



Undergraduate occupational medicine teaching in European schools of medicine.

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Introduction

Over the past 20 years, national governmental bodies have pointed out the under recognition of occupational diseases and have reiterated the desirability of training in the discipline at medical undergraduate level. The purpose of this study was to assess the level and content of the teaching of occupational medicine (OM) in the undergraduate medical curricula in Europe.

Method

A questionnaire survey designed to capture information on the teaching of OM to undergraduates was sent to all medical schools in Europe (n = 283).

Main results

129 medical schools (48%), representing nearly 100.000 undergraduate students from **21 countries**, returned a completed questionnaire.

Overall, 122 had a teaching in OM (95%).

The amount of teaching ranged from 2 to 100 hours with a **mean of 25 hours** (Table 1).

There were huge disparities between countries, but also within countries. Nevertheless, overall, 53% of the faculties taught less than 30h of OM.

89% of the schools had learning objectives in OM, and 79% had an OM manual or syllabus.

The training was compulsory for students in 89% of the faculties who answered.

Concerning the topics, occupational respiratory diseases, occupational cancers, occupational toxicology and musculoskeletal disorders were the most frequently taught, whereas assessment of disability was taught in one third of the faculties and disability and return to work in less than one half.

Table 1 : Results by country in terms of number of teaching hours

Country	Number of Faculty	Number of answers	Number of teaching hours		
			Mean	min	max
Belgium	9	8	13,4	0	45
Bosnia and herzegonvina	5	4	53,5	45	64
Czech Republic	8	1	24,0	24	24
Croatia	4	2	35,0	20	50
Danemark	3	3	35,0	30	40
France	36	34	10,3	2	18
Finland	5	1	71,0	71	71
Germany	30	5	34,8	12	56
Greece	7	7	21,1	3	33
Hungary	4	1	15,0	15	15
Italy	33	29	34,6	10	70
Malta	1	0	-	-	-
Moladavia	1	1	-	-	-
Montenegro	1	1	63,0	63	63
Netherlands	8	8	37,1	2	100
Norway	4	0	-	-	-
Poland	13	0	-	-	-
Portugal	6	1	-	0	0
Romania	9	3	32,7	26	42
Serbia	5	5	36,8	15	64
Slovenia	2	2	37,5	30	45
Spain	31	8	27,7	0	64
Sweden	6	0	-	-	-
UK	30	3	6,0	5	8
Switzerland	5	2	17,0	14	20
Total	266	129	25,1	0	100

Conclusion

Medical schools in Europe fall far short of a comprehensive program of teaching in this important area. This low level of teaching may result in doctors being poorly prepared to recognize and diagnose occupational diseases adequately, and poorly equipped to support their patients in return to work or rehabilitation.

Despite the European harmonization, we observe wide intra- and inter-country differences.

This should be seen as a threat to equity between students from different faculties, or different countries, and as an ethical challenge for workers and patients.

Our results warrant the definition of a core curriculum in Europe and of a minimum number of teaching hours