

TNO-report

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**A study on OSH services
(internal and external) in Turkey**

Work and Employment

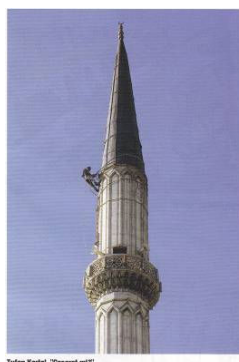
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Turkey Kartal, "Consent not"

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1 Introduction

In the light of the MATRA project *Improvement in quality of external occupational health and safety services* (MAT 08/TR/9/2), TNO was commissioned by the Dutch Ministry of Social Affairs and Employment to perform a study on OSH services in Turkey and assist the Turkish counterpart with study trips to three EU member states to compare the outcomes of this study and the identified gaps in Turkey with the situation in these three member states. Based on this study and the findings of the study visits, Turkey can choose and decide what is best to bridge the gaps identified and introduce clear and transparent regulations and policies on OSH services (internal and external).

Two TNO experts, Mr. Jan Michiel Meeuwssen and Mr. Jan Harmen Kwantes, visited Ankara in May and August 2010. The Turkish counterpart composed a working group of representatives from the Directorate General of Occupational Health and Safety (DGOHS) of the Ministry of Labour and Social Security and ISGUM, a research institute on OSH under the authority of the ministry.

We wish to thank all officials met, for their openness in sharing information, for their willingness to cooperate, for their availability and assistance, and last not least for their overwhelming hospitality. In particular, thanks must go to all members of the Working Group: Ümit Tarhan, Tolga Pekiner, Serkan Haciosmanoğlu, Selçuk Yaşar, S. Suna Ahioglu, Muhammed Furkan Kahraman, Mehmet Said Ağaoğulları, Esin Aytac Kürkçü and Buhara Önal. We thank them for their patience to work with foreign experts who do not fully understand the Turkish socio-economic reality and culture.

Furthermore, we would like to acknowledge that this study could not have taken place without the valuable support of Mr. Kasim Özer, Director General, and Dr. Rana Güven, Deputy General Director, from the Ministry of Labour and Social Security. We thank them for their enthusiasm and excellent contributions and feed back during the cooperative discussions that took place with the Working Group. A special thanks also goes to Mrs. Reyhan Cephe and Mr. Ben van Welie from the Dutch Ministry of Social Affairs and Employment for their guidance and support during this project.

Furthermore, we thank the following stakeholders for their cooperation during this study:

- Türk Traktör
- Labour inspection board
- Casgem (Centre for labour and social security training and research)
- Ministry of Health of Turkey (General directorate of primary health care services)
- Ankara occupational diseases hospital
- SGK (social security institution)
- TISK (Turkish confederation of employer associations)
- TMMOB (Union of chambers of Turkish engineers and architects)
- TTB (Turkish medical association)
- Ekoteknik (an external OSH service unit)
- TURK-IS (Confederation of Turkish trade unions)
- ASAR (Association of external OSH services)

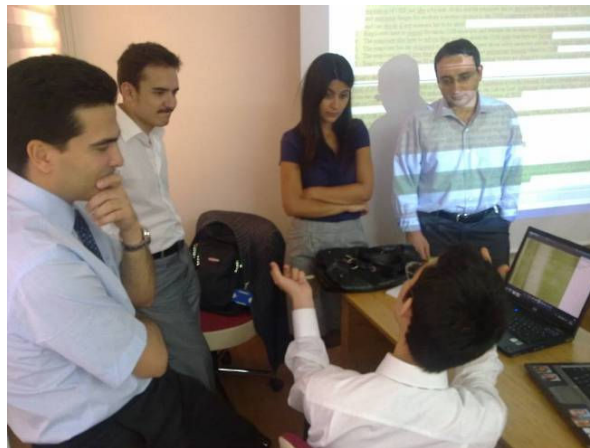
Again, all these more than 40 officials offered a host of hospitality to the team within the truly wonderful tradition of the Turkish people.

2 Approach and methodology of the study

The approach of this study was to benchmark the Turkish regulations and policies against the *Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work*¹ and the ILO Convention (C-161, 1985) and an earlier Recommendation (R-112, 1959) on occupational health services. Turkey has the ambition to enter the European Union and it has ratified this ILO convention, therefore this supra national legislation is of paramount interest to comply fully with.

Documents were studied and many Turkish stakeholders were interviewed to collect their opinions on the functioning of Turkish OSH services. All minutes of these meetings are attached as an annex to this report. On August 26th a stakeholder's meeting was organized in Ankara to collect critical feedback from the stakeholders on the draft findings of the study.

The findings of this study will serve as an input for the study trips to three EU member states.



The Working Group in action

¹ In this study we will frequently refer to it as the Framework Directive or, in short: the FD.

3 International legal requirements

3.1 The Framework directive of the EEC

If the Turkish Republic wants to enter the European Union (EU) it has to comply to all EU-legislation (= a part of the *acquis communautaire*) including the OSH-legislation. The predominant part of this legislation is the EU-framework directive (89/391/EEC) on safety and health of workers (FD)². This FD lays the foundation of many specific OSH-directives.

The FD has four sections; section two is by far the largest and most essential part of the FD. The obligations mentioned in section two are the obligations for the employer. The crucial element in this section is article 6. This provision of the FD is the core of the legal approach of occupational safety and health within companies: the risk-assessment and evaluation. This risk assessment and evaluation provides every organization with necessary data for implementing measures to protect workers against safety- and health risks. For example: if you don't know the risks within your company how can you organize OSH-training and -information?

Article 7 of the FD regulates the so called designated worker. This designated worker has to carry out the preventive and protective tasks on behalf of the employer. The employer is responsible for the designation of such a worker and should give him enough time, education, means and opportunities to fulfill his tasks. If it is impossible for an employer to find such an internal employee, an external person or an external service may be contracted. Of course, it is allowed to create an internal service for the fulfillment of the tasks of the designated workers. The FD makes it possible for employers to carry out the tasks of the designated worker by him- of herself. It is up to the Member States to define the exact conditions for this replacement of the designated worker by the employer.

Article 14 of the FD is part of section four and deals with health surveillance. Health surveillance should be arranged for every employee and should be appropriate for the risks within the company where the employee is working. The Member States have the possibility to organize this health surveillance within their own national health (care) system.

The FD does not provide many specific obligations regarding OSH services. But one thing is quite clear: the support of the employer regarding OSH-obligations should be organized internally. More specific: every employer has to designate at least one employee as a designated worker. It is possible to enlist an external service or an external person, but that is rather the exception to the rule.

The (tasks of the) designated worker are not medically orientated. His/her tasks are purely preventive and protective. The organization of the medical support tasks is separated in the FD from the preventive and protective tasks. The Member States can organize the health surveillance according to their own ideas, principles and existing health system and legislation. Additionally, every employee should be offered health surveillance. However, the use of this offered health surveillance is not obligatory for the employee. Of course Member States have the possibility to combine preventive/protective and the more curative tasks in one in- or external OSH-service in their national legislation.

² The Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work. Official Journal of the EEC, L-183, 29/06/1989, p. 1-8.

3.2 ILO conventions and recommendations

The ILO has made a Convention (C-161, 1985) and a Recommendation (R-112, 1959) on occupational health services. Turkey has ratified this Convention. One of the goals of this Convention is to support the employer ‘...with essentially preventive functions and responsible for advising the employer, the workers and their representatives’. Based on article 3, section 1, these occupational health services should be available for each worker. Some of the tasks of these occupational health services are comparable with the tasks of the designated worker, for example the identification and assessment of risks. Other tasks of these occupational health services are medically orientated, such as the surveillance of workers’ health in relation to work, as well as organizing first aid and emergency treatment³.

There are no specific obligations regarding the organization of these occupational health services. That’s to say: each State has the freedom to organize these services according to their conditions and practices. The Convention mentions in article 7 the following general possibilities for organizing the national occupational health services:

- “...occupational health services may be organized by:
- the undertaking or groups of undertakings concerned;
- public authority or official services;
- social security institutions;
- any other body authorized by the competent authority;
- a combination of any of the above.”

3.3 Conclusions

The FD contains not many provisions regarding occupational safety and health services. In article 7 of the FD the (in- and external) OSH-service is only mentioned as an alternative for the designated worker. Article 14 of the FD describes the obligation that every employee should receive appropriate health surveillance. But at the same time a Member State can make a choice how this task will be carried out. Therefore, this can be done in accordance with the national health law or health practice of Turkey. The predominant element of article 7 of the FD is the duty of employers to designate one or more workers for occupational safety and health tasks.

The title of ILO Convention number 161 is “Occupational Health Services”. This title is more or less misleading because such services are not only dealing with occupational health matters, but also with safety, hygiene and ergonomic matters⁴. However, the focus of this Convention is the surveillance of the health of employees. The convention gives enough possibilities to States to create a tailor-made OSH-service.

The conclusion can be that the obligations of article 7 of the FD have merely to do with the designated worker. Neither the FD nor the ILO Convention includes very specific obligations related to OSH-services. They create a very general framework for the establishment of (in- or external) OSH-services.

³ Article 5 of this Convention has 11 possible tasks for the occupational health services. The amount of possible tasks is related to the risks within each company.

⁴ For example: point (d) in article 5 of the Convention: “advice (of the Occupational Health Service) on occupational health, safety and hygiene and on ergonomics and individual and collective protective equipment.”

4 Turkish OSH legislation

4.1 OSH-legislation in force

The most important OSH-obligations for the Turkish employers have been laid down in the Turkish Labour Law nr. 4857. This law was adopted on 22-05-2003. Part five of this law has several articles (articles 77–89) referring to occupational safety and health⁵.

Some examples are:

- Every employer is obliged to take all measures and make available all necessary equipment to ensure adequate occupational safety and health at workplaces, and the compliance of workers with such measures taken (article 77)
- The employer with more than 50 workers and active in industrial sectors (the activity should last longer than 6 months) is obliged to create an OSH committee or board. The OSH-committee consists of the manager and/or the deputy manager and the safety expert or technical staff member and occupational physician and the OSH-worker representative and a representative selected by the trade-union or elected by workers. There are more members active in this OSH-committee. The main goal of this OSH-committee is to establish an internal regulation of OSH just like a by-law. At the end, the employer has to approve the draft internal regulation. When there is an immediate and imminent danger for workers a worker can turn to the OSH-committee to report that danger. The OSH-committee can come together and can decide if any measure has to be taken. (Article 80 and 83 and the special Regulation for work health and safety councils (7 April 2004/ 25426 Official Gazette))
- Employers have to inspect the taken OSH-measures and whether the workers are obeying these measures (monitoring) (article 77)
- The employer also has to inform the workers about the OSH-risks that they are facing (article 77)
- The employer has the obligation to inform his employees about safety measures and the legal duties, rights and responsibilities (article 77)
- The employer should give the employees adequate and appropriate training related to OSH (article 77)
- Employers with more than 50 workers and active in industrial sectors are obliged to contract an internal or external OSH-service (Article 81)
- Based on article 78 of the Turkish Labour Law many of the so called individual Directives of the EU have been transposed into Turkish regulations or are in preparation to be transposed (i.e. the EU directives on Noise, Manual handling of loads, etc.)

4.2 Draft OSH-law

The Turkish Government is presently working on a new OSH-law, which replaces the now existing part five of the Labour Law and will introduce new by-laws. This new OSH-law will probably come into force in 2011.

⁵ Source: NATLEX Database – ISN 64083 Unofficial translation prepared by the International Labour Office (ILO, Ankara Office). This translation is intended for information purposes only and does not substitute consultation of the authoritative text. Copyright © 2004 International Labour Organization

The main elements of this new OSH-law are:

- it will cover all Turkish employers regardless of the number of workers;
- it will cover all the sectors including all private and public sectors;
- it will introduce the person of the designated worker which originates from article 7 of the FD.

4.3 OSH-legislation specifically related to OSH-services

Based on article 81 and 82 of the Turkish Labour Law nr. 4857 employers, who permanently employ more than 50 workers, with the consideration of the number of employees at the workplace, specifications of the workplace and dangerousness of the work done, are obliged to:

- Constitute a workplace health and safety unit (= an internal OSH-service);
- Employ one or more occupational physicians and other medical personnel (such as the OSH-nurse and medical technicians);
- Solely in industrial workplaces employ one or more engineers or technicians having the safety expert aptitude.

In order to carry out:

- determined necessary occupational health and safety measures;
- the monitoring of the implementation of these measures;
- the prevention of accidents-at-work and occupational diseases;
- the provision of first-aid, emergency treatment and protective health and safety services.

Employers may discharge their above-mentioned obligations fully or partially either:

- by employing an in-house expert having the necessary qualifications determined in the by-law, or
- by outsourcing to the joint health and safety units (external OSH-service) which are established outside the enterprise. The outsourcing thereof shall not discharge employer from his/her responsibilities and liabilities.

The qualification, number, employment, duties, authorities, responsibilities, working conditions, training, certification of the occupational physicians, safety experts and other personnel employed in workplace health and safety units (internal OSH-service), the conditions of outsourcing, the staff, equipment, the qualification and training of the staff of joint health and safety units (external OSH-service) and authorization of training centers, the curriculum of training of the occupational physicians and safety experts and qualifications of the trainers and examination shall be determined by a by-law put into force by Ministry of Labour and Social Security after formal consultation with related partners.

In the scope of their principal duties medical doctors employed by public institutions shall work as an occupational physician for the employees, which are employed solely by the public institution, (not the subcontractors' employees) by having the necessary trainings set forth in article 81. The health units established by these public institutions for the service of other workers (public servants) shall be used as workplace health and safety units.

4.4 Court's decision on 'Regulation on workplace health and safety units and joint health and safety units'

In April 2010 a Turkish Court decision was made to suspend the 'Regulation on workplace health and safety units and joint health and safety units', especially the articles on the training of safety experts and occupational physicians. This is the important by-law as announced in articles 81 and 82 of the Turkish Labour Law (please see the paragraph above).

