

OCCUPATIONAL MEDICINE OF THE FUTURE IN FRANCE

« Tout travail suivi fait paraître une aptitude » - **Alain, éléments de philosophie (1916)**

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INTRODUCTION

- 28.5 million active workers in France in 2015
- 1.5 million had health problems related to work
- 750,000 fit to work with restrictions
- 150,000 unfit to work: that is as many potential unemployed
- Unemployment reaches 10.3% of the active population in France

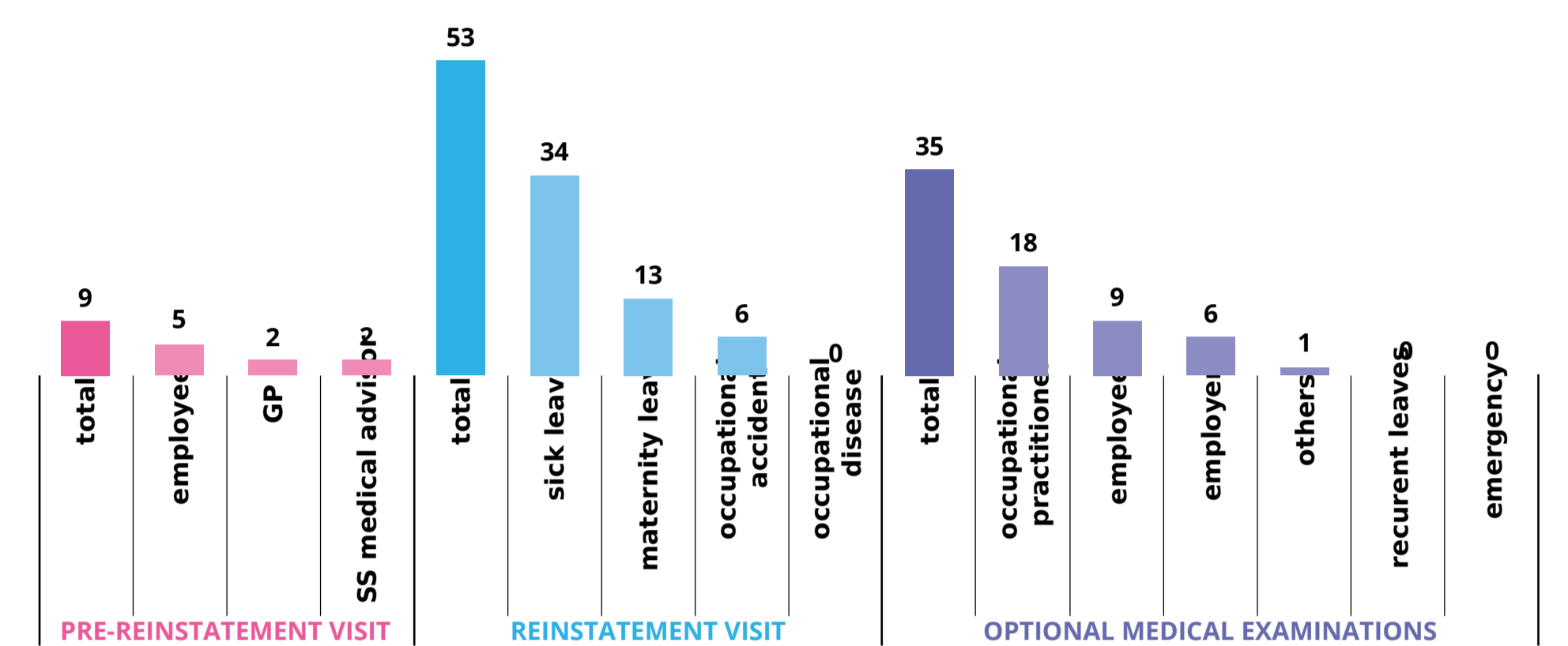
The decisions of occupational practitioners directly and indirectly impact the whole society and its economy. The old employer-employee-practitioner scheme fails to address the evolution of society. A new model has been advanced and implemented on the basis of four scientific knowledge. Occupational medicine needs to operate on all prevention levels, and not to be restricted to tertiary prevention, or secondary prevention at best. The occupational practitioner has to initiate a dynamic process focused on the employee.

In order to meet this requirement we will present a clinical case using the methodology of AJLP Conseil & Formation.

CONTEXT (2015 ANNUAL REPORT IN AN INTER-COMPANY OCCUPATIONAL HEALTH SERVICE)

