

AFOM Demographics Study 2004
and
a Trainee's Perspective

Dr Taggart Lidbury

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

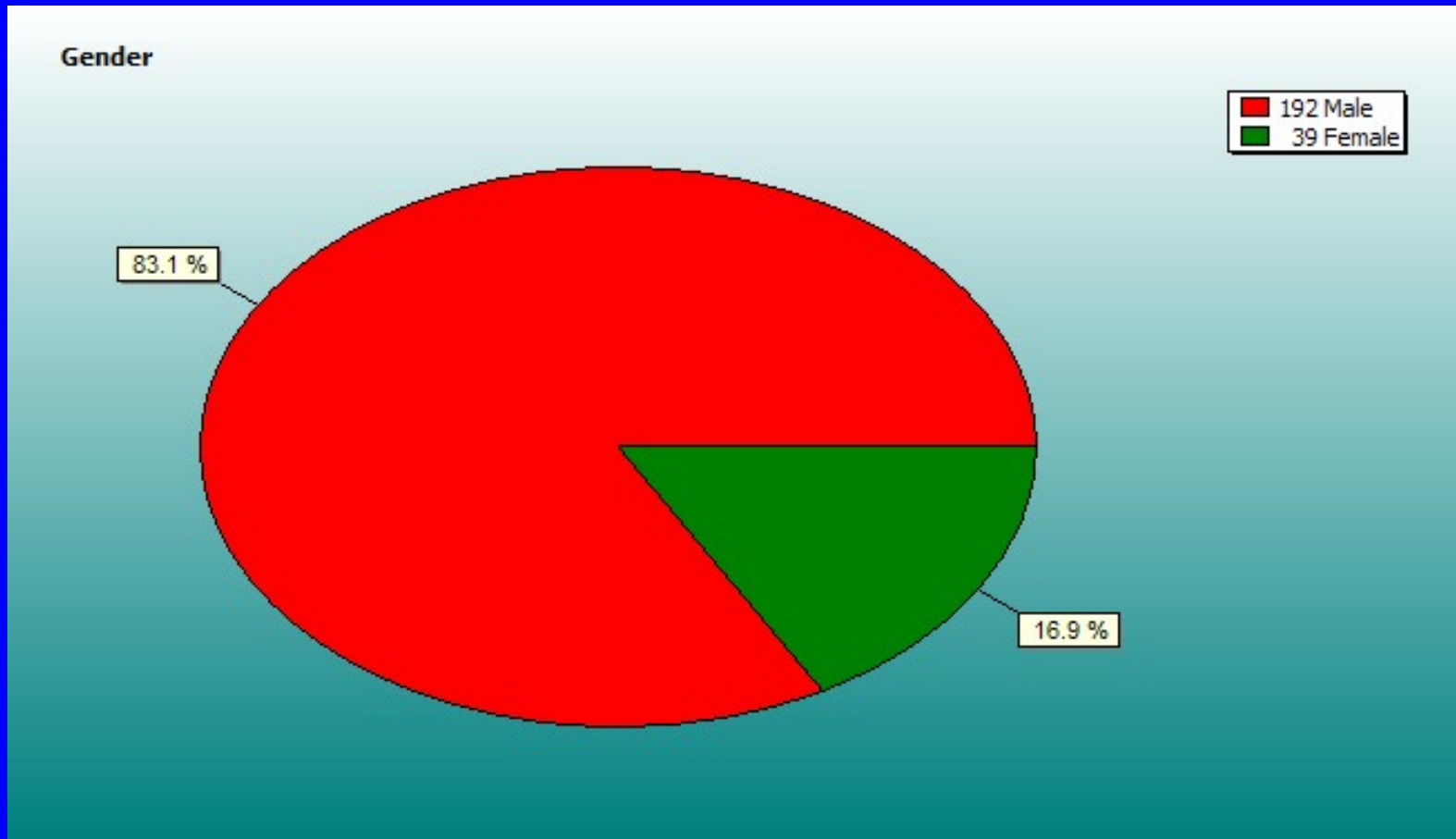
RESULTS

- 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%**

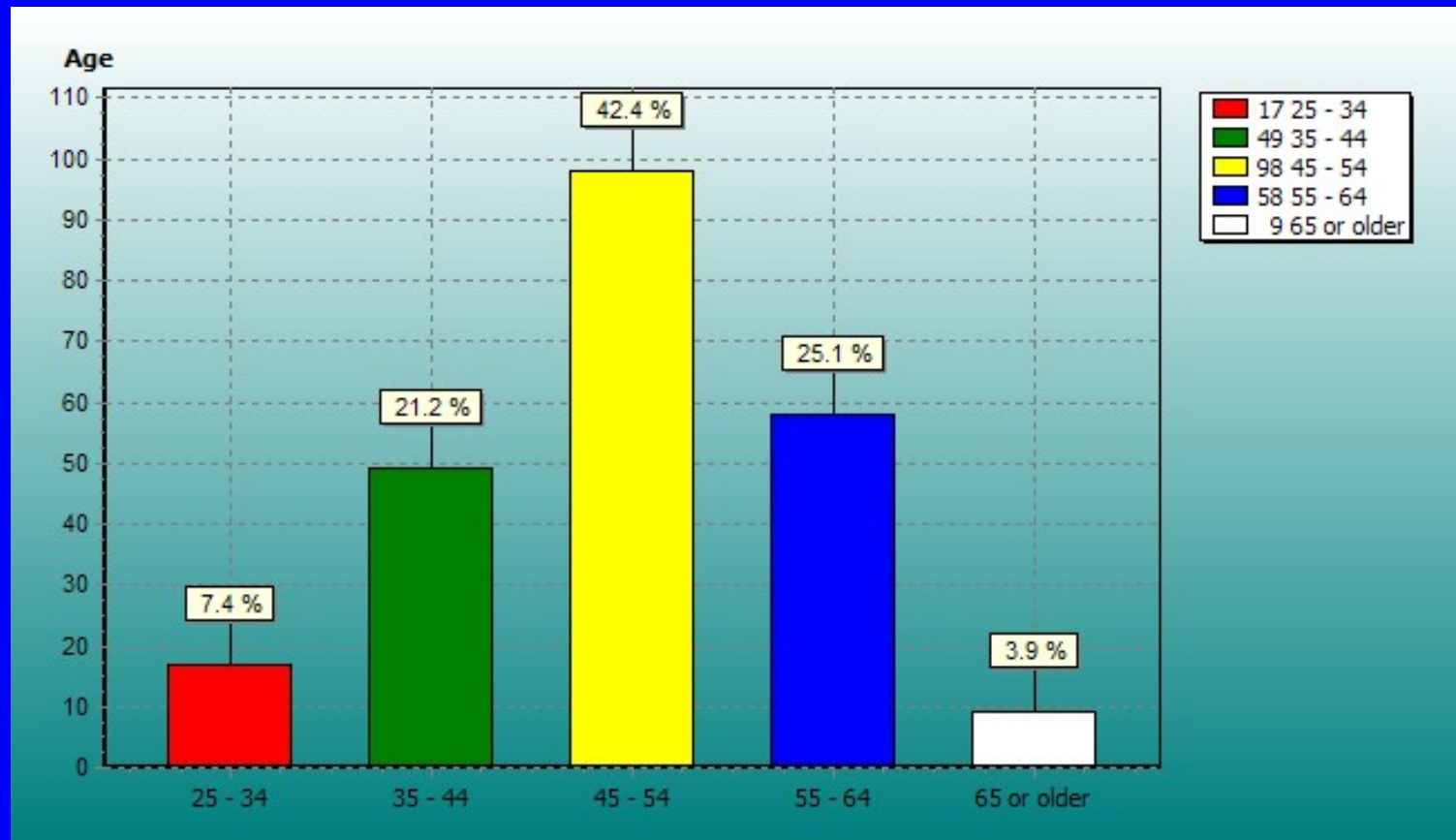