This problem has partially been solved by making additional items to the Labour Law. Additional changes to this topic will be taken up in the adapted 'Regulation on workplace health and safety units and joint health and safety units' which is expected to come into force in September/October 2010.



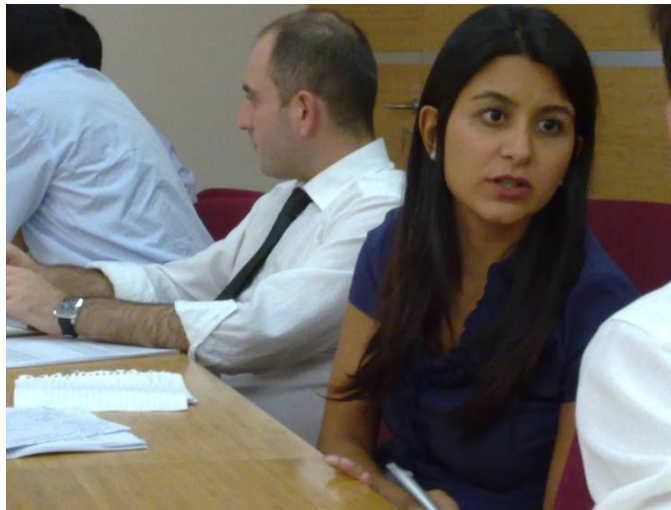
Mr. Kasim Özer during the stakeholders meeting

5 Critical issue analysis Turkish regulatory environment and OSH policy

In this chapter, we present the results of our analysis based on interviews and document reviews. In the left column we mention relevant issues regarding the establishment of OSH services and in the other columns we mention first of all clear ‘Gaps’, secondly ‘Points for reconsideration’ and lastly ‘Conditions for a solid regulatory environment’. Gaps should be bridged immediately; a gap means that Turkey now in its legislation and regulations fails to cover an important issue of either the Framework Directive (FD) or the ILO Convention 161.

Points for reconsideration focus on issues that have been covered so far in the Turkish regulation, but might be improved or made more efficient based on best practices we know of elsewhere in the European Union.

Finally, the column ‘Conditions for a solid regulatory environment’ gives suggestions to improve specific aspects of the overall OSH policy in Turkey in order to make the functioning of OSH services in Turkey more successful.



Members of the Working Group

Issue	GAP	Points for reconsideration	Conditions for a solid regulatory environment
I. National policy⁶ 1. Designated worker	The designated worker should be an integral and transparent element in the Turkish OSH-legislation. Turkey has to comply with obligations related to the Designated worker as set out in art. 7 of the Framework Directive. We have not found in the Turkish legislation and regulation any clear and unambiguous obligation to appoint these so called designated workers by the employer.	It is possible for the Turkish government to introduce the designated worker obligation gradually into the Turkish OSH-legislation. For example: primarily, only companies with 50 employees or more will be obliged to introduce the designated worker. After 3 years also companies with more than 25 employees have to comply with this obligation. At the same time companies with 25 or less employees could have a choice: the employer can perform the tasks of the designated worker by him- or herself or the employer can designate a worker for these tasks.	Create, in close cooperation with Turkish employers and employees, training courses for designated workers. CASGEM could develop a kind of basic course (setting the standard) for the designated worker. This can be done at a national level but also at the level of branches. The last approach means a more detailed and tailor-made training of designated workers. Dissemination can be realized by means of seminars, a central database, leaflets, brochures and the internet. We strongly recommend to write a guide for the implementation of the designated worker, one for the employer and one for the designated worker him- or herself.
2. Health surveillance for all workers	Important to notice is the fact that also the health surveillance as mentioned in article 14 of the FD should be available for all Turkish workers. The ILO Occupational Health Services Convention (C-161) is even clearer; the functions mentioned in article 5 of this convention should be available for all workers (art. 3, section 1). The threshold of 50 employees, as mentioned in article 2 of the Turkish 'Regulation on workplace health and safety units and joint health and safety units', seems to be in conflict with the above mentioned principles of the FD and the C-161 Convention. In our view every Turkish worker should have access to the workplace or joint health and safety units or any similar health service, therefore this threshold in the Turkish legislation as regards health surveillance should be withdrawn.		The health checks are an element of the health surveillance. Pre-employment and periodical health examinations are obliged in article 18 and 19 of the Turkish 'Regulation on workplace health and safety units and joint health and safety units'. Concerning the health examinations, medical status details of the workers are described in a specific format in the annex of the above mentioned regulation. Due to the insufficiency of the format, we would like to suggest preparing a guideline on health surveillance. This should be done in close cooperation with the Ministry of Health. A vast need for health surveillance of workers from SME's will develop. Here the community health centers initiated by the Turkish Ministry of Health could play an important role to fulfill this need. Also internal OSH-services should be allowed

⁶ The arrangement of these five headings in this column in Roman capitals is based on the division of chapters (parts) in the ILO Occupational Health Services Convention, 1985 (C-161).

Issue	GAP	Points for reconsideration	Conditions for a solid regulatory environment
3. OSH legislation applicable to all sectors	<p>The OSH-legislation, including OSH-services, should be applicable to all public and private sectors (except some very special sectors like the armed forces). Presently the following sectors are not included in the OSH-legislation for example:</p> <ul style="list-style-type: none"> agriculture forestry public sector households military sector <p>Turkey should comply with article 2 (scope) of the Framework Directive (89/391/EEC) and also article 3, section 1 of the ILO Convention regarding Occupational Health Services, 1985 (C-161).</p> <p>If Turkey wants to comply with these international obligations, it should adapt its OSH-legislation in the above mentioned way.</p>		to offer services to neighbouring companies.
4. Designated worker's tasks to employer		<p>It is possible for Turkey to appoint the tasks of the designated worker to the employer him- or herself (art. 7, section 7 of the Framework Directive). Perhaps this is for Turkey an attractive possibility, because most of the undertakings are small or medium sized enterprises.</p> <p>It minimizes the administrative burden for employers.</p> <p>See <i>also point 1.</i></p>	
5. Reliable statistical data		<p>Statistical data are collected by TÜİK (Turkish Statistical Institute), SGK (Social Security Institution) and also some other foundations are collecting data related to their branches like TOBB (The Union of Chambers and Commodity Exchanges of Turkey) or TİSK (Turkish Confederation of Employer Associations). Some of the stakeholders mentioned during the interviews the lack of reliable statistical information regarding the amount of enterprises, employees and self-employed personnel. This is a very important point for every government. Without reliable data,</p>	

Issue	GAP	Points for reconsideration	Conditions for a solid regulatory environment
		<p>lawmaking, effective policy and enforcement is very difficult. Therefore, much attention should be paid to a reliable central collection of these data. For example via a Central Office of Statistics or via Chambers of Commerce. These statistical data are not only of importance for OSH, but also for other areas such as environment and public health. It is needed that TUIK should coordinate and collaborate with SGK and the other related foundations and then summarize and monopolize all these data.</p>	
6. Clear and transparent legislation for SME's		<p>Create such OSH-legislation, that it is understandable and practically applicable for SME's. As is shown in Annex 6, the vast majority of the Turkish companies are SME's (with 1 up till 50 employees). The FD makes it clear that legislation should not block the creation and development of SME's. Economic impact assessment instruments are very useful for this. Turkey can make use of the regulatory impact assessment methodologies as offered and introduced by the OECD.</p>	<p>If OSH-legislation cannot be made more accessible, one option can be to write a notification (for example on internal and external OSH-services).</p> <p>Other strategies to help SME's to comply with OSH-legislation should be investigated (for examples special guides made for branches or information via the internet or digital tools). This is very important because many enterprises in Turkey are small enterprises.</p>
7. Cultural aspect			<p>Some of the stakeholders mentioned that the risk perception and attitude of Turkish employees is quite different than the European Union employees. To stimulate safety awareness amongst Turkish employees it is necessary to pay attention to this item in vocational training and during refresher courses. Not only the employees should be informed and trained on safety awareness but also of course SME-employers and designated workers. In the basic course for the designated worker, as mentioned in row 1 above, attention should be paid to this item as well. Organisations of employers and trade-unions can support their members with information and courses. Influencing safety culture and behaviour is difficult. All parties involved in the OSH-infrastructure should play a role in this effort during a long period.</p>

Issue	GAP	Points for reconsideration	Conditions for a solid regulatory environment
8. Promote Chain safety			<p>The Turkish Government could reconsider the possibilities of promoting 'chain safety' within Turkey. Like the way Turk Traktor treats its suppliers. Chain safety means that enterprises and their suppliers come to arrangements on health and safety; if a supplier does not want to collaborate in this, one can choose for another supplier.</p> <p>Procurement of goods and services by the Turkish Government.</p> <p>Another aspect of chain safety is the close cooperation of all employers at one workplace.</p> <p>The well-known example is the construction site, where all construction companies and self-employed personal have to work together to create a safe and healthy workplace.</p> <p>The OSH-nurse or health technician can be a part of the OSH-service. They nowadays only receive a general health education. What is needed is a special training of OSH-nurses and health technicians. There should be an improvement of the relations between the Ministry of Health and the professional organisations on the education of the OSH- nurses and health technicians.</p>
9. Position of OSH-nurse and health technician			
II. Functions			
1. Prevention		<p>The FD clearly promotes so called prevention activities to be introduced by employers, such as risk assessments and plans with measures to improve shortcomings within enterprises.</p> <p>The described tasks for OSH services in the 'Regulation on workplace health and safety units and joint health and safety units' in article 18 are rather reactive and not based on a preventive policy. To comply fully with the FD more explicit preventive tasks should be</p>	

Issue	GAP	Points for reconsideration	Conditions for a solid regulatory environment
		described here, such as guidance or approval of the risk assessment and suggestions for the plan of measures an employer will produce to combat the identified risks.	
III. Organisation			
1. Status of the OSH-committee and OSH-representative		<p>An example of the typical position of the OSH-committee in European enterprises is the approval of tasks an OSH-service (internal or external) has to perform.</p> <p>However, the role of the Turkish OSH-committee is to make regulations for the enterprise on OSH, to guide employer and workers on OSH, to evaluate the risks and if necessary to stop the work in the case of serious and close danger in the enterprise upon workers' complaints. There are two representatives in the Turkish OSH-committee, one representative of the trade-unions (broader than OSH) and one representative elected by the workers.</p> <p>Here we can face a conflict of tasks when the designated worker is introduced in the Turkish OSH-legislation. Since the tasks of the OSH-committee are more or less the same as the tasks of the designated worker. For example: evaluation/assessment of risks and guidance of employer. The task of stopping work in case of imminent danger is an enforcing power. There should be a clear division of tasks between the employer, the OSH-committee, the OSH-service and the Labour Inspection. This shift in responsibilities can be realized in the new Turkish OSH-law.</p>	
IV. Conditions of operation			
1. Certification of OSH-services and their professionals		As we understood the Ministry of Labour and Social Security examines if OSH-services and OSH-professionals comply with the relevant legal obligations. So this procedure is a public administrative pro-	

Issue	GAP	Points for reconsideration	Conditions for a solid regulatory environment
		cedure. It can be reconsidered to privatize this procedure via (private) certification and accreditation. Thus giving the ministry more capacity to focus on other tasks.	
V. General remarks			
1. Use of sectoral or branche- organisations			Working together with branche-organisations is often an effective way to reach SME's with relevant OSH-information (such as toolkits and brochures). The Turkish Ministry of Labour and Social Security is using this strategy in the EU-funded ISGIP and other national projects etc. OHS services are well-organized particularly in the automotive and cement production industries in Turkey.
2. Organisation of external OSH-services			Cooperation between the Ministry of Labour and Social Security and the National Association of external OSH-services would be necessary and effective. For example: in such cooperation, criteria for external OSH-services and their professionals can be developed. Recently an Association of external OHS services was established through collaboration between several external OHS services.

6 OSH infrastructure for Turkey

In this chapter we describe the core elements of a national OSH infrastructure and in chapter 9 we will give suggestions to several national stakeholders in Turkey. We believe it would help all players to reconsider their role and contributions to an improved national OSH policy for Turkey. Furthermore, we introduce an OSH infrastructure on the level of an individual enterprise. We believe this helps to clearly identify and distinguish roles and responsibilities of the employers, employee and all other stakeholders involved.

6.1 National OSH infrastructure

All stakeholders involved in the implementation of the requirements of the Turkish OSH legislation and their interconnections, we call the Turkish *occupational safety and health (OSH) infrastructure*. What is an OSH infrastructure? We define an OSH infrastructure as the compilation of players in a country plus their network relations contributing to and influencing the state of occupational safety and health at shop floors in the organisations where people work.

Under players or actors one can think of e.g.:

1. the national government; respective ministries
2. The inspections authorities (either safety or health)
3. Employers' organisations
4. Trade unions
5. Occupational safety and health services
6. Research institutes
7. Educational or training institutes
8. Certifying bodies
9. Consultancy firms
10. Suppliers of tools and machines
11. Publishers
12. Insurance companies.

Let us focus on an important player like the government and consider how it can influence health and safety at the workplace not merely through enforcement of legislation. The following figure shows roughly some network relations between the government and other relevant players in an OSH infrastructure which may possibly be found in a member state of the European Union, and also in Turkey.

