write an answer to a question which may involve detail descriptions and discussions. usually without reference to text books or other sources.
FORMATIVE ASSESSMENT	<p>The process of individual review of a trainee's educational and training needs at the commencement and during training, so that the training addresses the issues necessary to complete the training scheme satisfactorily</p> <p>A formative assessment helps to shape and inform a trainee's development.</p> <p>It allows trainees/tutors to assess the level of understanding of trainees</p> <p>It provides information which will allow a trainee to increase their understanding</p> <p>It does not have to provide a mark whereby the trainee's learning can be judged</p> <p>Perhaps the most useful form of formative assessment is a system, which allows the trainees to assess themselves.</p> <p>Examples include personal appraisals, review of training progress with candidates, discussion of strengths and weaknesses and discuss improvement opportunities.</p>
LOG BOOK/ TRAINING RECORD/ PORTFOLIOS	<p>Record of in-training assessment-The record of the process of annual or periodic assessments of a trainee's compliance with a training programme and achievement of competences. It is not in itself assessment.</p> <p>A portfolio is the accumulation of evidence of practical experience, academic training and continuing medical education (CME) activity.</p>
OCCUPATIONAL MEDICINE	Occupational Medicine is the branch of clinical medicine most active in the field of Occupational Health. Its principal role is the provision of health advice to organisations and individuals about the interface between health and work.
PROJECT ASSESSMENT	Mark awarded as a combination of an assessment of project development and the project report/ dissertation
SPECIALISTS IN OCCUPATIONAL MEDICINE	Doctors who have successfully completed higher specialist training in Occupational Medicine and are on the Specialist Register of their country.
SUMMATIVE ASSESSMENT	<p>The combination of examination and assessment processes that examine a trainee's suitability to carry out independent practice at the end of the vocational training period.</p> <p>Summative assessment is the process of evaluating (and grading) the learning of trainees at a point in time.</p> <p>Summative assessment is comprehensive in nature, provides accountability and is used to check the level of learning at the end of the program. For</p>

example, if upon completion of a program trainees will have the knowledge to pass an accreditation test, taking the test would be summative in nature since it is based on the cumulative learning experience.

Examples of summative assessments also include assessed work, which contributes to the final outcome of a trainee's degree, such as unseen examinations, essays, dissertations or presentations.

TRAINEE	A registered doctor in training.
WORKPLACE ASSESSMENT	Assessment of work experience in different workplace settings e.g. companies, factories, environment etc..

PLEASE DESCRIBE ANY OTHER TERMS THAT YOU MAY FIND AMBIGUOUS AND ALSO GIVE THE DEFINITION OF THE TERMS (IN YOUR OPINION)

Introduction to the ATOM project

Dr Ewan B Macdonald
Head of Healthy Working Lives Research
Group
University of Glasgow, Scotland

Legislation



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

Early Definitions of Competencies



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

Evolution of Competencies



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

1995/6 Delphi study on Competencies of Occupational Physicians



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

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



- Part of the above Delphi study
- Organised in association with ENSOP, the OM Section of the UEMS, The WHO Centre for Environment and Health (Bilthoven), the SOM (Scottish Group) and the FOM.

Conference Objectives




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

Competency Publications




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


WHO publication



Occupational Medicine in Europe: Scope and Competencies



WHO document




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

UEMS


CONCLUSIONS (Q1-Q20)

WHAT WE DO AND WHAT IS IMPORTANT




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

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




Aims of Study




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

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



TRAINING AREA	IMPORTANCE RATING ORDER OF TRAINING AREA									
	All respondents	Breakdown by company size			Breakdown by company sector			Breakdown by respondent representative		
		Small	Medium-sized	Large	Private	Public	Trade	Employer	Employee	Specialist
Law	1	1	1	1	1	1	1	1	1	1
Hazards	2	3	2	3	2	4	2	3	2	5
Process	3	4	3	2	3	2	4	2	3	2
Communications	4	2	4	4	4	3	3	4	5	3
Exposures	5	5	5	5	5	5	6	5	4	6
Research	6	6	6	6	6	6	5	6	6	4
Promotion	7	8	7	7	8	7	8	8	7	8
Management	8	7	8	8	8	7	7	7	8	7

