

FACULTY OF OCCUPATIONAL MEDICINE



# NEWSLETTER

*Royal College of Physicians of Ireland*

**Volume 8, Issue 2**

**August 2010**

## **2010 Autumn Scientific Meeting**

This year the Faculty's Autumn Scientific Meeting will be a joint meeting with the UK Faculty of Occupational Medicine, taking place on Friday 1<sup>st</sup> October 2010, in Newry. The title is "Promoting Positive Mental Health in Health Professionals"

The conference will focus on health professionals and the particular mental health problems which they can experience, and will look at how they can best be supported.

An expert group of speakers will cover various aspects, including what to do when there are concerns about a practitioner's health and wellbeing, how to prevent burnout, and stress reduction for GPs.

The topic will be of interest to Occupational Physicians and nurses, as well as to GPs and Psychiatrists, and has been approved for 5 CME credits

Details on how to register for the conference can be found in the programme please see at the link below, which is on the RCPI website [http://www.rcpi.ie/News/Documents/oct\\_conferenceprogramme%20for%20web.pdf](http://www.rcpi.ie/News/Documents/oct_conferenceprogramme%20for%20web.pdf)



**Dr Tom Donnelly, Newsletter Editor, with Dr Muireann O'Sullivan at the Spring Conference**

## **Garda Test Cases On Blood Borne Infection Worries - Imposition Of Sex Restrictions Can Cause Unnecessary Anxiety – Judge Says**

This was one of the statements noted by a High Court judge in an important ruling on compensation claims. Ms Justice Mary Irvine said the way to allay Garda fears of picking up hepatitis or HIV infection was through educating Gardaí, GPs and hospital house doctors and solicitors who handle compensation claims.

The judge made these comments after hearing expert witnesses who made submissions to her relating to trauma arising from fear of disease when Garda have been bitten or spat upon by drug addicts.

In a 100-page judgment on three Garda claims, Ms Justice Irvine said expert evidence revealed that use of medical risk terminology such as mild, moderate or severe was unhelpful in situations where the risk was often minuscule.

Over testing by doctors and the imposition of sex restrictions often caused unnecessary anxiety and worry. The risk of being killed driving was very much greater than the risk of contracting HIV or hepatitis C (HCV) after an assault.

She said there was a lack of knowledge among Gardaí about these viruses in general and they continued to hold a significantly inflated view of potential risk, notwithstanding current Garda education promotions.

The judge said the imposition of restrictions on unprotected sexual relations following such an assault were often unwarranted. Fears that it could be transmitted through saliva and sputum had proved to be unfounded and even deep kissing had been established as being safe.

The consequences for an individual contracting HIV had radically changed due to the availability of powerful anti-retroviral therapies. It was vital that Gardaí understand that for anyone unfortunate enough to actually contract HCV, treatment was successful in 98 per cent of cases. A search of worldwide medical literature produced only three cases where it was convincingly demonstrated that HIV had been transmitted by a bite.

Not one of a group of 1,300 police officers exposed to a risk of transmission of HIV and HCV in Amsterdam this decade had gone on to contract either virus.

A recent survey into the incidence of infection in the police forces in the UK revealed no case of reported infection.

Ms Justice Irvine said that if accurate information and adequate reassurance could be provided to Gardaí, the Minister for Justice should not be faced with applications from members seeking leave to maintain compensation claims. She said solicitors who advise members on potential claims could play a role.

The judge feared that the health and welfare of Gardaí might become compromised in the pursuit of the evidence necessary to maintain a claim.

Gardaí were often sent for a series of examinations by doctors and specialists and it had been her experience in dealing with such claims that medical legal consultations did little to assuage fears and, if anything, served to reinforce concerns.

The judge made awards in three cases which the court had considered in detail, €6,000, €7,000 and €15,000 respectively.

She said the three Gardaí concerned had each been maliciously assaulted; one had been spat upon and the other two had been bitten by their respective assailants.