RESULTS – comparisons

- AFRM: 269
- **AFOM: 317**
- AFPHM: 654
- RACP: 6814

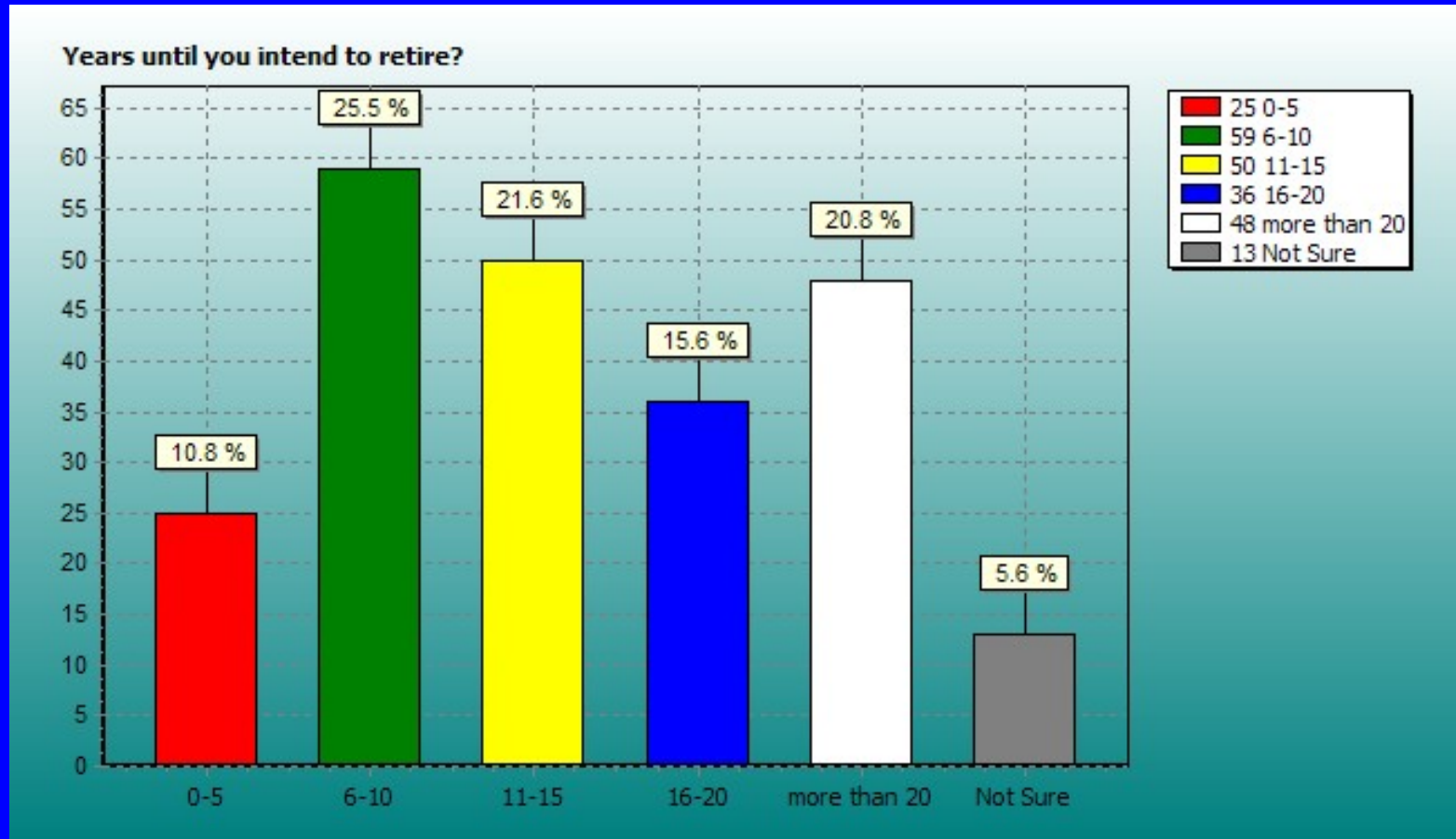
RESULTS – Gender



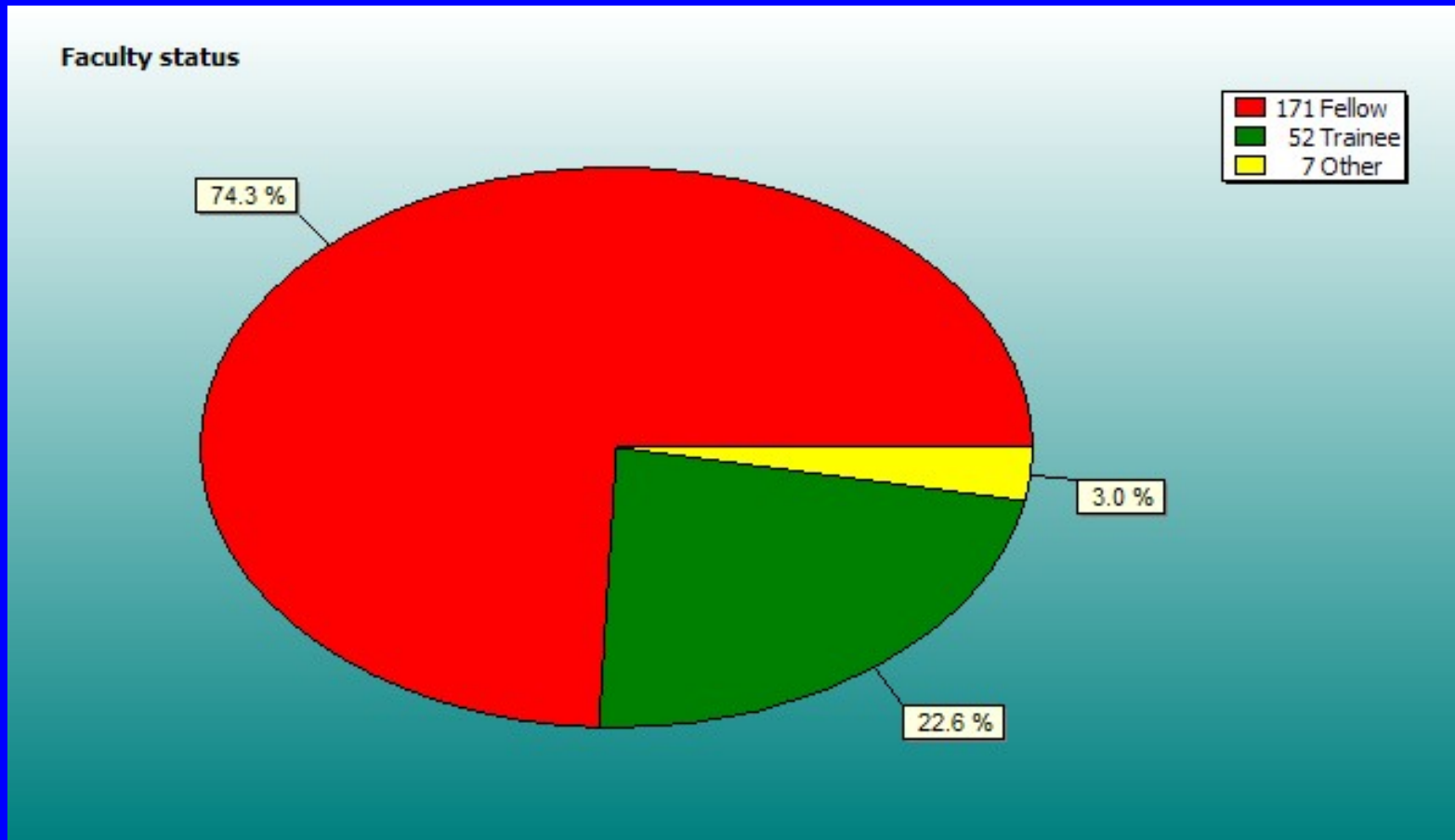
RESULTS – Age



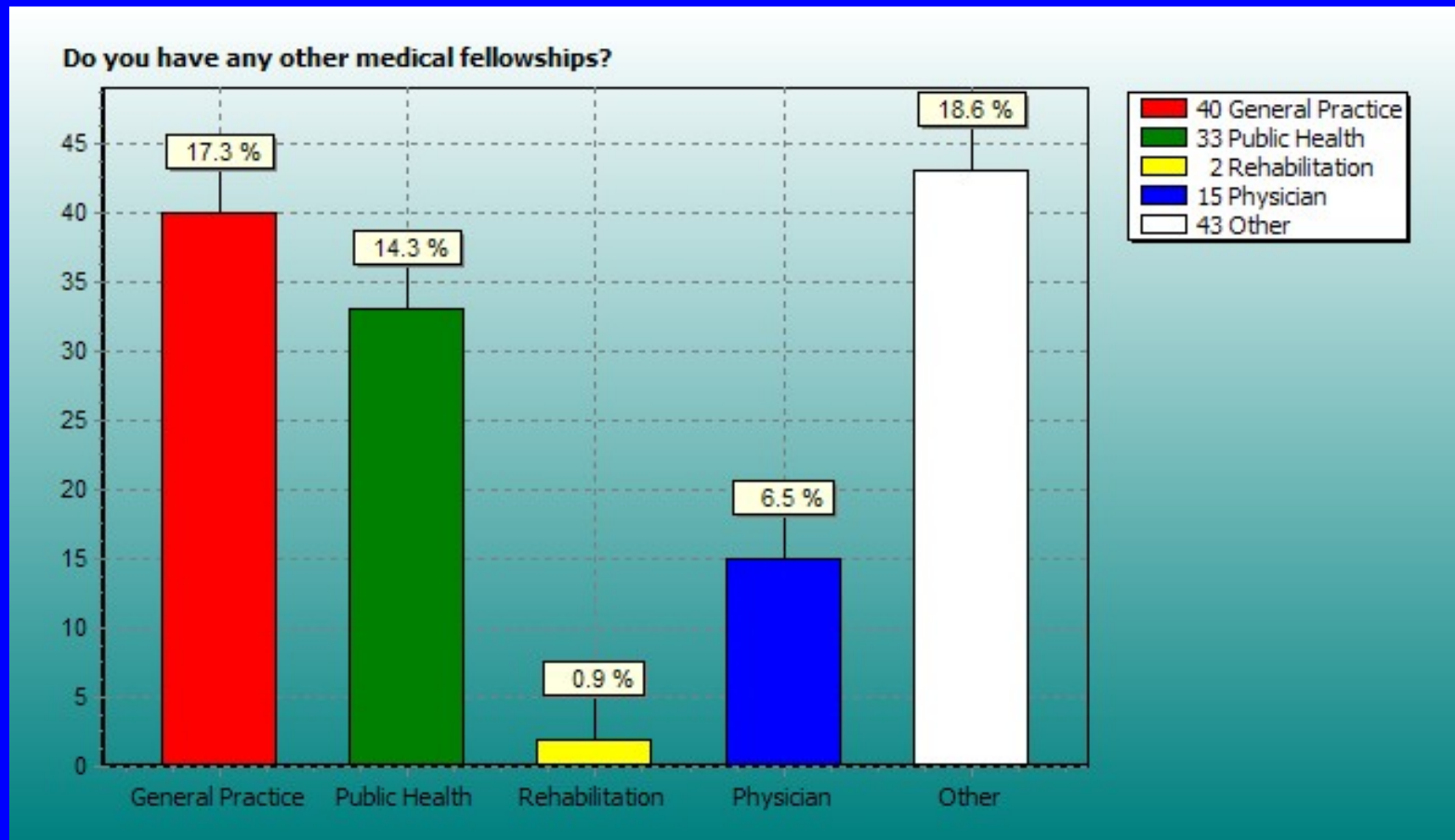
RESULTS – Years to retirement