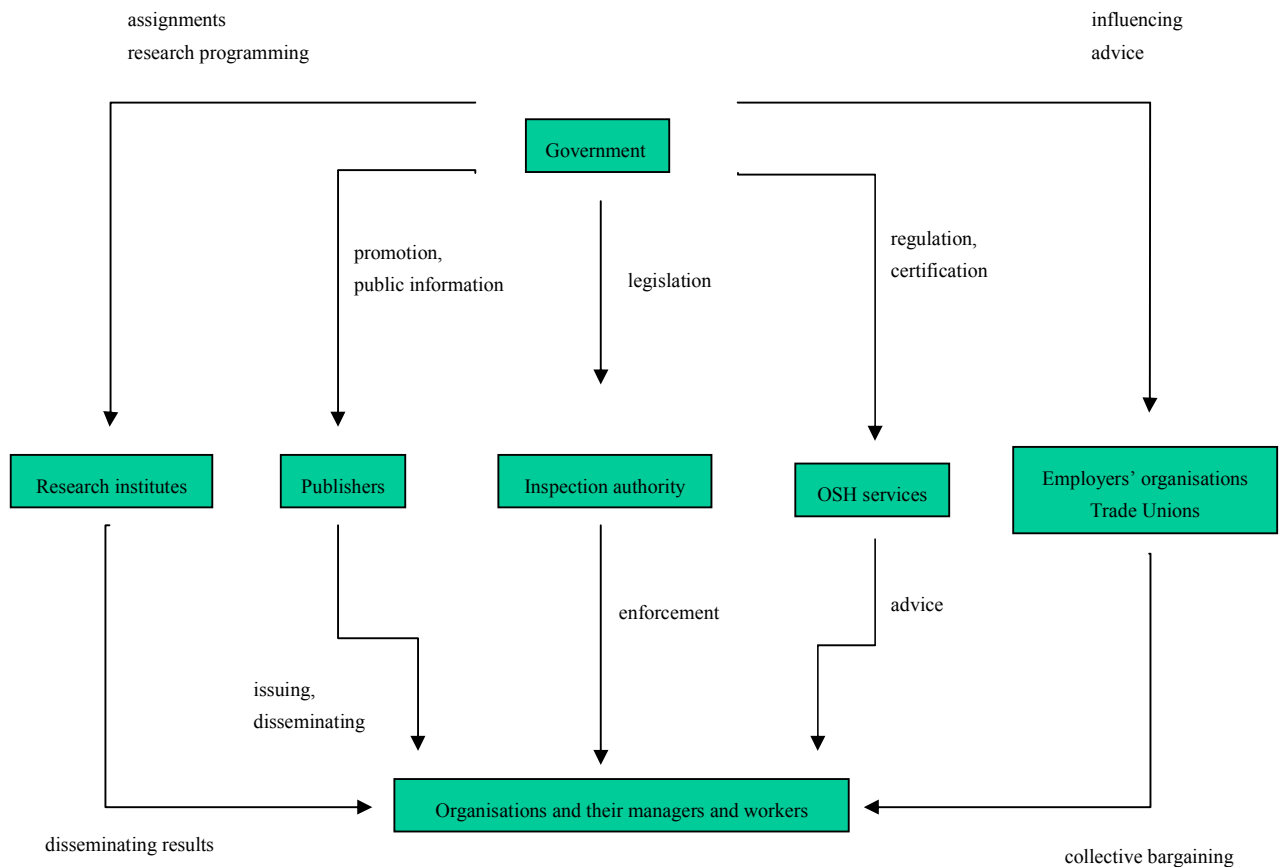


Figure 1: possible network relations in a national OSH infrastructure

The government develops legislation and this is enforced by inspection authorities. Legislation and enforcement are important instruments for improving working conditions in organisations. To rely fully on these instruments would limit other possible powers in society that could improve the state of OSH in organisations. The government can for instance influence social partners to include measures and agreements on working conditions into their collective bargaining processes. Hence, organisations have to comply with the collective agreements. A government can come to regulations under which OSH services can operate. It can realise a system of certification of OSH services to ensure that they are professional enough to give advice on working conditions to organisations. Government can develop concrete and pragmatic information on OSH for different target groups in society. It could convince and support publishers to issue and disseminate this information in booklets or magazines to the respective target groups. Finally, a national government can develop a national research programme and invite contractors to undertake this research. The research institutes, as part of their assignment, could think of an effective way to disseminate the results of their research to the other players in an OSH infrastructure who might benefit from it.

This seems like a very simplified reader on the complex reality that OSH infrastructures offer and in a way it is. Still, considering an OSH infrastructure as a national system with system elements that are connected in network relations, helps to develop and implement national policies on OSH in a more effective and smart way.

6.2 The OSH infrastructure for individual companies

It should be quite clear to every Turkish employer and employee what the responsibilities of all parties involved are. If the goals and responsibilities of all parties are clear, there's no longer any confusion about the tasks of each other. To clarify these general remarks the next figure may be useful. We have presented this figure during the stakeholders meeting in Ankara during which the main results of this research were presented.

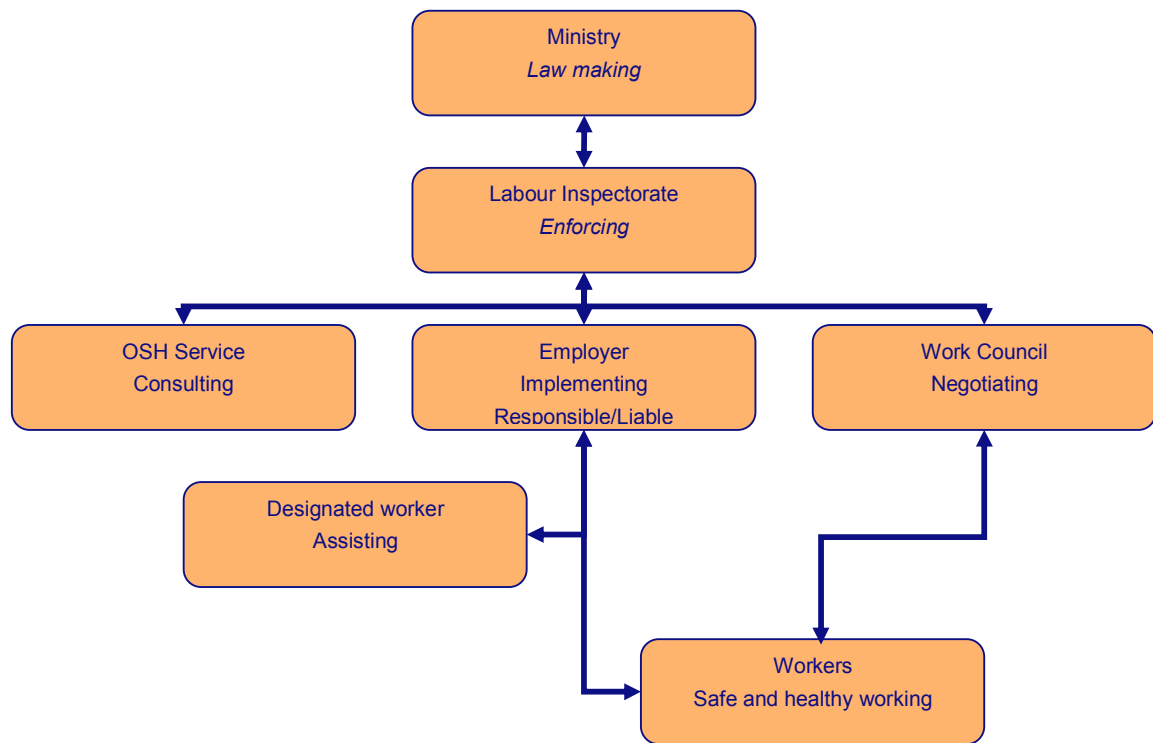


Figure 2: an OSH infrastructure for an individual company

The most crucial statement regarding this figure is the following: the employer has to comply with the (OSH) law and only he/she is responsible for compliance. The employer has to make, implement and evaluate the OSH-policy within his/her company, including all specific obligations. If something is wrong or an accident happens, the employer is liable and will be prosecuted, and eventually have to pay a fine or will be sentenced.

The Labour Inspectorate has a monopoly position regarding enforcement of the OSH-law. For example, they should have the possibility to stop the work in case of serious non conformities, breaches of the law and/or dangers at the premises of the employer. At the same time, the Labour Inspectorate can operate as 'the eyes and ears' of the Ministry of Labour and Social Security and provide them with useful information and feed back for policy-making.

The in- or external OSH-services are the experts on OSH. They should provide the employer and employees (especially the work council) with relevant, adequate, up-to-date and tailor-made OSH-information and -expertise. If possible, this information should be evidence-based. But basically the OSH-experts are consultants; they don't make the choice if and what kind of OSH-measure should be carried out. This is up to the employer to decide after information and consultation of his/her work council.

The OSH-expert should not have any enforcing powers, because this is confusing with the basic task of the Labour Inspectorate. OSH-experts should have a great knowledge of their profession including well-developed convincing skills.

The work council is the counterpart of the employer. The work council has to be informed about OSH-matters by the employer and should be consulted by the employer. Practically, work councils are talking on a regular basis with the employer about social and economic policy matters. The principle role of the work council can be formulated as a 'watchdog'-role. The legal basis for such a work council is Directive 2002/14/EEC on employee representation⁷. The establishment of such a work council is obliged for companies with 50 or more employees. The members of the work council need to be elected by the employees. Article 11 of the FD obliges employers to consult workers in "questions related to OSH". Consequently, not only employers with 50 or more employees have to comply with this obligation but also employers of small and medium sized companies should do this.

The designated worker is designated by the employer, after consultation of the work council. The designated worker supports the employer in all aspects related to the OSH-legislation. Practically, the designated worker can be seen as a kind of OSH-coordinator; he is talking and working with all relevant parties involved and is trying to implement the OSH-policy of the company.

Of course the Ministry of Labour and Social Security is responsible for the (OSH-)lawmaking, together with the National Parliament.



Working Group discusses findings with Mr. Kasim Özer and Mrs. Rana Güven

⁷ In this report the name work council is mentioned, but this name is not obligatory. Turkey is free to choose any name for such an employee representation.

7 Conclusions

Based on this study, we have identified the following five clear gaps in Turkey when it comes to the introduction of OSH services in line with the requirements of the FD and ILO C. 161:

1. Not all workers are covered under OSH legislation, therefore this coverage should be arranged in future OSH legislation
2. Not all workers receive health surveillance, therefore this health surveillance should be arranged in future OSH legislation
3. Art. 18 in the Turkish 'Regulation on workplace health and safety units and joint health and safety units' does not mention explicitly preventive tasks, therefore more explicitly preventive tasks should be described in this sub regulation
4. Consultation of workers on OSH according to EU legislation is non existent in Turkey, therefore the EU Directive on Work Councils should be transposed to Turkish legislation and the Turkish OSH legislation should make reference to these work councils
5. The so called designated worker as prescribed in art. 7 of the EU Framework Directive is non existent in Turkish OSH legislation, therefore future Turkish OSH legislation should introduce the obligation for employers to designate a worker to assist him/her to comply with the law

Additionally, a harmonized registration of enterprises would be most useful for effective implementation and enforcement of all OSH regulation. Clearly, this is not a gap as such, but an important condition for a solid regulatory environment.

8 Recommendations

Based on the earlier described conclusions, we give the following ten recommendations.

Coverage of all workers in OSH legislation:

1. Include sectors such as agriculture, forestry, public sector in future OSH legislation (in the drafting of the new Turkish OSH-legislation this point will be solved).
2. After the acceptance of the new Turkish OSH-law, information about the main points of the law (including rights and obligations of employers and workers) should be disseminated.

Health surveillance for all workers:

3. Remove the threshold of 50 workers in legislation (in the drafting of the new Turkish OSH-legislation this point will be solved).
4. Start negotiations with the Turkish Ministry of Health to include the capacity of the public health centers into the OSH-law.

More preventive tasks for OSH services in the sub regulation:

5. Give OSH services a task to assist or even approve the risk assessments of employers.

Consultation of workers on OSH:

6. Transpose Directive 2002/14/EEC on employee representation fully into Turkish legislation.
7. Redefine the composition of the present OSH committee in Turkish legislation according to Directive 2002/14/EEC.
8. Give the work council powers to function as watch dog. This work council should be elected by employees. The way the election-process is organized is up to Turkey.

Introduction of the designated worker:

9. Introduce this obligation for employers by using a transition period; the first phase could be to introduce the obligation for enterprises for less than 50 workers and the second phase could be to introduce this obligation to larger enterprises.
10. The ministry could develop a standard training for designated workers and offer this for further adaptation and dissemination to sectoral- and branche-organisation.

The Turkish OSH-infrastructure is in development and it needs to be further adapted to the system of the EU-framework directive. The most dominant change in the near future is the introduction of the designated worker into the Turkish OSH-legislation and to the Turkish OSH-system. This change is not only the introduction of a new person in the field of OSH. It is a change in responsibilities for several parties nowadays involved in OSH.

The main idea behind the introduction of the designated worker is the statement that the employer is accountable in the first place. The improvement of working conditions within his or her own organization is the responsibility of the employer. It is clear that many employers do need information and expertise in order to realize these responsibilities and duties, laid upon them through OSH-legislation. In Turkey this assistance and support of the employers regarding OSH is presently carried out by highly qualified experts operating in in- or external health and safety units, such as occupational

physicians and safety engineers. The OSH-system within Turkey is therefore predominantly expert-driven.

Clear disadvantages of such an expert driven system are:

- there is a structural lack of well qualified experts to offer these services to all Turkish enterprises; this is a capacity problem;
- the services of these highly qualified experts are too expensive for SME⁸ entrepreneurs;
- experts tend to mystify their approaches in complex instruments and procedures; whereas the FD advocates a common sense approach in health and safety by introducing designated workers in all enterprises who can assist their employers to improve working conditions.

The challenge for Turkey for the coming years is to shift from an expert-driven approach regarding OSH to a more organization-driven approach. Since the organization (employer) is responsible for good working conditions. As said in the first sentence, the responsibility for OSH is not within the hands of OSH-experts but in the hands of employers. They have to (re-)act.

How to realize and stress this important statement? One answer is to give them (the employers) support in his or her own organization. Here the designated worker appears at the stage. The designated worker carries out “activities related to the protection and prevention of occupational risks for the undertaking and/or establishment”⁹. The designated worker helps the employer at least in the achievement of the legal obligations (for example the risk assessment, worker information and training). The designated worker has, in a certain way, an independent role within the company¹⁰. The designated worker should stimulate the employer and his/her colleagues employees to work safely and healthy. In this way, the expertise related to OSH will come within the walls of the organization. OSH is no longer a subject which belongs only to the OSH-experts.

