References

COMMENTARY

Primary Health Care, a Key Broker in Occupational Health

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Even though they might have different health organisational structures, a substantial number health problems associated with work are attended in primary health care (PHC) in most countries.[1] In the Spanish system, the responsibilities of PHC professionals cover many areas in connection with occupational health, such as treating injuries due to an accident at work and occupational diseases (OD) of employees, including employees whose companies have chosen the Social Security for this provision—unlike those who belong to an accidents at work and

occupational diseases benefit societies (MATEP)—or workers collectives and workers who do not have occupational health insurance—like the majority of the self-employed, people subjected to the Social Security special regime for home employees or those who work without a contract—, but who have occupational health related problems. On the other hand, a significant part of their activities are directed at caring for diseases of occupational origin which escape the appropriate care system, MATEPs. A study carried out in Catalonia has estimated that occupational illnesses attended to in PHC could be as much as 16% of the care load.[2]

Two legal regulations have recently been published which include measures directed at increasing notifications of OD, and give a key role to Public Health System professionals, particularly those in primary care. The first of these, Royal Decree 1299/2006,[3] updates the definition of OD and establishes new criteria for notifying and recording them. This rule stipulates that medical personnel of the Public Health System, when suspecting an OD, will notify this to the responsible organisation in each autonomous community, the Social Security National Institute (INSS) or the corresponding benefit society.

More recently, the second measure is set out in the Resolution of 19 September 2007, by the Secretary of State for Social Security.[4] According to this Resolution, benefit societies must send all files which they rejected as occupational diseases to the provincial managers of the INSS. Supervision by the INSS will take into consideration cases where there may be evidence associated with work. Thus, it is understood that it will include evidence where there may be documents in the files which will presumably mention that there may be an OD, such as, for example, reports by PHC professionals that mention the possible link between the health problem and work activity.

In this context of increased responsibilities of PHC in occupational health, the study by Santibáñez et al,[5] which is published in this issue of Atención Primaria, approaches this subject from the perspective of PHC professionals, particularly in relationship to their role in the occupational health system, their level of professional ability, as well the training received in this field. Although, the study covered a limited geographical area, the data it provides are of great interest as they are the only ones published in our country. The results give some points for reflection and may lead to some strategies to improve the quality of care of occupational health in the primary health care setting.

The primary results presented by the authors show a low perception of belonging to the occupational risk prevention health system by the professionals surveyed, a moderate ability to perform some of the functions of occupational health they carry out and a clear deficiency in the training received in this field. Up to what point can these results be generalised to all PHC medical staff in the country? The answer may be partly depend on the existence of occupational health units (USL) in the area referred to. Some autonomous communities have USLs and, although there are differences between them, the majority carry out PHC support functions. In Catalonia, for example, there are currently 8 units attached to the Public Health Department of the autonomous government, with functions that include managing a epidemiology surveillance system of health problems associated with work notified by doctors from primary health care teams, as well giving advice, technical support and training on questions of occupational health to professionals in this health setting. The URLs were established in 1990 and the notified cases having been increasing, going from an incidence of 4, to 7.1 per 10 000 Social Security contributors between 2001 and 2004.[6] Although it is one aspect which needs to be evaluated, it seems reasonable to think that the inclusion of these units in geographical settings where they do not exist, could help to improve the 3 indicator groups approached in the study by Santibáñez et al.

