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From occupational medicine to occupational health—the "new French revolution"

by Gabriel Paillereau, Econ[1]

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The aim of the "new French revolution" is to adapt the French system of occupational medicine to European requirements and to the needs of employers and employees. The symbols of this reform are the abolition of THE annual medical examination and the generalization of "pluridisciplinarity" to make the system more effective. The "biennialization" of most medical examinations and the corresponding increase in the time released for improving the work environment must thus allow occupational health physicians to fulfill their advisory role and contribute actively to the assessment of occupational health hazards. The reform of the French occupational medicine system, the "new French revolution", falls within the framework of a new, broader-based policy. Beyond occupational medicine and occupational health, it applies to public health and environmental health as well.

Key terms medical examination; occupational hazards; occupational health; occupational medicine; pluridisciplinarity; work environment.

Throughout the summer of 2004, occupational health mobilized the attention of the French media because of the publication of a decree related to the reform of occupational medicine. The unusual media hype was generally limited to presenting the reform as a disaster for the health of employees, wanted and arranged by employers' organizations, with the complicity of the authorities, for the sole purpose of carrying out a fatal blow to the system set up at the end of World War II.

Since 1946, the French system of occupational medicine has been unique in western Europe. Among its essential characteristics were its organization (nonprofit associations belonging to the private sector), its "universal" character (offered to all employees in all companies), the main role of occupational health physicians, and, obviously, the importance given to medical examinations in order to assess the work ability of each employee every year.

In a 15-year time span, France must modify this system so that it corresponds to both European requirements and the needs of employers and employees, which are very different from those that had led to the organization and operation still in force at the beginning of 2000. The evolution of the system, nearly 60 years after its initiation, was thus characterized by the abolition of some "dogmas" ("the" annual medical examination), by the introduction of other specialists in the field of occupational health (the generalization of "pluridisciplinarity"[2]), and by the definition of a new policy, including occupational medicine, occupational health, public health and environmental health, to produce quite a revolution, the "new French revolution".

Reform as a result of the dialog between unions and management

The reform of the French system of occupational medicine is the result of negotiations that started more than 10 years ago and were marked by essential documents.

1 Centre Interservices de Santé et de Médecine du travail en Entreprise CISME, (Inter-Occupational Health Services Association), Paris, France.

2 In French, we say "multidisciplinarité" or "pluridisciplinarité" (the words are synonymous) when specialists in the field of occupational health (occupational health physicians and others) have to work together; as the decree (25 June 2003) relates to "pluridisciplinarité", I have chosen to use its literal translation "pluridisciplinarity", even though the word is unusual at the international level; "multidisciplinary approach" could be used as well.

Correspondence to: Gabriel Paillereau, Centre Interservices de Santé et de Médecine du travail en Entreprise – CISME 10, rue de la Rosière, F-75015 Paris, France. [E-mail: g.paillereau@cisme.org]

Agreement of Unions and Management

In the forefront of these documents appears the Agreement of Unions and Management (13 September 2000) relating to occupational health and the prevention of occupational hazards. For the first time in many years, at the instigation of Mouvement des Entreprises de France (MEDEF), the principal organization representing the employers at the national level, a broad negotiation opened in various fields to facilitate what was called "social recasting". Occupational health was selected as the first topic for exploration because of its nature, supposedly rather nonpolemical, of having an "obligation to succeed".

This first "test" on the road to "social recasting" led to an agreement signed by the three principal organizations representing the employers at the national level and three (among five) trade union organizations representing employees. The negotiation made it possible to highlight the "renewed" interest of unions and management in questions related to health and safety at work, in that they were aware of employment. This agreement was used at once as the starting point for the discussion of the evolution of occupational medicine into occupational health.

Social Modernization Law

The authorities could consequently benefit from the "legitimacy" of Agreement of Unions and Management to accelerate the modification of legislation based on the framework of occupational medicine, from which the adoption of the Social Modernization Law (17 January 2002) ensued. This law transformed the occupational medicine services established by legislation passed in 1946 into occupational health services based on European requirements drawn from the EU directive of 12 June 1989, and it was transposed in an incomplete way in the French Right (31 December 1991).