Ms Justice Irvine said liability of the Minister to compensate the three members had been established under the Garda Síochána Compensation Acts in that each of them had proved they had been injured in the course of

carrying out their duties and malice had been been conceded by the Minister.

### **SpR Workplace Visit**

The Faculty SpRs are pictured on a study day at Analog Devices in Limerick, at the invitation of Dr Pat Lee. They were hosted by Dr Joe Sim and Ms Ann Marie McGrath on 30th of March.



From left to right, Dr Haji Muhammad, Dr Alice Quinn, Dr Deirdre Fitzgerald, Dr Nuala Kelly, Dr Conor McDonnell, Dr Joe Sim, and Ms Ann Marie McGrath, Occupational Health Nurse, Analog Devices, Limerick.

### **Professional Competence A Milestone Heralds A New Era For Doctors**

The Minister for Health, Mary Harney recently signed a commencement order enacting the second part of the Medical Practitioners Act 2007 as of the 1<sup>st</sup> May 2010. Part two of the acts provides for the mandatory participation of doctors in Professional Competence Schemes. All registered doctors (apart from those in training) will be legally obliged to align themselves with a Postgraduate Training body by May 1<sup>st</sup> 2011 and thenceforth demonstrate that they are maintaining their professional competence via participation in CPD (Continuing Professional Development) and Clinical Audit. It is planned to add Multi-Source Feedback to the scheme at a later stage.

The medical council has issued a questionnaire to all registered doctors

requesting that they provide information on their registration with the Council and their alignment to a postgraduate training body for professional competence purposes. All Practitioners on the Specialist Division of the register must enrol in an accredited scheme irrespective of their current status e.g. retired, working part-time, living/working overseas. The Education Committee of the Royal College of Physicians of Ireland is responsible for the development and establishment of professional competence schemes within the college. The RCPI's Professional Competence Assurance Department will be responsible for the day-to-day running of the schemes.

### Continuing Professional Development (CPD)

There is a five year cycle of accreditation and to achieve compliance participating Doctors must earn a minimum of 50 credits per year (or 250 credits per 5 year cycle). Credits will generally be calculated as one credit for one hour of CPD activity although Training Bodies will have discretion to award extra credits for specific activities. Credits can be accrued in four different categories:

- (i) **External** (Maintenance of knowledge and skills)...e.g. College/Society meetings, academic courses ...etc - 20 credits (minimum) per year (100 credits per 5 year cycle)
- (ii) **Internal** (Practice Evaluation & Development) e.g. Clinical Clubs, peer review groups..etc - 20 credits per year (minimum) (100 credits per 5 year cycle)
- (iii) **Personal Learning** (e.g. Journals, E-learning..etc) - 5 credits per year (minimum) (25 credits per 5 year cycle)
- (iv) **Research or Teaching** (e.g. Postgraduate training, lectures, publishing articles..etc)- 2 credits per year (minimum) (10 credits per 5 year cycle)

The new Professional Competence Scheme is designed to promote self directed and practice-

based learning activities rather than supervised training. The scheme will be available to all Members and Fellows in good standing and at a reasonable cost to non-affiliates. Self-accreditation of relevant activities and documented reflective learning is allowed and encouraged. Participating Doctors will be obliged to record their CPD activities in their Personal Portfolio and to keep documentary evidence to support credits claimed. The Education Committee of the RCPI will undertake an annual audit of a random ten percent of Professional Competence Scheme participants to verify their supporting documentation.



Dr Deirdre Fitzgerald, SpR, Dr Karan Dursteler and Dr Sharon Lim, SpR attended the Spring Conference

### Clinical Audit

Clinical Audit can be defined as the "systematic review and evaluation of current practice with reference to research based standards to improve patient care".