RESULTS – Faculty status

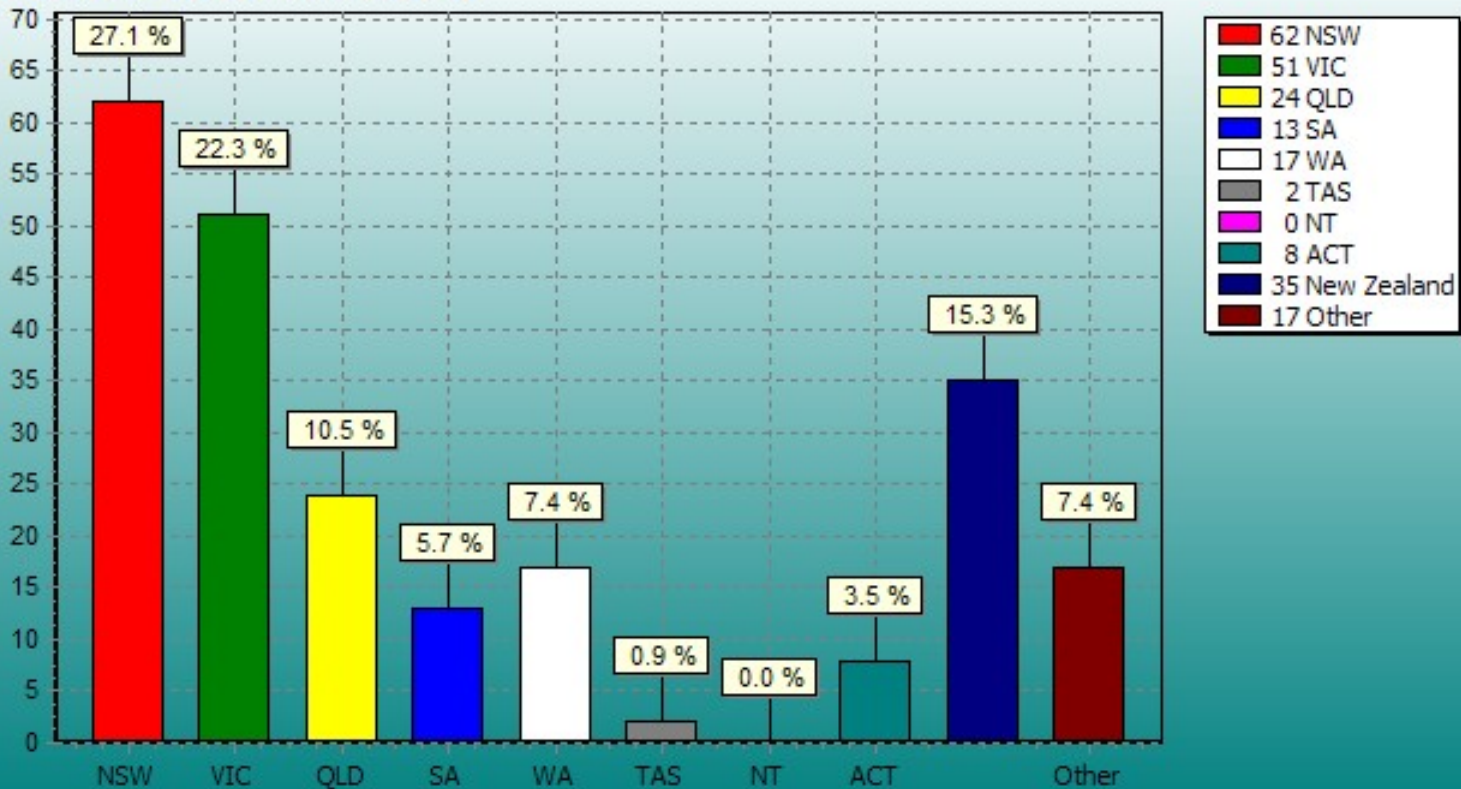


RESULTS – Other Fellowships



RESULTS – Place of work

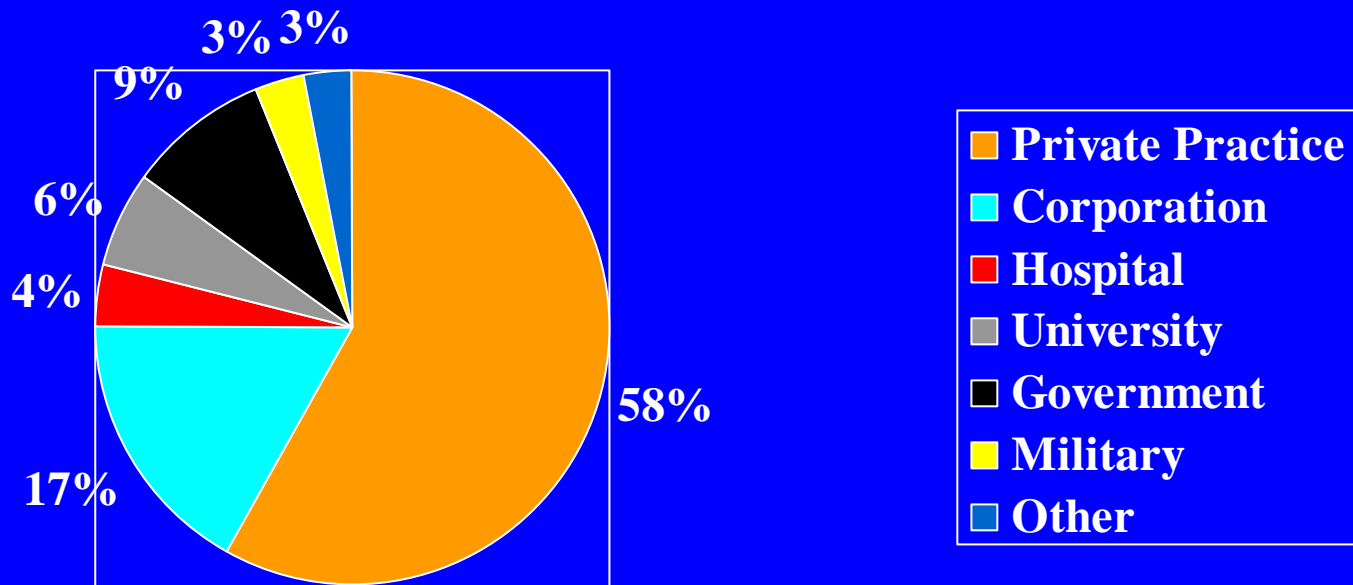
Location of principal place of work



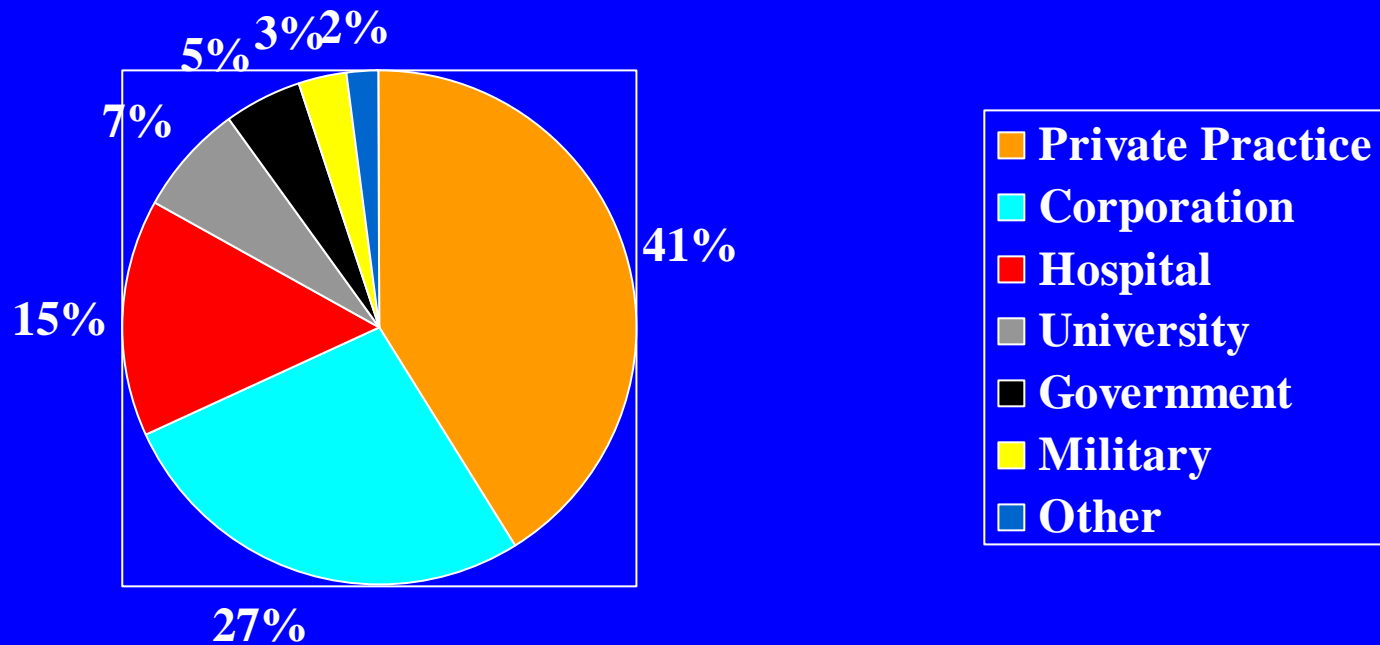
RESULTS – Employed By

