Witness seminar: *'Occupational Medicine – Are we there yet?'*

Transcribed, edited and annotated by Dr Jessica Johnson *OEM Registrar, AFOEM*

Background

The History of Occupational Medicine Project committee, jointly established by the RACP Library, AFOEM and ANZSOM, resolved to develop an archive within the RACP library and to facilitate historical research projects. The overall aims of the Project are to:

- Prevent the loss of information held by occupational physicians on the changing nature of industry, work and employment, work-related conditions of importance, and the organisation and management of workplace health and safety services in Australia and New Zealand
- Promote the role and contribution of Occupational Physicians in Australia and Aotearoa New Zealand
- Demonstrate changes in the scope of practice of Occupational Physicians over time.
- Provide a model for describing the heritage of the specialties that make up the RACP.

The witness seminar was arranged as a part of the wider project by the Committee and held at the ANZSOM Annual Scientific Meeting in March 2022, with sponsorship from Comcare.

The seminar transcript is divided into 5 sections:

1. Introduction
2. Outline of Occupational Health and Medicine Timeline
3. Formation of the Australian College of Occupational Medicine (ACOM) and transition to the Australasian Faculty of Occupational Medicine (AFOM)
4. Further development of the specialty – multidisciplinary practice, modernisation of occupational health regulation, the changing nature of employment for Occupational Physicians
5. 'Are we there yet?' – Has the development and professionalisation of Occupational Medicine reached its goal?

The transcript has been edited and annotated based on the method of the Wellcome Trust History of Twentieth Century Medicine Group monographs[1], creating a contextualised record of the recollections and reflections of key personnel involved in the development, establishment, and changes in the practice and scope of, the specialty of Occupational Medicine in Australia and Aotearoa New Zealand.

The audiovisual recording of the seminar can be viewed at https://www.anzsom.org.au/projects/history-of-occupational-medicine-project. The time stamps on the transcript correspond to the video.

[1] Elizabeth M. Tansey, "Witnessing the Witnesses - Potentials and Pitfalls of the Witness Seminar in the History of Twentieth-Century Medicine," in *The Historiography of Contemporary Science, Technology, and Medicine: Writing Recent Science*, ed. Ronald E. Doel and Thomas Söderqvist, 0 ed. (Routledge, 2006), https://doi.org/10.4324/9780203323885.

Participants

Chairperson:
Prof Niki Ellis *OAM, FAFOEM, FAFPHM, Occupational and Public Health Physician, Inaugural President AFOM*
Sponsor:
Ms Megan Buick *General Manager Strategic Partnerships and Engagement, Comcare*

Panel:
A/Prof Cate Storey *OAM, FRACP, Neurologist (retired), Medical Historian, Chair RACP Library Committee*
Dr Peter Clark *FAFOM, Occupational Physician, Former Treasurer ACOM*
Dr Chris Walls *FAFOM, Occupational Physician, Former President ANZSOM*
Prof Peter Brooks *AM, FRACP, Rheumatologist, Former Secretary RACP*
Dr Amanda Sillcock *FAFOEM, Occupational Physician, Senior Lecturer Monash University Centre for Occupational and Environmental Health, Former Federal President ANZSOM*
Ms Sandra Code *Occupational Health Nurse, OHS Manager, Inaugural Nursing Liaison Officer to Federal Council ANZSOM*
Dr Farhan Shahzad *FAFOEM, Occupational Physician*
Dr Thea Leman *OEM Registrar AFOEM, Secretary Federal Council ANZSOM*
Dr Honor Magon *OEM Registrar AFOEM*
Dr Bruce Hocking *FAFOEM, Occupational Physician, Former President AFOM*

