

OCCUPATIONAL MEDICINE Chapter 6 - CHARTER on TRAINING of MEDICAL SPECIALISTS in the EU REQUIREMENTS

For the Specialty Occupational Medicine The UEMS European Section of Occupational Medicine, revised Apr 2012.

ARTICLE 1 – CENTRAL MONITORING AUTHORITY for Occupational Medicine at EC level

1.1. The UEMs Specialist Section of Occupational Medicine will be the central monitoring authority at the EU level for speciality training that includes defining and monitoring of standards, guidelines and accreditation processes.

1.2. The UEMS Specialist Section will define the standards for recognition of post-graduate education providers (including institutions, teachers and tutors) for the speciality. The Section will undertake periodic reviews to ensure that these standards remain fit for purpose.

1.3. The UEMS Specialist Section will define the criteria and produce a programme for quality assurance of training in the speciality. The national bodies will be responsible for the quality assurance of the training in the specialty and in practice of occupational medicine in their own country. The Section will support the UEMS' position for quality assurance of training in the speciality.

1.4. The Monospecialist Section of Occupational Medicine will periodically survey the methods that national bodies of the speciality conduct quality assurance of training.

1.5. Manpower requirements and planning for the speciality are the domain of the individual member states and the national bodies. The Section can advise and support the national bodies of the speciality concerning manpower issues as they relate to training. They will conduct surveys at suitable intervals to monitor systems being used to set the number of trainees required to maintain the speciality in the member state.

ARTICLE 2 - GENERAL ASPECTS OF TRAINING IN OCCUPATIONAL MEDICINE

2.1. Occupational medicine is a branch of medicine concerned with the relationship between health and work. After the successful completion of an undergraduate medical degree, national criteria will apply with respect to the selection of trainees for the training programmes in Occupational Medicine.

2.2. In order to support the development of harmonized comprehensive, structured and balanced training programme the following requirements have to be met:

- A trainee specialist must complete at least 4 years of specialist training.
- The training programme is to meet the common core competencies published in the Occupational Medicine Curriculum published at www.occupationalmedicine.eu (add reference).

2.3. There is no definition of the common trunk in training in Occupational Medicine due to the diverse nature of the speciality. The individual member states and the national bodies can determine if "common trunk" training is required as a prerequisite to specific training in Occupational Medicine.

2.4. The section has published a training programme in the form of a portfolio with agreed standards mapped to the common core competencies. The summary of learning outcomes for each domain is attached at Appendix A. Implementation of training programmes meeting these standards will be the remit of national bodies. A logbook or portfolio of assessed evidence or equivalent is used to record a trainee's progress towards required standards. An example of an evidence based portfolio can be found at (insert link).

2.5. It is the duty of the national bodies to implement and review regularly the quality of training within their member state. The Section can advise and support the national bodies in Occupational Medicine with this task as requested and will periodically survey methods used in member states for quality assurance processes.

2.6. The issue of numerus clausus (limited admissions policy) is in the domain of the national bodies. The principals of liberal movement of manpower between individual member states shall be respected at all times.

2.7. The Section will facilitate and encourage the training periods abroad in the EC during specialist training in order to widen the trainee's experience of the speciality.

ARTICLE 3 - REQUIREMENTS FOR TRAINING INSTITUTIONS

3.1. The training institution/organisation has to be recognised, approved and regulated by the appropriate national authority to deliver training for the speciality. The institution and/or national authority can request European recognition by the European Board established by the UEMS Section of Occupational Medicine.

3.2. Occupational Medicine training can be carried out in a University department or part of vocational training, which is designed to meet the relevant competencies outlined above.

3.3. The training institution/organisation should meet the quality standards of the national authorities and those of UEMS in the delivery of training. A national body or national authorities are responsible for performing routine quality assurance inspections in a structured manner. The section will survey periodically the methods used by member states.

ARTICLE 4 - REQUIREMENTS FOR TEACHERS IN OCCUPATIONAL MEDICINE

4.1. The person responsible for educational supervision/training within the speciality will be an accredited specialist in occupational medicine, recognized by the responsible national authority. They should have been practising occupational medicine for at least 5 years and be recognized within their country as meeting the competencies required for the

educational role. Educational tutors/supervisors are to be practicing within the speciality and appropriately trained for the additional educational role.

