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Comité Permanent des Médecins Européens (CP)  
Standing Committee of European Doctors (CP)

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## Subject

Occupational Health

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## Sujet

La médecine du travail

Présenté par le Dr van der VLIET, rapporteur du groupe de travail de  
Médecine du Travail

## Concerning / Concerne

All delegations

Toutes les délégations

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## Statement on Occupational Health

### Preface

This paper is intended to confirm access by occupational physicians to the Advisory Committee on Medical Training, and in response to an invitation to do so by Commissioner Flynn, to seek access to the Advisory Committee on Health and Safety. This final document is to be presented to the Plenary Session of the CP in November 1999 for endorsement, to enable its presentation to Commissioner Byrne.

The CP Charter on Occupational Health (CP 80/182) specifies in detail the role, conditions of practice and education of the occupational physician. It is confirmed as the foundation of this document.

The original text remains valid, but as occupational medicine develops it is appropriate to supplement the Charter:

1. to take account of the evolution of European legislation, working conditions, and in particular the concept of a multi-disciplinary team,
2. to achieve an unified position of all the medical organisations concerned under the aegis of the CP so that it can be presented to the European Commission as effectively as possible.

The CP has consulted widely in the preparation of this document, which represents the views of all constituent bodies of the CP and of occupational medical bodies in several countries, and thus represents the considered view of the medical profession in Europe.

## Statement on Occupational Health

### I Occupational Health

#### Developments in Occupational Health.

European and national legislation, technological developments which may give rise to new health hazards, changes in the nature of work and the needs for multiple skills, the patterns of working time, the age and sex distribution of the workforce and unemployment, and the emergence of new ethical problems necessitate an adaptation of the concept of occupational medicine in the multi-disciplinary field of occupational health. Occupational physicians and other recognised members of the occupational health team are dedicated to the achievement of individual, group and corporate health in the workplace.

A detailed framework of training and practice in occupational medicine is set out in the Charter of 1980.

#### Occupational Health

Occupational Health may be defined as a field of activity in which a team including . Occupational physicians and other recognised members of the occupational health team advise managers upon the assessment and control of risk to employees, contractors and members of the public arising from the physical, chemical, biological and psychological work environment.

#### The Working Environment

The total working environment should enable the worker to fulfil his/her full potential. (Hertzberg's hygiene factors and motivators, Maslow's hierarchy of drives). The occupational physician trained in management is better qualified to contribute to discussion of this issue.

#### Organisation of an Occupational Health Service

The organisation of an occupational health service may be within a single, or be shared by a number of, enterprises in the public or private sectors. An individual specialist may be contracted to provide a service. The pattern may be determined in national health and safety legislation.

## **II Occupational Medicine**

### Occupational Medicine

The healthy worker is fundamental to the effective performance of the organisation.

The promotion, maintenance and protection of the health of the worker is the primary concern of the occupational physician, consistent with the concept of total loss control.

Occupational Medicine is a specialist discipline concerned with the effect of the environment, equipment and materials of an occupation upon the health of the worker, and with ensuring that the worker's own health does not affect the safety of himself, other workers, and members of the public.

Generally, the occupational physician does not provide clinical care, except in an emergency.

The specialist medical discipline is recognised in Directives from the European Commission. It has developed to reflect changes in commercial and industrial processes and services in the public and private sectors. Basic, postgraduate and continuing medical training follow the principles set out in the recommendations of the Advisory Committee on Medical Training.

The complexity of the discipline makes it more and more important that doctors should be properly trained, if they wish to practice in the field of occupational medicine. The necessary training programmes must be available.

Concepts of continuing medical education in other specialist fields apply with equal rigour to the practice of occupational medicine.

To enable the occupational physician to maintain clinical competence, it is essential that he or she should have sufficient training in general medicine to enable competent practice in the prevention of occupational and work related diseases.

It will be an advantage to the occupational physician called upon to lead the occupational health team to have formal training in management, obtained in a management school.

All health and safety practitioners must have access to, and obtain advice from, competent and experienced occupational physicians.

### Performance

While there are many other contributing factors outside medical control, Indicators of the performance of the occupational health team may be found in the reduction of accidents, occupational disease and injury, and in the successful, compassionate management of absence behaviour. The reduction of life style related risks may give rise to customer satisfaction. Compliance with labour inspectorates is an essential criterion of quality, and union respect is desirable.

### **III The Occupational Physician**

#### The Role of the Occupational Physician

Occupational physicians fulfil a pivotal role in the multi-disciplinary occupational health team in developing and implementing occupational health policies at European, national and organisational levels. They must be able to identify actual and potential hazards, and to conduct research. They advise management and workers alike, sometimes with statutory authority, on the implementation of national and European health and safety legislation to protect the health of workers from hazardous processes and materials. They contribute to the achievement of an healthy workforce in an healthy environment. The Charter on Occupational Health of the Standing Committee of European Doctors has set out the training, role and duties necessary to enable competent occupational physicians to be effective. It emphasises the importance of the strict professional ethical code of the occupational physician in the multi-disciplinary team.

The occupational physician is frequently the only local source of advice on general health and safety, particularly in small businesses.

#### Occupational Medical Objectives.

Occupational physicians seek to promote, establish, maintain and protect the health of the worker. They actively participate in risk assessment and contribute to comprehensive control of the physical, chemical, biological and psychological risks identified in the working environment. The benefit of occupational health to the employer is the prevention of personal or material damage, the maintenance of services, and in most cases the reduction of loss of production.

The objective of an occupational health service is to contribute to the achievement of an effective organisation. In that context, the primary goal of the occupational physician is to ensure that an healthy workforce is provided with a safe and healthy total working environment.

In consultation with the employer, and taking account of standards demanded by professional and public authorities, occupational physicians determine the standards of individual fitness to meet the physical and mental demands of work, and advise employers and employees on how to meet them.

Those standards must then be implemented by trained and competent occupational physicians and by trained and competent collaborators by programmes of initial medical review at engagement and subsequent periodic surveillance, or if a significant change of occupation requires it. An understanding of working conditions is necessary to understand their effects on health.

#### Sapiential Authority

The competent occupational physician has scientific and sapiential authority which the employer ignores at peril. Moreover, that expert opinion cannot be challenged without good cause and at least equivalent authority.

Recognition of that degree of expertise and of professional independence is essential to the credibility of the occupational physician to both employer and employees.

#### The management of absence behaviour

The occupational physician has no role in the verifying, on behalf of the employer or of insurance companies, reasons for individual periods of absence as they occur.

Advice on the modification of absence behaviour must distinguish between the primarily management problem of repeated short period claims for state or company sickness benefit, as distinct from the medical issues of placement, rehabilitation and re-deployment of those incapacitated by accident or injury, whether or not caused by the worker's occupation.

In this respect, close co-operation and dialogue, subject to the permission of the patient, between the occupational physicians and other colleagues caring for the worker is essential.

#### Ethics

Occupational physicians are subject to European national medical ethical codes, particularly in respect of professional medical confidentiality.

The protection of the worker, and the prevention of damage 'which might be caused to himself, to other workers, or to members of the public by his/her actions, may require disclosure of incapability.

#### Liability

The occupational physician is accountable for the advice he or she gives to an employer, or for failing to give such advice if it were appropriate to do so. Liability for commercial services, products, exhausts, emissions and effluent rest with the employer.

### **IV Recommendation**

The Standing Committee of European Doctors (Comité Permanent, CP), representing medical professional organisations, seeks to be able to contribute to the formulation of health and safety legislation in the European community, and to the achievement of equivalent training and practice in occupational medicine, in collaboration with other medical organisations concerned with occupational health.