OCCUPATIONAL MEDICINE AND THE CZECH REPUBLIC HEALTH REFORM 2012

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53. Jahrestagung der DGAUM, ÖGA und SGARM, Bregenz, March 2013
HISTORICAL DATA (1)

1887 first Injury Insurance Act

1929 first textbook of Occupational Hygiene

1932 National Assembly of Czechoslovak Republic ratified ILO’s Occupational Diseases Indemnity Convention (June 1, 1932 issued Act Nr. 99/1932 about indemnity of occupational diseases)

1932 established first Department of Occupational Diseases Medical Faculty of Charles University, Prague (founder Prof. Jaroslav TEISINGER)

1942 1st Congress of Occupational Diseases, Prague
HISTORICAL DATA (2)

1945 12 institutes of occupational medicine established (order of Ministry of Health)

1946 established Czech Society of Occupational Medicine

1947 first In-Patient Department of Occupational Diseases
HISTORICAL DATA (3)

1949 first issue of Journal of Occupational Medicine

1952 established Institute of Occupational Hygiene and Occupational Diseases

1952 regional institutes of occupational medicine abolished, specialization named occupational hygiene and occupational diseases

1961 established Toxicology Information Center

1988/1989 ratification of the ILO’s Conventions No.161/ No.155

Since January 1, 1992 transformation of „factory preventive care“ into primary occupational medical service (no treatment possible)
April 7, 2004 occupational medicine conception with relevant competencies accepted by Ministry of Health

2004 (Act Nr. 95/2004): Occupational Medicine – basic specialization of physicians (4 years)

2004 (Act Nr. 96/2004): Occupational nurse specialization

2005 Postgraduate education program in OM

2009 Certified postgraduate course in OM (2 years) after internal medicine, paediatric medicine, general medicine and hygiene and epidemiology !!!!
INFORMATION SYSTEMS

Reliable information and valid data are a prerequisite for setting priorities and allocation of resources in the field of occupational health. To make such information available, three major information systems were established in the Czech Republic.

Those systems collect data on exposure to various occupational risk factors and they monitor the impact of such exposures as reflected in the occurrence of occupational diseases.

This approach makes it possible to estimate the national burden of occupational diseases and other work-related diseases.
CATégorization of work operations (1)

The working population in the Czech Republic: about 5 million employees. At about 8% of them are working at high risk of various risk factors of work or working environment.

Public Health Protection Act No. 258/2000 Dig. and the Labor Code No. 155/2000 Dig. stipulate the obligation of employers to perform risk assessment, i.e. to identify all health hazards present at the workplace, and to estimate the level of risk (if possible exposure assessment based on objective measurement).

According to the level of risk, all working activities are classified into four categories (category 1 is the safest). Based on the categorization of work operations in a particular enterprise, appropriate measures for risk management have to be adopted including frequency and content of different health examinations.
CATEGORIZATION OF WORK OPERATIONS (2)

OCCUPATIONAL HEALTH RISK ASSESSMENT 2011

Public Health Act (Act Nr. 258/2000)

13 risk factors

Number of employees in risk categories 2R + 3 +4 (2011)

Source: Annual report 2011, Ministry of Health of the Czech Republic
NATIONAL REGISTRY OF OCCUPATIONAL DISEASES

According to Czech legislation, specialized Centers of Occupational Diseases/Occupational Medicine are competent to acknowledge occupational diseases that are enumerated in the List of Occupational Diseases and meet the prescribed medical and exposure criteria. The cases are reported to the National Registry of Occupational Diseases, which is a component of the National Health Information System (founded in 1991). Currently, the Registry contains data more than 40 thousand cases of occupational diseases.

The link between the information system Categorization of Work Operations and the Registry of Occupational Diseases opens up the possibility to estimate the national burden of work-related health problems.
An occupational disease (OD) is defined as a disease caused by the noxious effects of chemical, physical, biological, and other factors, provided that the disease originated under conditions described in the List of Occupational Diseases.
OCCUPATIONAL DISEASES (2)

15 main diagnoses in 2011

- carpal tunnel syndrome (overloading)
- carpal tunnel syndrome (local vibrations)
- contact allergic eczema
- scabies
- coal-miner simple pneumoconiosis
- bronchial asthma
- irritative dermatitis
- humeral epicondylitis rad. (overloading)
- simple pneumosilicosis
- snapping finger (overloading)
- vaso-neurosis (local vibrations)
- Lyme disease
- other synovitis and tendosynovitis (overloading)
- humeral epicondylitis uln. (overloading)
- hearing impairment (noise)
REGEX

Registry of persons occupationally exposed to carcinogens

REGEX has been developed as a versatile tool for the surveillance of occupational cancer.