Practitioners will be required to participate in one audit exercise annually that directly relates to their practice. It is recommended that practitioners spend one hour per month (minimum) on audit activity. In practical terms audit involves *measuring* an aspect of clinical practice, *comparing* against a recognised standard, *reflecting* on the outcome and *changing* practice accordingly. Suggested examples are patient/department outcomes,

peer review, patient satisfaction surveys, self assessment/practice review and (specifically in Occupational Medicine) work site visits.

There will be a comprehensive and supportive remediation process for participants who are identified through the Professional Competence Scheme as needing remediation.

The Faculty of Occupational Medicine has established a Professional Competence Subcommittee to design and supervise a scheme specific to the speciality. This Subcommittee will define and develop the clinical and non-clinical domains of professional competencies in the practice of Occupational Medicine and oversee the development of appropriate assessment tools.

#### **Driving Whilst Under the Influence of Drugs**

On 10<sup>th</sup> September 2009 Mr Charles Lane (34) from Cork was arrested for driving whilst under the influence of drugs. He was noticed driving erratically in the middle of the afternoon and a blood test showed the presence of benzodiazepines. He was fined €300 and banned for 5 years according to the Cork Examiner.

#### **NZ RCPI Interest Group Meeting May 2010**

The New Zealand RCPI Interest Group holds a twice yearly scientific meeting. This is usually held in Wellington or Christchurch. The latest half day meeting was held in Wellington at the Massey University Campus on 6 May 2010.

The meeting was well attended including a number of members and fellows of the Faculty of Occupational Medicine of the Royal College of Physicians of Ireland. Attendees included: Dr Edwin Whiteside, Dr John Kerr, Dr Simon Ryder-Lewis, Dr Andrew Porteus, Dr Gerard Walker, Dr Michael Short, Dr Bill Glass and Dr Mark Floyd and Dr David Waite.

This clinically based meeting had a short presentation format and included updates on travel health, task rotation, the health of immigrant workers, pandemic influenza control in the offshore oil exploration and production industry, health and safety in the mining industry, a review of work-induced emphysema, a case of myasthenia gravis in a commercial airline pilot and improving general practice occupational medicine training. The next meeting is planned for November of this year.



**Dr Edwin Whiteside addresses the group in Wellington on 6 May**

#### **Cochrane Review – July 18 2007**

##### **Interventions For Treating Functional Dysphonia In Adults**

Functional dysphonia is characterised by an abnormal quality of voice in the absence of an identifiable lesion. People in occupations where voice use is central, like teachers, are more at risk of developing functional dysphonia. The causes of voice disorders are still being debated. There is also no consensus on the best method of evaluating voice, although many consider auditory voice quality assessment as a gold standard measure. Because functional dysphonia is a non-organic voice disorder there is no indication for surgical or medical interventions, and it is treated with

behavioural (i.e. voice) therapy. Voice therapy usually consists of a combination of direct and indirect treatment techniques. Direct techniques focus on the underlying physiological changes needed to improve an individual's technique in using the vocal system whereas indirect techniques concentrate on contributory and maintenance aspects of the voice disorder (such as lack of knowledge).

A combination of direct and indirect voice therapy is effective in improving vocal functioning when compared to no intervention. The achieved results may still be apparent after a year.

### **“Do Stressful Working Conditions Cause Psychiatric disorders?”**

*Occupational Medicine 2010:60: 86-87*

25 employees of France Telecom committed suicide over a 2 year period, was this work related stress? The conceptual model of work stress suggest that excessive work demands in combination with low control and lack of social support can result in depression. Other factors such as high effort at work with low reward and unfair treatment by management may also cause stress. Meta analysis suggests that work stress can result in depression (1.2-1.4 fold), or is this due to co founders such as pre existing poor mental health in adolescence lead to jobs with poorer work characteristics with resultant psychiatric disorders later in adulthood. Depressed people have a negative outlook and may therefore perceive the workplace as being stressful (Facial expression testing of depressed subjects showed they failed to recognise happy faces compared with non depressed subjects)

### **Airway Inflammation In Cement Production Workers** (*Occ Envir Med 67 P395*)

A Norwegian study looked at Interleukin 1 $\beta$  and percentage Neutrophils in sputum from exposed workers, office workers in same plant, and exposed workers more than 5 days off work. Exposed workers had 51% neutrophils compared to 38% in other groups and also

exposed group had higher Interleukin levels. The cement concentration was 0.6 mg/m<sup>3</sup> which was well below Norwegian OEL for respirable dust of 5mg/m<sup>3</sup>.