Does this mean the role of the OSH-expert is over? No, because a designated worker is (very often) not a highly-qualified expert, but a layman with more knowledge, skills and information regarding OSH than his/her colleagues. Medical examinations and other highly specialized work cannot be carried out by the designated workers. This work still needs to be carried out by OSH-services.

The attitude of the OSH experts would need to change from an expert-role to a consultancy-role. This is quite a logical step, because it is impossible in the current situation for all Turkish OSH-experts to carry out several (legal) OSH-tasks *for all Turkish employers*, especially for the SME's. It's not only impossible, but also not necessary to perform these tasks by OSH-experts. In many companies and branches the occupational health and safety risks are not that high that they justify the presence of highly qualified experts.

Presumably, the work of OSH-experts will focus on more complex OSH-questions for companies with high or many risks instead of performing relatively simple activities in the near future. At the same time, individual companies and branche-organisations will need the assistance of OSH-experts in organising the implementation of the designated worker in their respective undertakings:

- what kind of designated worker is needed?
- what should be his/her skills?

⁸ SME = small and medium sized enterprises.

⁹ Citation of article 7, section 1 of the FD.

¹⁰ In article 7, section 2 of the FD the designated worker is protected against disadvantages because of his activities.

- what kind of training or education is needed?

Not only the role of Turkish OSH-experts will change, also the tasks of the Turkish OSH-committees have to change. After all, presently, OSH-committees seem to have tasks comparable to the tasks of the designated worker such as to assist the employer and workers and to identify and assess the risks.

The position of workplace or joint health and safety units doesn't have to change radically, because of the introduction of the designated worker, only their tasks will change: the added value of the work of safety and health professionals will rise, because the mass of OSH-activities such as risk assessments and information and training of workers will be done by the designated workers. Simultaneously, the workplace and joint health and safety units will be confronted with a significant rise of work because all workers should have access to the units, according to the FD and C-161 ILO Convention.

We think it is not necessary to create a new body for the OSH-professionals, so the existing structure of workplace and joint safety and health units can remain intact. We think that a close cooperation between the health professional (occupational physicians) and safety professional (occupational safety expert) is of great value for the employer and employee.

The existing Turkish 'Regulation on workplace health and safety units and joint health and safety units' is comprehensive. The execution and enforcement of this legislation is in the hands of the Ministry of Labour and Social Security and the Labour Inspection. It is interesting for Turkey to explore the possibilities of (partial) self-regulation. Certification and accreditation of workplace and joint health and safety units and the OSH-professionals are the keywords for this possible development. The Turkish professional associations of occupational physicians and safety experts together with employers- and employee-organizations could play an important role in such a (partially) privatized system.

9 Possible roles of Turkish stakeholders

Given the conditions for a successful implementation of well functioning OSH services in Turkey, we suggest the following activities per stakeholder in the Turkish OSH infrastructure as we know it.

National government (Directorate General of Occupational Health and Safety (DGOHS)):

- Adapt and improve Turkish OSH legislation to establish a transparent regulatory environment; on a short term base the suspension of some articles in the 'Regulation on workplace health and safety units and joint health and safety units' should be tackled.
- Include the obligation, function and role of designated worker into the Turkish legislation.
- Introduce a transparent obligation for all Turkish employers to perform risk assessments.
- Make a clear registration of enterprises, and employees in all sectors in one uniform database to be used also by the inspection authorities; in order to avoid a conflict of databases.
- stimulate the development of risk assessment tools (digital) to be disseminated and used in Turkey.
- Consider to outsource the registration of OSH services to a future National Association of Turkish OSH services or private certification authorities.

Labour inspection:

- Introduce a transparent database of enterprises and OSH services and OSH professionals; harmonize this with data from DGOHS.
- Introduce priority planning in inspection programmes (highest risk sectors first, etc.).
- Inform organisations of their obligations through easy to read small brochures or leaflets.

Organisations/managers and workers:

- Perform risk inventories and assessments.
- Introduce prevention measures.
- Influence and promote health and safety culture through training.
- appoint designated workers and qualify them.

Research institutes/training institutes

- Make inventories of useful risk assessment instruments for Turkey.
- Develop Turkish risk assessment methodologies.
- Develop training courses for designated workers.
- Make inventories of best EU practices on health and safety.
- Monitor the national state of the art on OSH services and the role and position of designated workers.
- Monitor the overall development of working conditions in Turkey.

Publishers

- Publish an easy to read magazine on OSH in Turkey.
- Produce leaflets/brochures in which complicated OSH legislation/regulation is transferred into clear language.
- Design and edit websites on OSH or assist DGOHS with the Focal Point website.

OSH services

- Through the National Association of external OSH services stimulate quality improvement of OSH services.
- Through the association represent all interests of OSH services towards national government and other stakeholders.

Employer's organisations

- Stimulate OSH awareness and knowledge and skills amongst members, especially SME's.
- Promote the interests of employers towards other stakeholders.

Trade unions

- Stimulate OSH awareness and knowledge amongst members.
- Provide TU training for work council members on OSH.
- Promote the interests of workers on OSH during collective labour agreements' negotiations.

10 Feedback from stakeholder's workshop

On 26 August 2010 a meeting with national stakeholders was organised in Ankara in order to discuss the preliminary findings of this study. Please see Annex 6 for a list of participants of this stakeholder meeting

The following important issues were discussed at the workshop:

- The employers' representative pointed out that health surveillance is obliged for all workers according to the Turkish Labour Law; the provision on OSH services in article 81 of the Turkish Labour Law does not mean to limit health surveillance exclusively to enterprises which employ 50 and more employees. The provision regulates the content of OSH expertise and the recruitment responsibilities thereof for employers, but it doesn't limit the health surveillance to a certain quantity of workers. Even if an employer has 30 or 40 employees he must arrange the necessary health surveillance (required more or less by article 77 of the Turkish Labour Law, though not explicitly mentioned), but he/she doesn't have to organize a health and safety unit or occupational physician and safety expert.
- The employer's representative argued that indeed all sectors need to be covered, but small differences in the implementation between the public and private sectors are legitimate. A representative from the Turkish Labour Inspectorate replied that they are also inspecting some public institutions (state-owned enterprises) employing workers and civil servants.
- The employer's representative said that the Turkish employers are in favour of Work Councils, but the Trade Unions earlier opposed against the introduction of Work Councils in Turkey; a representative of the Trade Unions remarked that there are no 'red signs' on this issue any longer; Trade Unions are willing to discuss this issue
- A representative of the Medical Association argued that the quality of external OSH services is lower than internal OSH services; the Dutch experts did not agree and argued that there are many ways to secure the quality of these external OSH services in Turkey, such as:
 - the certification procedure managed by the Ministry of Labour and Social Security;
 - and the pure market mechanism, i.e. if an external OSH service is not performing well, clients will choose other service providers.
- A representative of an external OSH service asked if a safety engineer could be a designated worker; the Dutch experts replied that this is possible indeed, especially it seems logical for high risk enterprises to designate highly qualified workers, however in Turkey most of the enterprises are low risk enterprises, therefore the designated worker can be a non-expert for whom a basic qualification in OSH is sufficient
- A representative from an external OSH-service asked if an internal OSH expert such as an occupational physician or a safety engineer can also be elected as a member of the work council too; the Dutch experts replied that this is possible, however, it will lead to confusing roles and responsibilities as described in paragraph 6.2 of this report
- A representative of DGOHS asked who is responsible in the case of an accident, the employer or the OSH expert who gave the employer a wrong advice which lead to the accident; the Dutch experts answered that the employer according to the EU-OSH legislation is always responsible and the Labour inspectorate will prosecute him, however, as a result and based on civil law the employer can try to sue the external OSH service who gave him a wrong advice
- A representative of the social security institute asked how in The Netherlands and other EU member states the qualification in OSH of workers is arranged; the Dutch experts answered that this qualification of workers is mostly based on the

risk assessment and the plan of measures made by an employer; if an enterprise or undertaking has many chemical risks, clearly some workers should be trained and qualified in these risks; the employer will cover the costs of this sort of training.

- A representative of the social security institute asked how the responsibilities regarding OSH are arranged when workers are travelling to other locations instead of carrying out their regular tasks and work on different locations; the Dutch experts answered that the employer according to the EU OSH legislation always remains responsible for the safety and health of his workers, even if they work on different locations, however, there is one exception, namely the workers hired through temporary working agencies; in these cases not the temporary working agency is responsible, but the employer who hires these workers.
- The employer's representative argued that the present OSH Committee as prescribed in the Turkish OSH legislation has enforcing powers towards the employers; the Dutch experts agree and find these powers of the Turkish OSH committee rather confusing, because, consequently, a Turkish employer seems to be confronted with an external Labour Inspectorate and an internal Labour Inspectorate (the OSH Committee).
- A representative of an internal OSH-service asked about the differences between the elected workers in a Work Council and representatives of the Trade-Unions. The Dutch experts argued that elected workers appears to be the most common solution to organize the consultation of workers, because there are just not enough trade union members in Turkish enterprises. However, both is possible and can be regulated by a member state as it wishes.

11 Issues to be investigated during study trip

Based on the results of this study, groups of Turkish experts will travel to three member states in the European Union to study alternative solutions for the gaps identified.

The following topics have to be investigated during the study trip to Germany, the United Kingdom and Spain:

1. How do these countries arrange the coverage of all sectors under the OSH law?
2. How do these countries arrange health surveillance for all workers?
3. How do these countries introduce preventive tasks for OSH services in the law?
4. How do these countries regulate the consultation of workers on OSH?
5. How do these countries arrange the obligation for an employer to designate a worker on OSH?

The registration of enterprises and OSH professionals in a harmonized way is not an obligation from the FD or ILO Convention 161, but nevertheless a crucial condition to implement and enforce OSH legislation in Turkey. This is an additional topic to be investigated as well in the above mentioned countries. However, it is not a clear gap as the five issues described above.

A Annex 1: Article 7 and 14 of the Framework Directive (FD)

Article 7: Protective and preventive services

1. Without prejudice to the obligations referred to in Articles 5 and 6, the employer shall designate one or more workers to carry out activities related to the protection and prevention of occupational risks for the undertaking and/or establishment.
2. Designated workers may not be placed at any disadvantage because of their activities related to the protection and prevention of occupational risks. Designated workers shall be allowed adequate time to enable them to fulfill their obligations arising from this Directive.
3. If such protective and preventive measures cannot be organized for lack of competent personnel in the undertaking and/or establishment, the employer shall enlist competent external services or persons.
4. Where the employer enlists such services or persons, he shall inform them of the factors known to affect, or suspected of affecting, the safety and health of the workers and they must have access to the information referred to in Article 10 (2).
5. In all cases:
 - the workers designated must have the necessary capabilities and the necessary means,
 - the external services or persons consulted must have the necessary aptitudes and the necessary personal and professional means, and
 - the workers designated and the external services or persons consulted must be sufficient in number to deal with the organization of protective and preventive measures, taking into account the size of the undertaking and/or establishment and/or the hazards to which the workers are exposed and their distribution throughout the entire undertaking and/or establishment.
6. The protection from, and prevention of, the health and safety risks which form the subject of this Article shall be the responsibility of one or more workers, of one service or of separate services whether from inside or outside the undertaking and/or establishment. The worker(s) and/or agency(ies) must work together whenever necessary.
7. Member States may define, in the light of the nature of the activities and size of the undertakings, the categories of undertakings in which the employer, provided he is competent, may himself take responsibility for the measures referred to in paragraph 1.
8. Member States shall define the necessary capabilities and aptitudes referred to in paragraph 5. They may determine the sufficient number referred to in paragraph 5.

Article 14: Health surveillance

1. To ensure that workers receive health surveillance appropriate to the health and safety risks they incur at work, measures shall be introduced in accordance with national law and/or practices.
2. The measures referred to in paragraph 1 shall be such that each worker, if he so wishes, may receive health surveillance at regular intervals.
3. Health surveillance may be provided as part of a national health system.

B Annex 2: ILO C-161 Occupational Health Services Convention

The General Conference of the International Labour Organisation, Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Seventy-first Session on 7 June 1985, and Noting that the protection of the worker against sickness, disease and injury arising out of his employment is one of the tasks assigned to the International Labour Organisation under its Constitution, Noting the relevant international labour Conventions and Recommendations, and in particular the Protection of Workers' Health Recommendation, 1953, the Occupational Health Services Recommendation, 1959, the Workers' Representatives Convention, 1971, and the Occupational Safety and Health Convention and Recommendation, 1981, which establish the principles of national policy and action at the national level, Having decided upon the adoption of certain proposals with regard to occupational health services, which is the fourth item on the agenda of the session, and Having determined that these proposals shall take the form of an international Convention; adopts this twenty-sixth day of June of the year one thousand nine hundred and eighty-five the following Convention, which may be cited as the Occupational Health Services Convention, 1985:

PART I. PRINCIPLES OF NATIONAL POLICY

Article 1

For the purpose of this Convention-

- a. the term ***occupational health services*** means services entrusted with essentially preventive functions and responsible for advising the employer, the workers and their representatives in the undertaking on-
 - (i) the requirements for establishing and maintaining a safe and healthy working environment which will facilitate optimal physical and mental health in relation to work;
 - (ii) the adaptation of work to the capabilities of workers in the light of their state of physical and mental health;
- b. the term ***workers' representatives in the undertaking*** means persons who are recognised as such under national law or practice.

Article 2

In the light of national conditions and practice and in consultation with the most representative organisations of employers and workers, where they exist, each Member shall formulate, implement and periodically review a coherent national policy on occupational health services.

Article 3

1. Each Member undertakes to develop progressively occupational health services for all workers, including those in the public sector and the members of production co-operatives, in all branches of economic activity and all undertakings. The provision made should be adequate and appropriate to the specific risks of the undertakings.
2. If occupational health services cannot be immediately established for all undertakings, each Member concerned shall draw up plans for the establishment of such services in consultation with the most representative organisations of employers and workers, where they exist.
3. Each Member concerned shall indicate, in the first report on the application of the Convention submitted under article 22 of the Constitution of the International Labour Organisation, the plans drawn up pursuant to paragraph 2 of this Article, and indicate in subsequent reports any progress in their application.

