

Sp44-1**The UEMS perspective for specialist medical training in Europe**

Vassilios Papalois

Imperial College, London, UK, SURGERY, London, UNITED KINGDOM

Introduction: The Union of European Medical Specialists (UEMS) is an organisation with 63 years of history that aims to promote quality in specialist medical training, practice and patient care. It is a democratic, inclusive, progressive European Medical Organisation that has three components: the National Medical Associations of 41 Countries, the UEMS Specialist Bodies and a plethora of collaborations with universities, scientific and professional organisations.

Methods: The UEMS has a holistic vision as to how to best support specialist medical education and practice.

Results: The main vehicles for realising this vision are the European Training Requirements (ETRs) which are headed by the UEMS Specialist Body, and are the product of a broad pan-European consultation. The ETRs follow many review and revision stages before they are finally approved by the UEMS Council. The ETRs are linked with the relevant UEMS assessments for each specialty that have a very robust process for assessing the eligibility of applicants and utilise all modern methods of assessment of competence-based practice. The UEMS support specialist practice by the assessments of the training centres offering them accreditation for training based on a comprehensive evidence report and onsite visits.

Conclusions: All the above are complemented by the accreditation of specialist educational events in Europe. The most advanced process of the UEMS European Accreditation Council for Continuing Medical Education covers all modern modalities of education and training. We are keen to develop new partnerships and collaborations in Europe and around the world.

Sp44-2**European Training Requirements in Occupational Medicine**

Alenka Škerjanc

University medical centre Ljubljana, Clinical Institute of Occupational, traffic and sports medicine, LJUBLJANA, SLOVENIA

Introduction: In 1958 the representatives of the professional organisations of medical specialists in European Economic Community created the Union of European Medical Specialists (UEMS). UEMS soon established contacts with the political authorities and defined the basic principles of medical specialist training in Europe and elaborated common general criteria for all specialists wishing to move from one member country to another.

Materials and Methods: To realize this objective, UEMS created Specialist Sections for each of the disciplines practiced in the EEC. These groups of experts of representatives of the national associations of the specialties concerned carried out the idea of coordinating and harmonizing specialist training and criteria for the recognition of medical specialists.

Results: Occupational Medicine (OM) Section was born in 1997. The OM European Training Requirements were approved by the UEMS Council in 2013. There are 10 topics included: Framework for practice, Clinical practice, Fitness for work, Hazard recognition-risk control, Disaster preparedness, Service delivery, Leadership and

professionalism, Epidemiology and preventive health, Research methods, Effective teaching. The first European Appraisal in OM was provided in January 2020 and it was approved by The Council for European Specialists Medical Assessment, an advisory body of the UEMS.

Conclusions: The Appraisal was a milestone for the specialty of OM to promote its expertise among other medical specialties so we are devoted to continue to achieve the stable and a high level OM education all over Europe and to promote it all over the world.

Sp44-3**The collaboration of European Association of Schools in Occupational Medicine (EASOM) in the development of the European Postgraduate Assessment in Occupational Medicine**

Begoña Martínez-Jarreta

University of Zaragoza, EASOM, ZARAGOZA, SPAIN

Introduction: EASOM was founded in 1993 with the mission to promote cooperation between institutions involved in Occupational Medicine (OM) training. Its visions/objectives: to add value to member schools through access to European OM academic networks; the improvement of European curricula for the teaching of medical students, including specialist training and continuing professional development; the exchange of students between EU countries and the development of a quality assurance system for training endorsed and adopted by member schools; cooperation with national, European and global official bodies in all aspects of OM training. Several collaborations have taken place, most notably between EASOM and UEMS-OM Section, which recently has been instrumental in achieving the common goal of developing the European Appraisal in Occupational Medicine.

Materials and methods: Identification and analysis of both Societies collaborative initiatives aimed at the development of EPAIOM, and a review of the key aspects that enabled success.

Results: EASOM and UEMS-OM have come a long way in the search for a desired cooperation and some EASOM Summer Schools became meeting places promoting this. Finally, the first European Appraisal in Occupational Medicine was successfully held in January 2020, at UEMS headquarters in Brussels, and a second in August 2021 on the basis of a good collaboration which shows certain key aspects.

Conclusions: Still much to be done in the field of OM teaching both at the undergraduate and postgraduate/specialist level and we need to be together. Highlighting achievements encourage us to carry on.

Sp44-4**European Postgraduate Assessment in Occupational Medicine in Practice**

Fabrizio Mariagobba and Kari Reijula

University of Modena and Reggio Emilia, Department of Biomedical, Metabolic and Neural Sciences, MODENA, ITALY

Introduction: The Occupational Medicine (OM) Section of Union of European Medical Specialists (UEMS) organized the European Postgraduate Assessment to release European Diplomas in OM. To ensure that the Assessment is adequate and meets appropriate standard, the procedures provided by the Council for European Specialist Medical Assessments (CESMA) were adopted.

Materials and Methods: Ad hoc "Writing Group of the OM Exam" is continuously preparing multiple choice questions (MCQs) of three different levels of difficulty covering all ten topics of European Training Requirements in OM. The evaluation of levels and choosing MCQs is done by a "Setting Group". The Assessment itself has 130 MCQs. To ensure that the procedure is adequate to accomplish the standards requested for OM medical professionals practicing in Europe the UEMS-CESMA evaluation of the Assessment was requested.