TYPES OF VISITS

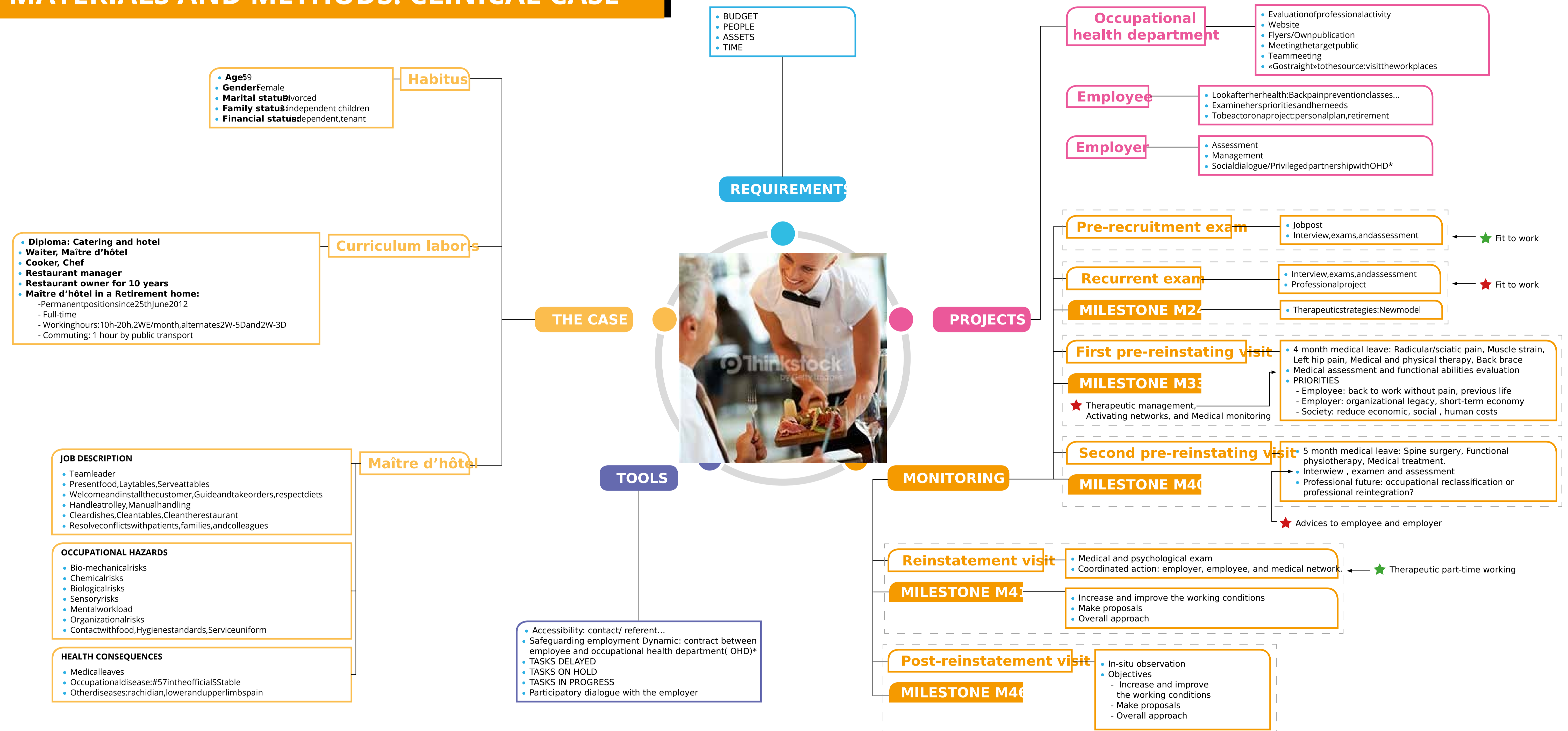
- 729 visits
- 13% reinstatement visit: the practitioner has to quickly pronounce the fitness to work, and if the reintegration is possible
- 2.5% pre-reinstatement visit: this rate is too low, the pre-reinstatement visit is essential to calmly plan the reintegration and facilitates the upholding of employment.



QUESTIONS

- Why reinstatement visits are overwhelming after a medical leave?
- Why pre-reinstatement visits are ignored?
- Is good health at work an exclusive preoccupation of occupational medicine services?
- How to shift from "unfit to work" to "fit to work"?

MATERIALS AND METHODS: CLINICAL CASE



CONCLUSION

Partnership between the employee and the occupational medicine services using the «Dynamique du maintien en emploi» tool. The employee gave their informed consent for the support in their professional career.

Rally of a multidisciplinary team of occupational medicine and other services:

- Occupational practitioner and their team (ergonomist, social assistant, psychologist)
- GP, hospital, physiotherapist (« Ecole du Dos »)
- SS medical advisor
- Administrative services: SAMETH (skills appraisal, vocational training)
- Financial services: AGEPIPH (subsidies)

The follow-up is critical and must be done as a team. Delegation allows to save time.

- **For the employee:** regain confidence, support each step in their career, awareness of professional risks (primary prevention), be active about their health that work, relay information to colleagues.
- **For the employer:** support the quality improvement process, train employees, awareness of professional risks, costs prevention are lower than medical leave / employment break, benefits in terms of image with regard to partner businesses and clients.
- **For occupational medicine services:**
 - **Primary mission:** primary prevention: anticipation of risks, pass information about professional risks, communicate with employees, employers, medical and nursing staff, colleagues, in order to delegate and save one's own time.
 - **Secondary prevention:** activate networks, raise awareness about training, involve the employee in the process, meet the employers in the field, establish a plan shared by all.
 - **Tertiary prevention:** find appropriate solutions for the workstation, convert the workstation with the cooperation of the employer, maintain the contract and the employment dynamics, maintain the network active. Do not give up, try not to declare unfit to work.

If an employee must be declared unfit to work, they must have consented and experienced as a second chance because other solutions have been considered upfront.

RESULTS

- Reintegration to the workplace, taking into account health constraints
- **Saving time for the practitioner**
 - Process systematization
 - Focus on preventive missions
- **Savings for the employer**
 - Continuity of quality of service
 - Received subsidy for this employee and other employees
 - Acknowledgement of work-related risks
 - Maintenance of social dialog
- **Savings for society**
 - Cost reduction of a ill worker
 - Unemployment avoided