Speakers at the Faculty's Spring Conference, held on 9<sup>th</sup> April 2010 were Dr Conor McDonnell, Prof Geraldine McCarthy, Dr Martin Hogan, Vice-Dean, Dr Paul Guéret, Dean of the Faculty, Dr Camillus Power, Dr James W Boag, Dr Sheelagh O'Brien, Chair of the Education Committee which organises the meetings, and Dr Tom O'Connell Honorary Secretary

### **Could Mining be Protective Against Prostate Cancer:** (*Occ & Envir Med 67*)

An Australian study published in Oct 09 showed a lower incidence of Prostate cancer in Western Australian miners compared with the average male population. The Odds Ration (OR) was 0.35 (95% CI 0.16-0.75) even taking into account age, family hx and hx of military service in Vietnam.

### **How Do Women With No Hx Of Asbestos Exposure Still Get Mesothelioma?**

(*Occ Envir Med 2010 67: P417*)

This French study looked at men and women who got Mesothelioma but had no identifiable hx of asbestos exposure and the areas/regions they lived in. With women the incidence corresponded to areas which had a high incidence of asbestos related mesotheliomas ie was there unrecognised exposure from spouses work cloths (as in Belfast shipyard) but with men the pattern did not show a

correspondence with areas with asbestos related cases.

## **Occupational Medicine May & June 2010**

### **The Health Safety And Health Promotion Needs Of Older Workers**

This systematic review using the three-star quality system evaluated current research on the health, safety and health promotion needs of older workers by identifying age-related change, whether older workers need support and evidence of successful intervention in the workplace.

It identified that there are a number of age-related physical and psychological changes but that these changes can be personally moderated by increased physical activity, intellectual activity and other lifestyle factors. Sensory abilities are also subject to change but some of these can be accommodated via equipment or workplace adjustments. In reviewing accident data, although older workers are at a reduced risk of accidents, they are more at risk of fatal accidents. Ill-health data identify that many chronic diseases can be controlled and adjustments put in place in the work environment. The research suggests that occupational health intervention can reduce the risk of early retirement from the workplace and that health promotion interventions are seen as positive by older workers. Further research was recommended to understand the high prevalence of musculoskeletal disorders and stress and anxiety in older workers.

*J. O. Crawford et al. Occupational Medicine 2010, 60(3): 184-192*

### **Trust And Vulnerability In Doctor–Patient Relations In Occupational Health**

The effectiveness of health care intervention depends heavily on the extent to which people trust the health care professionals with whom they come into contact.

The study sought to explore the relation between trust and vulnerability in the

occupational doctor–patient relationship by considering two opposing hypotheses on factors influencing perceptions of trustworthiness.

It utilized an explorative, cross-sectional study design in which trust and vulnerability were measured quantitatively (questionnaire) as well as qualitatively (semi-structured interview) in a stratified sample (N = 68; response rate 24%). The study found that trust and the need for trust vary with the character and severity of ill health. The first hypothesis of vulnerability leading to lower level trust appeared only to apply to patients with good health and low workload. Although trust levels were higher among patients with poor health and high workload, the second hypothesis (the more vulnerable, the higher the trust level) could not be confirmed for highly vulnerable patients because distrust was hard to overcome if physicians' independency, agency or expertise was questioned.