Contributing participants:
In the room:
Emeritus Prof Malcolm Sim *AM, FAFOEM, Occupational Physician, founding and immediate past Director Monash Centre for Occupational and Environmental Health, Former President AFOEM*
A/Prof Keith Adam *FAFOEM, Occupational Physician, Chief Medical Officer Sonic Health Plus*
Dr Tony Brown *FAFPHM, FAFOEM, Occupational and Public Health Physician, Former Deputy Head School of Rural Health, University of Sydney*
Dr Eddie Foley, *FAFOEM, Occupational Physician*
Ms Robyn Laurie *Occupational Health Nurse, VIC/TAS Branch Council ANZSOM*
Dr Maggie Goldie *FAFOEM, Occupational Physician, HSEQ Manager*
Dr Dominic Yong *FAFOEM, Federal President ANZSOM*
Online:
Dr Miguel Kabilio *FAFOEM, Occupational Physician, Chair WA Branch ANZSOM*
Dr Catherine Field *FAFOEM, Occupational Physician*
Dr Mary Obele *FRNZCGP, FAFOEM, Occupational Physician*
Dr Alum Sheila Uyirwoth *FRACGP, OEM Registrar AFOEM*
Dr Khayyam Altaf *OEM Registrar AFOEM*
Other contributors not present at the seminar:
A/Prof Peter Connaughton *FAFOEM, Occupational Physician, Former President AFOEM*
Mr Alan Rogers *Occupational Hygienist, Full member AIOH 1980-2022 (retired), Fellow AIOH 1993-2022*

Apologies:
Dr David Douglas *FFOM, FACOM, Occupational Physician, Inaugural President of ACOM*
Dr Richie Gun *AO, FAFOEM, Occupational Physician*

List of abbreviations

BMA	British Medical Association
ACOM	Australian College of Occupational Medicine
ACOHN	Australian College of Occupational Health Nurses
AFOEM	Australasian College of Occupational and Environmental Medicine
AFOM	Australasian Faculty of Occupational Medicine
ANZSOM	Australian and New Zealand Society of Occupational Medicine
AOHNA	Australian Occupational Health Nurses Association
ASOM	Australian Society of Occupational Medicine
FACOM	Fellow of the Australian College of Occupational Medicine
FAFOEM	Fellow of the Australasian College of Occupational and Environmental Medicine
FAFOM	Fellow of the Australasian Faculty of Occupational Medicine
FFOM	Fellow of the Faculty of Occupational Medicine (UK)
FRACP	Fellow of the Royal Australasian College of Physicians
HSEQ	Health, Safety, Environment and Quality
NHMRC	National Health and Medical Research Council
NOHSC	National Occupational Health and Safety Commission
OP	Occupational Physician
OHS	Occupational Health and Safety
OEM	Occupational and Environmental Medicine
RACP	Royal Australasian College of Physicians

1. Introduction

Niki Ellis (00:00:04):
So welcome to our witness seminar. We have people in the room but we also have an audience online and a couple of panel members online that we'll be bringing up onto the screen a bit later on. Maggie Goldie will be keeping an eye on comments and chats that we're receiving from our virtual audience. In the room today we'll be having our discussion triggered by the panelists at various stages. We will have opportunities for people in this room to add to the discussion, so please just stick your hand up and somebody will come to you with a microphone. We're recording today because we are creating a record here that will go into our new archive. So, everybody who is participating, both in the room and online will be recorded as having done so.

I'd now like to ask Megan Buick to open today's witness seminar. Megan Buick is the General Manager of Strategic Partnerships and Engagement at Comcare[2]. I'm sure many of you in this room have had dealings with Comcare. They understand and value occupational medicine well and have always appreciated having relationships with both AFOEM[3] and ANZSOM[4]. I first met Megan when she was with WorkSafe Victoria, where she was working on the relationships with healthcare providers. She's worked in aged care and primary healthcare for all her career. Comcare have kindly sponsored this seminar, so we've invited her to open it. Thank you, Megan.

