OCCUPATIONAL MEDICINE IN CHILE: CERTIFYING OCCUPATIONAL PHYSICIANS TOWARDS RECOGNITION, STRENGTHENING AND DEVELOPMENT OF THE MEDICAL SPECIALTY

1Méndez José*, 1Cabrera Marta, 1,2,3Cubillos Bernarda, 1,2,3,4Unamía Illia, 1,2,4,5Moreno Gabriela, 1 Sociedad Chilena de Medicina del Trabajo, Santiago, Chile; 2Codelco Chile, División Andina, Los Andes, Chile; 3AngloAmerican, Santiago, Chile; 4Asociación Chilena de Seguridad, Santiago, Chile; 5Mutual de Seguridad, Santiago, Chile; 6Deutsche Pharma, Santiago, Chile

Introduction Occupational medicine is not formally recognised as a medical specialty in Chile and there are no clinical training programs in Chilean universities. Despite this situation, health authorities have developed occupational health protocols that give occupational physicians relevant roles and the Congress asked to strengthen occupational medicine to implement the National Safety and Health Policy. In absence of formal certification of specialists, the Chilean Society of Occupational Medicine has certified occupational physicians since 2014. This study aims to describe Chilean occupational physicians who are members of this association.

Methods 75 applications were received (2014–2016). 54 physicians (72%) fulfilled the criteria to be certified as occupational physicians (59.3% male) and the rest remained as collaborating members. An electronic survey was sent during January 2017 to collect information from members (85% response rate).

Results 78% of 46 physicians that answered the survey were 40 years or older and 74% had worked at least 10 years in occupational medicine. 87% got their medical degree in Chile and the rest in other Latin-American countries. 35% (n=16) have a medical specialty (public health (n=5), occupational medicine (n=3), rehabilitation medicine (n=2)). Occupational medicine specialists were trained abroad. One physician (2%) has a doctoral degree; 32 (70%) a master degree; 37 (80%) a diploma certificate; 23 (50%) completed other training programs. 72% completed 2 or more postgraduate programs; most referred were public health (29%) and health management (20%). 59% declared more than one job, most usual were: management of occupational insurance (54%), private companies (30%), public institutions (28%) and independent activity (24%). 74% work in Santiago and 20% in extreme north/south. 4% work in shifts. 50% also work in other than occupational medicine; 2/3 have a management position; 39% teach; 15% do scientific research. 78% are ‘highly satisfied/satisfied’ with their current positions.

Discussion Occupational physicians in Chile are highly trained professionals with diverse academic background. Job positions are limited as the specialty does not formally exist. Standardisation of academic training is mandatory prior to recognition of the specialty and creation of specialty programs.

SMOKING ADJUSTED INCIDENCE OF BLADDER CANCER USING PROXY SMOKING FROM LUNG CANCER IN NORDIC MALES

1Kishor Hadkhale, 2Jan Iver Martinsen, 2,3,4,5Elisabete Weiderpass, 2Kristina Kjaerheim, 3Elisabeth Lyng, 5Par Sören, 2Laurey Teggaadist, 7Pero Pukkala, 1University of Tampere, Tampere, Finland; 2Department of Research, Cancer Registry of Norway, Institute of Population-Based Cancer Research, Oslo, Norway; 3Department of Community Medicine, Faculty of Health Sciences, University of Tromsø, The Arctic University of Norway, Tromsø, Norway; 4Genetic Epidemiology Group, Folkhälsan Research Centre, Helsinki, Finland; 5Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden; 6Center for Epidemiology and Screening, Institute of Public Health, University of Copenhagen, Copenhagen, Denmark; 7Icelandic Cancer Registry, Reykjavík, Iceland; 8Faculty of Medicine, University of Iceland, Reykjavík, Iceland; 9Chinese Cancer Registry, Institute for Statistical and Epidemiological Cancer Research, Helsinki, Finland

Objectives The objective of this study was to observe the occupational variation in risk of bladder cancer that is not attributable to smoking.

Methods In the Nordic Occupational Cancer study (NOCCA), 11 438 cases of bladder cancer and 2 082 975 cases of lung cancer cases were observed among men in Denmark, Finland, Iceland, Norway and Sweden during 1961–2005. The expected numbers of bladder cancer in occupational category were corrected with smoking prevalence estimated on the basis of lung cancer risk in the category. Crude and smoking-adjusted standardised incidence ratios (SIR) with 95% confidence intervals (CI) were calculated for each occupation.

Results The smoking-adjusted SIR for most of the occupations was closer to 1.00 than the unadjusted SIR. It signifies the role of smoking as a risk factor of both bladder and lung cancers. Highest statistically significant smoking-adjusted SIRs were observed among chimney sweeps (SIR 1.33, 95% CI: 1.08 to 1.61), waiters (1.18, 1.04–1.34) hairdressers (1.16, 1.04–1.28), cooks and stewards (1.13, 1.01–1.27) and printers (1.10, 1.03–1.10).

Conclusion Smoking is a strong risk factor bladder cancer but there are other factors in some specific occupations in