One of the main results of the study is the lack of occupational health training expressed by the participants; the deficiency is perceived in all academic levels, but particularly during MIR training. In this sense, the new program of the family and community medicine specialty, which came into force for the 2004/2007 course, has to help in improving training and the level of ability of future professionals. The 4 objectives that must be achieved on completing MIR training as regards the "care of the workers" section, are: *a)* to recognise the impact on the health of the workers and/or the conditions in which these effects develop and to identify the risk factors; *b)* to manage the legal, administrative, institutional, and relational aspects of

Key Points

- Recent legal requirements give a key role to primary care medical staff in the occupational health system.
- The study by Santibáñez et al identifies a low perception of belonging to occupational risk prevention, moderate ability to perform some occupational health functions and a deficiency in the training received in this field.
- Some measures could help to improve the three indicators are the new family and community medicine program, the setting up of occupational health units in the geographical areas not covered and the development of coordination systems between the leading players in occupational health (benefit societies and prevention services) and primary health care.

the representatives involved in the occupational health organisation; *c)* to know and update the health problems linked to working conditions, depending on the specific risks and work activities; and *d)* to offer advice and basic information to the user, as regards the clinical prevention and administrative aspects, depending on their individual conditions and the associated risk factors.

Finally, another point for reflection from the results of the study, is the lack of contact between major occupational health organisations (prevention services and MATEP) and PHC professionals, an aspect which could be associated with the low feeling of belonging to the system by the doctors surveyed. With the exception of some isolated initiatives, such as that by the Institut Català d´Avaluacions Mèdiques (Catalonian Institute of Medical Assessments)—an organisation which assesses occupational diseases—, by reforming the "underlying cause network" which has formalised the exchange of information between PHC and the benefit societies in cases of temporary incapacity, there is no other known initiative that connects PHC professionals with the managers of company risk prevention services, despite the various activities that could benefit from this relationship, such as re-establishing the work post after an illness or accident,[8] care of particularly sensitive workers, those who work in companies with occupational illness Social Security cover or those who have disorders that do not fulfil the criteria of an OD, but where work factors are involved.

References

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Material para internet

ANEX 1 Occupational Health Evaluation Questionnaire and the Sentinel Notification Network, for the Primary Health Care Doctor

Introduction and instructions

By using this questionnaire you, as primary health care (PHC) doctor, can show the perception you have on the subject of occupational health, in general, and on the Sentinel Notification System of the Valenciano Occupational Epidemiology Surveillance System in particular.

To do this, we have prepared several questions regarding your assessment of the knowledge you have on this subject, on the training you have received during your professional career, and aspects which you consider to be more important as regards occupational health for your daily activity as a PHC doctor.

Questions 1 to 7 are multiple choice where the appropriate response has to be marked with a cross (X).

For the rest of the questions up to number 18, your task consists of carefully reading each of them and, although in some cases it may be difficult to decide, assigning a score from 1 to 6.

Score it by marking with a cross (X). On assigning a score to each question bear in mind that 1 is the lowest score and 6 is the highest score; so that 1 could be equivalent to none, 2 to very little, 3 to a little, 4 sufficient, 5 a lot, and 6 completely.

Questions 19 and 20 are open. They provide the opportunity to record those aspects that you consider important on the subject of occupational health when you carry out your daily professional practice. Likewise, it provides you with the opportunity to record the subjects that may be provided in a course or study days on occupational health in the future.

Lastly, questions 20 to 24 make reference to your degree and training as a PHC doctor. These questions will be of great help to us when interpreting the results.

There are no "good" or "bad" answers; this is not a test of intelligence or ability, but simply an anonymous appreciation of your perception on ohealth. The questionnaire can be completed in a few minutes, but the information provided may be of great importance. So, try to answer honestly and remember that each questionnaire is anonymous, do not sign it or give your details. Please answer all the questions, if you have any doubts on any of them, decide by the score which is nearest your personal assessment.

Questions 1 to 7 are multiple choice where the appropriate response has to be marked with a cross (X). For the rest of the questions up to number 18, your task consists of carefully reading each of them and, although in some cases it may be difficult to decide, assigning a score from 1 to 6. Score it by marking with a cross (X). On assigning a score to each question bear in mind that 1 is the lowest score and 6 is the highest score; so that 1 could be equivalent to none, 2 to very little, 3 to a little, 4 sufficient, 5 a lot, and 6 completely.