Megan Buick (00:02:40):
Thank you very much, Niki. Good afternoon, everyone. Comcare and the Australian Faculty of Occupational and Environmental Medicine have had a long and productive history of collaboration and it's a pleasure for Comcare to be able to sponsor today's witness seminar. Congratulations on putting on such an outstanding program for both today's event, and also the Australian and New Zealand Society of Occupational Medicine scientific meeting over the following four days. I'd also like to congratulate you on the milestone you'll be celebrating soon, the 40th anniversary of specialist recognition of occupational medicine[5]. As the Commonwealth Work Health and Safety regulator and Workers Compensation authority, I'm sure it's no surprise to you that Comcare highly values your profession: medical specialists who promote the health and wellbeing of workers, healthy workplaces and good work.
Our recognition of the importance of occupational medicine has strengthened over the past decade, leading us to become a signatory to the Health Benefits of Good Work[6] initiative and

[2] Comcare, "About Comcare," Comcare, October 27, 2022, Australia, https://www.comcare.gov.au/about/about-comcare.
[3] The Australasian Faculty of Occupational and Environmental Medicine, a faculty of the Royal Australasian College of Physicians (RACP)
[4] The Australian and New Zealand Society of Occupational Medicine, a specialty society recognised by the RACP
[5] The specialty of occupational medicine was a recognised in Australia by the National Specialists Qualifications Advisory Committee (NSQAC) in 1986. ACOM joined the RACP and became AFOM in 1994. For a detailed outline of the eventual recognition of consultant status with NSQAC and gaining eligibility for item numbers in the Medicare Benefits Schedule, see Dr Ian R Gardner, "AFOM President's Report 1998," 1998, RACP Library.
[6] The Royal Australasian College of Physicians, "Health Benefits of Good Work," accessed January 10, 2024, https://www.racp.edu.au/policy-and-advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/health-benefits-of-good-work.

we remain an active member of the signatory steering group. Your co-convenor today, Professor Niki Ellis, has been Comcare's Work for Health advisor since 2015. She's been instrumental in helping us establish a unique national initiative in bringing together sectors and systems to form a powerful coalition that can drive significant change; the Collaborative Partnership[7] to Improve Work Participation. This is a public-private sector effort that's driving fresh approaches to improving participation for Australians with health conditions that affect their ability to work. This means working across multiple benefit systems to deliver positive change, and it's the first real attempt in this country to do so. Established by Comcare, the partnership brings together Federal Government agencies, the medical profession, insurers and trade unions.

AFOEM is a founding member, represented by former faculty president Dr Robin Chase[8]. I know Robin's not here today. He's been a passionate advocate and driver of some major work undertaken by the partnership. In particular, Dr Chase on behalf of AFOEM, has provided significant contribution to the development of Australia's first national principles on the role of the GP in supporting work participation[9]. The principles provide clarity around roles and expectations of stakeholders involved in supporting work engagement, recovery, and return to good work. They're now officially recognised as a supported position statement by the Royal Australian College of GPs. Comcare's lasting relationship with AFOEM and Dr Chase has successfully driven engagement for Comcare with the college and with GPs more broadly.

I'd also want to touch on the significance of the Health Benefits of Good Work. Comcare remains strongly committed to promoting this AFOEM initiative and it's one of the founding principles to inform the objectives of the collaborative partnership. Through the work of the partnership, we see the potential to build on this message across the public, private and not-for-profit sectors.

Again, congratulations on the diverse program you've put together for today and the days ahead. Thanks to your co-conveners, Professor Niki Ellis and Professor Cate Storey for inviting me to give this short address. I look forward to Comcare's future collaboration with AFOEM. Both organisations understand the importance of good work in helping people recover from injury and illness. It's essential that we continue efforts to increase community understanding and appreciation of the inextricable link between work, health and wellbeing. Thank you.

Niki Ellis (00:06:25):
Thank you very much Megan. Again, thank you for your sponsorship and thank you for your ongoing relationship with our two organisations. In a minute I'm going to start introducing you to the panel and I'll just give you a bit of background before we do that. What we're doing today is part of a broader project to establish an archive in the History of Medicine Library at the RACP about occupational medicine in Australia and New Zealand.