It has been designed to cover three functions:

(1) nationwide collection of data on occupational exposures to chemical, physical and biological carcinogens (function of “passive” exposure registry);
(2) assurance of periodic checkups for exposed subjects;
(3) generation of data suitable for analytic epidemiologic research.
CZECH REPUBLIC HEALTH REFORM (1) valid since April 1, 2012

Act No 373/2011 Díg., on specific health services

§§ 53-60 Occupational medical services (OMS)

preventive services, which include the impact assessment of work, working environment and working conditions on health, workplace inspections and preventive medical fitness assessment for work aimed at protecting the health and protection against occupational accidents, occupational diseases and work-related diseases, training in first aid and regular surveillance in the workplace.
CZECH REPUBLIC HEALTH REFORM (2) 
valid since April 1, 2012

Act No 373/2011 Dig., on specific health services

Providers of occupational medical services

a) general practitioners  
b) occupational health specialists

Written contract for the provision of occupational medical services provider must be concluded with the employer.

In risk category 1 only (where no specific conditions are set by other legislation) may be provided preventive medical check-ups by GP who has client in his/her general health insurance register (registering GP). Other OMSs must be contracted by other OMSs provider (written statement).
Act No 373/2011 Dig., on specific health services

The employer is obliged:

a) to allow the entry of authorized employees of the occupational medical service provider and provide them with information needed to health risk assessment in the workplace, including the results of measurement of factors of working conditions, provide them with technical documentation, tell them the relevant information for health protection at work,

b) to assign of employees to work in compliance with the conclusions of the medical reports about their medical fitness

c) when sending employees to the occupational medical examination to equip them with the application stating the type of work arrangements and working conditions to which the employee is required to assess,

d) send an employee to extraordinary medical occupational examination, if the employee requested.
CZECH REPUBLIC HEALTH REFORM (4) valid since April 1, 2012

Act No 373/2011 Dig., on specific health services

The employer has the right to send employees to extraordinary medical occupational examination.

The employee is obliged to undergo all preventive medical occupational examinations indicated by health services provider for the evaluation of health status.
Act No 373/2011 Dig., on specific health services

The employer pays the occupational medical services provided under this Act, except the assessment of occupational diseases and preventive medical examinations at the end of the work.

Initial/entry medical examination shall be paid by the person applying for the job.

The employer pays the initial/entry examination in case of future employment relationship.
Act No 373/2011 Dig., on specific health services

The **provider of occupational medical services** is required

to inform employees about the possible influence of factors of working conditions on his health, and with knowledge of the development of his state of health,

...
CZECH REPUBLIC HEALTH REFORM (7) valid since April 1, 2012

Act No 373/2011 Dig., on specific health services

An implementing regulation will be about procedures for providing medical examinations, types, frequency and content of preventive medical examinations organization, content and scope of occupational medical services

Recognition of occupational diseases is allowed to the providers of occupational medicine who have obtained authorization from the Ministry of Health.
Among the OMSs providers are:

Private *general practitioners* specialized in general medicine (about 1/3 of 6,000 general practitioners)

Physicians specialized in occupational medicine (industrial hygiene and occupational diseases)

Public health care centers (policlinics)

Health care centers established by large companies

Departments of hospitals and teaching hospitals, specialized in occupational medicine

Institutes of public health
The need for primary level specialists in OMSs is estimated to be about 1,500 – 2,000 physicians.

The general practitioners provide the largest proportion of OMSs, 422 of them attended a one-year voluntary course organized by the Department of Occupational Medicine at the Institute for Postgraduate Medical Education in Prague (1995-2011).

Currently 121 physicians are certified in occupational medicine. They have completed a three/four-year course in occupational medicine. Those specialists are working mostly at the secondary level of OMSs.
Zahl der Ärzte mit arbeitsmedizinischer Fachkunde gemäß §§ 3, 6 UVV "Betriebsärzte und Fachkräfte für Arbeitssicherheit" (BGV A2) nach Altersgruppen

