Occupational and environmental medicine

Background

Occupational and environmental medicine (OEM) is a clinical and population-based medical specialty devoted to the prevention and management of occupational and environmental injury, illness, and disability, as well as the promotion of the health and productivity of workers, their families, and their communities. OEM is a growing field because of increased awareness of occupational hazards (e.g., chemical use) and increased government regulation of occupational health and safety.

Educating employees about preventing workplace injury and illness is one of the OEM physician’s most important roles. To accomplish this effectively, physicians must understand worksite operations along with the physical and chemical hazards of materials that employees use.

Physicians become involved in OEM either by electing to specialize in the field during a residency and fellowship or by acquiring additional training after first specializing in another clinical discipline (e.g., internal, family, or emergency medicine). The demand for OEM physicians crosses a variety of settings—from corporations and group practices to government offices, hospitals, and schools and colleges.

Physicians often enter OEM at midcareer by working for a local corporation for a few hours per week. Sometimes this will lead to contracts with other organizations or full-time employment by a major corporation. Typically, that corporation will pay for physician malpractice insurance and educational expenses (in addition to other basic employment benefits).

Although many OEM physicians work in corporate or consulting roles, hospital-based OEM programs are increasing. In this arrangement, hospitals contract with businesses for health services. These services usually start with rapid treatment of injuries and communication of the employee’s return-to-work status to the employer, but they may also include the full range of OEM services.

In all of these settings, OEM physicians must often perform epidemiological, toxicological, and clinical investigations. They also encounter many complex clinical problems, including exposure to toxic agents, drug and alcohol issues, respiratory distress from poor indoor air quality, and repetitive motion injuries.
In its position statement *Careers in Occupational and Environmental Medicine*, the American College of Occupational and Environmental Medicine (ACOEM) states that formal residency training for occupational physicians is a three-year period of study and training. The first year is spent in an internship, either through a preventive medicine residency, one of the primary care specialties, or a transitional program. For physicians with board qualification in internal or family medicine, the latter two years serve as a fellowship. The second and third years are spent in an accredited OEM residency.

In addition, the ACOEM states that during the second and third years of residency, physicians should spend practicum time in various occupational health settings (e.g., corporations, plants, clinics, government agencies, university consulting clinics, or research organizations) gaining hands-on experience in OEM. The third year must include at least four months of direct occupational medical care in a company.

The ACOEM also states that physicians should take didactic courses in epidemiology, biostatistics, environmental and work physiology, toxicology, industrial hygiene, ergonomics, mental health, health services administration, and public health, leading to the completion of a master of public health (MPH) or an equivalent degree.

Following this training, physicians should be prepared to sit for the American Board of Preventive Medicine (ABPM) annual board examination in occupational medicine. The ACOEM offers a self-assessment examination that can help physicians—especially those entering the field midcareer—who wish to become board certified.

The American College of Preventive Medicine (ACPM) does not publish credentialing or privileging criteria in OEM.

The ABPM certifies physicians in the following preventive medicine specialty areas:

- Aerospace medicine
The ABPM also offers certification in two subspecialties: medical toxicology (jointly with the American Board of Emergency Medicine and the American Board of Pediatrics) and undersea and hyperbaric medicine.

The ABPM’s general requirements for physicians seeking examination eligibility for any of its specialties or subspecialties are as follows:
- Graduate from a U.S. or Canadian medical school or a school elsewhere that is acceptable to the ABPM.
- Hold a currently valid and unrestricted license to practice medicine in the United States or Canada.
- Complete one year of supervised postgraduate clinical training provided as part of a graduate medical education program accredited by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada. The training must include at least six months of direct patient care comprising ambulatory and inpatient experience with hands-on patient care involving diagnostic workup and treatment of individual patients.
- Successfully complete a MPH degree or an equivalent master’s or doctoral postgraduate degree.
- Successfully complete a practicum of not less than one year in an ACGME-accredited residency program in the specialty area for which certification is being sought.
- Currently practice in the field of preventive medicine full-time or for at least one of the past three years.

Physicians who are entering the certification process from another specialty—rather than directly from medical school and residency—may meet the master’s degree and practicum year requirements through a combination of other experience or specialty certifications. However, these physicians must have practiced—or trained in—preventive medicine full-time for two of the past five years.