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



Competency	Ranking by Mean Scores	
	Customer Group	Occupational Physician Group ¹⁹
Law	1	2
Fitness	2	5
Hazards	3	1
Communications	4	3
Exposures	5	8
Research	6	4
Promotion	7	7
Management	8	6

Specialist Training in the EU



- Agreed core competencies
- 4 year training programme
- Different training programmes reflect country and regional practice
- Mutual recognition of qualifications
- Free movement of specialists
- No EU process of Quality Assurance of product of training

What are we trying to achieve



- NOT imposing anything on different countries or schools
- NOT seeking boring uniformity
- NOT trying to tell universities or accrediting bodies what to do

What are we trying to achieve




- Improve the delivery of occupational health care in EU and worldwide
- Establish a consensus on a core assessment
- Establish a new academic/accreditation network to develop a tool
- Improve the quality of occupational medicine training worldwide
- Global companies want global standards

My Thanks




- Monica Ballester, Consol Serra and Suport Serveis
- Professor Fernando Benavides, University of Pompeu Fabra
- Nundita Reetoo, Jayne Burrows and Glasgow team
- Dame Professor Lesley Southgate
- Catalan Society of Occupational Medicine
- You all for participating



Challenges and options in assessment

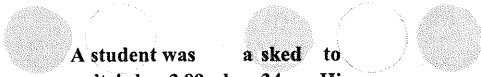
Workshop to plan an international approach to the assessment of postgraduate training in Occupational medicine
Barcelona November 2006

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- What must be done to establish a credible assessment programme that can encompass different approaches.

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A student was asked to multiply 389 by 34. His answer is shown below:

$$\begin{array}{r} 389 \\ \times 34 \\ \hline 1556 \\ 11470 \\ \hline 13026 \end{array}$$

Working individually, give this student a mark out of 10


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What is a blueprint

- Today it is a map and a specification for an assessment programme
- It may be a simple content matrix
- But it can also include further specifications, for example test/assessment methods
- It supports content validity by ensuring sampling and coverage
- It prevents overlap and the inclusion of 'hobby horses'


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Validity: How has the content been determined

- Does the assessment actually sample the domain that is being assessed?
- Has a written blueprint been derived before the assessment was planned and implemented?
- The content should show evidence of referencing to external documents and data
- What is the method of sampling from it?


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The common and important conditions


- form one dimension of a matrix
- the other is the categories of *Good Medical Practice*

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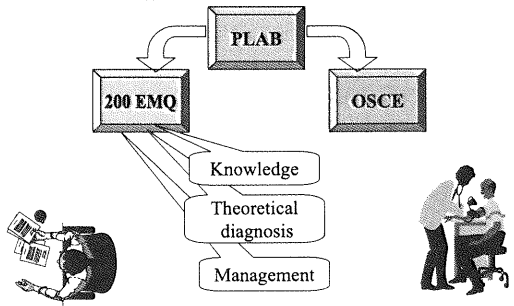


Initial Blueprinting for the UK Professional Linguistic Assessment Board (PLAB) Test

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External review




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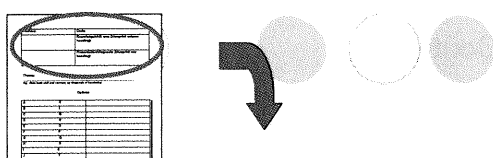
Item writing- Extended Matching Questions