*H. N Plomp and N. Ballast. Occupational Medicine 2010, 60(4): 261-269*



**Dr Ross Ardill, Dr Ken Addley and Dr Dan Murphy**

### **Workplace Problems And Solutions For Employees With Chronic Diseases**

Many employees who have a chronic disease manage their jobs well while others are hampered in work performance, experience work-related problems and are at risk for job loss.

This study sought to identify the practical and psychosocial barriers recognized by employees with chronic disease who experience work-related problems and to examine preferred work accommodations.

It utilized a questionnaire was sent by mail and completed by current workers who have a chronic disease and experience serious problems at work.

One hundred and twenty-two employees participated in this study. On average, they had been ill for 10 years and 44% had more than one disease. Almost three-quarters of the respondents were so fatigued that they were at risk of sickness absence or work disability.

The most outstanding work-related problems were psychosocial, including work-home interference and a lack of acceptance of the chronic disease. Performing and finishing work tasks and social relationships with supervisors or colleagues were also felt to be slightly problematic. The most preferred work accommodations included fewer work hours, working from home, a slower work pace and more autonomy in planning work tasks.

*I. Varekamp and F. J. H. van Dijk.*

*Occupational Medicine 2010, 60(4): 287-293*

### **Comparison of work-related ill health reporting by occupational physicians and general practitioners**

The provision of occupational health (OH) services to the UK population is limited and concentrated in certain industries. Occupational physicians (OHPs) therefore see a different subset of the population than general practitioners (GPs) and their recognition of work-related ill health may differ. The objective of this study was to examine how reports of work-related ill health submitted by GPs to The Health & Occupation Reporting network in General Practice (THOR-GP) compared with those submitted by OHPs to the Occupational Physicians Reporting Activity (OPRA) scheme and to assess how biases in the coverage of OH services in the UK affect diagnostic and demographic differences.

Differences in reporting patterns were assessed from case reports of work-related ill health submitted to both networks.

Musculoskeletal and mental ill-health reports made up over 80% of reports. The likelihood ratio (LR) showed OHPs were 78% more likely to report a psychological case than GPs. OHPs were also more (18%) likely to report a female case. Health & social care was the industry most frequently reported by both groups; however, this was in greatly differing proportions (OHPs 38%, GPs 14%). When LRs were adjusted for industry, this reduced the likelihood of an OHP reporting cases of mental ill health (to 40%) and found them 10% less likely to report females than GPs.

OHP and GP reporting patterns highlight the variation in OH provision and its influence on the data provided. OHPs are best placed to report on health and work relationships; however, as some sectors have poor access to OH services, reports from suitably trained GPs will help inform about this 'blind spot'.

*L. Hussey et al. Occupational Medicine 2010, 60(4): 294-300*

### **Past Deans Lunch**



Some of the past Deans of the Faculty met at the College on January 20<sup>th</sup>, 2010. Present this year were Dr Ian Eustace (1990-1993), Dr David Courtney (1993-1996), Dr John Malone (2002-2004), current Dean Dr Paul Guéret, Dr Ken Addley (2006-2008) and Dr Chris Dick (1996-1999)

## OPRA Ireland Epidemiological Reporting Schemes

The Health and Safety Authority (H.S.A) requires methods of determining the incidence of occupational disease and work-related ill-health and of identifying causal factors. Voluntary reports from physicians allow monitoring of occupational ill-health within Ireland as they currently do in a number of EU countries, and aid intervention planning aimed at reducing workplace risks.

A number of EU centres e.g. the UK, Netherlands and France use voluntary reporting from physicians for these purposes. Thus, in the UK, from 1996 to 2001 the estimated average annual specialist reported incidence rate of work-related skin disease was 97 per million<sup>1</sup>. For occupational respiratory disease, data from 1992 to 2001 give an estimated average annual incidence rate of 2795 per million<sup>2</sup>. Data from occupational physicians suggested an incidence rate (yrs 1999 to 2001) of work-related mental ill-health of 1103 per million<sup>3</sup> and an incidence rate of work-related musculoskeletal disease of 1643 million<sup>4</sup>.

