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The Role of the Medical Review Officer (MRO) in International Workplace Drug Testing

Executive Summary

Although the role of the Medical Review Officer (MRO) is well established in United States Workplace Drug Testing Programs, such is not the case internationally. This review will summarize the information that is generally or currently known or is available in the Drug and Alcohol Testing Industry on the role of the Medical Review Officer internationally. It is important to note at the outset that the acceptance of the role of the Medical Review Officer in workplace drug testing programs is not addressed or acknowledged in many Countries.

The Role of the MRO Globally

In a review of 200 countries, a Drug and Alcohol Industry research team found information on the role of the Medical Review Officer in only 36 countries or 18% of the 200 countries researched. This is because the information available through accepted legal research practices is insufficient due to the need for practical in country information. Although the authors acknowledge that more detailed information is needed from legal counsel in each Country in the Global Community in order to truly understand and monitor the evolution of the role of the Medical Review, the following is meant to start the discussion.

In Austria, Belgium, Finland, France and Germany there appears to be a role for the occupational health physician in the review of workplace drug test review. Under Finland's Occupational Health Care Act, only a health care professional can determine a test is needed. Authorization to test from an occupational health physician is also required in France, Lithuania, Netherlands, Norway, Slovakia, Slovenia, and possibly Ireland. By contrast, in the United Kingdom, occupational health physicians are discouraged from being involved in workplace drug testing, including test review, because it is believed that the occupational health physician's role will damage the trust of the workforce. In Germany, a company's physician should not conduct the test or provide Medical Review Officer review because medical secrecy restrictions limit the use of the information.

The occupational health physician's role in the foregoing countries is a little different than the role of the MRO in the United States because the objective of the occupational health physician's test review is to report on the fitness for duty of the donor. The purpose of the fitness for duty review arises from a concern for balancing two objectives fairly, firstly, workplace security, and secondly, the protection of personal information.

Although currently undergoing revision, in 2002 the Laboratory Committee of EA (European co-operation for Accreditation) approved a document prepared by the European Workplace Drug Testing Society (EWDTTS) entitled "European Laboratory Guidelines for Legally Defensible Workplace Drug Testing." The guidelines contained therein are based on the UK Guidelines drawn up by a steering group consisting of several UK analytical laboratories.

The stated purpose of the European Guidelines is to establish “best practice” procedures for the:

1. collection of urine samples,
2. laboratory analysis, and
3. subsequent interpretation of the results.

However, the Guidelines are clear that, while they suggest best practices, they are not intended to be binding regulations for all testing situations and circumstances. “The European Guidelines are designed to establish best practice procedures whilst allowing individual countries to operate within the requirements of national customs and legislation.” Therefore, the detail within the appendices to the Guidelines may vary from country to country.

The Guidelines are based on the “general principles that have been established internationally.” They are designed to ensure that the entire drug testing process is conducted to give accurate and reliable information about a donor's drug use.” Though some of the terminology may be different, much of what is found in the Guidelines will look familiar with those found in U.S. federal drug testing guidelines and regulations, as well as individual state laws.

For example, the Guidelines discuss chain-of-custody protocols during the collection process, ensuring the integrity of a sample received at a laboratory (including validity testing), screening and confirmation testing (GC/MS, LC/MS), and result interpretation via a lab toxicologist and a qualified “medical practitioner” or Medical Review Officer. The Guidelines also cover results reporting, long-term specimen storage, and record keeping.

In Canada, the role of the MRO is very similar to that in the United States. Brazil has also taken an approach to MRO practice similar to that in the United States and Canada. However, in Brazil, the MRO seems to play an expanded role relative to involvement with the employers conducting testing, their unions, and the larger community.

No information was found on the role of the Medical Review Officer in the remaining countries. Further, no information on the current status of workplace drug testing was available for a large number of the countries researched.

Additional Considerations

Beyond the foregoing, additional considerations for Medical Review practice include: 1) the impact of time differences on communications, 2) language differences, 3) seasonal and holiday variations, 4) electronic privacy and security laws, especially data transmission and storage laws that may prohibit the flow of data from between one country to another country, 5) review considerations unique to a particular country and 6) MRO training.

The role of the MRO is not widely understood or recognized outside of North America for the most part as noted previously. Many North American based multinational companies maintain the MRO role in their testing programs in all locations. The MRO role usually is based on the U.S. DOT model with modifications driven by local requirements in the particular country testing to the extent that those requirements are understood and practical logistical necessities.

1) Adequate telecommunications capability is an important consideration. Both quality and availability are important.

Twenty-four hour a day, preferably 7 day a week availability of the MRO may be needed when a centralized MRO service is being provided for an organization that requires interviews in various time zones due to the time differences country to country. Some organizations will not require daily availability.

2) Language capability must be planned. Organizations that rely on a local physician may not have this challenge although local dialects may be a problem because the dialect differences may make communication more difficult. Those providing support from a centralized location must have planned for this. The best solution is to have a qualified MRO who is a native speaker. This may be achieved in many locations whether domestic or abroad. The next best approach is to have support staff directly controlled by or part of the same organization as the MRO who are able to serve as interpreters. These support staff may be native speakers or have gained proficiency based on other experience or training. Also acceptable is to use a commercial service that may be accessed on demand to provide a simultaneous translator. Clearly there will be limitations based on local circumstance and the particular language need.

3) Seasonal and holiday variations country to country impact the review process because they result in communication challenges and can delay the MRO review process.

4) Electronic privacy and security laws, especially data transmission and storage laws that may prohibit the flow of data from between one country to another country must be considered relative to the MRO global practice because these laws present practical considerations that must be addressed based on each country's particular requirements.

5) Panels, or drugs tested may vary from country to country and must be understood and considered as part of the MRO review process internationally. This is because drug usage and preferences can vary greatly from country to country. Even in the United States a study from the Substance Abuse and Mental Health Services Administration (SAMHSA) found that the prevalence of illicit drug use and drug preferences varies widely among the states. Hughes, A., Sathe, N., & Spagnola, K. (2009). *State Estimates of Substance Use from the 2006-2007 National Surveys on Drug Use and Health* (Office of Applied Studies, Substance Abuse and Mental Health Services Administration, NSDUH Series H-35, HHS Publication No. SMA 09-4362). Rockville, MD.