Item writing workshops

- Introduction to the task
- Question template

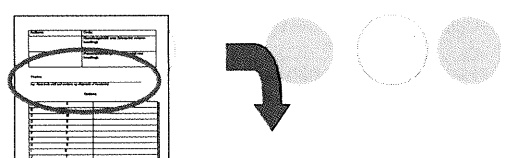


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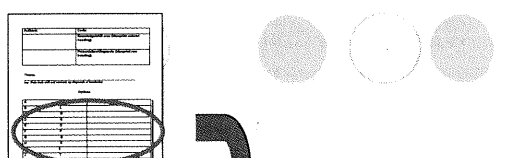
Authors:	Code:
	Knowledge/skill area (blueprint column heading):
	Presentation/diagnosis (blueprint row heading):

20



Theme: _____
(eg State both skill and content, eg diagnosis of headache)

20



Options

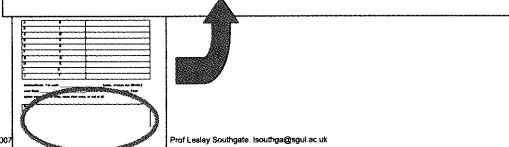
A	K	
B	L	
C	M	
D	N	
E	O	
F	P	

20

Instructions: For each _____ below, choose the SINGLE most likely _____ from the above list of options. Each option may be used once, more than once, or not at all.

Item 1:

Answer:
(Write in full)




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Item writing- Extended Matching Questions

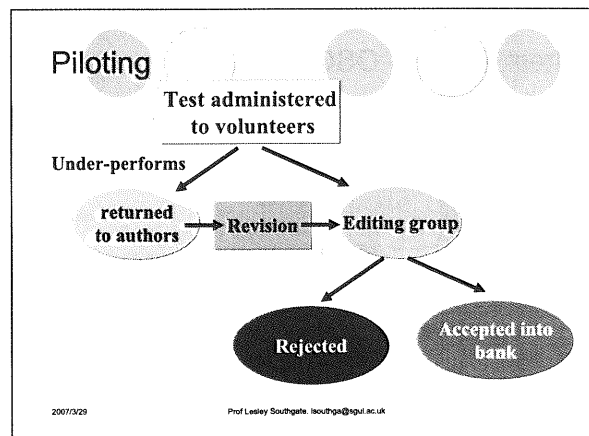
Item writing workshops

- Introduction to the task
- Question template
- Peer review
- Formal editing

Piloting



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Results of initial pilot

Stage	N	Mean score
Medical student	21	62.66
PRHO	36	70.28
SHO	20	73.90

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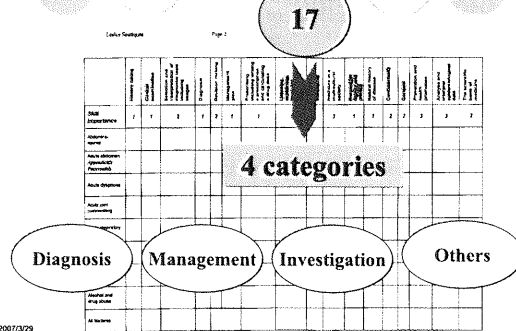
Work programme

- Matrix accepted
- Question bank being developed
- Piloting in progress
- Test construction agreed

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Test construction

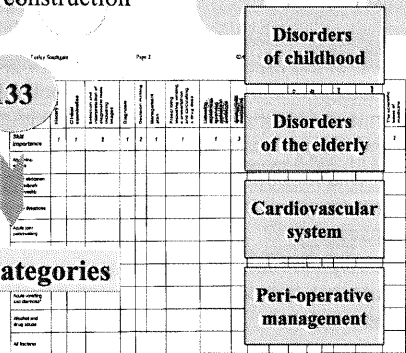


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Test construction

133

16 categories



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Work for today

- Similar process starts by deriving the matrix

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The common and important conditions/problems

- form one dimension of a matrix
- the other is the categories of *Good Medical Practice* or domains which map to them

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Test methods as part of the blueprint

- Test methods for assessment programmes can only be selected once the purpose and content are established
 - What is the best trade-off between fidelity and efficiency.
 - What is the programme for writing and refining test material?
 - How are marking schedules developed and reviewed where relevant?
 - Is new test material piloted before it is used?