- 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)

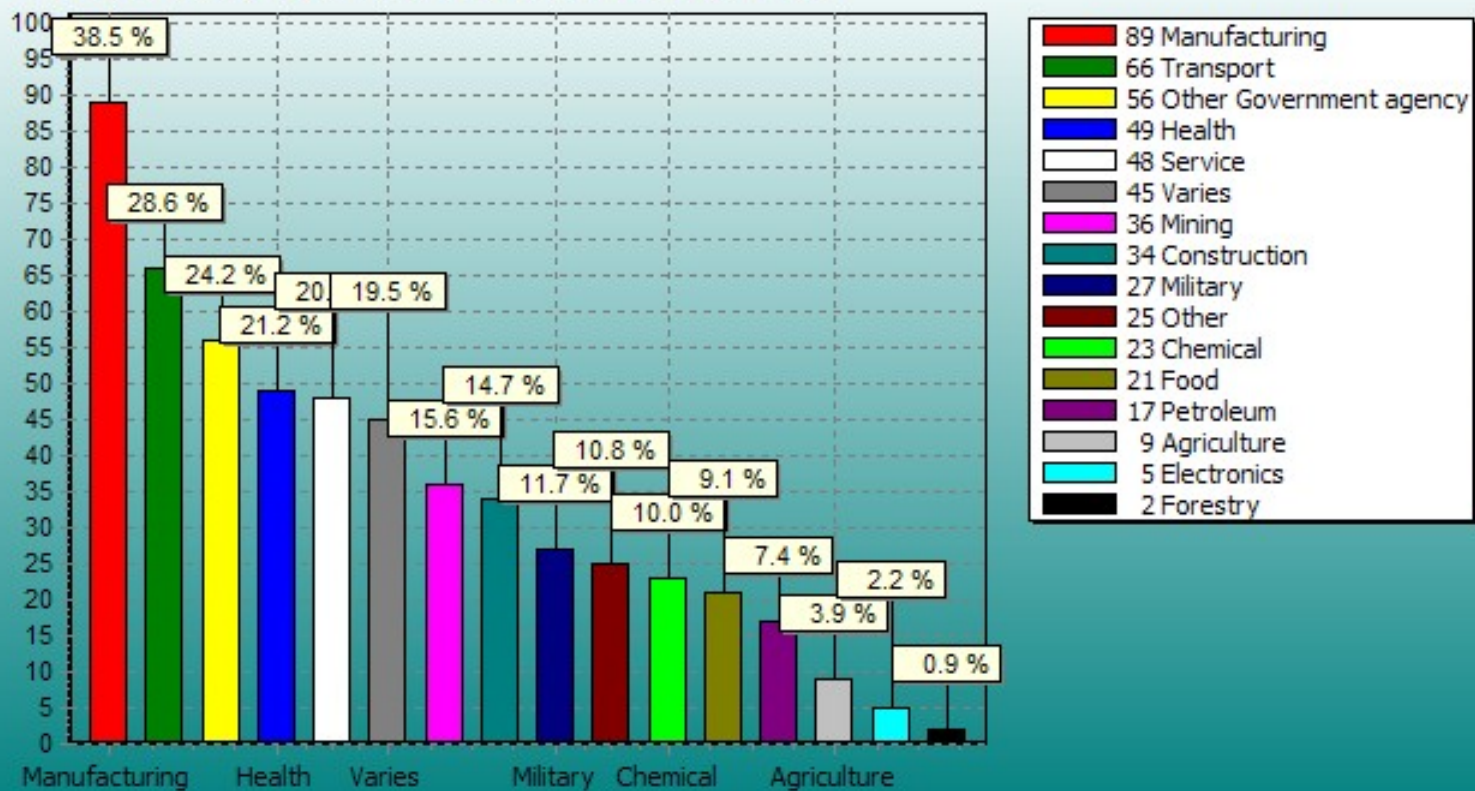


RESULTS – Employed By (USA 2001)

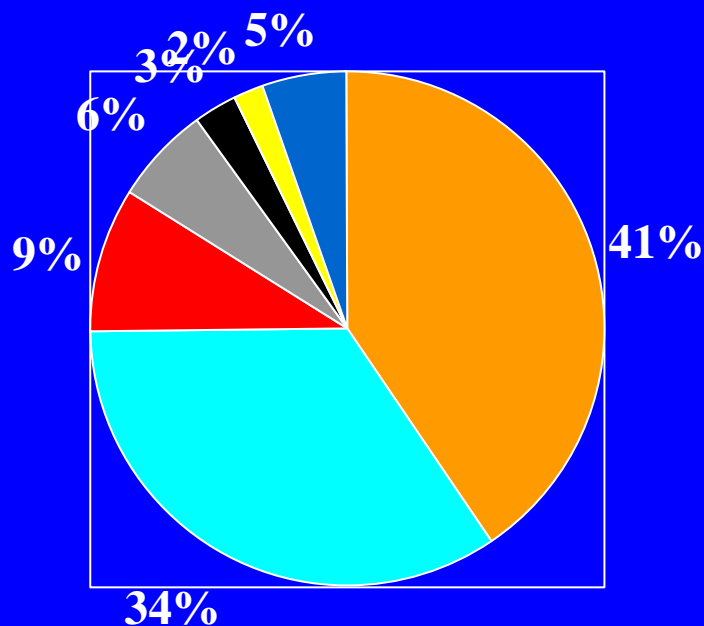


RESULTS – Main industries

Please select the three main industries with which you deal.