Decree related to the assessment of occupational health hazards

The adaptation of the French "occupational medicine system" had already begun with a decree (5 November 2001) establishing what is called the "single document". Employers were required to fill out this document in order to fulfill their obligation, theoretically in force since 1991 (but really without any application in almost all companies), to carry out the assessment of occupational health hazards.

Decree related to the generalization of pluridisciplinarity

The system completed its "molt" through a new decree (25 June 2003), related to the "generalization of pluridisciplinarity", by officially integrating an operating mode already in force for more than 15 years in some occupational medicine services (which were aware of the limits of the strictly medical and thus necessarily simplistic approach distinguishing the "French-style" of occupational medicine) into the applicable regulation.

Decree related to the reform of occupational medicine

All of the aforementioned documents were published at short intervals, between 2001 and 2004. Their chronological sequence, their complementary nature, the fact that they resulted from the uninterrupted work of unions, management, and successive ministers belonging to distinct political families show that the reform of the French occupational medicine system was not fortuitous.

Reform as a result and a condition of the adaptation to a deeply changing environment

The common and inescapable denominator was the need (as well as an unshakable will) to achieve the two major goals of adapting the French system of occupational medicine (i) to European requirements (the importance attached to the assessment of occupational health hazards and to the "multifield approach" of occupational health being the most revealing sign of this adaptation) and (ii) to the needs of employers and employees. With respect to the latter, irreversible structural changes had occurred (the development of the service sector, aging, and the feminization of the working population in particular) whose consequences are essential in terms of "health and work" relations. The companies underwent a major change (which was translated into an upheaval of management). And occupational health hazards evolved (moving from the sphere of "traditional hazards" to the expanding sphere of "psychosocial hazards", already recognized or emerging). It was essential to achieve these two goals by observing the fundamental condition of maintaining the identity of the system while correcting any excessively "medical-medical" and "French–French" characteristics.

The doctrine of the employer representatives steering occupational health services (gathered within Centre Interservices de Santé et de Médecine du travail en Entreprise (CISME), which had been in operation for nearly 20 years) agreed with the view expressed in a

previous report, namely, the need for questioning the annual medical examination, the transfer of time thus released to measures to improve the work environment and the orientation of occupational medicine towards another mode of organization, both collective and multifield.

Reform as a consequence and a condition of the necessary upheaval of priority actions

Symbols of the reform, the abolition of "the" annual medical examination and the generalization of "pluridisciplinarity", were initiated to make the system more effective.

Annual medical examination for all and the intensification of measures to improve the work environment

Indisputable in 1946, the "sacrosanct" annual medical examination for all (obligatory to obtain the "statement on ability", delivered by the occupational health physician) had become anachronistic in that it flouted the transformation of the medical environment and was not based on any reliable scientific study assuring its properties, quite the opposite. Making the examinations biennial instead of annual for employees unexposed to accepted occupational health hazards made it possible for a large part of the medical resources to be saved and reassigned to the intensification of workplace interventions (at least 150 half days a year).

Adding many other disciplines to the occupational medicine (health) services made it possible for occupational health physicians to make the most of their abilities. The "biennialization" of most medical examinations (which are not being carried out as "work ability assessments") and the corresponding increase in the time available for measures to improve the work environment thus allowed the following, among others: (i) fieldwork and advisory services, (ii) medical supervision "targeting" employees exposed to acknowledged occupational health hazards, (iii) contributions to the assessment of occupational health hazards, (iv) development of activity in the field of training and information as regards prevention, (v) measures targeting risks, professions and branches, (vi) epidemiologic work and investigations at the national, regional or local levels, and (vii) contribution to hygienic monitoring in the field of occupational health and the prevention of occupational hazards. It should be acknowledged that, in a country in which the "life" of occupational medicine has been punctuated by annual medical examinations offered to all employees in all companies, since 1946, their suppression constitutes, according to some people, intolerable social regression, but, according to others, it is an advance that will make it easier to improve occupational health, provided that "pluridisciplinarity" develops quickly.