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Is the assessment reliable

- Tests are likely to be unreliable if they are poorly constructed or too short
- Examiner bias
- Report Coefficient alpha and/or KR-20
 - But they provide information about the reproducibility of marks, not pass/fail decisions

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Standard setting

- It is only possible to set a sensible standard if the purpose of the examination is clearly set out.
- The most important thing about a standard is who sets it

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Standard setting

- If the standard is criterion referenced how and by whom, have the internal rules within and between individual components been set.
- How many, and to what standard, of the criteria are mandatory?
- Is compensation allowed?

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Standard setting

- Are these rules subject to change if there is an unexpected outcome and if so who has the authority to direct such a variation and
- how and where is it documented?
How has the pass mark been derived for large-scale tests of competence
- What recognition is given to measurement error in arriving at the final outcome?
○ What is the reproducibility of the pass/fail standard?

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How are examiners selected and trained.

- What mechanisms are in place to monitor examiner performance
 - And to ask unsatisfactory examiners to leave the panel?
 - Do examiners undergo equal opportunity training before they participate?

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Feedback to candidates

- One of the most important aspects of any assessment programme is the effect it has on learning and preparation for individuals and the profession.
- How is feedback given to individuals and groups about the outcomes of an assessment?
- Finally the mechanisms for appeal about the outcome should be documented and reported.


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INTERNATIONAL PERSPECTIVES

- The UEMS Section of Occupational Medicine
- The European Association of Schools of Occupational Medicine



Occupational Medicine in Europe, a new speciality

- Recognised as speciality in most countries since 1970-1993
- European recognition in 1986
Advisory Committee on Medical Training of the Commission of the EC

UEMS OM Section, Survey 2002, 14 members. Carstensen O, Sherson D, Barcelona, 2002, Franco G, 1999

Number of physicians working in OCCUPATIONAL MEDICINE in Europe, by number of inhabitants

Finland	one per 4.000
France, Belgium, Holland	one per 5.000-10.000
Norway, United Kingdom	one per 30.000-70.000
Sweden, Denmark	one per 100.000

* Includes specialists and non specialists

UEMS OM Section, Survey 2002, 14 members. Carstensen O, Sherson D, Barcelona, 2002

Training of specialists in Occupational Medicine, Europe

	Undergraduate training (years)	Postgraduate common trunk training (years)	Specialist training duration (practical requirements) (years)	Total (years)
Norway	6	1,5	5 (3)	12,5
Germany	6	2	3 (2,75)	11
UK	5	3	4 (3)	12
Slovenia	6	1	4 (3)	11
Croatia	6	1	4 (3,5)	11
Spain	6	0	3 (1)	9
Italy	6	0	4 (3)	10
Portugal	5	1	4 (2)	10
Ireland	5	4	4 (3)	13
Switzerland	6	3	2 (2)	11
Denmark	7	3,5	3 (3)	13,5
Finland	6	2	4 (4)	12
Belgium	7	0	4 (2)	11
Holland	6	0	4 (3)	10

UEMS OM Section, Survey 2002, 14 members. Cashman C, Slovak A. Occupational Medicine, 2005

Training Occupational Medicine in Europe Outlines of different types of training

- Responsible for training
 - Occupational and safety health services
 - Hospitals
 - University
- Training focusing
 - Practical work in an OHS Service
 - Wide experience in internal/general Medicine
 - Theoretical training/research in University

UEMS OM Section, Survey 2002, 14 members. Carstensen O, Sherson D, Barcelona, 2002

Training Occupational Medicine in Europe Differences across countries

- Content, focus, approach
- Cultural differences in expectations on the role of the occupational physicians
- Funding and number of residents to train
- Professional development and research (scarce)

UEMS OM Section, Survey 2002, 14 members. Cashman C, Slovak A. Occupational Medicine, 2005

Training Occupational Medicine in Europe FINLAND

6 years

- Common trunk: 2 years Primary Health Care
- Occupational Medicine: 4 years
 - 2 years in a OHS service
 - 1 year in FIOH
 - 1 year in hospital
 - modular course (simultaneous)
 - research project (voluntary)
- Tutor from universidad
- Financed by employer (salary + course)
- 120 residents/year

Training Occupational Medicine in Europe ITALY

4 years (5 years from 2007)

- Responsibility: the university
- 1200h. course
- Practice in various workplaces
- Clinical practice
- Funding: grant by the university, funded by the the public health system.