[7] Comcare, "Collaborative Partnership to Improve Work Participation," Australia, accessed January 10, 2024, https://www.comcare.gov.au/collaborativepartnership.
[8] Dr Robin Chase AM, FAFOEM, FFOM, is a consultant occupational physician and founding fellow of AFOM.
[9] The Collaborative Partnership to improve work participation., "Principles on the Role of the GP in Supporting Work Participation" (Comcare, 2020), https://www.comcare.gov.au/__data/assets/pdf_file/0005/277763/principles-on-role-of-gps-in-work-participation.pdf.

This came about because Farhan Shahzad, who's sitting here, had begun interviewing occupational physicians because he recognised that we are about to lose the cohort which has really built the foundation. We've lost some of our founding fathers and mothers and we recognise that now is the time to capture information before the rest [of them] go.

Bruce Hocking (00:07:36):
Just be careful with your words.

Niki Ellis (00:07:42):
[Laughter] [That's] Bruce Hocking[10] heckling from the middle of the room there. The aim of the bigger project was to prevent the loss of information held by retiring physicians, in order to promote the role and contribution of occupational physicians to Australia and New Zealand, and to demonstrate the scope of practice over time. I think most of us know that the scope has changed quite a lot and, in fact, narrowed quite a lot. Some of the younger occ physicians are asking why, and would like to see a broader scope, so capturing how that's changed is important. Also, to provide a model for describing the heritage of the specialties that make up the RACP; so, we're a prototype. Cate Storey, who is here, is the chair of the RACP Library Committee. When she heard about what we were doing she was interested in supporting us because we're seen as the prototype and if this goes well, it's hoped that other specialty groups will follow.

So, we put together a proposal. It's been endorsed by AFOEM, ANZSOM and the RACP Library Committee. Then we were guided by Cate who said a good way of starting it would be the witness seminar which is what we're about to do today. The aim of the witness seminar is to record and store the discussion we have today for future research. We want to establish an online archive after this, with a timeline that we can click through; and this is just a beginning. We hope that we'll have other witness seminars about other topics; for example, training has already been identified. There may be a continuation of the oral history interviews that Farhan has been doing[11] and we're encouraging people to send material. Malcolm [Sim] was telling me he has historical records from Jim Milne[12], his father-in-law, that one day we hope might find its way into the archive.
We know that ANZSOM has already celebrated its 50th anniversary and had a publication[13]. We've got a couple of important dates coming up. Next May [2022] is actually 40 years since ACOM was incorporated and in 2024 it's 40 years since we had our inauguration.

[10] Dr Bruce Hocking FRACGP, FAFOEM commenced practice in occupational medicine in the early 1970s. He was a founding fellow of ACOM and president of AFOM 1994-1996.
[11] "AFOEM Fellows Interview Series | Australasian Faculty of Occupational and Environmental Medicine (AFOEM)," accessed January 27, 2024, https://community.myracp.edu.au/discussion/afoem-fellows-interview-series?ReturnUrl=%2fcommunities%2fcommunity-home%2fdigestviewer%3fCommunityKey%3d8e202277-595a-4891-b98c-c43ea312faa5.
[12] Dr James 'Jim' Milne (1924-2018) was a founding fellow of ACOM. In 1970 he was awarded a Churchill Fellowship to complete the MSc in Occupational Medicine at the London School of Hygiene and Tropical Medicine and later worked at the International Agency for Research on Cancer before returning to Australia and continuing a distinguished career in Occupational Medicine.
[13] ANZSOM, *Celebrating 50 Years 1968-2018* (Australian and New Zealand Society of Occupational Medicine, 2018), https://www.anzsom.org.au/about/our-history.

The discussion today is going to be divided into three parts. Firstly, the early background of the professional organisations; then the development of our specialty and how that's changed moving into multidisciplinary practice, modernisation of regulation, and the changing nature of our employment. The final discussion will be 'are we there yet?' - what were our aims and how are we going in terms of achieving those?