AOA

The American Osteopathic Association (AOA) certifies physicians for the subspecialty of OEM through the American Osteopathic Board of Preventive Medicine (AOBPM). Candidates are eligible to sit for the OEM certification exam if they meet the following requirements:
Graduate from a college of osteopathic medicine accredited by the AOA
Satisfactorily complete an AOA-approved residency or preceptorship program
Be licensed to practice in the state or territory where his or her practice is located
Show evidence of conformity to the standards set forth in the AOA Code of Ethics
Satisfactorily complete an AOA-approved internship
Be a member in good standing in the AOA or Canadian Osteopathic Association for at least two years prior to the certification date
Complete an MPH degree or its equivalent
Complete at least one year of AOA-approved training in OEM

An equivalency pathway is available for osteopathic physicians who earned their medical degree before 1990. This pathway requires physicians to have completed the following:

- A MPH degree or its equivalent
- A minimum of four years of full-time practice experience (immediately preceding application) in OEM
- 200 hours of continuing medical education in OEM

JCAHO

The JCAHO has no formal position on the delineation of privileges in OEM. However, in its Comprehensive Accreditation Manual for Hospitals, the JCAHO states (MS.4.10), “The organized medical staff has a credentialing process that is defined in the medical staff bylaws.”

In the rationale for MS.4.10, the JCAHO says credentials review is the process of obtaining, verifying, and assessing the qualifications of an applicant to provide patient care, treatment, and services for a healthcare organization. The credentials review process is the basis for making appointments to membership of the medical staff; it also provides information for granting clinical privileges to licensed independent practitioners (LIP) and other practitioners credentialed and privileged through the hospital’s medical staff process.

The JCAHO further states (MS.4.20), “There is a process for granting, renewing, or revising setting-specific privileges.”

In the rationale for standard MS.4.20, the JCAHO says essential information needs to be gathered in the process of granti-
ng, renewing, or revising clinical privileges. The information will dictate the type of care, treatments, and services or procedures that a practitioner will be authorized to perform. Privileges are setting-specific because they require consideration of setting characteristics (e.g., adequate facilities, equipment, number, and type of qualified support personnel and resources). Setting-specific decisions mean that privileges that are granted to an applicant are based on not only the applicant’s qualifications, but also consideration of the procedures and types of care, treatment, and services that can be performed within the proposed setting. All LIPs are privileged through the medical staff process.

The JCAHO further states (MS.4.40), “At the time of renewal of privileges, the organized staff evaluates individuals for their continued ability to provide quality care, treatment, and services for the privileges requested as defined in the medical staff bylaws.”

In the rationale for MS.4.40, the JCAHO says the process for renewal of privileges involves the same steps as those outlined under standard MS.4.20 for granting initial privileges, and it also requires the medical staff to evaluate practitioners’ ability to perform the privileges requested based on their performance during the period of time in which they have practiced at the organization. A hospital reviews the performance of each practitioner for every setting under the control of the hospital where the individual practices. Current competence is determined by the results of performance improvement activities and peer recommendations.

Evidence of current ability to perform privileges requested is required of all applicants for renewal of clinical privileges.

**CRC draft criteria**

The following draft criteria are intended to serve solely as a starting point for the development of an institution’s policy regarding this practice area.

*Minimum threshold criteria for requesting core privileges in OEM*

**Basic education:** MD or DO, plus an MPH or an equivalent degree

**Minimum formal training:** The applicant must be able to demonstrate successful completion of an ACGME-/AOA-accredited residency in OEM. In lieu of formal OEM residency, physicians who completed residency training in other medical specialties should
have at least four years of practice devoted to OEM.  

Required previous experience: The applicant must have successfully provided OEM services to at least 50 patients in the last 12 months.

References  A letter of reference must come from the director of the applicant’s OEM training program. Alternatively, a letter of reference should come from the director of the OEM program at the institution or corporation where the applicant most recently practiced.

Core privileges in OEM  Core privileges in OEM include the ability to evaluate, diagnose, treat, and provide consultation on an outpatient basis to patients with work-related problems. Privileges include the ability to admit patients to an OEM or rehabilitation unit of an acute-care facility, if one exists. Privileges also include but are not limited to the following:

➢ Anesthesia, local and digital block
➢ Burn treatment, heat or chemical, for the eye/skin
➢ Disability evaluations (per American Medical Association guidelines)
➢ Electrocardiograph (EKG) interpretation
➢ Ergonomic evaluations
➢ Eye injuries: infections and superficial foreign body
➢ Fitness for duty evaluations
➢ Foreign body removal (subcutaneous): ear, skin, and soft tissue
➢ Initial stabilization and treatment of fracture/dislocation
➢ Independent medical evaluations
➢ Injection therapy: epicondyle, tendon sheath, trigger point, and shoulder (subacromial)
➢ Interpretation of tests (e.g., spirometry, toxicologic, biological, radiographs, audiograms, industrial, and environmental hygiene sampling results)
➢ Nasal hemorrhage control: cautery and anterior packing
➢ Nail injury: removal and trephination
➢ Periodic medical evaluations: asbestos, lead, and respirator
➢ Plant tours: health risk and exposure evaluations
➢ Preplacement evaluations (according to American Disability Act requirements)
➢ Proctoscopy
➢ Pulmonary function test (baseline) for respirator-only interpretation
➢ Slit lamp usage
➢ Soft tissue debridement of burns and wounds
Toxic exposure evaluations
Wound repair and suturing

Note: If an OEM or rehabilitation unit does not exist, patients in need of admission to an acute-care facility due to an underlying medical condition require a coadmitting physician with appropriate clinical privileges. Hospitals should treat privileges to admit to an acute-care setting as a special request.