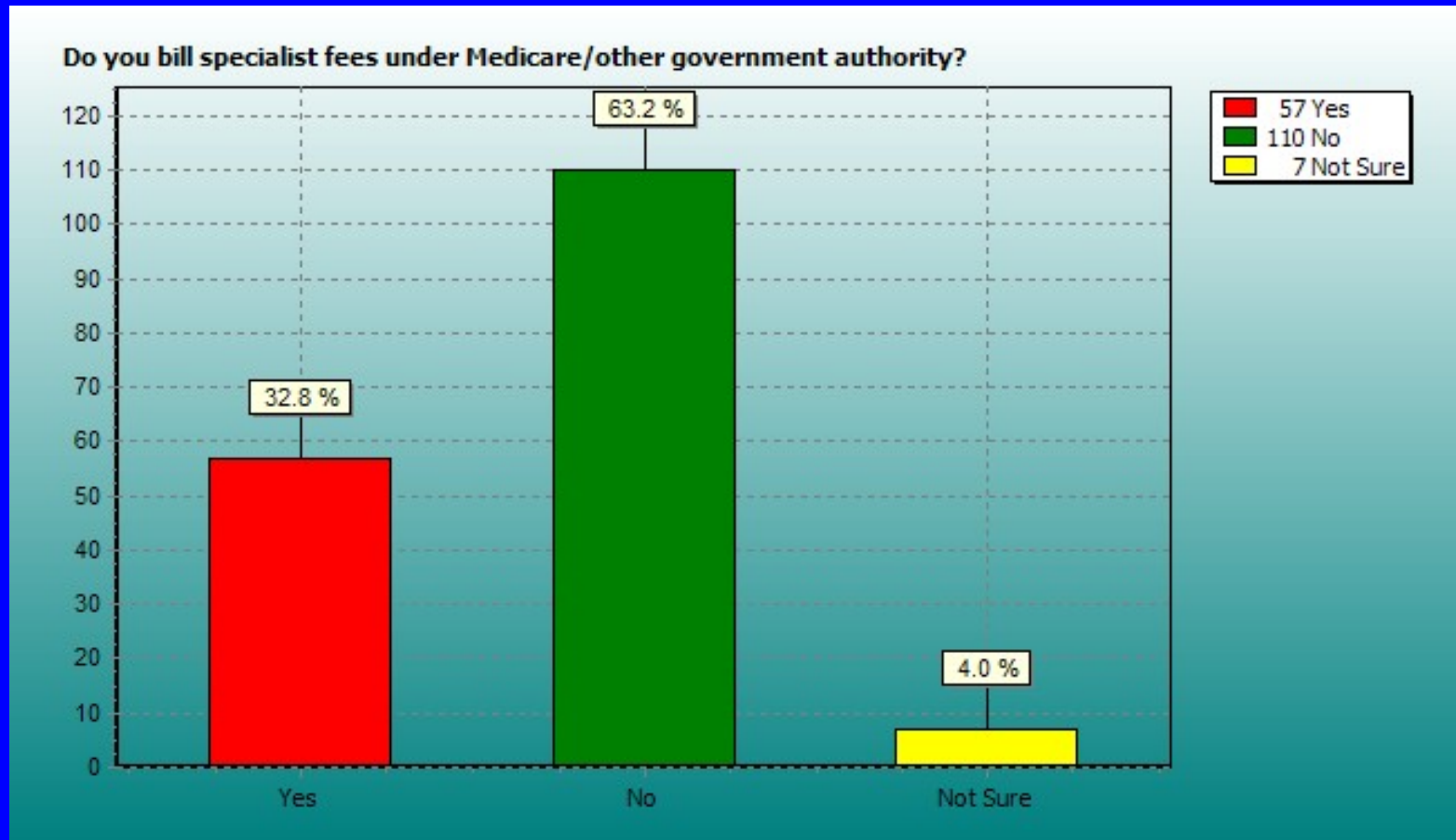


RESULTS – Referral sources



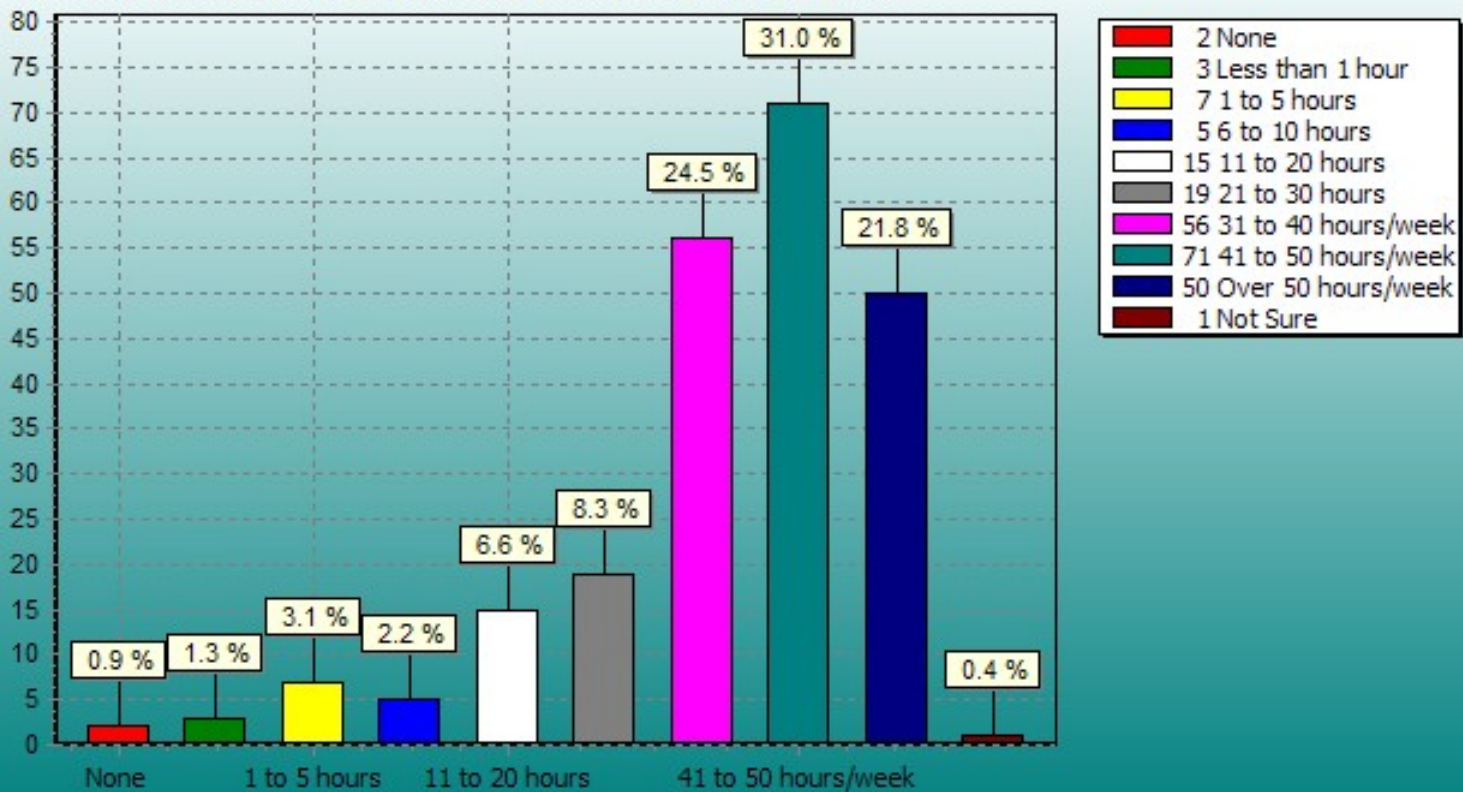
- Employers
- Insurers
- Legal profession
- GPs
- Other medical practitioners
- Unions
- Other

