AFOM Demographics Study 2004 and a Trainee’s Perspective

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AIM

• To provide information on the members of the Australasian Faculty of Occupational Medicine
• Specifically to provide insight on:
  – the current state of the Faculty
  – the future direction of the Faculty
METHODS

• All members on the AFOM emailing list were sent the address of a website to fill in a web-based survey
• 3 reminders emails were sent over an 8 week period
• Phone calls made to all members who had not confirmed that they had completed the study
• If not, offered the chance to complete study over the phone
RESULTS

• 237 responses were received
• 6 people excluded as already retired
• 231 responses over a possible denominator of 317 active members
• Estimation of Response rate = 73%
RESULTS – comparisons

- AFRM: 269
- AFOM: 317
- AFPHM: 654
- RACP: 6814
RESULTS – Gender

Gender

83.1 %

16.9 %

192 Male
39 Female
RESULTS – Age

![Bar chart showing age distribution]
RESULTS – Years to retirement
RESULTS – Faculty status

- 171 Fellow: 74.3%
- 52 Trainee: 22.6%
- 7 Other: 3.0%
RESULTS – Other Fellowships

Do you have any other medical fellowships?

- General Practice: 17.3%
- Public Health: 14.3%
- Rehabilitation: 0.9%
- Physician: 6.5%
- Other: 18.6%
RESULTS – Place of work

![Bar chart showing the location of principal place of work with percentages for various states and territories.]
RESULTS – Employed By

• Difficult to analyse
• Analysed by percentage of their occupational medicine practice
• Limitation in that not everyone’s occupational medicine practice is equivalent to full time work
RESULTS – Employed By
(Australasia 2004)

- Private Practice: 58%
- Corporation: 17%
- Hospital: 9%
- University: 6%
- Government: 4%
- Military: 3%
- Other: 3%
RESULTS – Employed By (USA 2001)

- Private Practice: 41%
- Corporation: 27%
- Hospital: 15%
- University: 7%
- Government: 5%
- Military: 3%
- Other: 2%
RESULTS – Main industries

Please select the three main industries with which you deal.

- Manufacturing: 38.5%
- Health: 28.6%
- Varies: 24.2%
- Military: 21.2%
- Chemical: 19.5%
- Agriculture: 15.6%
- Military: 14.7%
- Chemical: 11.7%
- Agriculture: 10.8%
- Chemical: 9.1%
- Agriculture: 7.4%
- Agriculture: 3.9%
- Agriculture: 2.2%
- Agriculture: 0.9%

89 Manufacturing
66 Transport
56 Other Government agency
49 Health
48 Service
45 Varies
36 Mining
34 Construction
27 Military
25 Other
23 Chemical
21 Food
17 Petroleum
9 Agriculture
5 Electronics
2 Forestry
RESULTS – Referral sources

- Employers: 41%
- Insurers: 34%
- Legal profession: 9%
- GPs: 6%
- Other medical practitioners: 3%
- Unions: 2%
- Other: 5%
RESULTS – Specialist fees

Do you bill specialist fees under Medicare/other government authority?

- 63.2% Yes
- 32.8% No
- 4.0% Not Sure

57 Yes
110 No
7 Not Sure
RESULTS – Hours worked

How many hours per week do you work in occupational medicine?

- 2 None
- 3 Less than 1 hour
- 7 1 to 5 hours
- 5 6 to 10 hours
- 15 11 to 20 hours
- 19 21 to 30 hours
- 56 31 to 40 hours/week
- 71 41 to 50 hours/week
- 50 Over 50 hours/week
- 1 Not Sure

- None: 0.9%
- 1 to 5 hours: 1.3%
- 11 to 20 hours: 2.2%
- 41 to 50 hours/week: 21.8%
- 31.0%
RESULTS – Types of practice

- 50% Clinical
- 25% Consulting
- 14% Administration
- 5% Research
- 5% Teaching
- 1% Other
RESULTS – Change in income

Has your income from occupational medicine in the last 5 years:

- Increased: 56.8%
- Voluntarily decreased: 25.1%
- Involuntarily decreased: 9.7%
- Remained about the same: 5.3%
- Decreased: 3.1%
- Not Sure: 12%

129 Increased
57 Remained about the same
22 Voluntarily decreased
12 Involuntarily decreased
7 Not Sure
RESULTS – Occupational Primary Care

• 166 out of the 213 (78%) respondents who identified that they performed clinical work, performed occupational primary care
RESULTS – Types of clinical work

- Musculoskeletal: 65%
- Cardio/Resp: 14%
- Dermatological: 4%
- Neurological: 5%
- Endocrine: 4%
- Health surveillance: 1%
- Other: 1%
RESULTS – Quantitative measures of the workplace

Do you perform any quantitative measures of workplace hazards as part of your consulting practice?

