Structure, law and role of the occupational health care in some European countries

Examples from Belgium, France, Romania, and The Netherlands
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BELGIUM

English version (Dutch version below)

In Belgium, The Act of 4 August 1996 on welfare of workers in the performance of their work and its implementing decisions (Royal Decrees) apply to every employer who employs workers in Belgium. This Act transposes into Belgian law the framework Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work.

In Belgium occupational health services are compulsory for all enterprises, whatever the number of employees, the type of activity or the nature of hazard. To fulfil its different tasks defined in the legislation, an occupational health service has to be sufficiently staffed with certified occupational physicians and specialists from other related disciplines such as ergonomics, occupational hygiene, psychology. Occupational health is completely financed by the employers and largely based on the total number of health assessments. In addition, employers are obliged by law to cover the risks of accident by subscribing to a private insurance policy which covers any related costs. They also contribute financially to the Occupational Accidents Fund and the Occupational Diseases Fund. Occupational diseases are recognized (2 different systems exist 1) a limitative list and 2) an open unlimited system) and may be financially compensated by the Fund of Occupational Diseases.

At this moment, occupational health care is provided by 14 certified external OHS and circa 70 internal OHS. All workers (3.7 millions), except the self-employed (0.7 million), benefit from comprehensive occupational health support. The occupational physician is supposed to provide advice on the risks to which workers are exposed and the adaptation of working conditions in accordance with the state of health or the abilities of the worker. For specific groups of workers, the occupational physician should spent, each year, forty-five minutes per person on health surveillance and another fifteen minutes on risk assessment. About half of the workforce undergoes an annual health examination including several clinical tests and another fifth has an assessment every 3 or 5 year.

To obtain the certificate in occupational medicine a trainee specialist must complete a 4 years training to meet the core competencies of occupational medicine and the quality standards to practice as a specialist as laid down by European and national recommendations and legislation.Like in many other countries, there are too few occupational physicians (OPs) and the active ones are under pressure to perform all these clinical examinations instead of providing hazard definition and measurements, risk management, health and safety information and training. The number of physicians working in Belgian OHS is estimated at 1100 (800 full-time equivalents), giving 30 (22 FT) OPs per 100.000 workers or an understaffing of 30%.

Nederlandstalige versie (Engelse vertaling zie hierboven)

In België is de wet van 4 augustus 1996 betreffende het welzijn van de werknemers bij de uitvoering van hun werk, ook de "welzijnswet" genoemd, de basiswet op het vlak van de veiligheid en de gezondheid op het werk. Deze wet is de omzetting van de Europese directieve Directive 89/391/EEC van 12 Juni 1989 en schept een kader waarin de uitvoeringsbesluiten genomen worden. De uitvoeringsbesluiten worden voor het merendeel gebundeld in de Codex over het welzijn op het werk en leggen een grotere nadruk op risico-evaluatie en -beheersing en op een multidisciplinaire aanpak van de gezondheids- en veiligheidsproblemen.

Het oprichten en/of het aansluiten bij een Dienst Preventie en Bescherming op het Werk (DPBW) is verplicht voor alle werkgevers in België van zodra ze minstens één werknemer in dienst hebben en is niet afhankelijk van de activiteit of de risico's. Om alle wettelijke taken te kunnen uitvoeren, dient de DPBW over voldoende specialisten in de arbeidsgeneeskunde te beschikken, alsook over preventieadviseurs in aanverwante disciplines zoals arbeidshygiëne, psychologie, ergonomie en arbeidsveiligheid. De DPBW wordt volledig gefinancierd door de werkgevers en de grootte van de bijdragen wordt vooral bepaald door het aantal medische onderzoeken. Werkgevers dienen zich ook verplicht te verzekeren voor arbeidsongevallen via een private arbeidsongevallenverzekering. Via hun bijdragen in het kader van de sociale lasten, dragen ze tevens bij tot het Fonds voor Arbeidsongevallen (FAO) en het Fonds voor de Beroepsziekten (FBZ). Er bestaan twee systemen om een schadeloosstelling te bekomen voor een beroepsziekte of werk-gerelateerde aandoening : 1) een limitatieve lijst en 2) het open systeem.

