employees with adapted or other work. The more prominent social importance and government demand could change the role of the occupational health physician (OHP). The question could be asked how OHP’s perceive their changing role in the re-integration process?

**Methods**

61 OHP’s (93.8% response) working in a Belgian occupational health service participated in a survey. Five function roles were defined:

1. ‘healthcare provider’: helping the employee (trust relationship);
2. ‘coach’: coaching and motivating the employee;
3. ‘service provider’: focus on employer’s situation;
4. ‘expert’: focus on evidence based medical evaluation;
5. ‘controller’: employees who are able to work, obligate to do so.

The frequency of each role was asked for three different situations: occupational medical examination (OME), current attitude in re-integration examination (CARE), best possible attitude to assume in re-integration examination (BARE). Mean scores (0–10) were calculated per function role, a higher score was concordant with a higher frequency.

**Results**

In all 3 situations the roles of healthcare (7.3–7.7) and service provider (5.8–6.2) scored similarly. The coach role was highest in the BARE (8.2), followed by the OME (7.7) and the CARE (7.0). The expert role was predominantly in the BARE (8.2) compared to the OME (6.7) and the CARE (6.6). The score for controller increased gradually from 2.9 (OME) over 3.5 (CARE) to 4.8 (BARE).

**Discussion**

The OHP is a healthcare and service provider in all circumstances. In the BARE the most important roles were those of expert and coach, followed by healthcare and service provider. Although the role of controller had the highest score in this situation, it still remained the less important of the five roles.

**Changes in Body Mass Index Before and After Long-Term Sick Leave Due to Cancer Among Workers: J-ECOH Study**


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**OCCUPATIONAL RISKS IN RAILWAYS IN MOROCCO**

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**Introduction**

The sector of railways in Morocco gather numerous activities, therefore occupational risks are also numerous and varied.

**Methods**

Our study analyses all occupational diseases and those with an occupational nature reported during 5 years from 2005 to 2009. This study is about all workers in the railway sector in Morocco. The average staff number is 8668.

**Result**

The number of occupational accidents reported each year varied between 170 and 250 cases, while the number of commuting accidents did not exceed 40 cases per year.

**Discussion**

However, several studies showed that several risks were high in the railway sector, particularly the cardiovascular risk. The mesothelioma and asbestos risks are also elevated because of the presence of asbestos fibres in the atmosphere. And finally, these workers are also confronted to noise nuisance and psychosocial risks.

**Conclusion**

These occupational diseases and those with an occupational nature lay a heavy toll on human life and a significant financial burden on the industry and social security schemes. So the purpose of our work was to clarify the various hazards present in the rail transport sector in Morocco.