Article 4

The competent authority shall consult the most representative organisations of employers and workers, where they exist, on the measures to be taken to give effect to the provisions of this Convention.

PART II. FUNCTIONS

Article 5

Without prejudice to the responsibility of each employer for the health and safety of the workers in his employment, and with due regard to the necessity for the workers to participate in matters of occupational health and safety, occupational health services shall have such of the following functions as are adequate and appropriate to the occupational risks of the undertaking:

- (a) identification and assessment of the risks from health hazards in the workplace;
- (b) surveillance of the factors in the working environment and working practices which may affect workers' health, including sanitary installations, canteens and housing where these facilities are provided by the employer;
- (c) advice on planning and organisation of work, including the design of workplaces, on the choice, maintenance and condition of machinery and other equipment and on substances used in work;
- (d) participation in the development of programmes for the improvement of working practices as well as testing and evaluation of health aspects of new equipment;
- (e) advice on occupational health, safety and hygiene and on ergonomics and individual and collective protective equipment;
- (f) surveillance of workers' health in relation to work;
- (g) promoting the adaptation of work to the worker;
- (h) contribution to measures of vocational rehabilitation;
- (i) collaboration in providing information, training and education in the fields of occupational health and hygiene and ergonomics;
- (j) organising of first aid and emergency treatment;
- (k) participation in analysis of occupational accidents and occupational diseases.

PART III. ORGANISATION

Article 6

Provision shall be made for the establishment of occupational health services-

- (a) by laws or regulations; or
- (b) by collective agreements or as otherwise agreed upon by the employers and workers concerned; or
- (c) in any other manner approved by the competent authority after consultation with the representative organisations of employers and workers concerned.

Article 7

1. Occupational health services may be organised as a service for a single undertaking or as a service common to a number of undertakings, as appropriate.
2. In accordance with national conditions and practice, occupational health services may be organised by-
 - (a) the undertakings or groups of undertakings concerned;
 - (b) public authorities or official services;
 - (c) social security institutions;
 - (d) any other bodies authorised by the competent authority;
 - (e) a combination of any of the above.

Article 8

The employer, the workers and their representatives, where they exist, shall cooperate and participate in the implementation of the organisational and other measures relating to occupational health services on an equitable basis.

PART IV. CONDITIONS OF OPERATION

Article 9

1. In accordance with national law and practice, occupational health services should be multidisciplinary. The composition of the personnel shall be determined by the nature of the duties to be performed.
2. Occupational health services shall carry out their functions in co-operation with the other services in the undertaking.
3. Measures shall be taken, in accordance with national law and practice, to ensure adequate co-operation and co-ordination between occupational health services and, as appropriate, other bodies concerned with the provision of health services.

Article 10

The personnel providing occupational health services shall enjoy full professional independence from employers, workers, and their representatives, where they exist, in relation to the functions listed in Article 5.

Article 11

The competent authority shall determine the qualifications required for the personnel providing occupational health services, according to the nature of the duties to be performed and in accordance with national law and practice.

Article 12

The surveillance of workers' health in relation to work shall involve no loss of earnings for them, shall be free of charge and shall take place as far as possible during working hours.

Article 13

All workers shall be informed of health hazards involved in their work.

Article 14

Occupational health services shall be informed by the employer and workers of any known factors and any suspected factors in the working environment which may affect the workers' health.

Article 15

Occupational health services shall be informed of occurrences of ill health amongst workers and absence from work for health reasons, in order to be able to identify whether there is any relation between the reasons for ill health or absence and any health hazards which may be present at the workplace.

Personnel providing occupational health services shall not be required by the employer to verify the reasons for absence from work.

PART V. GENERAL PROVISIONS

Article 16

National laws or regulations shall designate the authority or authorities responsible both for supervising the operation of and for advising occupational health services once they have been established.

Article 17

The formal ratifications of this Convention shall be communicated to the Director-General of the International Labour Office for registration.

Article 18

1. This Convention shall be binding only upon those Members of the International Labour Organisation whose ratifications have been registered with the Director-General.
2. It shall come into force twelve months after the date on which the ratifications of two Members have been registered with the Director-General.
3. Thereafter, this Convention shall come into force for any Member twelve months after the date on which its ratification has been registered.

Article 19

1. A Member which has ratified this Convention may denounce it after the expiration of ten years from the date on which the Convention first comes into force, by an act communicated to the Director-General of the International Labour Office for registration. Such denunciation shall not take effect until one year after the date on which it is registered.
2. Each Member which has ratified this Convention and which does not, within the year following the expiration of the period of ten years mentioned in the preceding paragraph, exercise the right of denunciation provided for in this Article, will be bound for another period of ten years and, thereafter, may denounce this Convention at the expiration of each period of ten years under the terms provided for in this Article.

Article 20

1. The Director-General of the International Labour Office shall notify all Members of the International Labour Organisation of the registration of all ratifications and denunciations communicated to him by the Members of the Organisation.
2. When notifying the Members of the Organisation of the registration of the second ratification communicated to him, the Director-General shall draw the attention of the Members of the Organisation to the date upon which the Convention will come into force.

Article 21

The Director-General of the International Labour Office shall communicate to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations full particulars of all ratifications and acts of denunciation registered by him in accordance with the provisions of the preceding Articles.

Article 22

At such times as it may consider necessary the Governing Body of the International Labour Office shall present to the General Conference a report on the working of this Convention and shall examine the desirability of placing on the agenda of the Conference the question of its revision in whole or in part.

Article 23

1. Should the Conference adopt a new Convention revising this Convention in whole or in part, then, unless the new Convention otherwise provides-
 - (a) the ratification by a Member of the new revising Convention shall ipso jure involve the immediate denunciation of this Convention, notwithstanding the provisions of Article 19 above, if and when the new revising Convention shall have come into force;
 - (b) as from the date when the new revising Convention comes into force this Convention shall cease to be open to ratification by the Members.
2. This Convention shall in any case remain in force in its actual form and content for those Members which have ratified it but have not ratified the revising Convention.

Article 24

The English and French versions of the text of this Convention are equally authoritative.

C Annex 3: ILO R-171 Occupational Health Services Recommendation

The General Conference of the International Labour Organisation, Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Seventy-first Session on 7 June 1985, and Noting that the protection of the worker against sickness, disease and injury arising out of his employment is one of the tasks assigned to the International Labour Organisation under its Constitution, Noting the relevant international labour Conventions and Recommendations, and in particular the Protection of Workers' Health Recommendation, 1953, the Occupational Health Services Recommendation, 1959, the Workers' Representatives Convention, 1971, and the Occupational Safety and Health Convention and Recommendation, 1981, which establish the principles of national policy and action at the national level, and the Tripartite Declaration of Principles concerning Multinational Enterprises and Social Policy adopted by the Governing Body of the International Labour Office, Having decided upon the adoption of certain proposals with regard to occupational health services, which is the fourth item on the agenda of the session, and Having determined that proposals shall take the form of a Recommendation supplementing the Occupational Health Services Convention, 1985: adopts this twenty-sixth day of June of the year one thousand nine hundred and eighty-five, the following Recommendation, which may be cited as the Occupational Health Services Recommendation, 1985:

I. Principles of National Policy

1. Each Member should, in the light of national conditions and practice and in consultation with the most representative organisations of employers and workers, where they exist, formulate, implement and periodically review a coherent national policy on occupational health services, which should include general principles governing their functions, organisation and operation.
2. (1) Each Member should develop progressively occupational health services for all workers, including those in the public sector and the members of production co-operatives, in all branches of economic activity and all undertakings. The provision made should be adequate and appropriate to the specific health risks of the undertakings.
(2) Provision should also be made for such measures as may be necessary and reasonably practicable to make available to self-employed persons protection analogous to that provided for in the Occupational Health Services Convention, 1985, and in this Recommendation.

II. Functions

3. The role of occupational health services should be essentially preventive.
4. Occupational health services should establish a programme of activity adapted to the undertaking or undertakings they serve, taking into account in particular the occupational hazards in the working environment as well as the problems specific to the branches of economic activity concerned.

A. Surveillance of the Working Environment

5. (1) The surveillance of the working environment should include-
 - (a) identification and evaluation of the environmental factors which may affect the workers' health;
 - (b) assessment of conditions of occupational hygiene and factors in the organisation of work which may give rise to risks for the health of workers;

- (c) assessment of collective and personal protective equipment;
 - (d) assessment where appropriate of exposure of workers to hazardous agents by valid and generally accepted monitoring methods;
 - (e) assessment of control systems designed to eliminate or reduce exposure.
- (2) Such surveillance should be carried out in liaison with the other technical services of the undertaking and in co-operation with the workers concerned and their representatives in the undertaking or the safety and health committee, where they exist.
- 6. (1) In accordance with national law and practice, data resulting from the surveillance of the working environment should be recorded in an appropriate manner and be available to the employer, the workers and their representatives in the undertaking concerned or the safety and health committee, where they exist.
 (2) These data should be used on a confidential basis and solely to provide guidance and advice on measures to improve the working environment and the health and safety of workers.
 (3) The competent authority should have access to these data. They may only be communicated by the occupational health service to others with the agreement of the employer and the workers or their representatives in the undertaking or the safety and health committee, where they exist.
- 7. The surveillance of the working environment should entail such visits by the personnel providing occupational health services as may be necessary to examine the factors in the working environment which may affect the workers' health, the environmental health conditions at the workplace and the working conditions.
- 8. Occupational health services should:
 - (a) carry out monitoring of workers' exposure to special health hazards, when necessary;
 - (b) supervise sanitary installations and other facilities for the workers, such as drinking water, canteens and living accommodation, when provided by the employer;
 - (c) advise on the possible impact on the workers' health of the use of technologies;
 - (d) participate in and advise on the selection of the equipment necessary for the personal protection of the workers against occupational hazards;
 - (e) collaborate in job analysis and in the study of organisation and methods of work with a view to securing a better adaptation of work to the workers;
 - (f) participate in the analysis of occupational accidents and occupational diseases and in accident prevention programmes.
- 9. Personnel providing occupational health services should, after informing the employer, workers and their representatives, where appropriate-
 - (a) have free access to all workplaces and to the installations the undertaking provides for the workers;
 - (b) have access to information concerning the processes, performance standards, products, materials and substances used or whose use is envisaged, subject to their preserving the confidentiality of any secret information they may learn which does not affect the health of workers;
 - (c) be able to take for the purpose of analysis samples of products, materials and substances used or handled.
- 10. Occupational health services should be consulted concerning proposed modifications in the work processes or in the conditions of work liable to have an effect on the health or safety of workers.

B. Surveillance of the Workers' Health

11. (1) Surveillance of the workers' health should include, in the cases and under the conditions specified by the competent authority, all assessments necessary to protect the health of the workers, which may include-
 - (a) health assessment of workers before their assignment to specific tasks which may involve a danger to their health or that of others;
 - (b) health assessment at periodic intervals during employment which involves exposure to a particular hazard to health;
 - (c) health assessment on resumption of work after a prolonged absence for health reasons for the purpose of determining its possible occupational causes, of recommending appropriate action to protect the workers and of determining the worker's suitability for the job and needs for reassignment and rehabilitation;
 - (d) health assessment on and after the termination of assignments involving hazards which might cause or contribute to future health impairment.
 (2) Provisions should be adopted to protect the privacy of the workers and to ensure that health surveillance is not used for discriminatory purposes or in any other manner prejudicial to their interests.
12. (1) In the case of exposure of workers to specific occupational hazards, in addition to the health assessments provided for in Paragraph 11 of this Recommendation, the surveillance of the workers' health should include, where appropriate, any examinations and investigations which may be necessary to detect exposure levels and early biological effects and responses.
 (2) When a valid and generally accepted method of biological monitoring of the workers' health for the early detection of the effects on health of exposure to specific occupational hazards exists, it may be used to identify workers who need a detailed medical examination, subject to the individual worker's consent.
13. Occupational health services should be informed of occurrences of ill health amongst workers and absences from work for health reasons, in order to be able to identify whether there is any relation between the reasons for ill health or absence and any health hazards which may be present at the workplace. Personnel providing occupational health services should not be required by the employer to verify the reasons for absence from work.
14. (1) Occupational health services should record data on workers' health in personal confidential health files. These files should also contain information on jobs held by the workers, on exposure to occupational hazards involved in their work, and on the results of any assessments of workers' exposure to these hazards.
 (2) The personnel providing occupational health services should have access to personal health files only to the extent that the information contained in the files is relevant to the performance of their duties. Where the files contain personal information covered by medical confidentiality this access should be restricted to medical personnel.
 (3) Personal data relating to health assessments may be communicated to others only with the informed consent of the worker concerned.
15. The conditions under which, and time during which, personal health files should be kept, the conditions under which they may be communicated or transferred and the measures necessary to keep them confidential, in particular when the information they contain is placed on computer, should be prescribed by national laws or regulations or by the competent authority or, in accordance with national practice, governed by recognised ethical guide-lines.
16. (1) On completing a prescribed medical examination for the purpose of determining fitness for work involving exposure to a particular hazard, the physician who

has carried out the examination should communicate his conclusions in writing to both the worker and the employer.

(2) These conclusions should contain no information of a medical nature; they might, as appropriate, indicate fitness for the proposed assignment or specify the kinds of jobs and the conditions of work which are medically contra-indicated, either temporarily or permanently.

17. Where the continued employment of a worker in a particular job is contra-indicated for health reasons, the occupational health service should collaborate in efforts to find alternative employment for him in the undertaking, or another appropriate solution.
18. Where an occupational disease has been detected through the surveillance of the worker's health, it should be notified to the competent authority in accordance with national law and practice. The employer, workers and workers' representatives should be informed that this notification has been carried out.