I'd now like to ask Cate Storey to speak a little bit about what she found in the archive as it exists already, to get us started. Cate is fascinating. She's a neurologist and medical historian. I don't know how many of those there are. She's got her fingers in all sorts of pies. She's involved in establishing several archives in health institutions as well as having an academic appointment at the University of Sydney. As I said, she's the chair of the RACP Library Committee. She gives generously all the time to people who show an interest and tries to support students and aging doctors alike as we initiate history projects.

I was talking to Cate one day and she told me a story which I think speaks to her character greatly. She'll probably be horrified that I'm telling it now. When she was younger and she was working at the Royal North Shore [Hospital], the stroke patients that she was attending to were scattered randomly across the hospital wards, making it very difficult to provide coordinated multidisciplinary care. At the time, articles were coming out in the UK mainly with an evidence base that multidisciplinary care was the way to go. So, she and a colleague petitioned the administration in the hospital for their own space. But after months and months of trying with no results, they noticed that a part of a ward had become empty for some reason. So, they put up a sign claiming it for their purposes as the new multidisciplinary stroke ward and moved the patients in. Soon after they got improved outcomes and, of course, the administration was claiming credit that it had been their idea all along. So, what we're going to do is now ask Cate to speak to what she and Karen Myers (the [RACP] Librarian who we owe a great debt to) have found out so far about the history of our profession. Thanks Cate.

2. Outline of Occupational Medicine Timeline

Cate Storey (00:12:47):
Thanks Niki. I don't think I've ever been described as fascinating before [laughs], but I'll see how fascinating I can be. I was very pleased when Niki asked me, and I must thank her very much for asking me to get involved with occupational medicine. I have been a neurologist in a former life, and I knew absolutely nothing about occupational medicine, absolutely nothing. So, it was with that in mind that I actually had a look at the archives, what we held at the College [RACP] where I, as you've heard, am the Chair of the Library Committee. We're trying to make this more accessible to the fellows and to make it a living resource. So, what I did is I looked at the archives, and what I'm going to tell you is the bare bones, the skeleton, the boring history of your faculty as I would find it looking at the archives.

What I'm hoping that you will do is you will make it interesting by your experiences. That's what a witness seminar is all about. It's trying to flush out what really happens because when you read a history, there are often very sanitised versions of what happens. We miss the

politics, we miss the gossip, we miss all of the good parts, and that's what we want to hear from you today to fill in this history[14].

Now I've chosen in this, you can see the background slide. 'Are We There Yet?' is the title of our witness seminar and this is the Sydney Harbour Bridge, which yesterday celebrated its 90th birthday and it's certainly there yet. When I think of occupational medicine, this is the problem that I think of [indicating historical picture showing workers in unsafe conditions on the background of the slide.][15]

This is my short history which you will get if you look at the archives. Now, there's a lot happening before 1921[16]. I've just had a young student who's been looking at a fascinating set of medical congresses called the Intercolonial Medical Congresses, which began in 1887.

She was looking at how ophthalmology developed, and she actually found the most extraordinary paper. It was from a James Rudall[17] who is thought to have been the first ophthalmologist in Australia. He wrote a fascinating paper on why he thought that colour vision was important to test in people who were signalers for the railway. He actually showed the problem that Australia was having by not testing the color vision of signalers in the railway or, in fact, signalers on ships[18]. So, this has been an occupational medicine problem for a long, long period of time.

But it [occupational medicine in Australia] probably got kick-started with the appointment of Dr Robertson[19] to form the Commonwealth Department of Health's Division of Industrial Hygiene in 1921, post-war 1921. That division actually went until 1932, and there were

