

AFOEM Fellows interview series

This series provides insight into the careers of retired and actively serving occupational physicians. The interview series has supported a collaboration amongst our peers in developing projects on compiling the history of occupational medicine. On this occasion, I had the pleasure of meeting Dr Roger Lai.

Dr Farhan Shahzad, Consultant Occupational and Environmental Medicine, Sydney

Farhan: I warmly welcome Dr Roger Lai to our interview series. Roger, please tell us about yourself, personal life, and training.

Roger: I grew up in Narrogin a small wheatbelt town in Western Australia and was supported by my parents to study medicine at UWA. I did not enjoy hospital medicine so when a registrar suggested occupational medicine during a break in ICU at 2am, I took up an occupational medicine rotation and never looked back.

Intending to start training, I moved to Wollongong to work for IOH which was associated with the Port Kembla steelworks. My wife was pregnant with our first son and when he was born in Wollongong, my wife and I really struggled with the social isolation, so we returned to Perth. Shortly after, Dr John Low asked me to take on his in-house consulting at Australia Post. I loved working with the multidisciplinary in-house team and access to the workplace. After I obtained my Fellowship in 2008, I took on in-house jobs as often as possible. Currently, I in-house consult four days a week for South Metropolitan Health, WA Police, and The Department of Education. I continue private practice with Dr Low one day a week.

I also serve on the executive for ANZSOM and Doctors' Health Advisory Service WA (DHASWA).

My interest in doctors' health was partly driven by my own mental health challenges including attempted suicide. I was also in roles where my caseload largely consisted of mental health presentations.

I had the privilege of contributing to Royal Perth Hospital's well regarded Junior Doctor Wellbeing Program. With my occupational physician hat, I helped bring together clinical and non-clinical stakeholders. We managed to get funding out of the Executive by speaking their language and by putting in place solid KPIs to support the ongoing funding of our program. I am no longer involved with that program, but it's only grown larger, rolling out peer support training to other hospitals.

Farhan: I appreciate that you shared your personal life challenges. It's very deep, personal, and private. What role do you think we, as Occupational Physicians, play?

Roger: We can engage clinical staff and healthcare managers by speaking their ‘language’. Having a medical background and understanding how to engage our colleagues but also bringing a perspective of occupational health and safety, hierarchy of controls, and that staff wellbeing is good business. We can bridge that divide between clinical and non-clinical staff to improve the healthcare culture and safe systems of work.

Farhan: Tell us about your day-to-day practice.

Roger: I see workers for ‘fitness for work’ and assist with case management. It’s mostly about creating a safe space for these workers to understand what the problems are and being able to facilitate solutions. I see many stressed workers who have performance concerns but when you get to the root of it, it’s often a difficulty with communication and trust. The worker’s valid health concerns are not heard, and the worker is not understanding what management is requiring from them also.

Farhan: What’s your legacy and what would you like to plan for in the future?

Roger: My proudest achievement is making a contribution to the Junior Doctor Wellbeing Program. I am currently Assistant Director of Training (WA). This is an opportunity to support and reduce stigma for up-and-coming trainees and consultants by being open about my own challenges.

Farhan: What message do you have for younger trainees and colleagues, in particular, within our Faculty?

Roger: Different Fellows have different ideas about what an occupational physician should be - whether that be Chief Medical Officers, medicolegal experts, injury management consultants, OSH consultants or epidemiologists. My message is that occupational medicine is a very broad specialty and that you will find a niche. Tread your own path, be kind to others, and have the courage to be kind to yourself.