<table>
<thead>
<tr>
<th>Altersgruppen</th>
<th>Ärzte mit arbeitsmedizinischer Fachkunde</th>
<th>Davon:</th>
<th>Fachkunde § 6 Abs. 1 Nr. 1 und 2a) bzw. 2b)</th>
<th>Fachkunde § 6 Abs. 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gesamtzahl</td>
<td>&quot;Arbeitsmedizin&quot;</td>
<td>&quot;Betriebsmedizin&quot;</td>
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<tr>
<td>0 0</td>
<td>12.266</td>
<td>5.097</td>
<td>6.231</td>
<td>156</td>
</tr>
<tr>
<td>Unter 35 Jahre</td>
<td>31</td>
<td>19</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>35 bis 39 Jahre</td>
<td>293</td>
<td>202</td>
<td>85</td>
<td>2</td>
</tr>
<tr>
<td>40 bis 44 Jahre</td>
<td>937</td>
<td>572</td>
<td>332</td>
<td>23</td>
</tr>
<tr>
<td>45 bis 49 Jahre</td>
<td>1.391</td>
<td>743</td>
<td>617</td>
<td>26</td>
</tr>
<tr>
<td>50 bis 54 Jahre</td>
<td>1.581</td>
<td>732</td>
<td>814</td>
<td>23</td>
</tr>
<tr>
<td>55 bis 59 Jahre</td>
<td>1.781</td>
<td>738</td>
<td>961</td>
<td>18</td>
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<tr>
<td>60 bis 64 Jahre</td>
<td>1.534</td>
<td>522</td>
<td>830</td>
<td>19</td>
</tr>
<tr>
<td>65 Jahre und älter</td>
<td>4.718</td>
<td>1.569</td>
<td>2.581</td>
<td>44</td>
</tr>
<tr>
<td>Summe Altersgruppen</td>
<td>12.266</td>
<td>5.097</td>
<td>6.231</td>
<td>156</td>
</tr>
</tbody>
</table>

Quelle: Bundesärztekammer

1533

637/121
= 19%

778/422 ?
It is very difficult to estimate the coverage of OMSs in the Czech Republic (no precise statistics are at hand):

10,298 controls in enterprises were performed (2011), checking existence of a signed contract between an employer and an OMS provider, and provision of OMS in the full scope as prescribed by the legislature.

At about 2% of employers did not provide OMSs at all.

32% of employers did not provide OMS in the scope prescribed by the legislature.

Especially the workers in SMEs are rarely covered by OMSs because of the costs of services, the lack of providers of these services or an unfavorable geographic location of the enterprise.
QUALITY ASSURANCE/CONTROL

Concerning the quality assurance system, the development of guidelines and standards in occupational medicine is of primary importance. The standards for preventive examinations define the minimum range and frequency of medical examinations performed by authorized occupational physicians and the kind of consultations which have to be performed in workers at a particular workplace. Instructions or Guidelines are published by the Society of Occupational Medicine.

Currently, there is no specific system for quality assurance for OHS. The Czech Society of Occupational Medicine has submitted a project aimed at preparation of such a system in the field of OMS.
FINAL REMARKS (1)

Big part of physicians provide only health examinations of workers without any other important activities, such as workplace visits, risk assessment, consultations for employers and employees etc. Only exceptionally these physicians consult the multidisciplinary problems with other specialists. This simplified approach may have serious consequences, particularly in incorrect assessment of ability to work. Unfortunately, those physicians, although being untrained in occupational medicine, have been permitted to undertake the role of occupational physicians in order to make it possible for employers to fulfill their legal obligation to provide OMSs for their employees. Main officially declared reason for this “liberalization” was the lack of occupational medicine specialists.
Quality control of OMSs providers is urgent. Sometimes looks OMSs like „good business“ only. A keystone of quality performance by an occupational physician is the familiarity with specific working conditions and demands of the respective job and the knowledge of the state of health of individual workers. Modification of the system of social/injury insurance focusing on health prevention and health promotion together is needed. Reintroduction of the basic specialization in occupational medicine is urgent. We can characterize present situation like „liberalization of occupational medical service for enterprises/at enterprise level without relevant quality control“.
Society of Occupational Medicine
go of the Czech Medical Association of Jan Evangelista Purkyně

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about us

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Society of Occupational Medicine gathers specialists in the field of occupational medicine. This discipline studies the impact of work and working conditions on the health of workers. It deals with the prevention, diagnostics, treatment, and medico-legal aspects of diseases caused or exacerbated by working conditions.

Occupational medicine comprehensively deals with relations between work and health. It prescribes procedures for building a safe and healthy working environment, handles the problem of adapting the work to the abilities of workers with regard to their physical and mental health, it is concerned about health promotion in workers, including evaluation and promotion of their working capacity, and studies the impact of work and working conditions on the occurrence of chronic non-infectious diseases, the progression of which may be significantly influenced by work and working conditions. The information obtained by studying the level of exposure to adverse factors in working settings, and their impact on the health and well-being of workers is used for setting regulatory measures aimed at ensuring health protection at work, optimization of working conditions and preservation of working capacity.

Organizational structure of the Society of Occupational Medicine