Special requests in OEM
For each special request, threshold criteria (e.g., additional training or completion of a recognized course and required experience) must be established.

Reappointment
Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality assurance mechanisms.

Applicants must be able to demonstrate that they have maintained competence by documenting that they have successfully provided OEM services to at least 50 patients annually over the reappointment cycle.

In addition, continuing education related to OEM practice should be required.

For more information
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25 Northwest Point Boulevard, Suite 700
Elk Grove Village, IL 60007-1030
Telephone: 847/818-1800
Fax: 847/818-9266
Web site: www.acoem.org
American College of Preventive Medicine
1307 New York Avenue, NW, Suite 200
Washington, DC 20005
Telephone: 202/466-2044
Fax: 202/466-2662
Web site: www.acpm.org

American Osteopathic Association
142 East Ontario Street
Chicago, IL 60611
Telephone: 312/202-8000
Fax: 312/202-8200
Web site: www.do-online.osteotech.org

Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
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Fax: 630/792-5005
Web site: www.jointcommission.org
Privilege request form
Occupational and environmental medicine

In order to be eligible to request clinical privileges in OEM, an applicant must meet the following minimum threshold criteria:

➤ Basic education: MD or DO, plus an MPH or an equivalent degree

➤ Minimum formal training: The applicant must be able to demonstrate successful completion of an ACGME-/AOA-accredited residency in OEM. In lieu of formal OEM residency, physicians who completed residency training in other medical specialties should have at least four years of practice devoted to OEM.

➤ Required previous experience: The applicant must have successfully provided OEM services to at least 50 patients in the last 12 months.

➤ References: A letter of reference must come from the director of the applicant’s OEM training program. Alternatively, a letter of reference should come from the director of the OEM program at the institution or corporation where the applicant most recently practiced.

➤ Core privileges: Core privileges in OEM include the ability to evaluate, diagnose, treat, and provide consultation, on an outpatient basis, to patients with work-related problems. Privileges include the ability to admit patients to an OEM or rehabilitation unit of an acute-care facility, if one exists. Privileges also include but are not limited to the following:
  – Anesthesia, local and digital block
  – Burn treatment, heat or chemical, for the eye/skin
  – Disability evaluations (per American Medical Association guidelines)
  – EKG interpretation
  – Ergonomic evaluations
  – Eye injuries: infections and superficial foreign body
  – Fitness for duty evaluations
  – Foreign body removal (subcutaneous): ear, skin, and soft tissue
  – Initial stabilization and treatment of fracture/dislocation
  – Independent medical evaluations
  – Injection therapy: epicondyle, tendon sheath, trigger point, and shoulder (subacromial)
  – Interpretation of tests (e.g., spirometry, toxicologic, biological, radiographs, audiograms, industrial, and environmental hygiene sampling results)
  – Nasal hemorrhage control: cautery and anterior packing
  – Nail injury: removal and trephination
  – Periodic medical evaluations: asbestos, lead, and respirator
  – Plant tours: health risk and exposure evaluations
  – Preplacement evaluations (according to American Disability Act requirements)
  – Proctoscopy
– Pulmonary function test (baseline) for respirator only interpretation
– Slit lamp usage
– Soft tissue debridement of burns and wounds
– Toxic exposure evaluations
– Wound repair and suturing

Note: If an OEM or rehabilitation unit does not exist, patients in need of admission to an acute-care facility due to an underlying medical condition require a coadmitting physician with appropriate clinical privileges. Hospitals should treat privileges to admit to an acute-care setting as a special request.

► Reappointment: Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality assurance mechanisms.

Applicants must be able to demonstrate that they have maintained competence by documenting that they have successfully provided OEM services to at least 50 patients annually over the reappointment cycle.

In addition, continuing education related to OEM practice should be required.

I understand that in making this request, I am bound by the applicable bylaws or policies of the hospital and hereby stipulate that I meet the minimum threshold criteria for this request.

Physician’s signature: __________________________________________________

Typed or printed name: ________________________________________________

Date: ________________________________________________________________
The information contained in this document is general. It has been designed and is intended for use by hospitals and their credentials committees in developing their own local approaches and policies for various credentialing issues. This information, including the materials, opinions, and draft criteria set forth herein, should not be adopted for use without careful consideration, discussion, additional research by physicians and counsel in local settings, and adaptation to local needs. The Credentialing Resource Center does not provide legal or clinical advice; for such advice, the counsel of competent individuals in these fields must be obtained.

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