- 65.6% Yes
- 30.8% No
- 3.5% Not Sure
RESULTS – Quantitative measures of the workplace

• Physical
  – Noise
  – Heat
  – Vibration

• Chemical
  – Heavy metals
  – Vapours and mists
  – Solvents
RESULTS – Ability to employ AFOM member

Do you, or are you in a position to employ an Occupational Physician or Occupational Medicine Trainee? (This does not include a position which is covered by the occupation)

- Yes: 24.3%
- No: 67.7%
- Not Sure: 8.0%
RESULTS – Research

• 69 out of 231 (30%) respondents have performed some research in the last 2 years
• There was around 50 different research projects completed in the last 2 years
• Funding sources:
  – Self
  – Employers
    • Coal, petroleum industries
  – Government
    • NOHSC, NHMRC, NIOSH, WHO
    • Public research funding, universities
    • Defence, Department of Veteran Affairs
RESULTS – Teaching

Who do you provide teaching/training to? Please select all that apply.

- 70 Occupational Medicine Trainees (30.3%)
- 26 Occupational Physicians (18.8%)
- 43 Occupational health nurses (22.5%)
- 52 Occupational health and safety professionals (11.3%)
- Other (26.0%)
RESULTS – Access to training

• Only 55% of respondents thought that there was enough opportunities for training in their local area
• 74% of respondents were able to access adequate training even though it was not in their local area
• 71% of respondents thought that they got enough information about training
RESULTS – Contribution to AFOM

In the last 5 years have you contributed to the Faculty in any official capacity? This does not include simply attending meetings.

- 54.6% Yes
- 41.4% No
- 4.0% Not Sure
RESULTS – Occupational Medicine optimism

Are you optimistic about your future in Occupational Medicine?

- 177 Yes (77.6%)
- 16 No (7.0%)
- 35 Not Sure (15.4%)
RESULTS – Benefits from belonging to AFOM

• Status
  – Speciality recognition both for industry and awards
  – Credibility

• Training
  – Organisation of training meetings, conferences, etc.
  – Access and dissemination of information to members

• Business
  – Employment opportunities, marketing of speciality

• Personal
  – Peer support, exchange of ideas, collegiality
RESULTS – What would you like the Faculty to do

• Improve training program
• Promote occupational medicine
  – Industry, medical schools, other medical practitioners
• Other statements:
  – “Keep up the good work”
  – “Faculty is too complacent”
  – “Speciality is going nowhere”
  – “Merge with the RACP… make everyone do the physicians primary”
  – “Get rid of nepotism”
CONCLUSIONS

1) AFOM is shrinking – or at least static in growth
   – Do we become more inclusive or more exclusive?

2) Members are generally older and already have other medical fellowships
   – Should we become a post-post graduate qualification for GP’s and other specialists?
CONCLUSIONS

3) The practice of the current members is extremely diverse
   – Identity crisis
   – Significant training implications
   – Do we embrace it or get rid of it?

4) Do we need more research in occupational medicine?

5) Most people are satisfied with the current training opportunities
A Trainee’s Perspective

1) We need to attract more trainees
A matter of survival?

• What does AFOM have to offer a trainee?
  – A training position covering all competencies?
  – Proper supervision?
  – Financial reward?
  – A secure future?

• What competition does AFOM have?
A Trainee’s Perspective

2) We need to pass more trainees
Not “lower the bar” but “increase the standard”

• PROBLEMS:
  – Occupational medicine practice is incredibly diverse
  – Training is extremely variable
  – Supervision is extremely variable
  – Competencies are too broad, the depth of knowledge is unspecified

• SOLUTION:
  – We must have a comprehensive curriculum