

Occupational health services in the EU: mapping the provision

Viktor Kempa
ETUI

Representatives of trade unions and associations of occupational physician from various EU countries met at gatherings organized by the European Trade Union Institute (ETUI) between 2011 and 2013 to compare national occupational health service set-ups. EU law (the 1989 Framework Directive on safety and health at work) refers to workplace protective and preventive services only in very general terms, leaving the practical organization of occupational health services as a national jurisdiction.

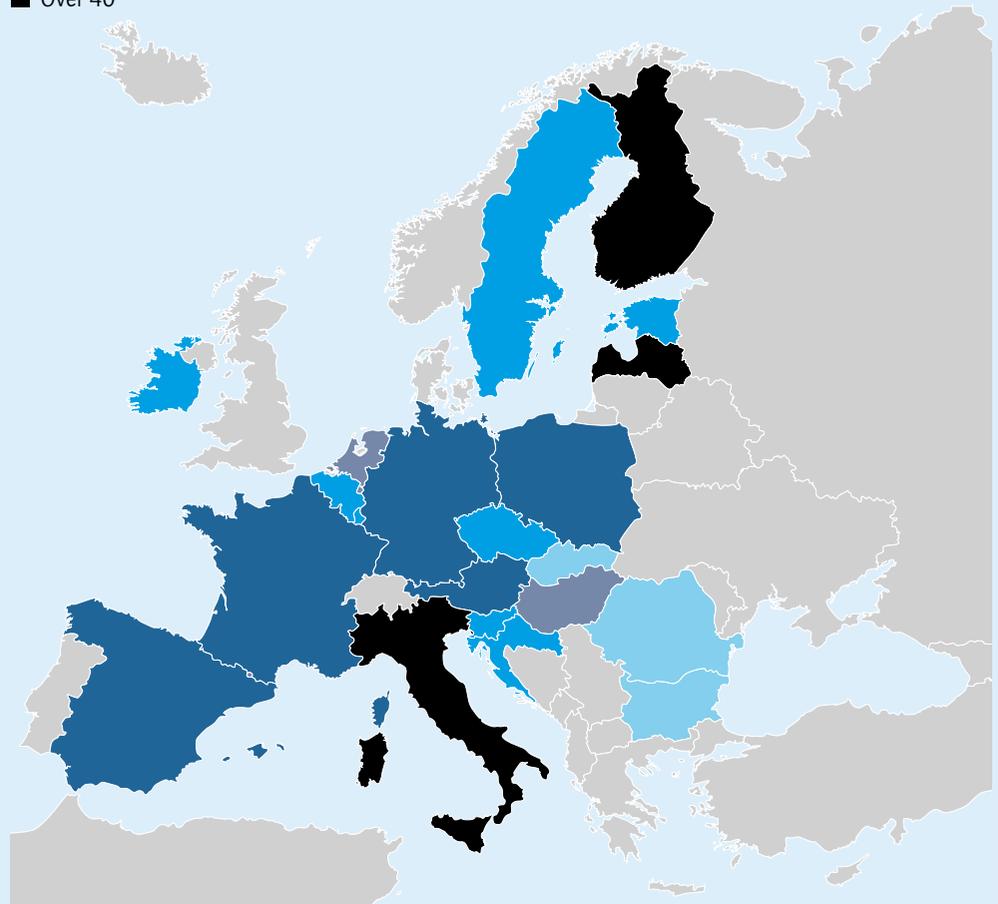
With no EU statistics available, the ETUI set about collecting data from trade unionists specialized in occupational health and/or associations of occupational physician in a bid to gauge how many doctors (whether specialist occupational physician or not) are providing health surveillance of workers per 100 000 workers and the percentage of workers covered by occupational health services.

Where provision is concerned, the replies vary between 2 and 55 doctors per 100 000 workers – a huge range that speaks volumes about the variations in different countries' prevention policies. In some countries, for instance, the providers are not necessarily occupational physician capable of analyzing how work has affected health; they will simply diagnose ill-health or certify fitness for work but play no preventive role. Coverage of workers varies between 20 and almost 100%.

