OCCUPATIONAL MEDICINE IN THE NETHERLANDS

What work takes place in your country?

More than two-thirds of the working population of 7.5 million people in the Netherlands are employed in the service industry. The most important manufacturing industries are food, metal, electro-technical, chemical and energy. There is a growing population of more than half a million freelance workers with significant exposure to health risks but poorly protected and insured.

What are the key occupational diseases?

The Netherlands Centre of Occupational Diseases is the official registration office for all occupational diseases and reporting has been mandatory since 1999. It has been estimated that only 25% of occupational diseases are reported. In 2008, occupational diseases (n = 6952) were dominated by musculoskeletal disorders (41%), hearing disorders (34%) and mental health disorders (17%).

How is occupational health provided?

Since 1994, occupational health services (OHS) in the Netherlands have been provided by commercial enterprises with the market dominated by a few major organizations. The number of companies with their own internal OHS is decreasing. Most OHS employ occupational health physicians (OHP), occupational hygienists, occupational safety engineers and experts in occupational psychology. Companies with >25 employees must appoint at least one of their employees as a prevention officer to look after everyday health and safety issues.

Who provides the services?

To specialize in OH, physicians must register in ‘occupational medicine’ and complete a postgraduate residency programme of 4 years offered by two postgraduate institutes. Physicians train in seven key roles: medical expert, communicator, collaborator, manager, health advocate, scholar and professional. The role of the OHP is much debated, especially with regard to collaboration with primary health care and specialized care.

How is OH represented?

The 54-year-old Netherlands Society of Occupational Medicine and the 3-year-old Netherlands Society of Clinical Occupational Medicine have 2300 and 100 members, respectively. Both societies organize scientific meetings, participate in development of guidelines and support vocational training and education. Researchers and academic professors have strong ties with the professional societies and educational institutes.

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

The Working Conditions Act 1980 introduced legislation to ensure OH care for all workers. The government now sets the level of protection that employers must provide and employers and employees agree the specific details of how to meet those regulations. Legislation on sickness absence and disability employers are obliged to pay benefits for a maximum of 2 years after which an employee can file for a disability pension under the Disability Pension Act. The Ministry of Social Affairs and Employment initiate regulations and workplaces through the Labour Inspectorate. With the transfer of substantial responsibilities to employers and employees, there are concerns about slipping standards in OH.

What about research and education?

The past 25 years have seen a continuous increase in research papers and doctorates although occupational physicians have made only a modest contribution to this research, partly explained by the strong commercial focus of OHS. The Netherlands Organization for Health Research and Development (ZonMW) have a large influence on the research agenda that has been dominated by studies on sickness absence and disability. An interesting new development is research on work ability, employability and use of professional guidelines. At undergraduate level, only half the eight medical schools have a department of occupational medicine many doctors have no knowledge of OH.

What has your country contributed to the advancement of the speciality?

Occupational physicians from the Netherlands are very active on the scientific committees of the International Commission of Occupational Health, the Union of European Medical Specialists section occupational medicine and in the European Association of Schools of Occupational Medicine. Dutch research in occupational medicine has contributed substantially to the scientific literature, especially for musculoskeletal disorders, mental disorders and respiratory diseases and topics such as sickness absence, ergonomic interventions, biological agents, vibration and professional guidelines. There is a strong drive towards evidence-based occupational medicine and the development of mono- or multi-disciplinary guidelines that are increasingly available to the international occupational medicine community.

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