C. Information, Education, Training, Advice

19. Occupational health services should participate in designing and implementing programmes of information, education and training on health and hygiene in relation to work for the personnel of the undertaking.
20. Occupational health services should participate in the training and regular retraining of first-aid personnel and in the progressive and continuing training of all workers in the undertaking who contribute to occupational safety and health.
21. With a view to promoting the adaptation of work to the workers and improving the working conditions and environment, occupational health services should act as advisers on occupational health and hygiene and ergonomics to the employer, the workers and their representatives in the undertaking and the safety and health committee, where they exist, and should collaborate with bodies already operating as advisers in this field.
22. (1) Each worker should be informed in an adequate and appropriate manner of the health hazards involved in his work, of the results of the health examinations he has undergone and of the assessment of his health.
 (2) Each worker should have the right to have corrected any data which are erroneous or which might lead to error.
 (3) In addition, occupational health services should provide workers with personal advice concerning their health in relation to their work.

D. First Aid, Treatment and Health Programmes

23. Taking into account national law and practice, occupational health services in undertakings should provide first-aid and emergency treatment in cases of accident or indisposition of workers at the workplace and should collaborate in the organisation of first aid.
24. Taking into account the organisation of preventive medicine at the national level, occupational health services might, where possible and appropriate:
 - (a) carry out immunisations in respect of biological hazards in the working environment;
 - (b) take part in campaigns for the protection of health;
 - (c) collaborate with the health authorities within the framework of public health programmes.
25. Taking into account national law and practice and after consultation with the most representative organisations of employers and workers, where they exist, the competent authority should, where necessary, authorise occupational health services, in agreement with all concerned, including the worker and his own doctor or a primary health care service, where applicable, to undertake or to participate in one or more of the following functions:
 - (a) treatment of workers who have not stopped work or who have resumed work after an absence;
 - (b) treatment of the victims of occupational accidents;
 - (c) treatment of occupational diseases and of health impairment aggravated by work;
 - (d) medical aspects of vocational re-education and rehabilitation.
26. Taking into account national law and practice concerning the organisation of health care, and distance from clinics, occupational health services might engage in other health activities, including curative medical care for workers and their families, as authorized by the competent authority in consultation with the most representative organisations of employers and workers, where they exist.
27. Occupational health services should co-operate with the other services concerned in the establishment of emergency plans for action in the case of major accidents.

E. Other Functions

28. Occupational health services should analyse the results of the surveillance of the workers' health and of the working environment, as well as the results of biological monitoring and of personal monitoring of workers' exposure to occupational hazards, where they exist, with a view to assessing possible connections between exposure to occupational hazards and health impairment and to proposing measures for improving the working conditions and environment.
29. Occupational health services should draw up plans and reports at appropriate intervals concerning their activities and health conditions in the undertaking. These plans and reports should be made available to the employer and the workers' representatives in the undertaking or the safety and health committee, where they exist, and be available to the competent authority.
30. (1) Occupational health services, in consultation with the employers' and the workers' representatives, should contribute to research, within the limits of their resources, by participating in studies or inquiries in the undertaking or in the relevant branch of economic activity, for example, with a view to collecting data for epidemiological purposes and orienting their activities.

(2) The results of the measurements carried out in the working environment and of the assessments of the workers' health may be used for research purposes, subject to the provisions of Paragraphs 6(3), 11(2) and 14(3) of this Recommendation.

31. Occupational health services should participate with other services in the undertaking, as appropriate, in measures to prevent its activities from having an adverse effect on the general environment.

III. Organisation

32. Occupational health services should, as far as possible, be located within or near the place of employment, or should be organised in such a way as to ensure that their functions are carried out at the place of employment.

33. (1) The employer, the workers and their representatives, where they exist, should co-operate and participate in the implementation of the organisational and other measures relating to occupational health services on an equitable basis.
(2) In conformity with national conditions and practice, employers and workers or their representatives in the undertaking or the safety and health committee, where they exist, should participate in decisions affecting the organisation and operation of these services, including those relating to the employment of personnel and the planning of the service's programmes.

34. (1) Occupational health services may be organised as a service within a single undertaking or as a service common to a number of undertakings, as appropriate.
(2) In accordance with national conditions and practice, occupational health services may be organised by -
(a) the undertakings or groups of undertakings concerned;
(b) the public authorities or official services;
(c) social security institutions;
(d) any other bodies authorised by the competent authority;
(e) a combination of any of the above.
(3) The competent authority should determine the circumstances in which, in the absence of an occupational health service, appropriate existing services may, as an interim measure, be recognised as authorised bodies in accordance with subparagraph 2(d) of this Paragraph.

35. In situations where the competent authority, after consulting the representative organisations of employers and workers concerned, where they exist, has determined that the establishment of an occupational health service, or access to such a service, is impracticable, undertakings should, as an interim measure, make arrangements, after consulting the workers' representatives in the undertaking or the safety and health committee, where they exist, with a local medical service for carrying out the health examinations prescribed by national laws or regulations, providing surveillance of the environmental health conditions in the undertaking and ensuring that first-aid and emergency treatment are properly organised.

IV Conditions of Operation

36. (1) In accordance with national law and practice, occupational health services should be made up of multidisciplinary teams whose composition should be determined by the nature of the duties to be performed.
(2) Occupational health services should have sufficient technical personnel with specialised training and experience in such fields as occupational medicine, occupational hygiene, ergonomics, occupational health nursing and other relevant fields. They should, as far as possible, keep themselves up to date with progress in the scientific and technical knowledge necessary to perform their duties and should be given the opportunity to do so without loss of earnings.
(3) The occupational health services should, in addition, have the necessary administrative personnel for their operation.

37. (1) The professional independence of the personnel providing occupational health services should be safeguarded. In accordance with national law and practice, this might be done through laws or regulations and appropriate consultations between the employer, the workers, and their representatives and the safety and health committees, where they exist.
- 2) The competent authority should, where appropriate and in accordance with national law and practice, specify the conditions for the engagement and termination of employment of the personnel of occupational health services in consultation with the representative organisations of employers and workers concerned.
38. Each person who works in an occupational health service should be required to observe professional secrecy as regards both medical and technical information which may come to his knowledge in connection with his functions and the activities of the service, subject to such exceptions as may be provided for by national laws or regulations.
39. (1) The competent authority may prescribe standards for the premises and equipment necessary for occupational health services to exercise their functions.
- (2) Occupational health services should have access to appropriate facilities for carrying out the analyses and tests necessary for surveillance of the workers' health and of the working environment.
40. (1) Within the framework of a multidisciplinary approach, occupational health services should collaborate with:
- (a) those services which are concerned with the safety of workers in the undertaking;
 - (b) the various production units, or departments, in order to help them in formulating and implementing relevant preventive programmes;
 - (c) the personnel department and other departments concerned;
 - (d) the workers' representatives in the undertaking, workers' safety representatives and the safety and health committee, where they exist.
- (2) Occupational health services and occupational safety services might be organised together, where appropriate.
41. Occupational health services should also, where necessary, have contacts with external services and bodies dealing with questions of health, hygiene, safety, vocational rehabilitation, retraining and reassignment, working conditions and the welfare of workers, as well as with inspection services and with the national body which has been designated to take part in the International Occupational Safety and Health Hazard Alert System set up within the framework of the International Labour Organisation.
42. The person in charge of an occupational health service should be able, in accordance with the provisions of Paragraph 38, to consult the competent authority, after informing the employer and the workers' representatives in the undertaking or the safety and health committee, where they exist, on the implementation of occupational safety and health standards in the undertaking.
43. The occupational health services of a national or multinational enterprise with more than one establishment should provide the highest standard of services, without discrimination, to the workers in all its establishments, regardless of the place or country in which they are situated.

V. General Provisions

44. (1) Within the framework of their responsibility for their employees' health and safety, employers should take all necessary measures to facilitate the execution of the duties of occupational health services.

- (2) Workers and their organisations should provide support to the occupational health services in the execution of their duties.
45. The occupational health-related facilities provided by the occupational health services should not involve any expense to the worker.
46. In cases where occupational health services are established and their functions specified by national laws or regulations, the manner of financing these services should also be so determined.
47. For the purpose of this Recommendation the term ***workers' representatives in the undertaking*** means persons who are recognised as such under national law or practice.
48. This Recommendation, which supplements the Occupational Health Services Convention, 1985, supersedes the Occupational Health Services Recommendation, 1959.

D Annex 4: Minutes of meetings with stakeholders

1. TÜRK TRAKTÖR (10 May 2010 – Afternoon)

Persons met: Murat Can OCAKTAN (Occupational Safety Expert), Arif MÜEZZİ-NOĞLU (Occupational Physician)

General Introduction

Türk Traktör was established in 1954. The production facility, Sales & Marketing offices are located in Ankara on 282,800 m² land, with a covered area of 82,126 m². Training & After sales facilities & warehouses are located across Turkey (i.e. Ankara, İzmir, Urfa, Çorlu..etc). Türk Traktör is a leader in Turkish agricultural industry as far as production and sales & export operations are concerned. Its annual production capacity is 35.000 Tractors and 25.000 Engines. Türk Traktör is a joint venture of Koç Group, the largest industrial conglomerate of Turkey, and CNH, one of the top farm equipment manufacturers worldwide. Koç Holding and CNH have equal control on the management of Türk Traktör. Their Quality Certificates are;

- ISO 9001 Quality Management System Certificate (Version 2000 Audit by TÜV Rheinland).
- ISO 14001 Environment Management Certificate (Version 2000 Audit by TÜV Rheinland).
- ISO 27001 Information Security System Management Certificate.

There are 940 blue and 310 white collar employees. Workers are employed on a shift basis within the factory. According to the list in the Declaration of Hazard Classes in regard to Occupational Health and Safety Türk Traktör is regarded as a significant hazard enterprise.

They have a very active occupational health and safety unit. One occupational safety engineer, one occupational physician, one nurse, two blue collar workers are employed as full time workers in this unit and besides three health staff members work on a shift basis.

Though it was not obligatory, two blue collar workers have joined the OHS Council. Occupational safety expert is affiliated directly to the Human Resources Department and reporting is carried out by them to the representative of the employer.

Results of the Meeting

The company has occasionally resorted to outsourcing to be guided for occupational health and safety. However, they have carried out operations such as noise measurements, risk assessment, training facilities and awareness studies in their internal occupational health and safety unit.

The efficiency of the internal occupational health and safety unit is evaluated based on the number of occupational accidents and occupational diseases.

The company defends the idea that SME's may resort to outsourcing for OHS service; however, when it comes to big enterprises, it is more plausible to have an internal organization that provides internal OHS delivery. The idea behind this is that an expert already working in the enterprise will have better command over the workplace.

Cultural difference between Turkey and the European Union was brought up in the meeting. Lack of knowledge was mentioned as a reason for not establishing a safety culture in Turkey.

In addition, it was stated that the system was not capable of covering all workers and sectors.

They have conducted studies with Automotive Manufacturers Association (OSD) and Employers' Association of Metal Industry (MESS). However, it was pointed out in the meeting that Trade Unions have not taken an active role in the system.

2. LABOUR INSPECTION BOARD (11 May 2010 – Morning)

Persons met: Mehmet TEZEL (Head of Labour Inspection Board), Necdet ÇARIKÇI (Chief Labour Inspector)

General Introduction

Labour Inspection Board (LIB) was established as a department within the Economy Ministry with the adoption of Labour Act numbered 3008. This department first started to operate as a part of the organizational structure within Labour Department. However, as of 1946, Labour Inspection Board was incorporated into the Ministry of Labour. Ministry of Labour was established in 1945. With the amendment in 1946, Labour Directorates were established and labour inspectors performing their duties within District Directorates affiliated to Labour Department within the Ministry started to report to Regional Labour Directorates. Directorate General of Workers' Health became the responsible body for occupational health and safety control.

Labour Inspection Board directly reports to the Minister. The main reason behind labour inspections carried out by LIB is to protect workers, monitor and control if the available legislation related to work life is implemented.

Labour Inspection Board carries out its duties with its Group Presidency in 10 provinces (Ankara, İstanbul, İzmir, Adana, Malatya, Bursa, Erzurum, Samsun, Antalya, Zonguldak). These group presidencies are working units established to ensure that labour inspection service is provided more effectively and efficiently. They are founded in different cities where the need for the service provided by the group arises.

Technical and social labour inspectors are employed within the Labour Inspection Board. These inspectors perform their duties both within the LIB and Group Presidencies under the auspices of LIB at the centre and Group Presidencies in the provinces.

Results of the Meeting

It was stated that adoption of a proactive labour inspection approach paved the way for a more dynamic structure. It was also mentioned that this new approach put emphasis on guidance rather than inspection. It was pointed out that sectoral inspection planning was at the forefront in order to increase the number of general inspection.

However, it was added that LIB was understaffed with labour inspectors and recruiting new labour inspectors was work in progress to fix this problem.

LIB also indicated that they did not take active role in working with trade unions.

When inquired about how LIB defines itself within the whole OHS system, LIB stated that they conducted their inspection within the scope of current legislation and ILO agreements. In addition, they indicated that they could make use of the database created by Directorate General of Occupational Health and Safety (DGOHS) and support the Directorate General through feedback.

In the meeting, a table showing distribution of number of workers by workplace according to statistics of Social Security Institution (SGK) in 2007 was presented. In

Holland, employer himself is allowed to carry out OHS activities within micro enterprises (where there are 25 or fewer employees). The data on the table (Updated statistics from SGK for the year 2008 is provided in the annex) will prove to be useful in determining the minimum number of workers to provide a similar opportunity to Turkish employers in micro enterprises.

3. CASGEM (CENTRE FOR LABOUR AND SOCIAL SECURITY TRAINING AND RESEARCH) 11 May 2010 – Afternoon)

Persons met: Abdullah SERTKAYA (Chair of ÇASGEM), Erdem CAM (Expert)

General Introduction

CASGEM was established in 1955 with the name of “Near and Middle East Labour Institute” in Istanbul. On 16.07.2003 it was renamed “Centre for Labour and Social Security Training and Research” (CASGEM).