Momenteel zijn er 14 erkende externe DPBW en een 70-tal interne DPBW actief. Alle werknemers (3.7 miljoen), met uitzondering van de zelfstandigen (0.7 miljoen), genieten van een uitgebreid arbeids-geneeskundig toezicht. De arbeidsgeneesheer geeft adviezen ivm. de risico's op de werkplek en ivm. de aanpassing van de werkomstandigheden aan de fysieke en mentale mogelijkheden van de werknemer. Voor welbepaalde groepen van werknemers, dient de arbeidsgeneesheer per jaar 45 minuten per persoon aan gezondheidstoezicht te besteden en nog eens 15 minuten aan risicobeoordeling. Ongeveer de helft van de beroepsbevolking ondergaat een jaarlijks medische gezondheidsbeoordeling en nog eens 20% om de 3 of 5 jaar.

Om erkend te worden als specialist in de arbeidsgeneeskunde, dient men een 4-jarige opleiding te volgen welke de basisvaardigheden omvat en voldoet aan de kwaliteitsstandaarden zoals deze opgelegd worden door Europese en nationale regelgeving. Net zoals in andere landen, kampt België met een tekort aan arbeidsgeneesheren en deze staan onder druk om vooral de verplichte medische onderzoeken uit te voeren en hebben te weinig tijd om zich bezig te houden met risicobeoordeling en -controle, het geven van informatie, opleiding en training. Het aantal arbeidsgeneesheren tewerkgesteld in een Dienst Preventie en Bescherming op het Werk wordt geschat op 1100 (800 fulltime equi-valenten), zijnde 30 (22 FT) arbeidsgeneesheren per 100.000 werknemers of een tekort van of 30%.

FRANCE

English version (French version below)

In France, occupational medicine was created in 1946. It has been mostly a matter of physicians but the Act of the 24th of December 2003 has introduced the concept of multidisciplinarity in OHS. This Act transposes into French law the framework Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work. The role of OHS is to avoid any damage of the health of workers. Occupational medicine applies to every employee.

In France occupational health services are compulsory for all enterprises, whatever the number of employees, the type of activity or the nature of hazard. To fulfil its different tasks defined in the legislation, an occupational health service has to be sufficiently staffed with certified occupational physicians and specialists from other related disciplines such as ergonomics, occupational hygiene, psychology. Occupational health is completely financed by the employers, mostly based on the total number of health examinations. In addition, employers also contribute financially to the Occupational Accidents and diseases Fund. Any accident occurring at the workplace and during the working time is presumed to be an occupational accident. The employee has not to prove the occupational origin but the employer can try to prove the lack of occupational origin. Occupational diseases are recognized according to 2 different systems : 1) a limitative list and 2) an open unlimited system. Once people are recognized to have a sick leave or a disability as a consequence of an occupational accident or disease, they get free treatment, they are paid during their sick leave and they have a financial compensation of their disability.

At this moment, occupational health care is provided by 5700 certified OPs and nearly 5000 occupational nurses. All workers from the private or public sector (24 millions) benefit from comprehensive occupational health support. The occupational physician is supposed to provide advice on the risks to which workers are exposed and the adaptation of working conditions in accordance with the state of health or the abilities of the worker. The OP should spend 1/3 of his time on the workplace, to perform risk assessment provide advices, and 2/3 of his time for health examination All workers should have an health examination every two years, but for specific groups of workers, this health examination must be done every year. According to the law, an OP should not follow more than 3300 workers and 450 enterprises. Nevertheless, like in many other countries, there is a deficit of occupational physicians (OPs) and the active ones are under pressure to perform all these clinical examinations instead of providing hazard definition and measurements, risk management, health and safety information and training. Therefore, some OPs are in charge of more than 6000 workers.

To obtain the certificate in occupational medicine a trainee specialist must complete, in addition to first 6 years of undergraduate teaching, a 4 years training to meet the core competencies of occupational medicine and the quality standards to practice as a specialist as laid down by European and national recommendations and legislation.

Version française (Version anglaise supra)

La santé au travail a été créée en France en 1946. Elle a été longtemps principalement une affaire de médecins mais la loi du 24 décembre 2003 a introduit le concept de multidisciplinarité dans les services de santé au travail. Cette législation a transposé en droit français la directive européenne 89/391/CEE du 12 juin 1989, qui portait sur l'introduction de mesures destinées à l'amélioration de la santé et de la sécurité des travailleurs. En France, le rôle des services de santé au travail est prescrit par la réglementation et consiste à éviter toute altération de la santé au travail. Tous les salariés sont soumis à la Médecine du travail, quelque soit la taille de l'entreprise, le nombre salariés, le type d'activité ou la nature des risques professionnels.