Results: In January 2020 first Assessment in OM was held in Domus Medica Europea in Brussels. Two UEMS-CESMA reviewers evaluated the organization of the assessment, the quality of MCQs and undertook on-site evaluation of the whole process: according to their evaluation the Assessment was approved by UEMS. The second Assessment was successful held in August 2021.

Conclusions: The European Assessment in OM was positively evaluated by UEMS-CESMA since its first edition. In 2022 the third Appraisal is currently under planning. The "Writing Group of the OM Exam" is at work in collaboration with European Association of Schools in OM to update and further enlarge the question bank taking into account the advances in knowledge and changes in OM medical practice.

Sp44-5

The Importance of European Postgraduate Assessment for trainees in Occupational Medicine in Europe

Tiago Barros Oliveira

Vivamais, PREVENTIVE MEDICINE, Lisbon, Portugal

Introduction: Most European Union countries recognize the medical training from other countries allowing free movement of doctors without harmonization. The Union of European Medical Specialists (UEMS) Assessment in Occupational Medicine (OM) gives a mark of excellence to specialists in OM that may be a differentiation factor in the open market.

Materials and Methods: The info on the Assessment was on UEMS website and by sections member activities. The venue was in UEMS Office. The questionnaire was composed of 130 multiple choice questions (MCQs) with 3 levels of difficulty: 50 low level (1 pt), 50 medium level (2 pts) and 30 difficult level (3 pts). There was 240 points max., the threshold was 150 points.

Results: Most of applicants were trainees in OM. The average age was 32.7 years. The strongest motivation was to test our knowledge and motivation by employers. We gave the highest mark to technical information, venue and customer service were rated high. European Training Requirements differ from the national ones. We wished to have more time for MCQs, despite all finished the test in a due time. There were positive experiences (well organized, clear instructions, high level of MCQs, good coverage, meeting other candidates), the only negative was a feeling to lack time.

Conclusions: The Assessment was challenging, but that was expected. The exam is optional but its recognition at the European level should be desirable to any trainee. The Assessment will reduce the inequalities within EU countries over time and will strongly impact the recognition of OM among other medical specialties and all over the world.

Special Session 45 Supporting a breakthrough against child labour and hazardous work in agriculture

Chair: Peter Hurst

Session introduction

Child labour is defined as work that is inappropriate for a child's age, affects a child's education or is likely to harm their health, safety or morals. Much of the work children carry out in agriculture is not age-appropriate: it is likely to be hazardous or to interfere with children's education, and overall development. For instance, when children are forced to work long hours or handling hazardous pesticides, their opportunity to attend school and develop their skills is limited, and this would most likely interfere with their future well-being and the ability to access decent and productive employment opportunities. The rate of hazardous work for children in situations of child labour remain alarmingly high, especially for the age cohort 5-11 y.o.

2021 has been declared the International Year for the Elimination of Child Labour as monitored in the 2030 Agenda through SDG target 8.7. For the first time in two decades, global progress against child labour has stalled, severely threatening the realization of the SDGs. In 2022, the Government of South Africa will host the V Global Conference on Child Labour and the target for the elimination of all forms of child labour in 2025 risks not be achieved.

The report "Child Labour: Global estimates 2020, trends and the road forward" (ILO-UNICEF 2021) shows that, of the estimated 160 million child labourers in the world in 2020 (+5% compared to 2016), 70 percent, or 112 million, are engaged in agriculture (+4 million since 2016) and its sub-sectors (crop farming, forestry, livestock, fisheries and aquaculture).

A wide range of stakeholders, from food and agricultural workers, producers, rural educators and extensionists, labour actors, all need to be involved at multiple levels to carry this important effort to reduce hazardous child labour by giving voice and building commitment at global, regional and national level. It all consists in increasing the visibility of ongoing accomplishments and positive changes that are potential game-changing solutions.

Sp45-1

WIND: A participatory approach to promote occupational safety and health in agricultural Micro, Small and Medium Enterprises

Halim Hamzaoui

International Labour Organization, LAB-ADMIN, GENEVE, SWITZERLAND

The agricultural sector plays an essential role in the socio-economic development of any country. With an economically active population of about 900 million workers. Agricultural workers are exposed to a broad range of hazards and risks at work. The risk of accidents further increases with difficult terrain, poorly designed tools, exposure to extreme weather conditions... associated with working and living in remote and rural communities. Small-scale farmers are especially vulnerable to these risks at work. The WIND approach (Work Improvement in Neighborhood Development) is designed to assist small-scale farmers and their families in improving safety and health at work and in their everyday life. The uniqueness of the WIND approach lies in facilitating voluntary improvements of working and living conditions, through the active participation of farmers, their families and community members. It also places focus on simple, practical solutions that can be achieved by using locally available, low-cost materials. The approach consists of 33 checkpoints and includes many low-cost improvement examples with clear illustrations in important technical areas for farmers. It contains an action checklist for agriculture and checkpoints on materials storage and handling, workstations and work tools, machine safety. The WIND approach allowed the continuous improvement of working conditions on small-scale farmers allying promotion of prevention, amelioration of