The primary objective of CASGEM is to carry out training, research, examination, publishing, documentation and consultancy activities regarding work life and social security up to the level of national and international requirements.

CASGEM is the only institution authorized to organize certification programmes for Occupational Physicians, Occupational Health Nurse, Occupational Safety Engineers or Technical Staff with the aim of training on work life, social security, employer-employee relations, occupational health and safety, total quality management, labour inspection, employment, productivity, labour market studies, ergonomics, environment, first aid and labour statistics.

The main goal pursued by CASGEM through the certification programmes is to train staff members within the Ministry, affiliated institutions and related institutions as well as workers, employers or directors operating in workplaces of private or public sector.

Primary functions of CASGEM:

- Organize certification programmes for Occupational Physicians, Occupational Health Nurse, Health Officer, Occupational Safety Engineers or Technical Staff with the aim of training them on above mentioned issues.
- Organize national and international regional seminars to discuss the problems facing the Ministry of Labour and Social Security.
- Do research and carry out studies in the fields of Labour and Social Security and collect necessary information and documents in these fields.
- Investigate working areas of workplaces and problems related to job efficiency after receiving the consent of authorized people and employers.
- Collect documentation and publish articles in Turkish and foreign languages that serve to a particular purpose and fall under the scope of their responsibilities.
- Provide national and international publications, movies, photographs and slides for a particular purpose and ensure that they are made available for everyone's use.

Results of the Meeting

In case that the definition of ‘designated worker’ outlined in Article 7 of Framework Directive is transposed, it was stated that the spectrum of training provided by CASGEM would extend. Experts also mentioned that this issue should be emphasized.

The types of studies that could be carried out to ensure that training programs gain international validity were discussed. It was also mentioned that all programmes must be rendered mutually equivalent.

It was discussed that CASGEM must be granted a senior position that will enable it to certify all private educational institutions operating in the field of OHS.

4. THE MINISTRY OF HEALTH OF TURKEY – GENERAL DIRECTORATE OF PRIMARY HEALTH CARE SERVICES) (12 May 2010- Morning)

Persons met: Dr. Halil Ekinici (Deputy of Gen. Dir.), Dr. Tahir Soydal (Coordinator of Occupational Health) and the members of the Unit of Employees' Health

General Introduction

The duties of the General Directorate are as follows;

- To ensure that all kinds of preventive health services concerning public health are provided, assure public contribution and participation in these services.
- Fight with contagious, epidemic, social and degenerative diseases and conduct vaccination and immunity services.
- Take every precaution to ensure a healthy environment and prevent unhealthy institutions from impairing public health and make the necessary inspections.
- Authorize food and food additive producers, inspect food and food additive sellers, control and inspect goods and materials that are subject to public health and permit when necessary.
- Make health regulations and controls for supplying drinking and using water, cold and hot public baths and spas, slaughterhouse constructions, cemetery installations, burial of the dead and sewage facilities, fight with public health endangering factors.
- Inspect places where toxic substances and drugs medical and vital preparations, serum and vaccines used in human health are produced and sold.
- Carry out dissemination of health services, organize cooperation of cottage hospitals with inpatient institution.
- Perform medical and technical inspections of self-employed doctors' and medicine members' workplaces and services.

Results of the meeting

It was stated there would be Community Health Centers in Family Health System, occupational health units would be established in those Centers and occupational health services would be provided by these units. In this system, the "50 employee limit" would not be imposed so as to provide service which covers all employees. Besides, this could be a free service for SME's to eliminate any financial difficulties. The number of part-time working occupational physicians will decrease with the "full time employment law" so the number of doctors must be increased to run the system efficiently.

They stated that family physicians' practice in occupational diseases was poor and required an intense education period. They also stated that with a database (saglik.net) integrated to this system, progress could be made in detecting occupational diseases.

When asked whether they would act as external services if engineers were employed in Community Health Centers, they mentioned that their legislation was not suitable for this kind of exercise. But they added they could cooperate with external services if their standards are adequate.

They told that their plan is to employ occupational physicians, nurses and engineers specialized in environmental health in Community Health Centers.

When asked about performance criteria for evaluating their activity they told that they compared the number of occupational diseases in developed countries with the number of occupational diseases in Turkey.

5. OCCUPATIONAL DISEASES HOSPITAL (12 May 2010 – Morning)

Persons met: Dr. Hınç YILMAZ (Head physician of the Hospital) and the physicians

General Introduction

In 1945 Social Insurance Institution began to provide insurance by gathering insurance premium for occupational accidents-diseases. In those years lack of knowledge and information about occupational diseases and impossibility for the institution to benefit from other state hospitals forced SGK (Social Insurance Institution) to establish its first hospital in 1949, İstanbul. Then it was turned to a service hospital.

In 1978 two occupational hospitals were founded in Ankara and İstanbul. With establishment of these hospitals the variety and number of occupational diseases increased. And then the third occupational diseases hospital was founded in Zonguldak.

In 2005 these hospitals that affiliated to Ministry of Labour and Social Security and Social Insurance Institution, along with other social security hospitals were transferred to the Ministry of Health.

Ankara Occupational Diseases Hospital monitors occupational diseases and provides occupational health services in the field.

1. Ankara Occupational Diseases Hospital has the staff to fulfill the needs of Social Security system which requires insurance operations specialist.
 - The role of occupational diseases in disability
 - The role of occupational disease in fatal incidents
 - Requested consulting services by SSI for the problems brought to the court
 - Providing the service to the foreign insurance institutions
 - Confirmation of whether the related disease has any correlation with work.
2. Delivery of preventive health services for occupational diseases.
 - a. Primary prevention
 - Worker training
 - Training physicians and doctors for workplace
 - Workplace visits and audits
 - Periodic inspection services
 - b. Secondary prevention
 - Creating early diagnosis and treatment programs
 - Consulting
 - Education services
 - c. Provision of compensation to third parties in the field of prevention service are being carried out, but studies in the field of improving professional work are in progress. Vocational rehabilitation service is closely related with the social security system efficiency.
3. Toxicological effects of occupational diseases and professional diagnosis and treatment are carried out.
 - Diagnosis and treatment of heavy metal poisoning
 - Professional diagnosis and treatment of breast diseases
 - Professional diagnosis and treatment of hearing defects
 - Diagnosis and treatment of occupational skin diseases

- Professional diagnosis and treatment of other diseases
4. To perform audit services for diseases on occupational health issues
 - Visiting, controlling and reporting the workplaces in the case of employer demand.
 - Carrying out the workplace health risk assessment if requested by the Court.

Results of the meeting

Occupational Diseases Hospitals broke new ground in many fields in our country; Psychology Laboratory, Hygiene Laboratory, Toxicology Laboratory, Advanced Respiratory Function Laboratory and Mobile Occupational Health Labs.

After the presentation of the hospital, some case studies were mentioned to elaborate on the various occupational diseases and some suggestions were given to identify occupational diseases and occupational physicians in Turkey.

In general, there is an estimation on occupational diseases; thus 4-12 in every thousand workers are expected to suffer from occupational disease. However in Turkey a very low number of occupational diseases were identified. To arrive at a more reasonable number:

- Physicians should ask on the profession of the person with his/her personal information during the inspection.
- In 2009, approximately 500 million people were diagnosed, these must be filtered by the Ministry of Health according to the ILO and WHO International Classification of Diseases (ICD) codes to determine the number of occupational diseases.
- In Turkey the concept of occupational diseases and work related diseases should be determined for indicating intersect of these concepts.

At the end of the conversation they mentioned that the occupational physicians should work independently (economic) to express their opinions against employers freely.

SGK (SOCIAL SECURITY INSTITUTION)

Persons met: Dr. Eyüp Kuşçu (Manager of Unit for Disability and Health Council) and four medical doctors working in the Councils on Occupational Accidents and Diseases

General Introduction

The law regarding the social insurance branches is named the Law of Work Accidents, Occupational Diseases and Maternity Insurances dated 1945 and numbered 4772. After the enactment of this law, Work Accidents, Occupational Diseases and Maternity Insurances were put into implementation. In parallel with the abovementioned law, the law of Workers' Insurance Institution dated 1945 and No. 4792 was passed. Together with the enactment of this law "Workers' Insurance Institution" was established in 1946.

After Social Insurances Law No.506 was enacted in 1965, the "Workers' Insurance Institution" was renamed as "Social Insurance Institution" which offers new and contemporary rights and opportunities about the social security of the workers. Since 1986 Social Insurance Institution has started to give health insurance benefits.

Social security of the agricultural self-employers was assured since 1984 by another law and they have been eligible for health benefit since 1999.

After the foundation of the Republic, the necessity that the state should take part in the fields of economy and trade as well as military and administrative tasks has brought

about the establishment of various agencies and their funds. However over time it was observed that this system created some complexity and inequality among civil servants and the dominant opinion was on the direction that social security policy should be prepared as a single text and be executed from a single unit. Therefore, with the Retirement Fund Law which was enacted on 1950, all existing retirement provisions and funds were abolished, a holistic social security policy basing on the principle of receiving premium from the workers and employers was developed and General Directorate of Retirement Fund was established in order to carry out this policy from a single place.

Social Security Institution was established by the Social Security Institution Law No:5502 which was published in the Official Gazette No: 26173 dated 20.06.2006 and brings the Social Insurance Institution, General Directorate of Self-Employed Fund and General Directorate of Retirement Fund whose historical development are summarized above under a single roof in order to transfer five different retirement regimes which are civil servants, contractual paid workers, agricultural paid workers, self-employers and agricultural self-employers into a single retirement regime that will offer equal actuarial rights and obligations.

There are three Committees under the Unit of Disability and Health Council:

1. Occupational Accidents
2. Occupational Diseases
3. High Level Health Council

Results of the meeting

The concept on occupational accidents and diseases are valid only for compulsory insured workers within Social Insurance Institution under SGK. Thus, there is no chance for application for occupational diseases and accidents for civil servants, self-employed persons and agricultural workers

SGK only deals with treatment and paying pensions of temporary and permanent disability, however, no fixed period for sickness leave and disablement.

They pay pensions for sickness leave until they cannot be treated. If more than 60% disabled, worker are being retired and less than 60% partially pensioned.

There is no political will to change the system and to include the protection of workers; however, they plan some scientific research for the changes of legislation.

There are twelve different premiums for high risk and low risk sectors varying between 0.5 and 5%. They are looking for exact data of employees and employers. Lack of awareness of employers of the use and the advantage of the SS-system, besides exchange of information is a problem. 60.000 Files per year (increasing every year) and additional files at regional level have been checked.

System Procedure is as follows; sick personnel are sent to a hospital authorized by SGK – SGK receives a report from doctor – SSI decides if there is a right or not for a pension. In the whole system, it is constantly possible to appeal to court.

98% Of the occupational diseases due to pneumoconiosis and the other examples of occupational diseases are hearing loss and heavy metal exposure.

Suggestions for improvement:

- Unregistered workers should be covered and exact data should be supplied;
- Sector-based approach: high risk sectors should be in the middle of the attention;

- Training of employees and employers to stimulate preventive actions;
- Cooperation Ministry of Labour and Social Security Institute;
- Occupational physicians: independent + raising awareness + training;
- Cultural aspect; change of the idea amongst many that employees don't need protection;
- Training of labor inspectors;
- Built in awards and punishments.

6. TISK (TURKISH CONFEDERATION OF EMPLOYER ASSOCIATIONS) (13 May 2010 – Morning)

Person Met: Ulaş YILDIZ (Lawyer of Confederation)

General Introduction

Foundation of industrial relations in Turkey in the modern sense was laid by the Constitution of 1961, which not only recognized the right to organize unions to both workers and employers but also the right of collective bargaining and the right to strike and lockout. It was established in 1962 and consists of 22 employer associations. They have 9600 business members. About 1,2 million workers are employed in these enterprises. TISK represents the Turkish employers at the following fields;

1. International Labour Office (ILO)
2. International Organization of Employers (IOE)
3. The Confederation of Business Europe (BUSINESSEUROPE)
4. The Business and Industry Advisory Committee to the OECD (BIAC)
5. Union of Black Sea and Caspian Confederation of Enterprises (UBCCE)

Their activities are;

- Exert efforts to organize employers, private and public, under employer associations ensuring harmonious relations among them with a view to bringing them together under a powerful Confederation.
- Exert efforts to encourage and maintain good human relations between employers and workers.
- Take necessary measures to adapt working conditions to the country's economic development trends and common benefits.
- Give assistance and support to employer associations regarding collective bargainings and agreements to be concluded between employer associations and labour unions.
- Develop employer positions on subjects relating to labour life and shed light on public policies.
- Declare general principles with which member employer associations and their affiliated enterprises must conform.
- Supply all the assistance and information required in the field of industrial relations to its members.
- Conduct research or arrange for them to be conducted on labour legislation, economic and social matters and organize training courses or seminars.

Results of the Meeting

In the meeting, TISK pointed out that their members of employers preferred taking service from the Joint (External) Health and Safety Units rather than establishing internal health and safety units.

Besides, they mentioned that as a consequence of the suspension of sub regulation ons OSH services, two of their member employers who had established training centers became mistreated. They stated that the Turkish Medical Association and the Turkish

Chamber of Engineers and Architects Association objected to the sub regulation because they are against the External Health and Safety Services. Besides, TISK also stated that there are just not enough Occupational Physicians and Occupational Safety Experts who could be employed full time. Also, they added that on account of the Law of Full Time Employment of Medical Doctors which would come into force on July 30, 2010, the employers would have problems since they could not find medical doctors working part time. They also said that the reason for the objection of the Turkish Medical Association to the sub regulation was based on economical reasons, the revenues of the Association are very high and the obligation of getting permission from the Association before starting to work in a private sector was inappropriate in terms of free competition.