Pour pouvoir remplir ses différentes missions, prescrites par la législation, les services de santé au travail doivent bénéficier de médecins qualifiés en médecine du travail, et de spécialistes dans d'autres disciplines complémentaires telles que l'ergonomie, l'hygiène industrielle, la psychologie. Le système de santé au travail est complètement financé par les employeurs, principalement à l'heure actuelle en fonction du nombre total d'examens médicaux réalisés.

A l'heure actuelle, la santé au travail est exercée par 5700 médecins du travail, qualifiés et près de 5000 infirmières du travail. Tous les salariés du secteur public et du secteur privé, soit environ 24 millions de personnes, bénéficient des services de santé au travail. Les médecins du travail conseillent les salariés sur l'évaluation et la prévention des risques professionnels auxquels sont exposés les travailleurs et sur l'adaptation des conditions de travail, pour les adapter à l'état de santé et aux capacités fonctionnelles du travailleur. Le médecin du travail doit passer 1/3 de son temps sur les lieux de travail, pour contribuer à évaluer les risques et à proposer des adaptations, les 2/3 sont pour les consultations médicales. A l'heure actuelle, tous les travailleurs doivent bénéficier d'un examen en médecine du travail tous les 2 ans, mais pour certains groupes de personnels exposés à des risques spécifiques, cet examen médical doit être annuel. Selon la réglementation, un médecin du travail ne devrait pas avoir à suivre plus de 3300 salariés et 450 entreprises différentes. Toutefois, comme dans beaucoup d'autres pays, il existe un déficit de médecins du travail et une pression s'exerce sur ceux qui restent pour réaliser plus d'examens cliniques, au dépend parfois de l'action sur le terrain comme l'évaluation et la gestion des risques professionnels et la formation des salariés et employeurs. Ainsi, certains médecins du travail sont, en 2011, en charge de plus de 6000 salariés.

La qualification de médecin du travail en France est obtenue par une spécialisation de 4 années, à l'issue des 6 années de tronc commun d'études médicales. Les compétences à acquérir sont précisées au niveau national, et suivent les recommandations européennes dans ce domaine.

La reconnaissance des accidents de travail et des maladies professionnelles est très encadrée par la réglementation. Ainsi, tout accident survenant sur le lieu de travail et durant le temps de travail est présumé comme étant d'origine professionnelle. L'employé n'a pas à prouver que cet accident est dû au travail mais c'est à l'employeur d'apporter, s'il le souhaite et s'il le peut, la preuve que cet accident n'est pas lié à une cause professionnelle. Les maladies professionnelles sont reconnues en fonction de deux

systèmes complémentaires. Le premier est une liste limitative et le deuxième est une liste ouverte, nécessitant un avis d'expertise. Une fois que les salariés sont reconnus en accident de travail ou en maladie professionnelle, ils bénéficient d'une indemnité journalière à l'occasion des arrêts de travail, supérieure à celle fournie lors d'un arrêt de travail pour maladie simple, d'une prise en charge à 100% des traitements et, éventuellement, d'une indemnisation de l'incapacité. Les employeurs financent intégralement le système d'assurance maladie concernant les accidents de travail et les maladies professionnelles, selon un mode de calcul qui dépend de la taille de leurs entreprises.

ROMANIA

English version (Romanian version below)

In Romania the Framework Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work was transposed in Romanian legislation, as Occupational Safety and Health Law, 319/2006.

Occupational health services are regulated since 2007 by Governmental Decision 355/2007. This requires employers to arrange, at their own expense, professional-level occupational health services for their employees in order to minimize work-related health risks. Services provided are mainly preventive: surveillance of the working environment to assess risks; evaluation and monitoring of employees' health status and working ability by pre-employment and periodical medical examinations; statutory health surveillance by screening of workers exposed to specific hazards; provision of employers and employees with information, counseling and guidance about the health risks present in the workplace and about how they can be prevented; referring employees for further treatment or rehabilitation as needed; provision of rehabilitation counseling. They also provide first aid and workplace health promotion. In Romania occupational health services are compulsory for all enterprises. Employers contribute financially to the Occupational Accidents and Occupational Diseases Fund. Occupational diseases are recognized in a limitative list and may be financially compensated by the Fund of Occupational Accidents and Occupational Diseases.