RESULTS – Specialist fees

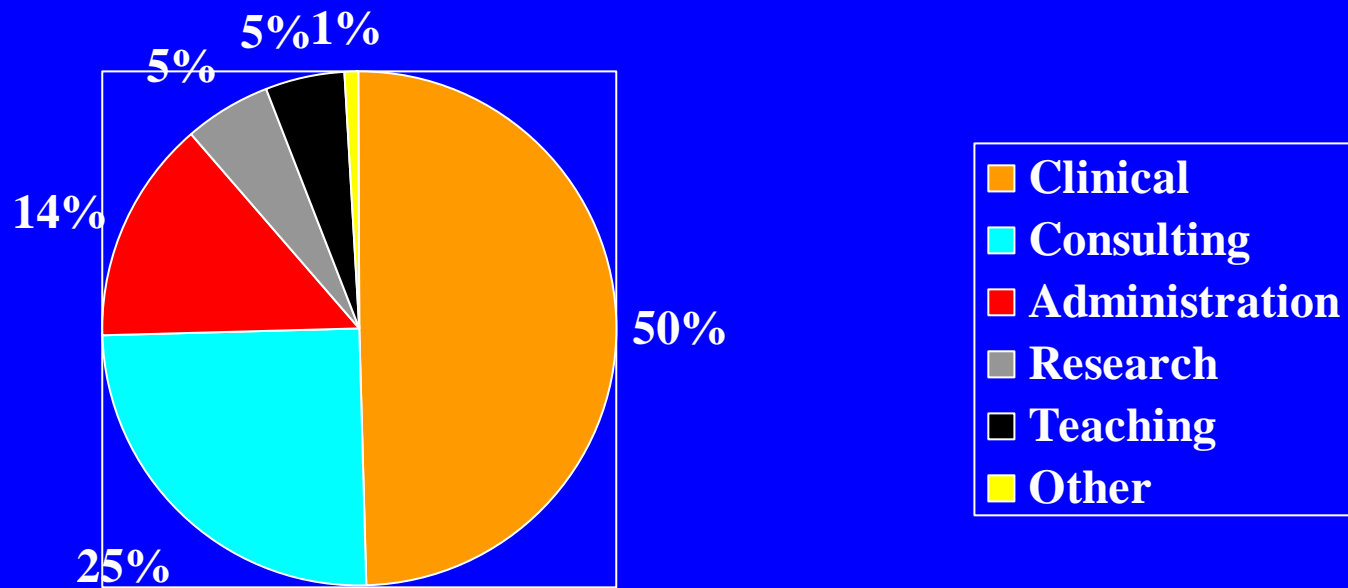


RESULTS – Hours worked

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

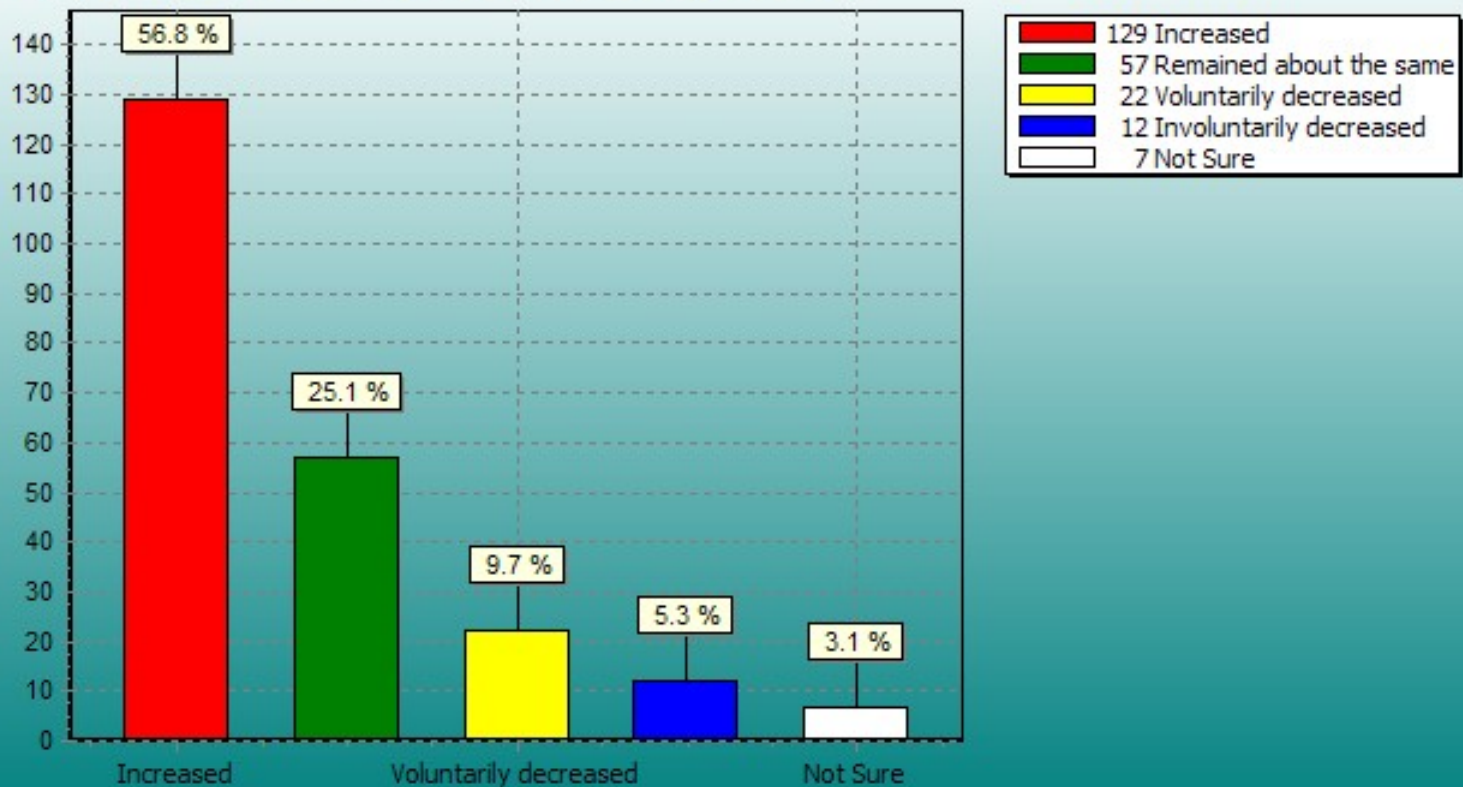


RESULTS – Types of practice



RESULTS – Change in income

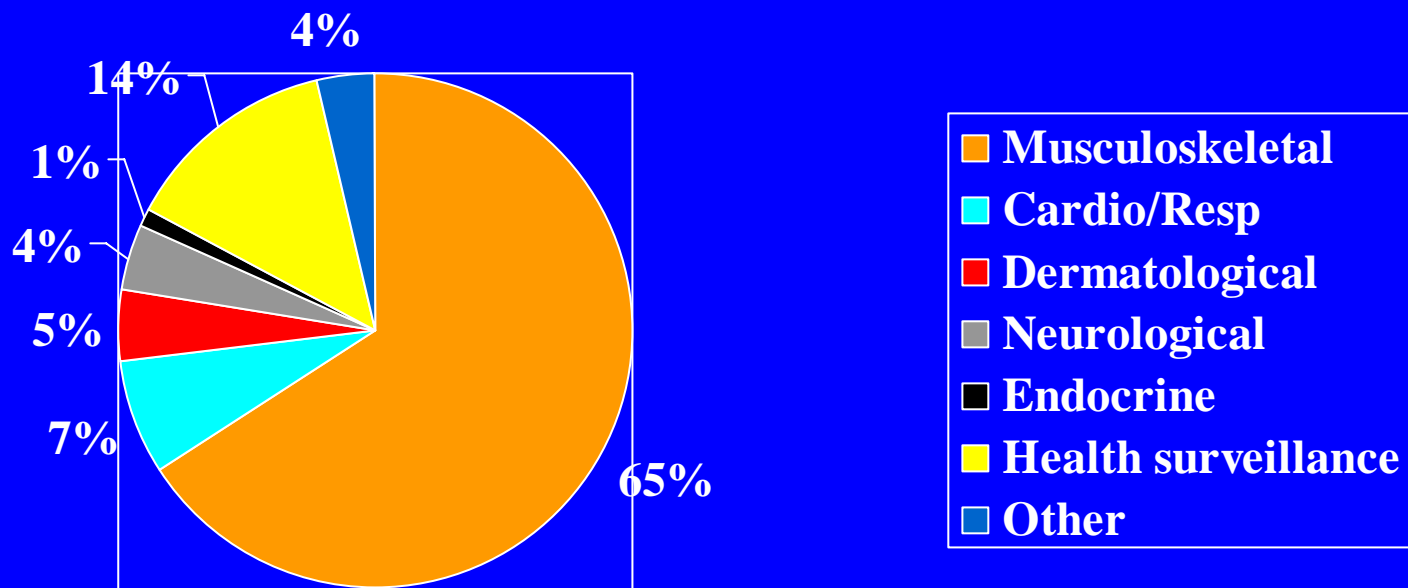
Has your income from occupational medicine in the last 5 years:



