

Dr Shahzad's interview with Dr Ilse Stockhoff

Dr Shahzad: It is a pleasure to have Dr Ilse Stockhoff on the interview series. Please tell us a little about yourself.

Dr Stockhoff: I'm originally from South Africa. I completed my medical training in 1996 and got married to a doctor during my intern year in 1997. I worked as a GP in South Africa for five years and for part of the time, I looked at opportunities in occupational health. Having two doctors in the family and coming from a country like South Africa where the medical system is so different to Australia's, forced us to look at how we can both have a personal and family life around medicine. I decided to make the move to occupational medicine. At that time, we did not have the speciality of Fellowship in South Africa. I did my postgrad diploma and made the move to occupational medicine in 2004. I worked for a corporate occupational health company and was privileged to be on site on a weekly basis at industries where we had in-house occupational health clinics. That is where I did my training and got my experience over the years. We immigrated to Australia 5 years later. With onsite training, you are able to go into the work place whenever you wanted. That occurred regularly, pretty much on a weekly basis at all the workplaces I was allocated to in those five years. I was exposed to various industries including office administration, various manufacturing, heavy engineering and mining to name a few.

Dr Shahzad: Tell us a bit more about your early experiences in occupational medicine including any highlights, achievements, and memories that you have had along the way?

Dr Stockhoff: So, South Africa is quite different to Australia, being classified as a 3rd world country. There are lots of different industries, including mining industries, for example, platinum, gold and coal mines. The onsite experiences were memorable. You remember certain things for the rest of your life like the working environment for those underground miners. It can be hot and, in some ways, scary if something happens down there and people need to get out. Then there is lead exposure. I worked at a company that manufactured plumbing parts. They used lead powder in their manufacturing. We had a male, indigenous employee who had high levels of lead for quite a while. We couldn't figure out why his levels remained so high. A lot of indigenous people have poor education and therefore couldn't read or write, so we had to apply different methods of explaining things and getting answers from them.

This man did not have any hobbies, a second job, do any fishing or engaged in any other recreational activities. We went onsite a couple of times to see what he was doing. When we were there, he was doing everything correctly. One day, we were walking around going to different areas onsite. We walked into an area and went, "*Oh my goodness! This is what has been happening all along.*" This poor man had a respirator and every time he went on a break, he would put his respirator on a pile of lead dust/powder and then put it back on after his break. Once we realised this and ensure that he ceased this routine, we repeated the lead test, and the levels came down. It comes back to the fact that if you're not there, or you do not know what the method of exposures can be, you don't ask the right questions and don't get the right answers.

Dr Shahzad: **What are you doing these days and what will be your legacy?**

Dr Stockhoff: I'm the National Medical Director of the Jobfit Health Group, which is a big occupational health organisation in Australia. I have been in this role for the last 9 years. My day to day responsibilities include, but is not limited to, clinical governance and education, ensuring that what we do is correct, and doing what is right for occupational medicine. I enjoy my role and my responsibility in educating (new and ongoing) all our doctors. I think my legacy will involve the training and ongoing education of doctors, trainees and non-trainees, because of the way that occupational medicine has changed over the years.

Education is really important to me, and I want it to be part of my legacy whether it is with a college or on a personal level. I am involved with a variety of other things, for example health surveillance and ensuring that workers are safe, and that the risks which they can be potentially exposed to, can be controlled or monitored.

Dr Shahzad: **What has your experience been as a female physician practising occupational medicine?**

Dr Stockhoff: Even when training, there was always quite a heavy focus to include more females in the training program for undergrad medicine. I believe that is still the case today. Even in the occupational circles that I move in (obviously, the clients that we are exposed to), I think it is still very much a male dominant field. There have been times where I have gone into a meeting or have met with stakeholders and have felt the gender inequality, as well as that males think that females don't know or understand industries. I think that's a challenge as a female and in some way, you have to prove yourself. On the flip side, I think occupational medicine is a great career opportunity for females. In particular, if you want to raise a family, you can have the work-life balance. I have done my training in Australia with small kids in the house. It's not easy but it is doable.

Dr Shahzad: **What are your plans for the future and what would you like to do if you have the time and opportunity?**

Dr Stockhoff: We don't know what tomorrow brings but I'm not close to retiring yet. I have a number of years up my sleeve. At the moment, my plans are to polish up on the education within our organisation and assist the trainees that I supervise as best I can.

Dr Shahzad: **What message would have for trainees and fellows?**

Dr Stockhoff: You didn't get to where you are without the assistance of others. When you become an occupational physician, please give back, because the college and other trainees need it. Whether you are young or old, you can make a difference. You can help a trainee. For all the Stage C trainees out there, don't take too long before you step back into college business, because we need the younger ones to join and volunteer their time and give back to others coming after them.