Knowledge transfer from Belgian government to medical doctors

Information: katrien.mortelmans@mensura.be

INTRODUCTION
- In Belgium, general practitioners (GPs), occupational physicians (OPs) and social insurance physicians (SIPs) have complementary tasks on work disability prevention and integration (WDPI). However, there is a lack of inter-physician collaboration in WDPI.
- In 2009-2011, the Belgian Ministry of Employment commissioned a study to identify GP-OP-SIP collaboration channels, in order to prevent unnecessary long-term work disability [1]. One of the six policy recommendations issued by this study, was to stimulate inter-physician collaboration by setting up common seminars for GPs, OPs, and SIPs.
- This poster illustrates how this recommendation was to stimulate inter-physician collaboration by common seminars can be put into practice.

METHODS
- Preparation of the seminars
  - The scientific associations of GPs, OPs, and SIPs were included in the organisation of the seminars.
  - To respect the bilingual character of Belgium, one French-spoken and one Flemish-spoken seminar were organized in 2012.
  - The Ministry of Employment and the Sickness and Invalidity Insurance provided financial and practical support for the seminars.
- The aim of the seminars was to achieve a double WDPI knowledge transfer

DOUBLE WDPI KNOWLEDGE TRANSFER

1. Bringing to practicing physicians WDPI evidence-based guidelines, as described in the study [1]
   - A transdisciplinary training at the seminar

2. Bringing back to the Ministry of Employment the physicians’ opinions on three policy recommendations suggested in the study [1] but not yet validated by a large group of physicians
   - Promoting press releases to spread out the WDPI messages
   - An on-line voting system at the seminar

RESULTS
- About 400 people participated at the seminars, of which 91% physicians (38% GPs; 27% OPs; 26% SIPs)
- Training included interactive presentations on:
  - WDPI legislation
  - Physicians’ role clarification
  - Evidence in WDPI research
  - Practical cases of long-term sickness absence
  - Examples of good practices with successful return to work
- Press picked up the news and at least 5 articles were published
- The participants underlined their support (agreement > 80%) for the three policy recommendations submitted to the votes:
  - Invest in a common training of the three physician groups
  - Promote the pre-return to work visit with the OP for sick-listed patients
  - Establish common guidelines for concerted return to work guidance

CONCLUSION
A double WDPI knowledge transfer was successfully put into practice in Belgium. Let’s not stop there!


K Mortelmans¹, R Remmen², P Berkein³, F Falez⁴, E Laurent⁵, E Lenoir⁶, C Van den Brent⁷, Ph Mairaix⁷

¹ Department of Research & Development, Occupational Health Services Mensura, Belgium ²Centre for General Practice/Family Medicine, Faculty of Medicine and Health Sciences, University of Antwerp, Belgium ³Medical Direction, Socialist Mutualty, Belgium ⁴Medical Direction, Christian Mutualty, Belgium ⁵ Scientific Society for General Practice (SSMG), Belgium ⁶Medical Direction, Free Mutualty, Belgium ⁷School of Public Health, University of Liège, Belgium