Training Occupational Medicine in Europe
SPAIN

Schools of OM, 2-3 years, students

↓
2005

Training Units, 4 years, salary, trainees (70/yr.)

- 20 months of clinical practice
- 22 months in OHS service
- 6 months course OM
- Research project

Training Occupational Medicine in Europe
Some similarities

- Dissertation on an OM subject
- Workplace knowledge
- Postgraduate theoretical training in University
- The occupational physician is undergoing training, like all medical doctors, in the basic medical sciences and clinical medicine, and increasingly complemented by training in basic public and community health, including epidemiology.

UEMS OM Section. Survey 2002, 14 members. Carstensen O, Sherson D. Barcelona, 2002

Training Occupational Medicine in Europe

Weaknesses

National practice requirements differ.
Lack of clarity in expertise of OM specialists
Cultural differences in the expectations in the role of OM specialist
Lack of funding and available manpower (trainees)
Research and development brief underdeveloped

Strengths


Expectation of National/EU professional regulation transparency
EU directive in place
UEMS charter framework in place
Basis for post-specialization CPD may be established
Expertise across similar industry in UEMS facilitated
Manpower planning, funding and research development concerns shared

UEMS OM Section. Survey 2002, 14 members. Cashman C, Slovak A. Occupational Medicine, 2005

Occupational Medicine in Europe
Non-Governmental organisations


EASOM
European Association of Schools of Occupational Medicine
training and education

UEMS Section of Occupational Medicine
European Union of Medical Specialists
professional representation and specialists training

 **European Union of Medical Specialists**


- Founded in 1958
- Represents over one million medical specialists
- Harmonisation the highest level of medical training and practice
- Free movement of specialist doctors
- Representation and defence of professional interests

www.uems.net


 **ORGANISATION**

- Sections (1962, n=46, 2 delegates per country)
- Boards
- Working groups
- Accreditation system for CME: EACCME
- Other

UEMS Statutes. UEMS 2004. 47 EN adopted new statutes. Available at: http://uems.uems.net/uploadedfiles/987.pdf

 **Section of Occupational Medicine**

- Founded 1996
- Democratic structure
- Liaison with EASOM
- Merger with ENSOP
- Decisions by consensus


 **Section of Occupational Medicine**

Mission

To promote the development of the speciality of occupational medicine in Europe with the aim to improve the health of the workers.


Strategy

- To influence EU legislators
- To collaborate with appropriate institutions
- To ensure quality of professional practice
- To identify and take action on common issues

 Section of Occupational Medicine

FUNCTIONS

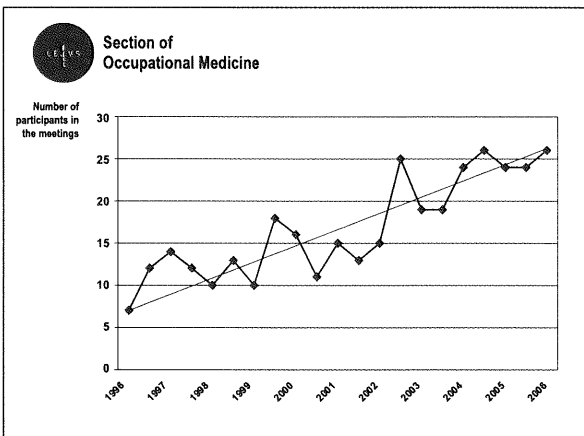
- The promotion of co-operation between practicing Occupational Physicians in the member countries
- Core competencies for Occupational Physicians
- Standards for training and continuing medical education