4.2. A personalised practical training programme designed to cover the competencies of occupational medicine specialist has to be drawn up by the educational supervisor/tutor to meet national guidelines, EU directives and UEMS requirements. Guidance is contained in the UEMS portfolio.

4.3. The ratio should ideally be one between the number of qualified specialists in Occupational Medicine on the teaching staff and the number of trainees. There must be close personal monitoring of the trainee during their training programme and monitoring of their professional performance.

ARTICLE 5 - REQUIREMENTS FOR TRAINEES

5.1. A trainee specialist must complete 4 years full time specialist training programme to meet the learning outcomes of occupational medicine as detailed in Annex A. The training must include sufficient practical experience in the delivery of occupational healthcare services and assessment of workplaces to be able to meet the competency requirements.

5.2. The trainee should have sufficient linguistic ability to communicate with patients, clients and other staff involved in occupational health care delivery. The trainee should regularly read and be able to comprehend the international literature and be able to communicate with foreign colleagues. Useful links to occupational health resources can be found on the Monospecialist Section of Occupational Medicine's website.

5.3. The trainee should keep a personal portfolio of assessed evidence or equivalent up to date according to national rules, EU and UEMS directives as well. Guidance on the logbook requirement for occupational medicine can be obtained from the Monospecialist Section of Occupational Medicine, which is updated in accordance with changes to the core competencies.

Learning Outcomes for Specialist Training in Occupational Medicine

1. Clinical practice.

Demonstrate good clinical practice including clinical examination skills in accordance with best practice, application of clinical knowledge and reasoning in the appropriate management of patients. This includes the ability to provide relevant information, advice, education and training through good use of verbal (including telephone) and written (including e-mail) communication skills to patients, and also to colleagues, management and statutory authorities in the management of the patient. This competency requires the ability to keep clear, accurate and legible contemporaneous records, use of relevant information technology systems and management of health information.

2. Hazard recognition, evaluation and control in the workplace.

Be able to understand your role in the organisation to risks to safety including the recognition of potential hazards, assessment of risks, and be able to make appropriate evaluations including the identification of residual risk and make recommendations on further control measures advised. This competency should include an understanding of toxicology, ergonomics, environmental monitoring, occupational hygiene and legal requirements for control of risk in an organisation.

3. Occupational health service and framework for practice including occupational health law and accompanying regulations.

Be able to demonstrate the context of occupational medicine within occupational health, the role of occupational health services, the international context an understanding of the legal system as it related to occupational physicians' obligations within it. This should include the demonstration of skilful management of the legal aspects of occupational health practice including advising on the management of clinical cases, ethics and confidentiality.

4. Disaster preparedness and emergency management.

Be able to demonstrate the ability to manage injuries in the workplace, develop emergency response procedures and have an active role in disaster and contingency planning within the organisation.

5. Public health, surveillance and disease prevention.

Demonstrate an understanding of the requirements of health surveillance including legal instruments, how it is implemented within the workplace, audit requirements and management of the system to ensure clinical and operational effectiveness. This includes the role of workplace-based health promotion and other methods of disease prevention.

6. Fitness for work and disability integration.

Be able to promote a culture of fitness for work, demonstrating an ability to assess function, understand the use of workplace restrictions, potential adaptations and the role of rehabilitation. This should include the ability to carry out assessments of patients with chronic disease or rehabilitating from acute injury or ill health, effective management of chronic disease states in a workplace setting and an understanding of the principles of workability.

7. Clinical Improvement.

Demonstrate an understanding of clinical effectiveness, an ability to improve clinical practice based on evidence (including audit processes), and systems of governance. This should include role of patient feedback, significant event analysis, complaints and audit processes, the role of guidelines, standards and other evidence-based protocols.

8. Professionalism, leadership and professional development.

Demonstrate a commitment to life long learning and reflective practice, effective organisational skills, time management, decision making and leadership and an understanding of ethical behaviour and professionalism. This competency requires the ability to work as part of a team and when necessary and/or appropriate lead a team.

9. Teaching and research.

Demonstrate effective involvement in a research project, with good knowledge of research methodology and application answering scientific enquiry. Demonstrate an understanding on effective teaching methods based on knowledge of effective adult education, and an ability to provide effective teaching through presentation, organisation and other recognised methods.

10. Business management.

Demonstrate the requirement of principles and practice of management as it relates to an occupational health department, including managing human and budgetary resources, industrial relations, the role of quality improvement, marketing, finance, business planning and the role of occupational health in a global marketplace.