Self-reporting such as the Central Statistics Office Quarterly Household Surveys can be subject to several sources of bias, affecting some disease categories more than others,

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<sup>1</sup> McDonald JC, Beck MH, Chen Y, et al. Incidence by occupation and industry of work-related skin diseases in the United Kingdom 1996-2001. *Occup Med (Lond)* 2006;56:398-405.

<sup>2</sup> McDonald JC, Chen Y, Zekveld C, et al. Incidence by occupation and industry of acute work related respiratory diseases in the UK, 1992-2001. *Occup Environ Med* 2005;62:836-842.

<sup>3</sup> Cherry NM, Chen Y and McDonald JC. Reported incidence and precipitating factors of work-related stress and mental ill-health in the United Kingdom (1996-2001). *Occup Environ Med* 2006;56:414-42.

<sup>4</sup> Chen Y, McDonald JC and Cherry NM. Incidence and suspected cause of work-related musculoskeletal disorders, United Kingdom, 1996-2001. *Occ Med* 2006;56:406-413.

and operating in different directions. Some diseases, such as occupational asthma and dermatitis, have been the subject of more intensive surveys with diagnoses made by relevant specialists. One such project is the SWORD scheme (Surveillance of Work Related and Occupational Lung Disease). These studies tend to show a fair agreement between the medically diagnosed incidence and self-reported prevalence of these conditions, and in some situations suggests that self-reporting may under-estimate some categories of ill-health caused by work. Issues of validation of self-reporting were evaluated in a United Kingdom, Health & Safety Executive Research Paper<sup>5</sup>

In 2002 a number of UK reporting schemes were re-launched as "THOR" (The Health and Occupation Reporting Network), which is funded by the UK Health and Safety Executive. THOR incorporates new features such as the option of electronic reporting and of participating in an online forum, and it has spawned various other schemes and initiatives: <http://www.coeh.man.ac.uk/thor/>  
Fig 1.

The THOR schemes rely on the willing participation of thousands of specialist doctors including occupational physicians, psychiatrists, rheumatologists, respiratory physicians, dermatologists and audiologists who report cases of work-related ill health anonymously. The schemes in Ireland have been designed to be exclusively electronic. The reporting web-form asks the physician to provide the same information as was requested previously on paper, and electronic reporting has been the sole method of reporting in the EPIDERM, SWORD and OPRA schemes based in Ireland. Reporters are requested to give information on age, gender,

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<sup>5</sup> Research Paper 33, "Self-reported work-related illness" (Hodgson JT, Jones JR, Elliott RC and Osman J) HSE books 1993 (ISBN 0-7176-0607-4).

geographical location, job title, industry, and suspected agent (up to six agents can be recorded) for each case. (see Fig 2)

Fig 2 .



The occupational information within the case reports is coded using the Standard Occupational Classification (SOC) for the job title, and the Standard Industrial Classification (SIC) for data on industry<sup>6,7,8</sup>. Coding of suspected agents is based on a scheme that was developed by the Health and Safety Executive (HSE) in the UK for internal use. All coding is undertaken independently by two researchers, and any discrepancies are reconciled by a third person.

OPRA Ireland currently has 21 reporters although only 5 of these regularly report. There have been no requests to join the scheme since the start of 2009 and newly qualified or existing specialists in occupational medicine are invited to join the scheme by registering their interest and receiving a username and password at <http://www.medicine.manchester.ac.uk/oeH/res>