 Section of Occupational Medicine

Working areas

- Training } documents, surveys, collaboration (EASOM), assessment training and practice tools, core competencies
- Profession }
- Communication workshops, symposia, sessions, documents distribution at national and international level, website
- Politics UE, CPME, Bilbao and Dublin Agencies, periodic meetings with other sections country representatives


www.uems.net/Occupational%20Medicine



 Union of European Medical Specialists
SECTION OF OCCUPATIONAL MEDICINE

ACTION PLAN 2006 - 2009


Consol Serra
President of the UEMS Section of Occupational Medicine
Barcelona, March 2006

 Section of Occupational Medicine

ACTION PLAN 2006-9

10 top priorities

1. Section's website
2. Harmonisation of requirements and quality of training
3. One voice and unity of purpose for OM
4. Influence on EU legislators
5. Harmonisation of CME criteria and recertification
6. Promotion of good practice and continuous quality improvement
7. Addressing major challenges of OH
8. Systematic reviews
9. Assessment of training programmes and trainees (ATOM)
10. Participation in key forums and conferences

 Section of Occupational Medicine

Current active members and observers:

Alain Cantineau (France), Alenka Skarjan (Slovenia), Andre Weel (The Netherlands), Andy Slovak (UK), Anne-Christine Markset (Norway), Annette Gäßler (Germany), Antonio de Silva Pinho (Portugal), Blaise Thorans (Switzerland), Brigitta Danuser (Switzerland), C Pletscher (Switzerland), Claus Plekarski (Germany), Clodagh Cashman (Ireland), Consol Serra (Spain), Dick Spreuwers (The Netherlands), Elisabeth Huber (Austria), Ewan Macdonald (UK), Gert Thomsen (Denmark), Giorgio Assanato (Italy), György Kötéles (Hungary), Kaj Husman (Finland), Knut Skjberg (Norway), Jacques de Laval (Sweden), Jacques van der Vliet (The Netherlands), Jadranka Mustajbegovic (Croatia), John Harrison (United Kingdom), Jonas Brismar (Sweden), Mats Berg (Sweden), Zora Vadjnal Gruden (Slovenia), Kristina Mukala (Finland), Luc Quasehebeur (Belgium), Milan Tucek (Czech Republic), Metka Terjan (Slovenia), Monica Ballester (Spain), Ole Carstensen (Denmark), Ørn Terje Foss (Norway), Paavo Jappinen (Finland), Paulo Coelho dos Santos (Portugal), Rafal Timmermans (Spain), Reinhard Jager (Austria), Sergio Iavicoli (Italy), Stanislav Pusnik (Slovenia), Tom McMahon (Ireland), Vlasta Deckovic-Vukres (Croatia)

Past members and observers:

Anna Rask-Andersen (Sweden), Anne Birkeland (Sweden), Aristotel Cakar (Slovenia), Bo Nattersrom (Denmark), Boguslaw Baranski (Poland-WHO), Carlos Sobral (Portugal), Dabid Sherson (Denmark), Eric Alquier-Bouffard (France), Elena Economu (Greece), Eleni Oikonomoy (Greece), Elisabeth McCloy (United Kingdom), Ema Sacadura (Portugal), G Van Houte (Belgium), George Stamatopoulos (Greece), Giuliano Franco (Italy), Gunnar Ahlberg (Sweden), Haldun Sirer (Turkey), Isabel Calzlerio (Portugal), Jens Mortensen (Denmark), John Gallagher (United Kingdom), John Malone (Ireland), Jostein O Wasge (Norway), Jovanka Karadzinska-Sislilimovska (Macedonia), Leopold Koschatzky (Austria), Lucia Isolani (Italy), Marc Bregliano (France), Piet Kroon (The Netherlands), Solveig Fiedler (Austria), Sven Viskum (Denmark), Tarja Kauppinen (Finland), Wolfgang Panter (Germany)