Generalization of "pluridisciplinarity"

The reduction in the number of occupational health physicians and the increasing complexity of health problems related to work conditions and occupational hazards leave occupational health physicians no possibility to remain the only professionals in the field of occupational health. Hence the need developed for calling upon others, "operators in the prevention of occupational hazards", as announced by the decree of 25 June 2003. The entry of such operators into the system, as indispensable as it may be, requires, particularly on one hand, that the necessary human resources be specified and that corresponding staff be trained, while, on the other, conditions must be created that allow the system to be set up and to work smoothly.

Corporatist and conservative considerations, often masked by (apparently) generous objectives, do not allow these questions to be treated with hindsight and objectivity.

Putting the "nonclinical" activities of occupational health physicians into the same category as metrology or ergonomics leads to a double misunderstanding in that it would be enough, according to some people, to give ergonomists or metrologists a place in the team to set up pluridisciplinarity, with the occupational health physicians, "multifield" by definition, taking care of the many remaining fields. However, according to others, appealing to ergonomists or metrologists would gradually deplete the activity of occupational health physicians of its substance and would condemn them quickly to purely clinical activity.

The reality is very different, since occupational health physicians have nothing to fear from the arrival of ergonomists, metrologists, and other specialists in occupational health.

The object of "pluridisciplinarity" is to share the competencies of all specialists in occupational health in order to serve those who are supposed to be the beneficiaries of the system, while starting with the smallest companies.

The evolution of occupational medicine towards occupational health is an ideal opportunity to enrich the function of occupational health physicians, within "pluri-professional" teams, in occupational health services. This change would, at last, fully justify the term "services" being used when the needs of companies and employees were being met.

From Occupational medicine to Occupational health: the "new French revolution"

And,
as I said
in a previous life:

« Si quis mutare nolvit pereat »

MMIV DIEBUS CISMI
GABIUS DIXIT

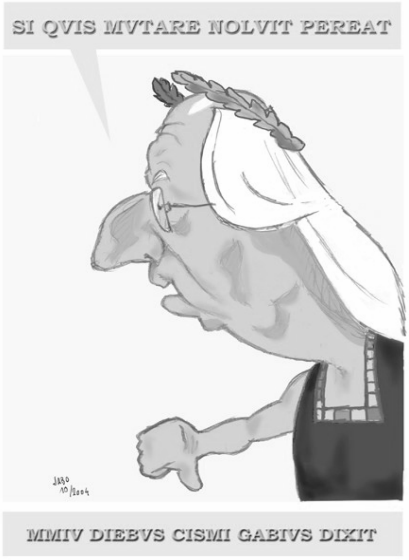

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Figure 1. A view of the "new French revolution".

Reform of occupational medicine, an element of a radical transformation of the system

The reform of the French occupational medicine system falls within the framework of a new, much broader policy. Indeed, beyond occupational medicine and occupational health, it applies to public health and environmental health as well (figure 1).

The "Occupational Health Program 2005–2009", presented to the members of the National Council for Prevention of Occupational Hazards by the minister in charge of work relations in March of 2005, shows the extended outlines of "occupational health tomorrow", through the following four major objectives (and more than 20 actions): (i) to develop knowledge on the dangers, risks, and exposures of the work environment, (ii) to increase the effectiveness of control, (iii) to reform the authorities in charge of occupational health and to decompartmentalize their approaches, and (iv) to encourage companies to be active in the field of occupational health.

Concluding remarks

The institution of a "quality improvement approach", essential to a "revolutionary" vision of occupational health as being collective and open, is a central preoccupation of the occupational health and safety members of CISME, which oversees the medical supervision of 13.5 million employees (nearly 94% of the employees in the private sector in France). Reforming means having to set goals by considering economic, social, and demographic factors (which were underestimated); it means modifying the hierarchy of which actions should be taken first; and, foremost, it means questioning former measures. In brief, it means upsetting an established order that some people thought unchanging.

The current evolution from occupational medicine to occupational health, the "new French revolution", opens an opportunity to facilitate experimentation with innovative practices. Henceforth, each person will have to assume his or her responsibilities to reach the objective, which is to make prevention a major issue in the policy of companies, with aid of the employee, every company, and society in general.