What work takes place in your country?

Canada, a country of 10 provinces and 3 territories with a population of 32 million, is one of the world’s wealthiest nations in terms of per capita income. Its economy is now dominated by the service sector which employs about 75% of working Canadians. However, the primary resource sector remains important especially the oil, mining, agriculture and forestry industries. There is also a significant manufacturing base, in particular in Quebec and Ontario with the aeronautics and automotive industries being especially important.

What are the key occupational diseases?

Information about occupational disease is obtained mainly from workers’ compensation data, although occupational disease is significantly underreported [1]. The majority of claims are for repetitive strain injury, noise-induced hearing loss, skin disease, respiratory disease and cancer, in particular lung cancer and mesothelioma due to previous asbestos exposure. In industry, the main problems dealt with are musculoskeletal disorders and psychiatric problems affecting work.

How is occupational health provided?

Most of the full-time corporate positions in industry have been eliminated in the last 15 years. Some full-time positions are still present in compensation boards, government and academia. Most physicians now provide services to a number of companies either as independent practitioners or under the aegis of an occupational health service company. Also, for many years there have been some worker-controlled clinics [2].

Who provides the services?

There are about 60 specialists in the country who have completed Royal College of Physicians and Surgeons of Canada training and certification. They provide leadership in the field but many services are still supplied by non-specialists.

How is occupational health represented?

The Occupational Medicine Specialists of Canada is an organization composed of specialists that was formed in 2006 to facilitate interaction of specialists including their interaction with the Royal College. The Canadian Board of Occupational Medicine is made up mainly of non-specialists and provides basic certification for those lacking Royal College eligibility. The Occupational and Environmental Medical Association of Canada (OEMAC) is the umbrella organization to which most practitioners (specialist and non-specialist) belong and it has served as the target population for the only large survey of Canadian occupational physicians previously reported [3]. The 2007 OEMAC directory listed 199 members.

What legislation do you have that impacts on the provision of occupational health?

Occupational health falls mainly under provincial jurisdiction with each province and territory having its own occupational health and safety act. The general scope of the legislation is similar but the provinces and territories may differ in the regulations for specific exposures, operations or industries. Federal legislation applies to employees of the federal government and federal corporations as well as some industries that fall under federal jurisdiction such as international and interprovincial transportation and shipping. This decentralization has impeded the development of large national organizations such as the Health and Safety Executive in the UK and the National Institute for Occupational Safety and Health in the USA.

What about research and education?

In the last few years, there has been increased opportunity for provincial research funding through the research agencies associated with the compensation boards in Quebec, Ontario, Manitoba and British Columbia. Alberta’s Heritage Fund may also be used for occupational health research. Federal funds are available through the Canadian Institute for Health Research, although there is no section earmarked for occupational health. There are only two Royal College approved specialty training programs at the University of Alberta and the University of Toronto. In 2006, the Royal College changed the training requirements so that 3 years of initial training in core internal medicine is now required before entering occupational medicine training. The Royal College is currently evaluating other routes of entry, although core competencies will have to be achieved regardless of the training route [4].
What has your country contributed to the advancement of the specialty?

Canada has made a significant contribution to many areas of research especially in occupational asthma, contact dermatitis and respiratory disease due to silica and asbestos. The Universities of Toronto and Alberta have developed excellent training programs and their graduates should provide national and international leadership in the future. St Michael's Hospital, which is the main site for clinical training at the University of Toronto, has developed a large clinic for assessment of complex occupational medicine problems using a multidisciplinary team approach and evaluation of extended outcomes including return to work and quality of life. This program is a model for training in clinical occupational medicine and provides excellent data for applied research.

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