Occupational health providers include occupational health offices within public or private medical centers, occupational health compartments within public health institutes and centers, clinical wards of occupational health and occupational diseases, specific centers of monitoring units with high professional risk, and departments of occupational health within the Directions of Public Health (DPH). They can be contracted by employers and should be authorized by the Ministry of Health.
At DPH level, the departments of occupational health coordinate and collect data on occupational health in the district. They carry out periodic surveys in order to evaluate the occupational risks and to take measures for supporting protection and promotion of workers' health.
The National Institute of Public Health from Bucharest, and the Centers of Public Health from Cluj-Napoca, Iasi, Timisoara, Targu Mures and Sibiu, and the National Institute for Research and Development in Occupational Safety Bucharest provide technical assistance on occupational health and carry out research and assessment surveys on occupational risks.

Occupational Health services are provided by certified occupational physicians and specialists from other related disciplines such as family physicians with competence in enterprise medicine, generalist nurses, psychologists, and other medical specialities. The entire workforce undergoes an annual health examination including several clinical tests. In Romania there is not normalized the time and the number of workers assisted by one OH physician.

To obtain the certificate in occupational medicine a trainee specialist must complete, in addition to first 6 years of undergraduate teaching, a 4 years training to meet the core competencies of occupational medicine and the quality standards to practice as a specialist as laid down by European and national recommendations and legislation. There is not a common curriculum for all EU countries.

România

În România Directiva Cadru a Consiliului Europei 89/391/EEC din 12 iunie 1989 asupra introducerii măsurilor ce încurajează înbunătăţirea sănătăţii şi securităţii angajaţilor la locul de muncă a fost transpusă în legislaţia românească ca Legea Securităţii şi Sănătăţii în Muncă nr. 319/2006.

Serviciile de medicina muncii sunt reglementate din 2007 prin Hotărârea de Guvern nr. 355/2007. Aceasta dispune ca angajatorii să asigure angajaţilor servicii profesionale de medicina muncii plătite de către angajator, pentru a diminua problemele de sănătate legate de activitatea profesională. Serviciile de medicina muncii constau în principal în supravegherea profilactică a mediului de lucru în vederea evaluarării riscurilor; evaluarea şi monitorizarea stării de sănătate şi a capacităţii de muncă a angajaţilor prin examenul medical la angajare şi examinările medicale periodice ale angajaţilor; supravegherea stării de sănătate a angajaţilor prin screening-ul celor expuşi la anumite noxe; informarea şi consilierea corespunzătoare a angajaţilor în privinţa riscurilor pentru sănătate prezente la locul de muncă şi modul de prevenţie, îndrumarea angajaţilor în privinţa tratamentului şi a măsurilor de reabilitare atunci când este cazul. De asemenea, ei acordă primul ajutor şi promovează sănătatea la locul de muncă. În România serviciile de medicina muncii sunt obligatorii pentru toate locurile de muncă. Angajatorii contribuie la Fondul de accidente şi boli profesionale. Bolile profesionale sunt recunoscute într-o listă limitată şi pot fi compensate financiar din Fondul de accidente şi boli profesionale.

Furnizorii de servicii de medicina muncii includ centre medicale de stat, precum şi private, compartimente de medicina muncii în cadrul Direcţiilor de Sănătate Publică, saloane în clinici de medicina muncii şi boli profesionale, centre speciale de monitorizare a unităţilor cu risc profesional ridicat şi departamente de medicina muncii în cadrul Direcţiilor de Sănătate Publică (DSP). Acestea pot fi contractate de către angajatori şi trebuie să fie autorizate de către Ministerul Sănătăţii.
La nivelul DSP, departamentele de medicina muncii colectează şi coordonează datele la nivel de judeţ. De asemenea, efectuează studii periodice în vederea evaluării riscurilor profesionale şi luarea unor măsuri în privinţa protejării şi promovării sănătăţii angajaţilor.

Institutul Naţional de Sănătate Publică din Bucureşti şi Centrele de Sănătate Publică din Cluj-Napoca, Iaşi, Timişoara, Târgu Mureş şi Sibiu, şi Institutul Naţional de Cercetare – Dezvoltare pentru Protecţia Muncii asigură asistenţă tehnică în privinţa sănătăţii ocupaţionale şi fac cercetării şi studii asupra evaluării riscurilor profesionale.

Serviciile de medicina muncii sunt furnizate de către medici cu specialitatea de medicina muncii şi specialişti în alte discipline înrudite cum ar fi medicii de familie cu competenţă/atestat în medicina de intreprindere, asistente medicale (generaliste), psihologi şi alte specialităţi medicale. Întreaga forţă de muncă trece printr-o examinare medicală anuală ce include şi anumite teste clinice. În România nu există o normare a numărului de angajaţi asistaţi de către un medic de medicina muncii.

