

Mobbs Corporate Health Fellowship Report

Australasian Faculty of Occupational and Environmental Medicine (AFOEM) Annual Training and Scientific Meeting 18-21 May 2014



As a recipient of the Mobbs Fellowship in 2014, I was grateful for the opportunity to travel to Auckland to share experiences with international colleagues in our field. I attended the final day of the Training Conference and presented a paper during the Scientific Congress, held in SkyCity Auckland Convention Centre.

As a trainee in both the Australasian and UK specialty training programmes, it was an excellent opportunity to learn about current issues in the Antipodes and capture ideas for the first [UK Occupational Medicine Registrars' Conference](#).

Highlights of the Annual Training Conference (ATM)

This is a 3 day annual event for the 105 registrars and supervisors in the AFOEM training programme who live in Australia, New Zealand and overseas. It is a registrar-led conference with guidance on objectives from Fellows of the Faculty.

Practical and clinical occupational medicine

The first day comprised visits to a range of worksites including a winery, airline and meatworks. Day 2 provided exam guidance and practice for registrars, supported by consultants and post-exam registrars. Both areas are valuable training we could include in future for our UK registrars. The trainee dinner also provided networking and social opportunity for geographically scattered colleagues.

Work attribution and compensation

The final day began with a case discussion of an abattoir worker with leptospirosis. As well as clinical dilemmas, consultant Dr Peter Robinson discussed medico-legal aspects, working with unions, the New Zealand workers' compensation scheme and allocation of work-relatedness to a claim.

Risk communication in environmental and public health incidents

The final speaker panel (Dr Tim Sprott, Dr Richard Heron, Dr David Black and Ms Pauline Parsons) discussed effective risk communication using examples from BP's Deepwater incident, a group of playcentres with contaminated soil, and managing airline staff, the public and media after an aircraft accident.

Key messages from the speakers: apologise for distress caused upfront and show the human face of the company, invite external credible agencies to confirm your

own findings as people may not believe company doctors, engage stakeholders from the start and keep them informed.

Learning points

I was impressed by the breadth of skills demonstrated that are key to becoming a well-rounded occupational physician; how to lead within your organisation, work with and effectively communicate to stakeholders who have different motivations. This includes media, the public, your own staff, peers and managers. As a result of this presentation, I approached Dr Heron to give his insights to our UK registrars, which he agreed to with enthusiasm.

Highlights of the Annual Scientific Meeting (ASM) 19-21 May 2014

The ASM is one stream within the annual Royal Australasian College of Physicians' Congress, integrating with wider College activities and allowing the opportunity to mingle with other specialties.

Ramazzini presentations

All AFOEM registrars must give an oral presentation of their research project during their training. The opportunity provides good practice in public speaking, explaining your work and providing oral defence of your conclusions to a wide audience of consultants and registrars.

I presented my dissertation, completed through the University of Manchester, entitled 'Medication understanding and sources of advice used by air traffic controllers' which provoked thoughtful questions about safety-critical workers' understanding of potential side effects of codeine, sedating antihistamines and SSRI antidepressants. My key recommendations included the need to educate not only workers, but also doctors who prescribe medications, about the potential impact on cognitive ability. Also to provide accessible, timely advice to shift workers, and to encourage an open reporting culture with the role of the aviation/occupational physician as educator.

Eleven speakers covered a range of topics from occupational health issues in telehealth-working general practitioners, to the association of low birthweight with cardiovascular disease and diabetes in later life. The latter topic was also discussed by Professor Jane Harding in the Howard Williams Oration and provided food for thought about how perinatal events can influence later risk of disease and possibly work ability. This 'Exposome' concept is being explored by epidemiologists relating lifetime environmental exposures to health outcomes. Dr Chris Colquhoun was awarded the Ramazzini prize for his work in developing guidelines to detect obstructive sleep apnoea in rail workers.

Ferguson-Glass Oration

This presentation is given in honour of two founding protagonists of occupational health in Australia and New Zealand – Professors David Ferguson and Bill Glass (Professor Glass was in attendance this year). It was a good indicator of warm relations between faculties that this year's orator was our UK Faculty's President Dr Richard Heron.

It is important to note, the audience encompasses members of the Royal Australian College of Physicians not just the Faculty, giving an opportunity to showcase our specialty and its relevance across the medical spectrum. One physician was particularly impressed by Dr Heron's talk and wished he knew about occupational medicine earlier (never too late to recruit!).

Dr Heron reflected on three giants of occupational medicine who were dogged and 'pugnacious' in improving the lot of those who did dirty, difficult and dangerous work; Bernadino Ramazzini, Alice Hamilton and Charles Thackrah. He linked their stories with an engaging discourse about his off-the-beaten path into occupational medicine, from a teenaged pottery grinder to advising pharmaceuticals manufacturers about nitrate-induced headaches related to dust-generating work practice. It was a good reminder to me as a trainee, to observe how work is actually done at the coal face, not simply how it should be done according to standard operating procedures.

Annual General Meeting

Associate Professor James Ross handed over Presidency to Dr David Beaumont, who originally trained in the UK and is now based in New Zealand. He has served in the Faculty as a strong advocate for the health and work agenda in Australasia, inviting Dame Carol Black for visits with key government contacts. It was motivating to see the impact of international co-operation in our specialty.

Reflections on training

As a dual registrar in the AFOEM and MFOM training schemes, I have a keen interest in the challenges of trainee occupational physicians in Australasia compared with the UK. Most AFOEM registrars work for large corporations including mining companies, corporate health providers and Defence. A significant proportion provide primary care as part of their role. Accreditation of training posts commenced only in 2014, and finding supervisors has proven challenging with the growing number of registrars. On the flip side, being employed for the job rather than a training post means the average salary for registrars is higher than UK. Recruiting high quality candidates is a common challenge to both regions; in Australasia, registrars may join after 2 years of residency which may not provide sufficient breadth of experience for independent practitioners.

There are several areas in which each Faculty can learn from the other that I hope to highlight in future forums. Ideally, we should aim for an international standard of high quality training, equipping occupational physicians to effectively advise workforces in a global context.

I wish to thank Corporate Health, which supports the Mobbs Travelling Fellowship, and Faculty panel who approved this application.

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Photo of Auckland and Sky City:

[https://www.ereports.com.au/content/wp-](https://www.ereports.com.au/content/wp-content/uploads/2014/05/Congres2014-Banner-with-skyline.jpg)

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