

A review of the French occupational health system -From the viewpoint of international comparison between France and Japan-

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Abstract

The French Labor law defines the role and its allocation criteria of occupational physician (OP) as like as in Japan. In France, the occupational medicine is one of the medical specialties. The OP resident must follow the 4 years clinical training before certificated. After finished their residency, they are entitled to work for the occupational health service office of company or company association (in the case of small and medium sized company). The most important characteristics of French system is that it covers all workers regardless of company size. The main role of OP is prevention of work related diseases and accidents. They are not allowed to do clinical services except for emergency cases. Their main activities are health examinations, health education, patrol and advice for better working condition. Formerly, it was rather difficult to attract the medical students for OP resident course because of its prevention oriented characteristics. A growing concern about the importance of health management at work site, however, has changed the situation, that is, the number of candidate for OP resident course is increasing. Their task has expanded to cover mental health and other life style related diseases. The 2011 modification of law redefines the role of OP as a director of occupational health service office who has a total responsibility of multidisciplinary services. The French and Japanese occupational health system has lots of similarities. It is expected to advance a series of comparative studies in order to ameliorate the quality of occupational health services of both countries.

Key words: Occupational physician, Occupational health, Japan, France

❖ Introduction

Along with the maturation of society and the technological innovation, the working style and condition is fundamentally changing. Under this situation, the occupational health (OH) system is required to adapt to the societal change. For example, in order to harmonize the OH activity with the corporate policy which puts more stress on CSR (corporate social responsibility) and QOWL (quality of working life), the occupational health management system (OHMS) has developed. This management style requires for each corporation to

establish a clearly defined goal, strategy and action programs for occupational health. A series of key performance indicators (KPIs) are set, monitored, assessed and then the program will be modified, if KPIs require it. The introduction of OHMS requires the amelioration of management skill of occupational health professionals, especially that of occupational physician.

From the international point of view, France and Japan are two specific countries that formalize the occupational physician system into the occupational health policy. The occupational health related laws of both countries oblige the employer to organize the annual health check-up for the workers and to deploy the occupational physician for corporate's occupational health activities.

However there are many different points for the OH system of two countries, i.e., while France has developed its system under the concept of forensic medicine, Japan developed it under the philosophy of 'fami-

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ly doctors' for workers. Despite these fundamental differences, the OH systems of two countries are headed in the same direction in order to adapt the change in working environment.

In this article, the author describes the actual situation of the French and Japanese OH system and then extracts some fundamental trends that are occurring in both countries.

❖ The French occupational system Historical aspect

The history of the occupational health in France starts in the women and child's labor protection regulation based on the humanism movement in the early 19th century. The April 9, 1898 Law introduced the concept of a health risk of originating in an occupation for the first time, and the principle of compensation by the employer about an industrial accident was provided by it.

Then, a series of laws were arranged as the Labor code in 1910, and while various regulations about the health at working place and worker protection were defined, the system where all the occupational diseases and industrial accidents were reported to the labor standard office was systematized.

The medical checkup for occupational diseases was started in the major industry in 1913, and the principle of employer contribution was expanded to the compensation scheme of occupational diseases by the 1919 Law.

Concern about the occupational health of employer has increased greatly by such development of laws. Moreover, at some large-scale enterprises, the clinic in a factory was established as part of a fringe benefit for their employees.

Then, the occupational health of France has developed under the pressure of the necessity of the disabled veteran's labor adaptation, through World War I. There were two objectives for introduction of occupational health services. The first was to prevent the occupational diseases and injuries that might be caused by potential health risk of workers. The second was to evaluate the causes of occupational diseases and injuries whether the disorders were related to potential health risk that the employee had before employment, i.e., handicaps caused by battle. The second was particularly important from the viewpoint of prevention of excessive rises in occupational accident compensation. This is the reason

why the French occupational medicine has developed as a part of forensic medicine after the World War I.

Although the framework of the French occupational health system was constructed even before World War II, the workers of small and medium size enterprises (SMEs) were not covered by the occupational health services. Another problem was confidentiality of health information of workers. In those days the occupational physician was not independent and usually under the control of employer, so employers were able to access the employee's health information.

After World War II the French government decided to generalize the occupational health to all the workers by the 1946 Law. According to this law, health checkup at the time of employment, annual health checkup and specific health examination for the workers who have specific occupational health risk, i.e., silica, radiation, chemicals were generalized to all workers regardless of enterprise's size. The results of these health checkups are to be evaluated by the occupational physician.

As the number of occupational physicians was too small to cover the SME's workers in those days, it became common that clinicians worked as part-time occupational physicians for SMEs. However, most of these clinicians did not have the basic knowledge of occupational medicine. Furthermore some of them caused various problems, i.e., unnecessary medical services at their private clinics and issue of the unsuitable diagnosis for a sick benefit. Considering this situation, the government issued an advice that required for the full time occupational physicians not to practice private clinical services.

On the other hand, the program for ameliorating the quality of occupational physicians was introduced those days. For example, the one year's training course of occupational physician was created at the faculty of medicine by the statute on March 29, 1949. And in 1959 and afterwards, in order to work as an occupational physician, it was obliged to have finished this course and to acquire the certificate of special study (CES) of occupational health. In order to respond the increasing needs of occupational health, this course was extended to two years.

However, many of doctors attended this course were the clinicians who had already worked in hospitals or in private clinics. They were practicing the occupational health services as a side job. Because of this situation, the number of full time occupational physician did not increase although its needs were increas-

ing. In order to ameliorate the situation, the occupational physician has become one of the medical specialties and the four years post-graduate training course was established by the amendment of post-graduate training program in 1987. After that it is obligatory to finish this course in order to become an occupational physician. The training course composes of two phases; the first two years clinical training and the following two years specialization training. The later composes of 8 modules including ergonomics, occupational diseases, occupational psychiatry, poisoning, epidemiology, radiation health, and aviation medicine. In each university hospital, there is a department of occupational health services that offer the services for hospital employees and SMEs workers of the region.

❖ Department of occupational health service

In France, all companies are obliged to install the department of occupational health by the Labor code. The enterprise that employs more than 5,000 workers or more than 3,000 workers of whom 100 workers are exposed to designated occupational health risk, must hire at least one full time occupational physician (Labor code, Art. L. 322-1). The department must have at least an occupational physician, an occupational health hygienist and a nurse. One occupational physician cannot manage 5,000 or more workers (Labor code Art. L. 322-3).

In the case of the company which does not meet the above-mentioned standard, they usually join in the inter-company occupational health service (SIST). SIST is created by SMEs which do not have duty to have their own department of occupational health services. SIST has financial independency as a nonprofit corporation. SIST is managed by the basis of the supervisor of the committee between companies which consists of employer-and-employees representatives of affiliation companies, and the chairman of SIST. The occupational physician who is in charge of SMEs performs the occupational health activity in the basis of a contract with SIST.

An important point is that activity of SIST is performed in the medical service area recognized by the chief of District employment office. The medical service area is set up by the number of the workers in whom a geographical spread and charge are possible. The occupational health hygienists, nurses are working

with occupational physicians at each SIST in order to provide synthetic industrial health service.

Thus, in France, there is a mechanism in which all the workers can receive service by an occupational physician. This point is a big difference with Japan which is not obliged for the SMEs with less than 50 workers to organize services by the occupational physician.

❖ The task of occupational physician in France

As explained earlier, the occupational physician in France is a medical specialist. To be an occupational physician, one must have the governmental qualification of occupational physician. A French occupational physician is a medical specialist of preventive medicine, and cannot perform clinical acts including prescription of pharmaceuticals except for the case of emergency. For this reason, it was true that the occupational physician was one of less popular specialty among the medical students. Sometimes it was said as *Médecin sur papier* (paper doctor). However, the increasing importance of occupational health activity as a part of corporate governance, the applicant is increasing in recent years.

The main task of an occupational physician is the realization of appropriate labor arrangement from the viewpoint of occupational health. The occupational physician assesses the health condition of workers and advises for the employer to arrange the working condition of employee, if necessary. Based on the result of a health checkup, the occupational physician formulates a health recode for each employee. This health recode must be stored in a secure way. The occupational physician is prohibited to pass this information to the third person including the employer without the written consent of employee. If this is broken, it is the target of a Criminal Code. For example, since a certain worker is diabetes, when it is judged with it being difficult to perform shift work by the occupational physician, the occupational physician should just issue advice of “late-night work prohibition” to the employer, and it is not required to inform diagnoses as the cause. An employer is obligated to respect an occupational physician’s advice.

Furthermore, when an occupational physician resigns from the company, the next occupational physi-

Table 1 Comparison of occupational physician between France and Japan

	France	Japan
Base law	Labour code	Occupational safety and health law
Specialty of occupational health	Specialist - Occupational licensing - Obligatory qualification Impossible to have other specialties	Specialist - Occupational licensing - Obligatory qualification Possible to have other specialties
Workers covered by the services of occupational physician	All workers	Workers of factories/offices with more than 50workers
Tasks of the occupational physician	Health checkup for appropriate job arrangement Patrol (an occupational physician must allocate more than one third of working time at the work site Obligation of establishing the annual occupational health and safety plan Health education (since 2011)	Health checkup including both occupational and general health problems Patrol at least once a month No obligation for establishing the annual occupational health and safety plan Health education
Neutrality of occupational physician	Strong	Weak

cian is to be handed over a set of health recodes directly from the occupational physician concerned based on the principle of private information protection.

About the place-of-work improvement, there is a tier temp (1/3-hour regulation) obligation, that is, the occupational physician is supposed that 1/3 or more of all the office hours must be allotted to activity at working place, such as an inspection of the spot and participation in General Occupational Health and Safety Commission (CHSCT) of a company. To the offices and factories in which 50 or more employees are present, the installation of the committee is obliged by the Labor code. The CHSCT serves as a place where being related with Occupational Safety and Health in a company argues about. The committee consists of both employer and employees, and an occupational physician participates in a neutral position.

In addition, the occupational physician's neutrality is secured by the law (labor code Art. L. 325-2.), and must receive recognition of CHSCT in the appointment and dismissal. In addition, in the SIST, recognition of the committee between companies is needed. The occupational physician's neutrality becomes important for the occurrence of an occupational disease or an industrial accident. It is called for that an occupational physician performs the epidemiologic survey and environmental research for cause investigation with the occupational health hygienist etc. The occupational physician is secured by the Labor code in the right to

perform measurement in one's authority and one's related post which peruse various pertinent information which a company has.

❖ The latest trend

The amendment of the labor code by a law on July 20, 2011 has strengthened the responsibility of occupational physician (Labor code Art. R.4623-1), that is, the occupational physician must have a total responsibility for the management of occupational health system. The mental health management of employee becomes one of essential tasks of occupational health department. The prevention of health problems caused by newly introduced chemicals is becoming more important recently.

In addition to the classical occupational health activities, the health promotion activity become one of important tasks of the department by the amendment of Labor code in 2011. The occupational nurse is expected to play a pivotal role for health promotion in the occupational setting. This activity sometimes requires to utilize the local health resources (a general practitioner, a volunteer, a health educator, physical therapists, etc.)

In order to meet such needs, a series of training courses for occupational nurse are organized at the occupational health department of the faculty of medicine. The Fit for work activity is also organized in line with this trend.

❖ A brief comparison of the occupational health system between France and Japan

Table 1 summarizes the comparison of occupational health system between France and Japan. The French occupational physician's job is limited to the preventive one, and the clinical activity is restricted to the emergency care by the law (Code deontologie). In contrast, there is no such restriction for the Japanese occupational physician, even though both countries require the official certification to work as an occupational physician. Because of this situation, there are more than 20,000 occupational physicians (both full and part time) in Japan. However, the services by occupational physician are not delivered to all workers, especially those of SMEs and part time workers, whose working condition are usually worse compared with large enterprises. It is strongly recommended for the Japanese government to amend the occupational safety and health law in order to make it possible for all workers to receive the services of occupational physicians.

Another point that the Japanese system must learn from the French system is that our occupational health activity must put more stress on the ergonomic approach. As one of the essential training modules, the French occupational physician must learn the ergonomics. Japan will enter the highly aged society where many elderly people are expected to continue to work. This situation will require the arrangement of working condition from the ergonomic point of view. As the Japanese occupational health system has developed based on the family doctor for employee, it tends to make importance on health examination and primary clinical care at the occupational setting. The training course of

occupational physician in Japan must be reconsidered in order to adapt the change of employment environment.

Along with the structural change of working condition among the developed countries, health promotion activities including mental health are becoming important more and more. The occupational service is now required to prevent both absenteeism and presenteeism, by the understanding that presenteeism accounts for 70% of health related cost. As explained in another article of this issue, the Fit for work activity will become rather important to keep the productivity of our society. Both countries are now seeking how to implement the FFW like activities into the official occupational health system. A comparative study will be an interesting theme for both countries in order to adapt the occupational health system to the new environment.

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