7. TMMOB (UNION OF CHAMBERS OF TURKISH ENGINEERS AND ARCHITECTS) (13 May 2010 – Afternoon)

Persons met: Alaeddin ARAS (Member of Board), Bülent AKÇA (Technical Expert), Nurten ÇAĞLAR (Law Consultant), İlker ERTEM (Member of Board), Halil KUTLU (Member of Board of Chemical Engineers Chamber), Bülent TOKA (Mining Engineer)

General Introduction

The Union of Chambers of Turkish Engineers and Architects (TMMOB) was established in 1954 by the Law 6235. TMMOB is a professional organization defined in the form of a public institution which has 23 Chambers and 354.182 members as of 2009. TMMOB maintains its activities with its 23 Chambers, 197 branches of its Chambers and 45 Provincial Coordination Councils.

The objectives of TMMOB;

- To separate engineers and architects to professional branches, with the condition of being within the framework of laws and regulations and in accordance with the present conditions, requirements and possibilities and to also establish Chambers for the group of engineers and architects, whose professional or working areas are similar.
- To satisfy the common needs of engineers and architects, to facilitate the professional activities and to ensure the development of the professions in accordance with the common benefits, to sustain professional discipline and ethics relations so as to ensure honesty and trust in the relations among colleagues and their relations with the public.

In addition, TMMOB takes all necessary initiatives and organizes activities aiming to protect interests of the public and the country; protect environment, historical sites, and cultural heritage; increase agricultural and industrial production; detect, save, and operate the natural resources and contribute to the technical and artistic development of the country.

- In issues related with professions and its interests, TMMOB cooperates with official institutions and other organizations, and hence provides help and voices its proposals. It examines entire legislation, norms, scientific specifications and standard contracts and similar and relevant scientific documents related to profession and makes suggestions concerning their amendment, improvement or re-application.

Parallel to the relations of its chambers with equivalent institutions, TMMOB is a member of the WFEO- World Federation of Engineering Organizations.

Results of the Meeting

TMMOB's council stated that private training companies are inadequate for OSH training therefore Professional Chambers must be responsible for OSH training. They believe that OSH training provided by the chambers would be at high quality and convenient prices for everyone. TMMOB's council emphasized that inspection and regulation regarding OSH should be done by the Government whereas establishing OSH criteria should be their responsibility.

TMMOB's council is asked whether they could authorize private training companies and they replied saying that they will evaluate this scope. They are also asked if they could provide consultancy/expertise support to the employer. They respond saying that they could only provide training.

TMMOB's council emphasized that according to the new legislation the former career of Occupational Safety Experts is being disregarded and they are obliged to have a training as if they had no experience.

TMMOB's council stated that to ensure the financial independence of the OSH personnel, they should be paid from a fund established by the Government.

8. TTB (TURKISH MEDICAL ASSOCIATION)

Persons met: Dr. Feride AKSU TANIK (Vice Chairman), Ziyet ÖZÇELİK (Law Consultant), Dr. Haluk BAŞÇIL (Physician), Dr. Arif Müezzinoğlu (Physician)

General Introduction

The Turkish Medical Association (TTB) is a professional organization defined in the form of a public institution which is founded by law bearing the number 6023 and 80 % (83.000) of the physicians in Turkey are member of TTB. Its main income source is membership fees and it doesn't get any aid from the government. The Central Council of TTB was founded in İstanbul in 1953 and then moved to Ankara in 1983. 9 technical and 1 office personnel, 4 lawyers, 1 financial consultant and 1 press advisor work in TTB Central Council office.

TTB was founded:

- to protect and improve the public health conditions of Turkey and work for accessible, high quality health care at convenient prices for everyone;
- to adequately protect the morals of profession;
- to speak in every field of medical education;
- to express benefits of medical profession in every platform;
- and to protect the materialistic and spiritual rights of profession and members.

TTB has a local organization in 64 provinces where the number of member physicians is more than 100. Physicians must apply to one of these local chambers to become the member of TTB. The administrative committees of these regional chambers are composed of 5-7 people who are elected by the members, proportionally to the number of the members. Also the Honor Committees, the Inspection Committees and the delegates are the fragments of the local organizations.

Although the membership of TTB is obligatory for self-employed physicians, still half of its members are civil servants who are not obliged to be member of TTB. Membership fees are proposed by grand congress and approved by the Ministry of Health.

TTB is one of the founder members of the Associations of Health Profession Group with Turkish Dental Association, Turkish Pharmacists' Association, Turkish Veterinary Medical Association. Communication and cooperation with unions are some of the important activities of TTB.

At the international level, TTB is the member of the forum that is comprised of World Medical Association, The Association for Medical Education in Europe and World Health Organization and participates in its meetings as an active member.

Results of the Meeting

The representatives of the TTB stated that current Turkish legislation does not cover all of the enterprises within Turkey. They emphasized that SMEs employing less than 50 workers are not able to afford External OSH Service and the enterprises employing more than 50 employees prefer to have External OSH Service only because of cost-effectiveness. Moreover they added that these enterprises benefit from the new sub regulation regarding OSH services and abolish their internal OSH Services. The sub regulation as such, part of which was suspended during the time of the meeting, was described as totally unacceptable.

They emphasized that Private Training Companies are inadequate for Occupational Physician Training. They said that in the present situation universities together with TTB should be responsible for this training and it should be created in graduate level as well.

They pointed out that to ensure the independency of Occupational Physicians, they should be paid from a fund established by the Government.

9. EKOTEKNİK (EXTERNAL OHS SERVICE UNIT) (14 May 2010 – Morning)

Persons met: M. Ziya KOÇ (General Coordinator), Yadigar YOLCU (Company Owner), Bahadır MERT (Customer Representative)

General Introduction

Ekoteknik was established in 1995. Ekoteknik, which provides service in line with TS EN ISO/IEC 17025 standard, carries out periodical OHS controls and deals with measuring emission, immission, noise and indoor air quality that may pose a threat to human health and environmental health and safety.

Ekoteknik offers such service in its environmental measurement laboratories with all its staff members that are specialized in their fields and have been adequately trained in line with international standards. The measurements are reported in their data processing center complying with independance and confidentiality principles and submitted to customers as soon as possible.

General remarks:

- Also active in environmental issues.
- Periodic engineering control.
- Environmental measures.
- Health surveillance.
- Legislative base: Act on dangerous substances and Act on contaminations' diseases.
- Noise measurements and control.
- Periodic measurements of some units in enterprises are based on legislation

- Workplace analyses on dust, noise, etc. are carried out.
- Educational advisory services on basic OSH education, first aid and they give certificates authorized by the Ministry of Labor and Social Security.
- They also provide occupational physician services.
- They are certified by several authorities.
- They want to collaborate internationally.
- They have a mobile laboratory and many experts from many disciplines.

Results of the Meeting

When inquired about the suspended sub regulation on OSH services, they pointed out that they continued to operate their external OHS because their operations rely on the article 81 of the Labour Law. The Medical Association and the Association of Engineers and Architects only want to keep their power. 200 TL membership fee per year and part of the salary must be paid to the Medical Association. Since 2003 the Medical Association is no longer allowed to give the authorization to medical doctors, the Ministry of Labor and Social Security is the only responsible body in this field. This paved the way for a heated debate.

If an SME implements OHS activities, a fund could be initiated to stimulate an SME to take OSH service and after 2 or 3 years they should be able to cover the costs themselves. And hence, SME could perhaps subtract costs from their tax.

They emphasized that lack of collaboration between external OHS services and the trade unions and chambers of professions or commerce was a big problem. The Union Law (2821) stipulates that unions must allocate 15% of their income to the OHS activities but it is pointed out that this is not implemented. And this money could be used for the fund.

Trade unions do not support OSH measures in collective agreements. OSH is a new concept and members are not well educated. Trade-unions suffer from lack of experience on OSH-items.

To implement the idea of “Designated worker” the person appointed to this post must have a suitable educational background for OHS and must have enough time to take office to implement OHS activities. In addition designated workers should be economically independent like occupational physicians. Designated worker is a good idea, but some of them are not interested in these subtasks since they see it as an extra burden. And they will be afraid of criticizing the employer.

External service is more independent than internal service; they can easily refuse to work for an employer and continue to work for other clients, whereas an internal medical doctor cannot. Therefore, it seems strange that the Medical Association is against external services.

Risk assessment is not implemented properly in Turkey. Government support is needed to develop good risk assessment. As it is the case for other external services, risk assessment should be done with staff members working in the field of external service. That may be a good solution for operational blindness.

10. Confederation of Turkish Trade Unions (TÜRK-İŞ) (25 August 2010)

Persons met: Mr. Enis BAGDADIOGLU, Mr. Namık TAN, Mr. İsa GOK, Mr. Gökhan EROL

TÜRK-İŞ

Confederation of Turkish Trade Unions (TÜRK-İŞ) was established in the year 1952. As of the January 2008 TÜRK-İŞ has 2.154.132 (according to the statistics of the Ministry of Labour) members organized within its 33 affiliated unions in 28 industrial branches. Most affiliated unions have a membership with their corresponding ITS's. The Confederation has nine regional offices (İstanbul, Bursa, İzmir, Adana, Sivas, Diyarbakır, Samsun, Eskişehir, Erzurum) and 81 "province" representatives functioning throughout Turkey.

OSH in collective bargaining

The aim of the trade unions is the further development of working conditions and working life. Occupational safety and health is crucial for working conditions and working life, so in collective bargainings OSH is an important discussion point for trade unions and employers.

Trade union representatives

Trade unions provide training for the trade union representative which is a member of the OSH committee. Besides, TÜRK-İŞ is not in favour of elected worker's representatives because in enterprises this duty is performed by trade union representatives, so both representatives have the same tasks and this leads to confusion. In an enterprise if there is a trade union, trade union representatives help the OSH inspection but in SME's inspection has to be performed by inspectors.

External OSH services

The confederation of Turkish Trade Unions asserted that external OSH services can not be independent because they are getting their money from the employer. For this reason they are more closer to the employer than the worker. Also they emphasized their worries about the quality of external OSH services.

Content of the Turkish Trade Unions Training Programme (TURK-IS)

The training of trade unions representative is based on:

- Industrial Relations in Turkey
- Economical and Social Developments
- Social Developments that effects work life
- Social Security System and Trade Unions
- Recent Developments in OSH, Problems and TURK-IS Approach
- Employees and Employers Liabilities in OSH
- Methods of protection from Occupational Accidents and Diseases
- Women and their problems in work life
- Environmental Health and Working Conditions.

11. External Services and Training Centers Association (25 August 2010)

Persons met: Chairman Nevzat Şahan and members

The Association

They emphasized that all external services can be their members. There are 90 external services and 38 of them are their member. The Association was established by occupational physicians and professionals who have individual working background in OSH.

The aim of the Association is to solve the employee-employer-occupational physicians and OSH professionals problems. They state that the main problem is about the legislation, and also emphasize that OSH trainings are suspended because of the gaps in the legislation. Also they expressed that FD and Turkish legislation is not consistent in some points (e.g. the threshold of 50 workers).

Turkish legislation

The Dutch experts expressed that employees and employers can not understand the Turkish OSH legislation because it is not clear and also it is important to take actions on making the legislation clear. The Association members said that they will be glad to be in such a study and an EU project that they will attend readily. is a good idea to improve this situation.

TTB and TMMOB

The Association members assert that Turkish Medical Association (TTB) and Turkish Engineers and Architects Association (TMMOB) are forming an unsafe atmosphere instead of protecting the rights of their members.

External OSH Services

They expressed that there are many difficulties in external OSH services. They said that external OSH services are open by taking lots of responsibility and employ many professionals of OSH. Medical doctors and engineers who are working individual in the market have no responsibility and they are in favour. By the suspension of the OSH services bylaw, contracts have been cancelled.

SME's can not afford OSH services. Costs per worker can be calculated and SME's can be supported. OSH should be a provision for credibility and also in public procurement providing OSH services (int.&ext.) is not a provision.

E Annex 5: Labour Inspectors Board – Number of work-places according to the employed persons

Group of insured person	Number of work-places	Number of compulsory insured person
1	440.444	440.444
2-3	317.706	752.782
4-9	241.049	1.367.977
10-20	99.055	1.345.476
21-29	25.731	629.589
30-39	14.945	509.235
40-49	9.357	412.243
50-59	3.875	209.596
60-69	2.748	176.605
70-79	2.172	161.205
80-89	1.753	147.677
90-99	1.374	129.688
100-149	4.175	500.679
150-199	2.009	345.150
200-249	1.108	246.113
250-299	750	205.287
300-349	462	149.524
350-399	315	117.579
400-449	216	91.592
450-499	175	82.609
500-549	128	67.079
550-599	103	59.134
600-649	97	60.453
650-699	79	53.325
700-749	49	35.545
750-799	46	35.694
800-849	35	28.941
850-899	38	33.224
900-949	22	20.328
950-1000	23	22.377
1001 +	209	365.839
TOTAL	1.170.248	8.802.989

F Annex 6: Attendance of stakeholders during the stakeholders meeting in Ankara 26 August 2010

1. ÇASGEM
2. Labour Inspection Board
3. Social Security Institution (Directorate of General Health Services, Invalidism and Occupational Accidents Department)
4. Ministry of Health
5. TURK-IS (Confederation of Turkish Trade Unions)
6. ASAR (National Association of External OSH Services and Training Centers)
7. Ekoteknik (external OSH service)
8. TMMOB (Turkish Engineers and Architects Association)
9. TTB (Turkish Medical Association)
10. TİSK (Turkish Confederation of Employers Association)
11. Türk Traktör

G Annex 7: Abbreviations used

ASSAR: Turkish Association of external OSH services and training centres
CASGEM: Centre for labour and social security training and research
DGOHS: Directorate General of Occupational Health and Safety, part of the Turkish Ministry of Labour and Social Security
EEC: European Economic Community, the forerunner to the European Union
EU: European Union
FD: the so called Framework Directive or Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work. Official Journal of the EEC, L-183, 29/06/2989, p. 1-8.
ILO: International Labour Organisation
OSH: occupational safety and health
SGK: Turkish social security institution
SME: small and medium sized enterprises
TISK: Turkish confederation of employer associations
TMMOB: Union of chambers of Turkish engineers and architects
TTB: Turkish medical association
TURK-IS: Confederation of Turkish trade unions