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



RESULTS – Quantitative measures of the workplace

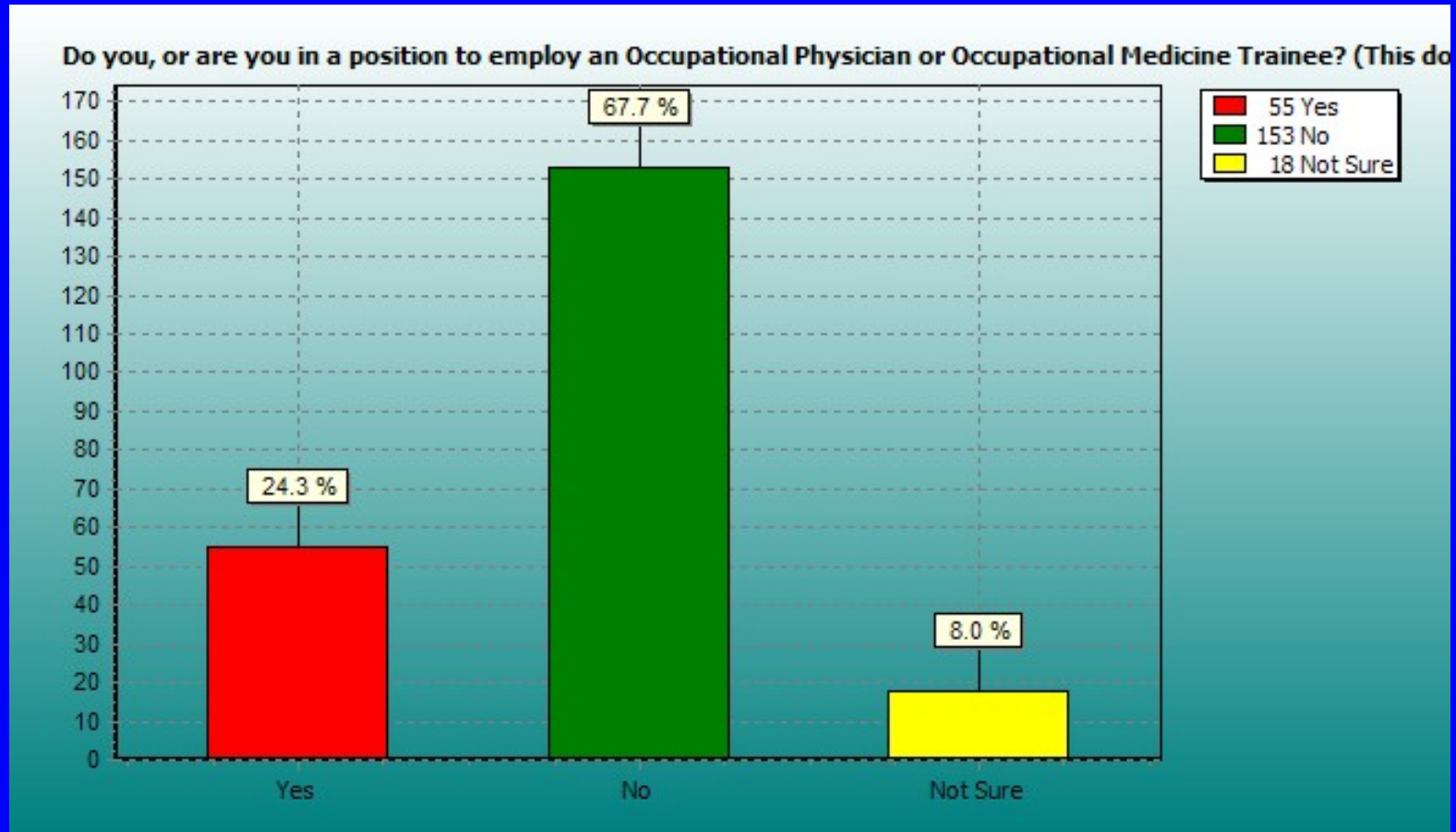
Do you perform any quantitative measures of workplace hazards as part of your consulting practice?



RESULTS – Quantitative measures of the workplace

- Physical
 - Noise
 - Heat
 - Vibration
- Chemical
 - Heavy metals
 - Vapours and mists
 - Solvents