A number of countries were unable to supply exact numbers, or the trade unions and

Occupational physicians (specialists) and doctors providing occupational health services per 100 000 workers

- Fewer than 10
- 10-20
- 20-30
- 30-40
- Over 40



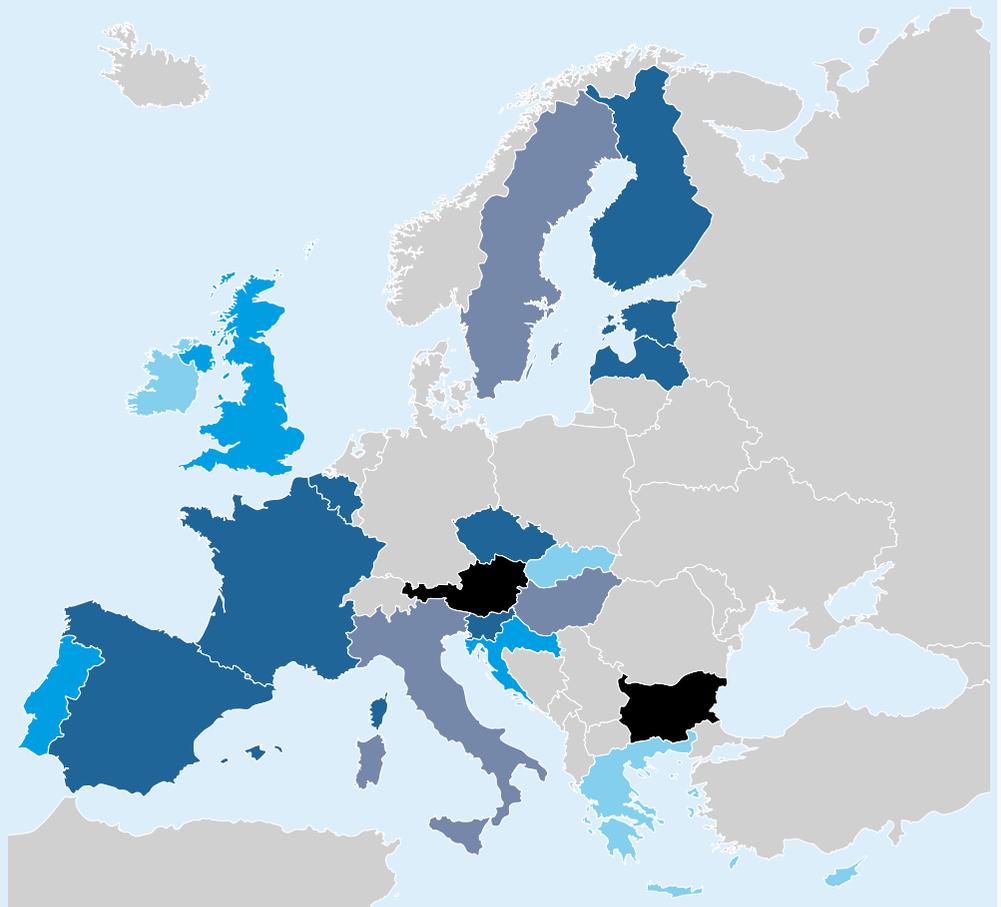
Sources: associations of occupational physician, European Trade Union Confederation member organizations

occupational physician sent in estimates which were significantly different. Prudence dictates that these data not be included, though arguably the lack of data is in itself a significant fact. A further caveat is that the occupational

physician totals provided by some countries are not for "full-time equivalents". This is particularly so with Italy, which has a fairly high proportion of doctors providing part-time occupational health services.

Percentage of workers covered by occupational health services

- Less than 30%
- 30%-50%
- 50%-70%
- 70%-90%
- Over 90%



Finally, no data can be offered for the United Kingdom, where occupational health services are not necessarily provided by a specialized doctor but rather by general practitioners (who may have no occupational health training) or specialized occupational health nurses (see article, p. 36).

A comparison of the two parameters shows significant between-country variations in the quantity and quality of occupational health services. In some cases, there is a discrepancy between the number of doctors per 100 000 employees work and the share of workers covered by occupational health services. Bulgaria, for example, has only nine occupational

physicians per 100 000 employees and yet a coverage rate of 97%, while Finland needs 55 per 100 000 to cover 85% of workers.

What this shows is that nowhere near all employees are getting access to occupational health services. Workers in SMEs and micro-enterprises as well as agency and self-employed workers are in a particularly sorry pass – worsened by having to put up with harsher working conditions, longer or irregular hours of work and non-standard work contracts.

These distortions point up the need for EU regulation in the form of minimum requirements for the expertise areas, functions and role of

workplace health protection services, occupational physicians and other such service providers. This is obviously not just about determining the expertise, training and time required to carry out prevention activities or even the measures to be adopted, but also about defining the social function that occupational health services must play. The trade unions argue that occupational physicians must be completely independent specialists who offer consultations, guidance and recommendations to employers and employees and work with other links in the prevention chain, including workers' reps, both in and out of the workplace. Their mission must be to help preserve workers' health, not carry out health-based recruitment.