

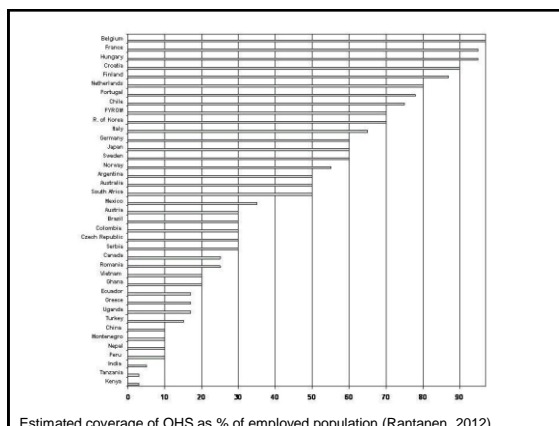


INVENTORY OF UNDERGRADUATE CURRICULA IN OCCUPATIONAL MEDICINE IN EUROPEAN COUNTRIES

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Context

- Many European workers have no occupational physician
- GPs : gatekeepers
 - Sickness system
 - Return to work
- Interactions between GPs and OPs are lacking
- Knowledge of GPs in occupational medicine ?

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Do GPs have CME in OM ?

- Most physicians rely on one or two journals for their CPD
- Do the journals they read provide them with some knowledge in OM ?
- Analysis of 14,091 articles published in the Lancet, NEJM, JAMA, BMJ in 1997, 2002 and 2007
 - 0.48% of articles concern OM ! (Gehanno, Occ Env Med 2012)
 - OM is in the 54th position (Gehanno, BMC Med Inform Decis Mak 2011)
- So : no real continuous medical education in OM !

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Context

- Many European workers have no occupational physician
- GPs : gatekeepers
 - Sickness system
 - Return to work
- Interactions between GPs and OPs are lacking
- Knowledge of GPs in occupational medicine ?
- Only source of knowledge : medical studies
- What is the level of teaching in occupational medicine to undergraduate students in the European schools of medicine ?

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Methods

- Questionnaire
 - Based on earlier studies (Wynn 2002, Gehanno 2005)
 - Pilot tested in 5 universities
- E-mailed to 307 medical schools / faculties of 27 European countries
 - Contact person for a geographical area
 - One of the authors
 - Teachers of OM or deans
 - Reminder at 1 & 2 months

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Country	Number of universities	Answers	Response rate
Belgium	9	8	89%
Bosnia and herzevgorvina	5	4	80%
Croatia	4	2	50%
Czech Republic	8	1	13%
Denmark	3	3	100%
Finland	5	1	20%
France	36	34	94%
Germany	30	5	17%
Greece	7	7	100%
Hungary	4	1	25%
Italy	33	29	88%
Malta	1	0	0%
Republic of Moldova	1	1	100%
Montenegro	1	1	100%
Netherlands	8	8	100%
Norway	4	3	75%
Poland	13	0	0%
Portugal	6	1	17%
Republic of Macedonia	3	1	33%
Romania	11	3	33%
Serbia	5	5	100%
Slovenia	2	2	100%
Spain	31	8	26%
Sweden	6	0	0%
Switzerland	5	2	40%
Turkey	36	2	6%
UK	30	3	10%
Total	307	135	44%

Results

135 medical schools
108,400 medical students

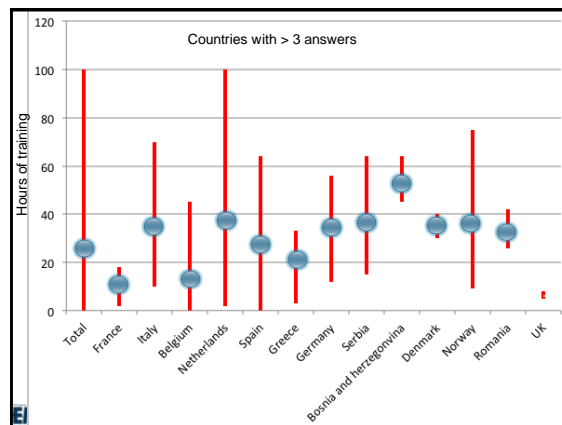
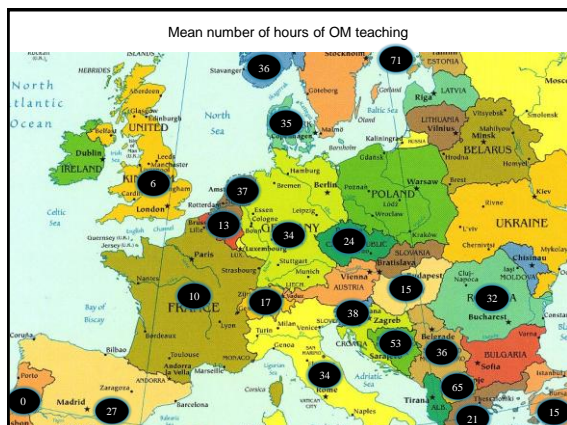
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Number of hours of teaching

- Mean : 25.5h
 - Min : 0
 - Max : 100
- 27% of the schools delivered less than 10h of training
- High differences between & within countries



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Pedagogical methods

Method	No. of schools (n=128)	%
Lectures	117	91%
Seminar tutorials	66	52%
Workplace visits	48	38%
Short term internship	37	29%
Problem based learning	33	26%
E-learning	26	20%
Project work	21	16%
Ward-based tuition	11	9%



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topic	%	Nb of hours
Principles of prevention	96%	1,7
Occupational respiratory disease	89%	2,5
Occupational toxicology, e.g. lead	85%	2,8
Occupational health law and ethics	85%	1,2
Occupational-related musculo-skeletal disorders	81%	1,6
Health and safety risks to doctors in the clinical environment	79%	1,3
Occupational skin disease	78%	1,4
Occupational cancers	77%	1,6
Risk assessment in the workplace	72%	1,9
Occupational stress / Mental health and work	72%	1,6
Workers' compensation issues	69%	1,3
Occupationally acquired infections	65%	1,3
Occupational history taking	58%	1,5
Principles of work ergonomy	58%	1,5
How to collaborate with the occupational physician	57%	0,9
History of occupational medicine	48%	1,1
Workability assessment	48%	1,6
Environmental impact of industrial activity	46%	1,7
Disability and return to work	44%	1,1
Writing medico-legal reports	30%	1,4
Assessment of disability	30%	1,4

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Discussion

- Overall : low level of training
 - 20% of schools don't perform exams ...
 - Overestimation : those who answered teach !
 - What about those who didn't ?
- Very high differences within and between countries
 - Mobility of workers
 - Mobility of physicians
 - Inequity ?
- Similar to other regions ?
 - in the US : 50% of medical faculties don't provide training in OM (LaDou, 1997)
 - In Australia : mean number =12,5h



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Topics

- Mostly oriented toward «traditional OM »
 - Diseases, toxicology
- < 50% of schools give lectures concerning return to work,
 - assessment of disability,
 - disability and return to work
 - workability assessment
- Same in the UK (Williams, 2011)



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Conclusions

- Medical schools across Europe are very unequal in providing qualifying doctors with education on the topics they will frequently come across in their working lives
- Some of them may even fail to provide future doctors with the skills and competencies to enable them to practice as competent physicians.
- Despite European regulations and free movement of workers across Europe, we face very different levels of education in occupational health in European countries.
- This warrants a debate on the competencies that every doctor should have in occupational medicine and the definition of a core curriculum for undergraduate teaching in occupational medicine in Europe.



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THANK YOU FOR YOUR ATTENTION



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"Victor Babes"
Timisoara

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JF Gehanno

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