RESULTS – Ability to employ AFOM member

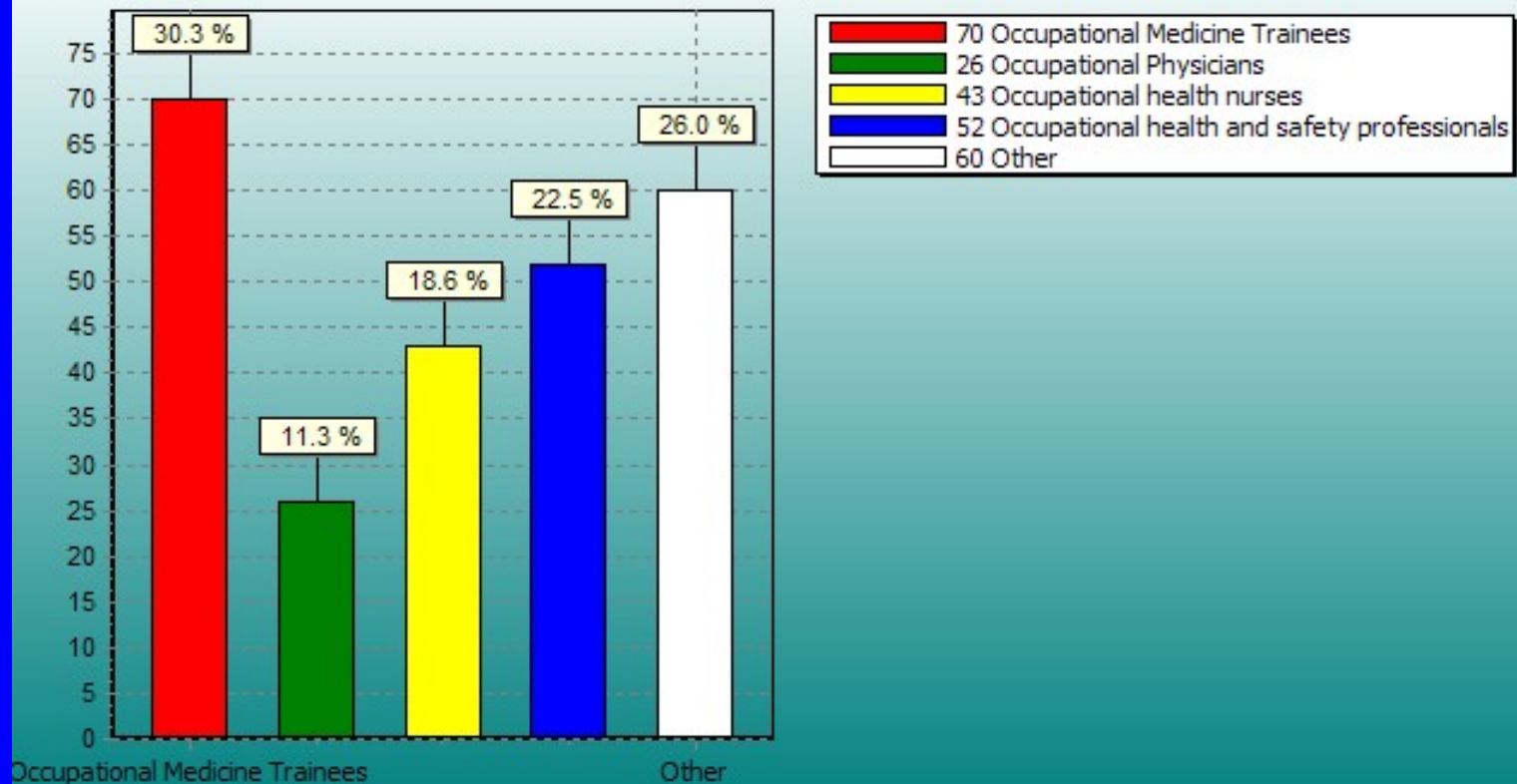


RESULTS – Research

- 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

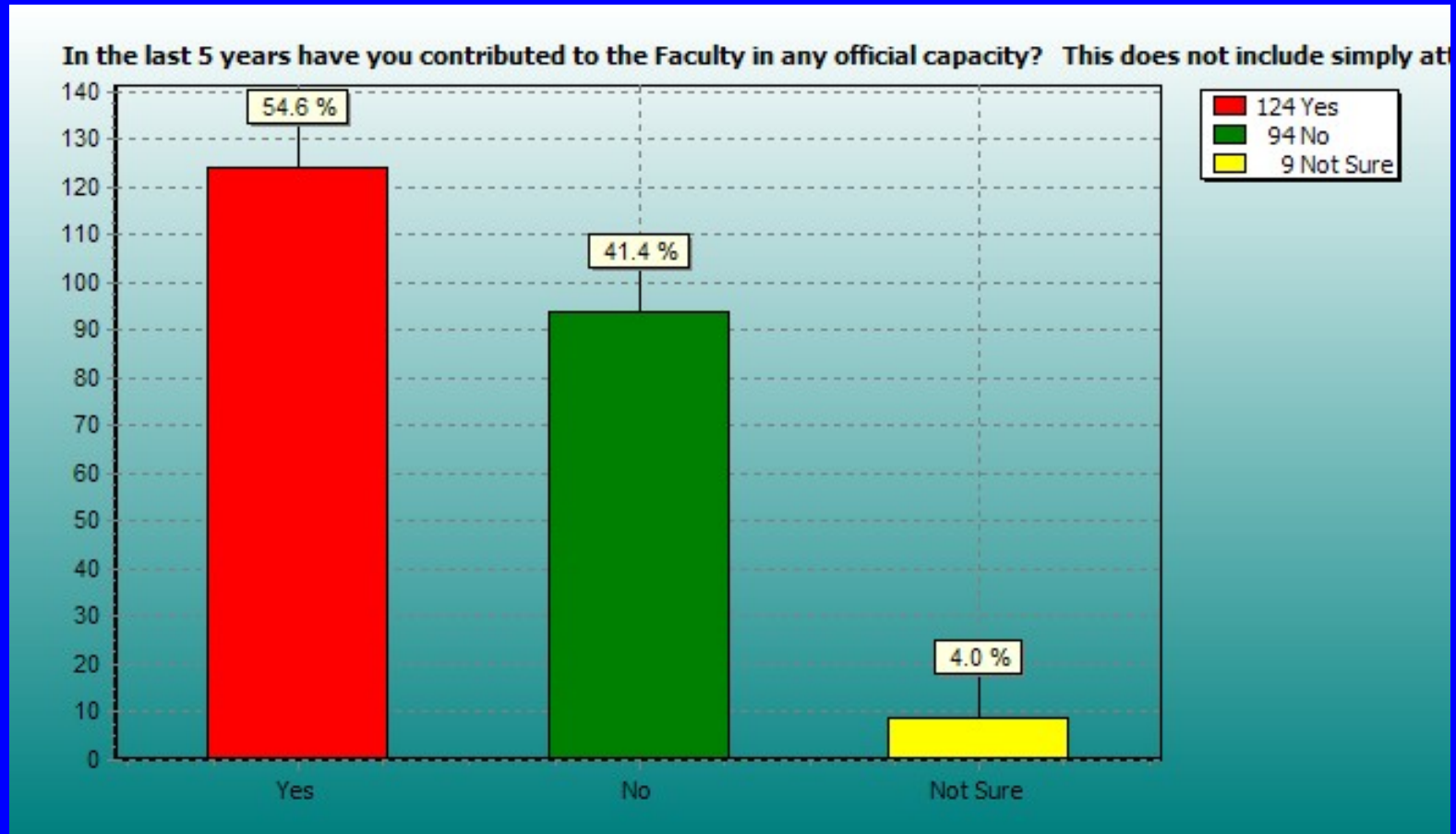
Who do you provide teaching/training to? Please select all that apply.



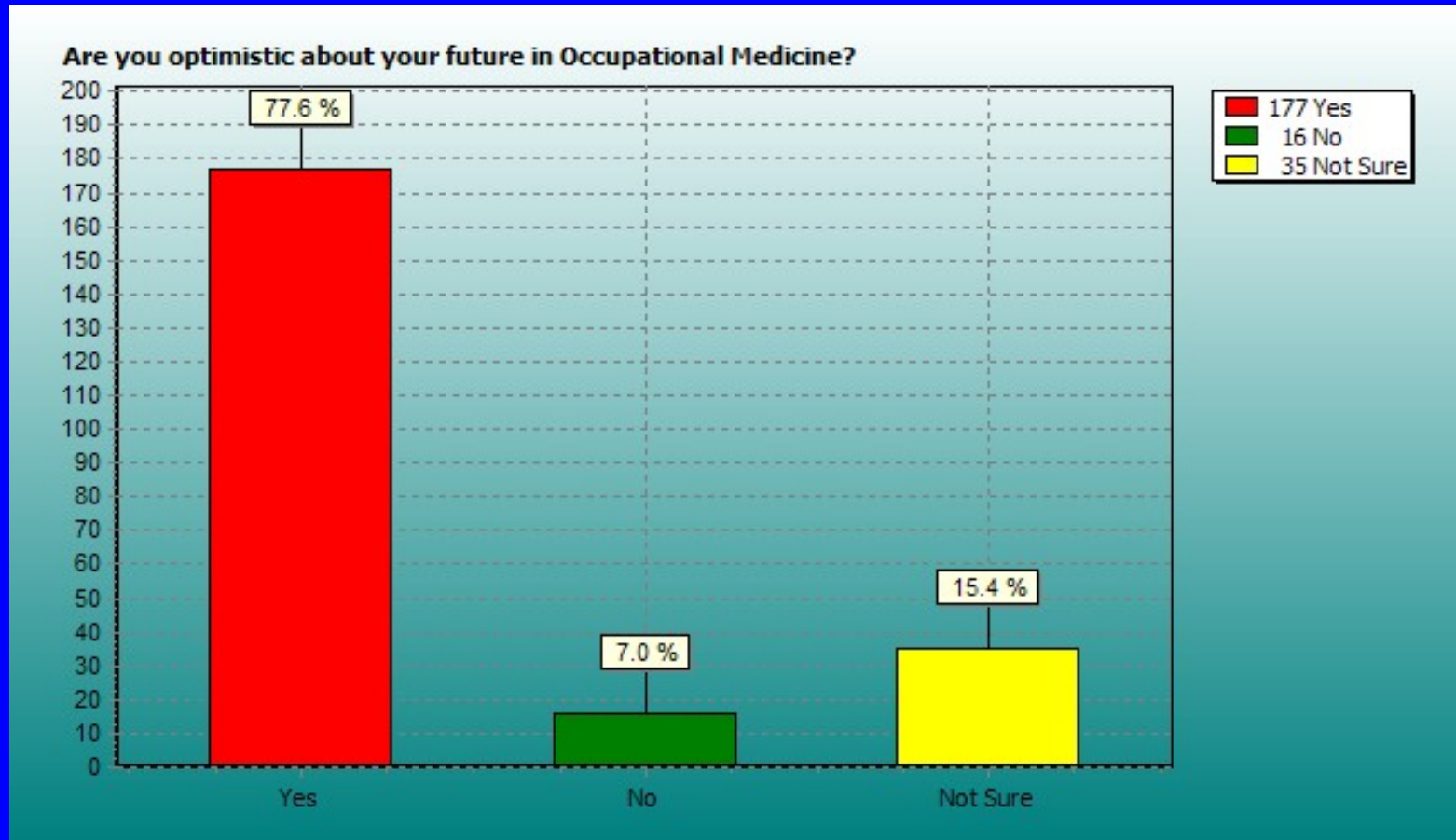
RESULTS – Access to training

- 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



RESULTS – Occupational Medicine optimism



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