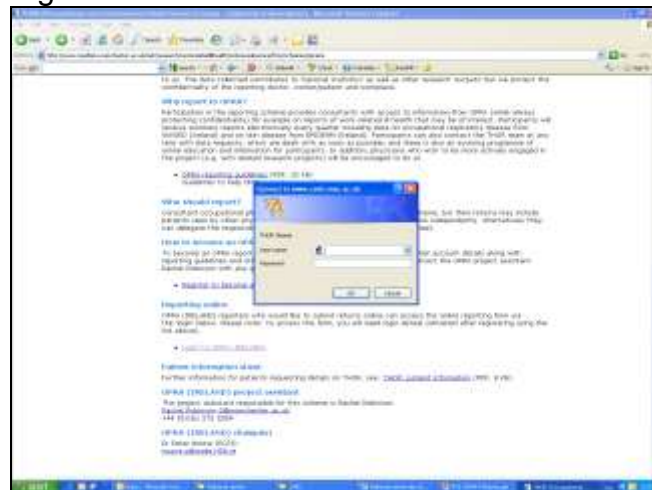
<sup>6</sup> Office of Population Censuses and Surveys. Standard Occupational Classification. London: HMSO, 1990.

<sup>7</sup> Office for National Statistics. Standard Occupational Classification. Norwich: The Stationery Office, 2000.

<sup>8</sup> Central Statistical Office. Indexes to the Standard Industrial Classification of Economic Activities 1992. London: HMSO, 1993.

[earch/workrelatedillhealth/sicknessabsence/tho/schemes/opraire](http://www.medicine.manchester.ac.uk/oeH/res/research/workrelatedillhealth/sicknessabsence/tho/schemes/opraire), (see Fig 3).

Fig 3.



*The second part of this article will appear in the next newsletter*

## Conferring Ceremony in the UAE in May

The Faculty held its exam in the UAE for the first time in May and one candidate was subsequently admitted to Membership of the Faculty. Three people were admitted to Fellowship of the Faculty, two with honorary fellowship and one fellow ad eundem



**Prof. Wyatt R Hume, Provost of the United Arab Emirates University, making his declaration on admission as an Honorary Fellow before the Dean, Dr. Paul Guéret (far left) with the Vice Dean, Dr. Martin Hogan looking on (right). Prof. Tar-Ching Aw FFOM, who delivered the citation on behalf of Prof. Hume, is second from left.**

**The newsletter is produced in electronic format only.**

**If you have not already submitted your current e-mail address to the Faculty, please do so by e-mailing [fom@rcpi.ie](mailto:fom@rcpi.ie)**

**2010 - 2011  
Faculty Dates for your diary**

**1 October** Autumn Scientific Meeting - Joint meeting with the UK Faculty of Occupational Medicine  
*"Promoting Positive Mental Health in Health Professionals"*  
**Venue:** Canal Court Hotel, Merchants Quay, Newry Co Down. The conference has been approved for 5 CME credits. For programme and booking form please go to

[http://www.rcpi.ie/News/Documents/oct\\_conferenceprogramme%20for%20web.pdf](http://www.rcpi.ie/News/Documents/oct_conferenceprogramme%20for%20web.pdf)

**19 November** AGM, Smiley Lecture, Admission Ceremony & Annual Dinner,  
**Venue:** RCPI No.6 Kildare Street

**7 April 2011** Spring Conference  
**Venue:** RCPI No.6 Kildare Street

See [www.rcpi.ie](http://www.rcpi.ie) for further information

Dates for the remaining **2010 Board** meetings are

September	Wednesday	8
October	Wednesday	6
November	Wednesday	3

Dr Nuala Kelly is going to Haiti with the Haven Partnership for their Build It Week in October. She would be grateful for any sponsorship for this worthy cause - please email : [nualakelly@physicians.ie](mailto:nualakelly@physicians.ie) if you wish to make a donation.

**Irish College of General Practitioners  
e-Learning course in Occupational  
Medicine**

contact Caitriona Finn at 01 6763705  
or [caitriona.finn@icgp.ie](mailto:caitriona.finn@icgp.ie).

**Irish Society of Occupational  
Medicine (ISOM) meetings**

Stephen's Green Club 7.30pm  
3/9/10, Meeting  
18/11/10 AGM  
15/10/10 Annual Dinner  
17/9/10 Budapest



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