The role of the occupational physician in the enlarged European Union: challenges and opportunities

The changing working world

In the future, many changes, currently observed in the USA [1] and, to a lesser extent, in western Europe, will extensively affect ‘workforce’, ‘workplace’ and ‘work organization’. The changes expected in the workforce will be a larger proportion of workers aged >55 years and of female and migrant workers, including workers from other European countries. Two main changes will affect the workplace: the increasing percentage of jobs in the service sector and the decreasing permanent relationship of the worker with the workplace with an increase in temporary work, on-call work and work at home. The evolution of global trade is accelerating the transformation of work organization, with important changes in management systems, production and services processes and their influence on the way work is performed.

According to the progress of laws and integration of rules, it is expected that the future governance of the prevention system will be based on an extensive, effective, efficient and equitable occupational health care throughout the European region. However, because of the variety of drivers at play, many matters remain to be resolved [3]. The aged workers and the substance abuse, stress and sedentary lifestyle. Screening is emphasized as a tool for prevention but the full potential of screening programmes will be realized only when doctors will be able to deal with their patients’ genetic profiles. The health expenditure will increase and funding will be limited to health interventions of proven effectiveness.

Table 1. Drivers of interest to occupational health in the next 10–15 years (modified from [2])

<table>
<thead>
<tr>
<th>Area</th>
<th>Trend</th>
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<tbody>
<tr>
<td>Demographic and societal change</td>
<td>Increase in the age profile of the workforce</td>
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<td>Increase in the recruitment of migrant workers</td>
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<td>Delayed age of retirement</td>
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<td>Rising female employment rates</td>
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<td>Increasing expectation of individuals and communities to be protected in the workplaces</td>
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<td>Health informatics and new technologies</td>
<td>Changes in health organizations and working relationship</td>
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<td>Improvement in the speed and cost of health services</td>
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<td>Advances in the effectiveness of diagnostic and screening test based on genomics</td>
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<td></td>
<td>Advances in use of informative systems by professionals</td>
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<td>Cost of health and social services</td>
<td>Increase in health care expenditures according to a growth in health care demand</td>
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<td>Introduction of market mechanism to improve efficiency</td>
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<td>Increased belief that health and social services need to be responsive to local needs</td>
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Challenges and opportunities for the occupational physician

Are the traditional specialists in occupational medicine [occupational physicians (OPs)] aware of the need to continuously face with the new demands and will they be able to cope with the changing circumstances? Will they be able to build up and expand the skills required by the changing demands? And will the educational institutions be reactive in adapting the learning objectives to the changing situation?

Quality of work and employment will continue to be a key issue with many developments in terms of career and employment, health and well-being, skills development and work–life balance. Although working conditions will continue to improve overall, many matters remain to be resolved [3]. The aged workers and the...
migrants will represent the new vulnerable groups to be dealt with. They will have growing health demands and awareness. Old diseases, such as tuberculosis, and new aspects of the more common health disorders, such as stress-related disorders, will represent a challenge for traditional OPs. The workplace will represent a privileged place to promote health and well-being of workers aiming at ensuring an effective healthy lifestyle, career and employment security, and at developing skills and competences and reconciling working and non-working life [4]. Health care will be characterized by an increased use of information technology, increased documentation, increased access to information on the Internet and a fast-growing number of electronic publications. Though already aware of the increasing importance of information and communication technology, OPs need to be properly accomplished in the renewed environment. OPs will be required to be skilful computer users, to be able to employ portable electronic devices [5] and to access the Internet-based resources.

Which new tools will be available for practice? A massive catalogue of 10 million human genetic variations is now complete and in the future it will be possible to determine the exact influence of these variations on health and disease [6]. Accordingly, it will be possible to identify genetic variants predicting whether the exposure to chemicals or other environmental factors will cause a health disorder. To date, the practice of using genetic tests to screen vulnerable groups of workers raises concern. Although this practice is based on the assumption that employers have the duty to protect vulnerable employees' health and could, therefore, be questioned for not using it to avoid possible damage, genetic screening has been criticized for ethical reasons. In fact, individuals who test positive could be harmed in a variety of situations (they might be excluded from employment or insurance) [7]. In this context, a new challenge will emerge and OPs need to be continuously updated and strictly adhere to the ethical principle of beneficence whenever the use of genetic testing is possible.

Which competencies should OPs acquire to face the implicit and explicit exigencies of health protection? The challenge starts with having a good understanding of the implications for adhering to the values of quality, equity, relevance and cost-effectiveness and maintaining a balance among them. In the European region, OPs' national practices differ because of different cultures and expertise [8]. This reflects the different competencies required depending on the demands of specific workforces and the concerns of different work organizations [9]. Therefore, it has been recommended that a complex set of competencies be achieved [10]. Educational institutions and professional bodies should be increasingly aware of the need to provide a common and updated level of qualification required for the free movement of migrant professionals within Europe. A proactive approach, characterized by an attitude of anticipation of events, should be requested from the educational institutions. The schools should use talents and resources to make an authoritative analysis with the aim of identifying the challenges in the sector and of developing the tools to meet them.

The renewed role of the occupational physician

The OP can be cast in different role models, according to the organization and its needs. However, I think that the OP in the next 10–15 years will share aptitudes and skills that WHO considers an obligation for future doctors [11]. Accordingly, the OP should be able to act as (i) a care provider and an expert, the OP should consider the worker as an individual and develop, if needed, a doctor–patient relationship based on respect and trust; (ii) a decision maker, the OP should be able to choose effective practices, including predictive tests, and valid interventions on the individual and in the workplace community; (iii) a communicator and a counselor, the OP should have the skill to properly inform the workers taking into account their cultural and socio-economical context, in order to empower individuals and groups to promote healthy lifestyle and protect them from occupational and non-occupational hazards; (iv) a leader and an advisor, the OP should gain the respect and the trust of workers and other stakeholders to reconcile health requirement and production needs, and (v) a manager, confronted with the task of integrating his/her medical role within a managerial context, the OP should acquire managerial skills to be able to make better decisions and to work within a multidisciplinary team in close association with other partners for health and social development.

The professional practice of the future will be strictly related to the concept of quality of care [12], which is the degree to which the practices of OPs for individual workers and workers' groups increase the likelihood of desired health outcomes and are consistent with current professional knowledge. The ‘desired outcomes’ highlight the benefits accruing to a healthy enterprise with a healthy and committed workforce (high productivity, low sickness absence, low insurance costs) and social benefits including increased equity in health (redeployment of disabled workers, reduction of premature retirement, maintenance of a suitable work ability and of a healthy life into old age). The ‘current professional knowledge’ emphasizes that OPs must stay abreast of the rapidly changing and expanding base of knowledge, incorporate it in their expertise and use it in their practice. This will be particularly challenging not only for the need to continuously update their expertise but also to appropriately handle an increasing variety of health problems arising from the changing working world.
References


