CLIMATE-CHANGE AND DOCTORS IN ACTION TO SHARE AND PROMOTE EXPERIENCES: TO UNDERSTAND AND FACE ENVIRONMENTAL HEALTH ISSUES

Wednesday 27 June 2018

Afternoon round table on "Sentinel physician for the environment" (SPE)

Present: Francesco Romizi, FR (ISDE-I), Raymond Agius, RA (UNI-Manchester, UK), Ariana Zeka (Brunel UNI, UK), Herrman, Martin Hermann (DAK&Gt, D), Giovanni Leonardi (PHE, UK), Robert Verheij (NIVEL, NL), Becky Perrish (UCL, UK), Maja Muszynska, MM (IOMEH, PL), Paolo Lauriola (ISDE, I), Fabrizio Bianchi (CNR, I)

In order to facilitate the identification of *who* said *what*, comments are reported as they were introduced

FR: shared the LIFE first step concept proposal on SPE. He confirmed that this proposal has been tailored by a layman who is expert in LIFE proposal application. He isn't an epidemiologist. 160 proposals have been submitted. The result of the first step evaluation is expected in September 2018.

RA: we must be very clear on the priorities according to which resources will be allocated. A particular attention must be paid to development and application of guidelines. There could be different levels of Sentinels (a few at the highest level would manage epidemiologic investigations or training programmes, while as a minimum most should have the responsibility to recognise and report specific pre-agreed diagnoses within a limited sampling frame) and also different roles (research, training, advocacy) of SPE. A particular attention must be paid on "rewarding" sentinel physicians, in a manner which would not necessarily be economic. A specific example was using free CPD (as developed and provided for example in Manchester). There could be also other opportunities (providing Educational credits).

AZ: A particular attention should be paid to capacity building which must be: consistent with the role of SPE, sustained and effective. For example, attention must be paid to developing and validating methodologies in scenarios where GP data quality is poor or lacking. This also needs to consider that capacity building approaches, plan need to target countries that lack such systems of data collection, archiving. To also consider the transfer of knowledge from a more developed system (some examples mentioned in the meeting), to the less developed (ones that lack data, or approaches on how to use such data). This potential for a European SPE network could be aligned with efforts for a European Research Infrastructure in Environmental Public Health (plans for 2019 calls), and also with efforts for European Environmental Public Health Tracking (CA 2018 proposal submitted). Needs to consider plans for curriculum change/modification to accept environmental public health as part of the training in medical schools, and also to align this with other faculties of higher education (engineering, environment, sciences, urban planning, etc). [this could also be aligned with the Erasmus+ proposal, and also the Italian experience of teaching doctors on environmental emergencies]. Such curriculum change could also lay the ground for better communication, interaction between different disciplines. Need to consider that disease classification, and diagnosis is ow beyond the classic ones such as CVD, respiratory, cancers, etc. Environmentally linked diseases now are less specific, and likely caused by more complex environmental pressures (climate change, environmental disasters, migration, poverty related, crisis, wars) – to consider nutrition/malnutrition, mental health, sexually transmitted diseases, new infectious diseases, and more. The dynamics of the adverse population health patterns are likely changing.

Re. Article. One proposal was to reflect the discussion in the room, of the gaps, the need, and outlining of several experiences (UK, German, Italian, Dutch, etc).

MH: German physician will be involved in the proposal

GL: data must be collected and interpreted afterward with epidemiological analysis. Also quality of data must be guaranteed through epidemiological analysis. Some specific investigation could be implemented (ie Lead poisoning)

RV: : The objective of the project must be clear and explicit. The most intriguing feature of the project is the physician involvement in pursuing the solution of environmental concerns. Particular attention must be paid to citizens involvement. Do not propose the creation of a platform which completely unclear and useless. We must define exactly what data must be collected. Related to this which tools could be really effective? In other words the key point is methodology development. And how to handle non-comparable, inconsistent datasets, different socioeconomic contexts and different healthcare systems and reporting metrics

MM: in Poland EMR are not yet commonly used by GPs, but the system is in the course of dissemination and development. It is important to agree on the indicators to be used. WHO suggested some examples, which could be used. They are in favour to be involved in the project

PL: we will use all the opportunities to fund this proposal: LIFE, COST Act, Excellence Infrastructure

FB: Shall we use diagnosis, signals, what else? It is important to take into due account the local setting in which GPs operate. Surveillance requires systematic observation so this must be ensured and made clear in the proposal.

CONCLUSION: we will be all determined to focused on the next steps of the proposal. As such we will take the opportunity to finalize a scientific article which will be the *shared basis* for the next SPE project proposals.