



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 Umberto Boffa.

Dr Farhan Shahzad, Consultant Occupational and Environmental Medicine, Sydney

**Farhan: Please tell us about yourself, your personal life/family, medical school and training (personalised)**

I entered my alma mater, Melbourne University, to be a GP. As it happens, I became a GP, after finishing in the top 5% of the 1980 year, and according to the RACGP had the best clinical references in Victoria when on completion of the then certificate in family medicine. In those days, good graduates did go into GP. Big change when today, only overseas graduates will consider GP as a career. I suspect Medicare has a lot to answer for.

I married another doctor with an interest in epidemiology and public health. As often the case, none of our children entered medicine – perhaps the hours they saw us work put them off.

**Farhan: Please tell us how you developed an interest in Occupational & Environmental Medicine (open discussion).**

I practised in Melbourne's industrial North and soon began doing worksite visits - I knew we could only know our GP patients when we saw them at home. I figured the same about seeing workers in their workplace. I enjoyed GP, particularly its wide breadth and the opportunity to do some good. My interest in occupational medicine grew because of the same satisfaction with the work but without the Medicare involvement.

I did not hear about occupational medicine as a career until about the time my interest in Medicare funded GP began to wane - the late 2000s. I took my first job with WorkSafe Victoria, and in 2010 joined the AFOEM training program and graduated FAFOEM three years later in 2013. At my age, I did not want to waste too much time!

I find in OM, the same diagnostic and management challenges and breadth of conditions I enjoyed in GP.

This is something rarely seen in the run of the mill specialities, in which the same four things ever come through your door. As OPs we become expert in musculoskeletal, neurological, respiratory and cardiovascular medicine, dermatology, infectious, post-infections, and central sensitisation syndromes like fibromyalgia and myofascial pain disorders, and the effects of work on them, and conversely their effects on work.

**Farhan: Let's talk about your achievements, memories & highlights of your career.**

I was a part time GP until 2-3 years ago. In the meantime, I earned an MBA and fellowship of the ACFHM, the health administration college of which I am also a Fellow, held fulltime administrative roles in tertiary public hospitals and was medical director of a national private health insurance for 18 years. In the first sector, I introduced hospital night residents and registrars for the first time, in Victoria at least, in the early 1990s. This vastly improved supervision of junior doctors and increased the number of training opportunities. In the latter, I

helped deliver “no gap” in-patient medical billing to Australia in the late 1990s. Our fund was the first third party payer to fund MRIs in lieu of staging laparotomies at the time. I also had the grand opportunity of using the company’s money to convene and fund multiple internationally published translational research and put into operation a number of preventative and domiciliary out of hospital health initiatives that still exist.

As an OP graduate, I did my bit on college committees and stints as deputy and then director of training in Victoria. I still like to mentor trainee doctors (which I also do in the ACHSM).

A highlight was in helping to demonstrate, along with dozens of others, the worth of the occupational physician during the Covid pandemic, not only to the authorities but in particular to employers and their workforce.

I was never averse to working long hours but am now purposely cutting down. One needs to move over for the next generation to take over.

***Farhan: Specific questions based on special interests. What’s your legacy?***

My big interest is in helping treaters return injured workers to the workplace. I like to think my independent medical and worksite assessments help in this regard. I have been gratified from time to time to receive positive feedback from workers returning for review, who say my assessments had helped them.

***Farhan: Where to here from now?***

It is time to travel, especially to Italy from where my parents migrated. This is something my wife and I make a point of doing with our children and grandchildren whenever feasible.

***Farhan: Do you have a message for Trainees and Fellow Occupational Physicians?***

Whatever you do, work hard and reap the rewards.