Pentru obţinerea unui certificate de medic specialist de medicina muncii, un medic trebuie să studieze, pe lângă cei 6 ani de facultate de medicină, 4 ani de specializare în medicina muncii sub formă de rezidențiat, conform legislaţiei europene şi naţionale. În acest moment nu există o curriculă comună pentru toate ţările UE.

THE NETHERLANDS

English version (Dutch version below)

The Netherlands has a working population of about 7 million employees served by a near-comprehensive system of occupational health delivery. As part of the Working Conditions Act of 1994, the Dutch government passed legislation that required all employers to contract certified multidisciplinary occupational health services (OHSs) to assist them with occupational health and safety and with sickness absence management. In 2002, the coverage of the working population by OHSs reached almost 100%. The total volume of trade by OHSs in that year accounted for 1 billion Euros. Since 2004, due to deregulation and tailoring of protective legislation, the size of the market has decreased. Employers are now free to contract either a certified OHS or hire a board-certified occupational health and safety expert for specified tasks. Employers are obliged to seek advice from a certified occupational physician (OP) if an employee's sickness absence exceeds a period of six weeks. In 2008, more than 85% of all companies had a contract with an OHS or with an individual expert. In total, about 2,000 occupational physicians, 550 occupational hygienists, 2,000 safety engineers, 200 organisational experts, and 250 occupational health nurses are now delivering occupational healthcare in the Netherlands. Of the OPs, 61% are employed by the five largest OHSs, 22% by 69 smaller OHS organisations, and 18% are working on a freelance basis. The number of self-employed OPs increases over the past years.

Dutch legislation on working conditions is derived from European legislation but is different from other European countries in that it has not a 'risque professionel' (financial compensation for occupational diseases) but a 'risque social' (compensation for not being able to work regardless of the cause). The practice of the OP is firmly based on evidence-based guidelines and is provided in close cooperation with other health professionals.

To obtain the certificate in occupational medicine a trainee specialist must complete, in addition to first 6 years of undergraduate teaching, a 4 years training to meet the core competencies of occupational medicine and the quality standards to practice as a specialist as laid down by European and national recommendations and legislation.

Nederlandstalige versie (Engelse versie zie hierboven)

Nederland heeft een beroepsbevolking van ongeveer 7 miljoen werknemers die bijna allemaal gebruik kunnen maken van bedrijfsgezondheidszorgvoorzieningen. Werkgevers zijn verplicht, op basis van de Arbeidsomstandighedenwet van 1994, om multidisciplinaire arbodiensten te contracteren die hen kunnen ondersteunen bij het gezondheids-, veiligheids- en verzuimbeleid. In 2002 konden vrijwel alle werknemers in Nederland gebruik maken van bedrijfsgezondheidsdiensten. De omzet van arbodiensten bedroeg 1 miljard euro. Sinds 2004, als gevolg van deregulering en afslanken van wetgeving, is de markt afgenomen. Werkgevers zijn nu vrij om ofwel een gecertificeerde arbodienst of een gecertificeerde arbodeskundige voor specifieke taken in te huren. Werkgevers zijn verplicht om advies in te winnen van een gecertificeerde bedrijfsarts bij verzuim dat langer duurt dan zes weken. In 2008 had meer dan 85% van de bedrijven een contract met een arbodienst of individuele deskundige. In totaal zijn er ongeveer 2000 bedrijfsartsen in Nederland, 550 arbeidshygiënisten, 2000 veiligheidsdeskundigen, 200 arbeid- en organisatiedeskundigen en 250 bedrijfsverpleegkundigen. 61% van de bedrijfsartsen werkt bij één van de 5 grootste arbodiensten, 22% bij kleinere arbodiensten en 18% werkt op zelfstandige basis. Het aantal zelfstandigen neemt de laatste flink toe.

De Nederlandse arbowetgeving is afgeleid van de Europese regelgeving. Anders in Nederland is dat er geen ‘risque professionel’ (financiële compensatie voor beroepsziekten) bestaat, maar een ‘risque social’ (compensatie voor het niet kunnen werken door welke medische oorzaak dan ook). De praktijk van de bedrijfsarts wordt in toenemende mate onderbouwd met evidence-based richtlijnen en geleverd in samenwerking met andere gezondheidswerkers. Voor het verkrijgen van de specialistenregistratie ‘arts arbeid en gezondheid, bedrijfsarts’ moet, naast een 6 jarige medische studie, een 4 jarige opleiding worden gevolgd om te voldoen aan de Europese en nationale competentie-eisen.