1. What percentage of medical sickness certificate for common illnesses (temporary incapacity), do you issue daily in your medical clinic, which you consider are probably associated with the working conditions of the patients?

- ☐ NK/NA
- ☐ <5%
- ☐ 5%-10%
- ☐ 10%-15%
- ☐ 15%-20%
- ☐ 20%-25%
- ☐ >25%

2. To what extent do you consider yourself health personnel member with functions in occupational risk prevention (ORP)?	1	2	3	4	5	6
3. To what extent do you consider yourself capable of identifying whether a complaint dealt with in your clinic is of work origin or not?	1	2	3	4	5	6
4. To what extent do you consider yourself capable of judging, in a pregnant woman, the suitability of a temporary change of work post to avoid any effects on her health or that her child, in light of her individual circumstances and her working conditions?	1	2	3	4	5	6
5. To what extent do you perceive what is the responsibility of the primary care doctor to judge, in a pregnant woman, the suitability of a temporary change of work post to avoid any effects on the her health or that her child?	1	2	3	4	5	6
6. How much do you know about the Public Health Department Occupational Epidemiology Surveillance System (Sentinel notification network)?	1	2	3	4	5	6

7. When was the last time that you notified a case to the network directly or indirectly, and told the worker to go to the occupational health unit?

- ☐ Never
- ☐ In 2006
- ☐ In 2005
- ☐ In 2004
- ☐ In 2003
- ☐ More than 3 years ago

8. How much training have you received in occupational health during medical degree course?	1	2	3	4	5	6
9. How much training have you received in occupational health since graduating in medicine?	1	2	3	4	5	6
10. How much training have you received in occupational health during your MIR* training?						
*Leave this question blank and answer the NA option (not applicable) in question 24 if you are not a specialist in family and community medicine by the MIR route.	1	2	3	4	5	6
11. To what extent have you been self-trained in occupational health?	1	2	3	4	5	6
12. To what extent have you been trained by other routes (specify which)?	1	2	3	4	5	6
13. To what extent do you consider that the training you have received in occupational health has contributed to the knowledge and skills required for your daily activity as a primary care doctor on this subject?	1	2	3	4	5	6
14. To what extent do you believe that more training in occupational health would help you in your daily professional activity?	1	2	3	4	5	6
15. To what extent do you consider that training during graduating in medicine should be encouraged?	1	2	3	4	5	6

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ANEX 1 **Occupational Health Evaluation Questionnaire and the Sentinel Notification Network, for the Primary Health Care Doctor** *(Continued)*

16. To what extent do you consider that training in occupational health should be encouraged after graduating (postgraduate training)?	1	2	3	4	5	6
17. To what extent do you consider that training in occupational health should be encouraged during internship (MIR training)?	1	2	3	4	5	6
18. To what extent would you like to receive an update course in occupational health for PHC doctors?	1	2	3	4	5	6

Questions 19 and 20 are open. They provide the opportunity to record those aspects that you consider important on the subject of occupational health when you carry out your daily professional practice. Likewise, it provides you with the opportunity to record the subjects that may be provided in a course or study days on occupational health in the future.

19. Which subjects (theoretical knowledge) or skills regarding occupational health do you think are necessary (important) when carrying out your daily PHC practice?

20. If a course or study days were organised, which subjects (theoretical knowledge) or skills regarding occupational health would you like the course to provide?

Lastly, questions 20 to 24 make reference to your degree and training as a PHC doctor. These questions will be a great help to us when interpreting the results.

21. In which country did you graduate in medicine?

☐ Spain

☐ Other country. State which:

22. In which year did you graduate in medicine?

☐ State which:

23. How many years of experience do you have as primary health care doctor?

☐ State the number of years:

24. In which year did you finish MIR training as a resident in family and community medicine?

☐ NA (not applicable). Answer this option if you are not a specialist in family and community medicine by the MIR route.

☐ State the year: