In 2012, more than 20 000 people of the general working population in Denmark replied to the questionnaire Work Environment and Health. The aim of the present study is to prospectively analyse risk factors for long-term sickness absence related to physical work demands. The questionnaire from 2012 will be merged with a register of social transfer payment (DREAM) and followed up for two years after the questionnaire reply. Using cox-regression analyses, the risk of register-based sickness absence of at least 6 consecutive weeks from factors related to physical work demands will be determined. Analyses will be controlled for age, gender, lifestyle, psychosocial work factors, and socioeconomic status. The questionnaire and register has just been merged, and the analyses will be performed during April-June of 2017. The first results of this study will be presented at the conference as hazard ratios and 95% confidence intervals. Based on the results, the potential for preventing long-term sickness absence at workplaces will be discussed.

**Objectives**

1. To describe the changes in 12 months prevalence of subjection to bullying at work for doctors in different job categories and medical disciplines from 1993 to 2014, and to find work and health-related factors associated with being subjected to workplace bullying for doctors in 2014.

**Methods**

Nationwide postal surveys in Norway based on representative samples of 2628 doctors (72.8%) in 1993, 1004 (67%) in 2004 and 1261 (78.2%) in 2014. Main outcome measure was self-reported frequency of subjection to bullying at work from colleagues or supervisors within the last year. Response categories ranged from 1 (no) to 5 (daily or almost daily). Being subjected to bullying at work was defined as any answers above 1.

**Results**

No significant differences were found in prevalence of subjection to workplace bullying in 1993 (5.7%, 95% CI 4.8–6.6), 2004 (7.3%), 5.4–9.2) and 2014 (7.0%, 4.5–8.5). Within job categories, the prevalence of being bullied were higher for senior hospital consultants and doctors in hospital management position than for specialty registrars, GPs and private practice specialists. Within medical disciplines, surgeons reported higher prevalence. In 2014, being bullied was significantly associated with females (OR 0.49, 95% CI 0.29–0.85), lower levels of job satisfaction (0.92, 0.90–0.94) and self-rated health (average or poor OR 2.3, 1.2–4.3; good 3.5, 1.5–8.2; very good OR 1), controlled for age and sickness absence.

**Conclusions**

Subjection to workplace bullying remained at stable high level for doctors in Norway over a 20 year period. The findings underline the need for bullying prevention among Norwegian doctors.

**Objectives**

The competencies required of occupational physicians (OPs) and occupational health nurses (OHNs) separately have been studied in various countries but little research has made direct comparisons between these two key OH professional groups. Evolving OH practice and overlapping OP and OHN roles make it imperative that up-to-date competencies reflective of practice are established. The aim of this study was to compare current competency priorities between UK OPs and OHNs.

**Methods**

A modified Delphi study conducted among representative networks of UK OPs and OHNs. This formed part of a larger Delphi, including international OPs. It was undertaken in two rounds (round 1 – ‘rating’, round 2 – ‘ranking’), using a questionnaire based on available OH competency guidance, the literature, expert panel reviews and conference discussions.

**Results**

The principle domain (PD) competency ranks were very highly correlated (Spearman’s rho=0.972; p<0.001) with the same PDs featuring in the top four and bottom three in ranking. OPs and OHNs ranked identically for the top two PDs (good clinical care and general principles of assessment and management of occupational hazards to health). Research methods was ranked lowest by both groups.

**Conclusions**

This study has observed a high level of agreement among UK OPs and OHNs on current competency priorities. The ‘clinically-focused’ competency priorities likely reflect that although OH practice will broaden in response to various factors, traditional ‘core’ OH activities will still be required. These mutually identified priorities can serve to strengthen collaboration between these groups, develop joint education/training programmes and identify common professional development opportunities.
Oral Presentation
Injuries

0115 GENDER AND PROPORTIONATE MORTALITY BY ACUTE OCCUPATIONAL PESTICIDES POISONING AMONG AGRICULTURAL WORKERS IN BRAZIL
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10.1136/oemed-2017-104636.89

To identify gender-related differences in proportionate mortality estimates of acute occupational pesticides poisoning among farmer workers in Brazil. This is a proportionate mortality study, carried out with work-related injuries deaths, which occurred with farmer workers from 16 to 70 years of age, focusing acute occupational pesticide poisoning. Data were from the Brazilian Mortality Information System (SIM) from 2000 to 2013. Potential associated factors were age group, skin colour, marital status, education and country region. Estimates of proportionate mortality odds ratio of work-related acute pesticide poisoning was the measure.

There were 6754 work-related injuries deaths among agricultural workers, 643 caused by occupational acute pesticide poisoning, a proportionate mortality of 9.5%, higher among women (n=63; 24.9%) compared with men (n=578; 8.9%) in general, and for all categories of potential associated factors. The contribution of work-related fatal pesticide poisoning relative to all occupational injuries among farmer workers was higher when they were under 30 years of age, had brown or black skin colour, lived in the poorest regions of the country and the injury occurred during summer. Distinctively, males had relative excess of cases when were older, white, single or married, better education and the death occurred in all seasons but winter. Work-related deaths caused by pesticide poisoning are preventable and should not occur or be a very rare event as described in developing countries. The widespread use of pesticides in agriculture in Brazil warns to implement safer practices for all, targeting the growing number of women labour force, and young workers expressive in rural areas.

Oral Presentation
Cancer

0116 EVIDENCE OF DOSE-RESPONSE IN THE CAUSATION OF MESOTHELIOMA FROM ENVIRONMENTAL EXPOSURE
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We investigated the relation between cumulative asbestos exposure and pleural malignant mesothelioma (PMM) in areas with environmental asbestos exposure from human activities and asbestos material in place, using our studies and a literature review.

Casale Monferrato (NW Italy) presents high PMM incidence caused by asbestos contamination at work and in the general environment from the asbestos cement Eternit plant that operated until 1986. A population-based case-control study including PMM diagnosed between January 2001 and June 2006 (200 PMM and 348 controls) observed among subjects never occupationally exposed a dose response relationship consistent with that caused by occupational exposures, based on individual assessment of environmental and domestic exposures. ORs were 3.8 (CI 95% 1.3 to 11.1) for cumulative exposure from ≥0.1 to <1 f/ml-year, 14.8 (5.7 to 38.6) for ≥1–<10 f/ml-year and 23.3 (CI 95% 2.9 to 186.9) for >10 f/ml-year (reference: background level of asbestos exposure). ORs of about 2, statistically significant, were observed for domestic exposure and for living in houses near buildings with large asbestos cement parts.

Similar trends were observed in other studies that explored the dose response relationship in the low dose range (Iwatsubo et al 1998, Rodelsperger et al 2001, Lacourt et al 2014).

PMM risk increased with cumulative asbestos exposure in analyses limited to subjects non-occupationally exposed and in the environmental exposure range. These results provide indication of risk associated with common sources of environmental exposure and are highly relevant for the evaluation of residual risk after the cessation of asbestos industrial use.