[14] See Note 1 – the witness seminar methodology is described in detail in this book chapter.
[15] Lawrence Ennis, the engineer in charge of construction of the Sydney Harbour Bridge said, 'Every day those men went on to the bridge, they went in the same way as a soldier goes into battle, not knowing whether they would come down alive or not.'"Sydney Harbour Bridge Opens | National Museum of Australia," accessed January 28, 2024, https://www.nma.gov.au/defining-moments/resources/sydney-harbour-bridge-opens.
[16] A history of occupational health Australia from 1788 to 1971 is detailed in Bryan Gandevia's seminal paper, "Occupation and Disease in Australia since 1788 ," *Medical Journal of Australia* 2, no. 22 (November 1971): 1105–12, https://doi.org/10.5694/j.1326-5377.1971.tb92738.x.
[17] Dr Rudall is credited with being the first to use an ophthalmoscope in Australia. See Ronald F Lowe, "An Outline History of Ophthalmology in Australia," *Australian Journal of Ophthalmology* 12, no. 1 (February 1984): 5–14, https://doi.org/10.1111/j.1442-9071.1984.tb01118.x.
[18] The newspaper South Australian Register published an article on 19 April 1887 summarising a pamphlet on "Colour Blindness and other Defects of Sight in some of their Medico-legal Aspects," by Mr. James T. Rudall, F.R.C.S, Eng, Surgeon to the Melbourne Alfred Hospital. Mr Rudall asserted that to protect the safety of the travelling public, refraction and colour vision tests should be performed on steamship and railway employees to prove their fitness for the work, and that this should be done by competent examiners under central control. See https://trove.nla.gov.au/newspaper/article/46090409/4051455 accessed 10 January 2024.
[19] Dr DG Robertson (1883-1929) is credited with initiating a wide range of investigations into specific industries, as well as publishing on health hazards, industrial hygiene and accident prevention. See David A Ferguson, "Eighty Years of Occupational Medicine in Australia," *Medical Journal of Australia* 161, no. 1 (July 1994): 35–40, https://doi.org/10.5694/j.1326-5377.1994.tb127315.x. For biographical information on Robertson see "Robertson, Duncan Glenerochie | East Melbourne Historical Society," accessed January 10, 2024, https://emhs.org.au/biography/robertson/duncan_glenerochie.

divisions formed in each state[20]. In 1922, the Nationwide Conference[21] recommended that all employees up to the age of 18 should have a medical examination, that the minimum working age should be 14 and occupational diseases should be notified[22]. But by 1925 there were still, in Australia, only eight full-time industrial medical officers in Australia and four of those were employed by the railways[23].

Now there were unresolved conflicts between the Commonwealth and the States. What a surprise! [audience laughter] This led to a Royal Commission, another great surprise, which recommended the formation of a federal body[24]. In 1926, the Federal Health Council was formed and later that became the National Health and Medical Research Council [in 1937]. Occupational Health [research] was later transferred to the School of Public Health and Tropical Medicine[25].

In 1938, the College of Physicians formed[26]; that's just to put that in context there. By 1942 the Occupational Health Committee of NHMRC was formed. The committee comprised directors of each State division of occupational health, who were occupational physicians at this stage[27]. This was disbanded in 1985 when it was taken over by Worksafe [Australia][28].

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[20] See David A Ferguson, "Eighty Years of Occupational Medicine in Australia," *Medical Journal of Australia* 161, no. 1 (July 1994): 35–40, https://doi.org/10.5694/j.1326-5377.1994.tb127315.x. Ferguson outlines the establishment and later demise of the Commonwealth Division of Industrial Hygiene (DIH) under the leadership Dr JHL Cumpston, the inaugural Director General of the Commonwealth Department of Health which was responsible for the DIH – for biographical information see Michael Roe, 'Cumpston, John Howard Lidgett (1880–1954)', Australian Dictionary of Biography, National Centre of Biography, Australian National University, https://adb.anu.edu.au/biography/cumpston-john-howard-lidgett-5846/text9935, published first in hardcopy 1981, accessed online 11 January 2024.

[21] The Premiers' Conference was a meeting of the Premiers of the States of Australia to facilitate cooperation between the State and Commonwealth governments. A later version was named the Council of Australian Governments, which was the replaced by National Cabinet in 2020. See Stuart Macintyre, "Premiers' Conference," in *The Oxford Companion to Australian History* (Oxford University Press, 2001), https://www.oxfordreference.com/display/10.1093/acref/9780195515039.001.0001/acref-9780195515039-e-1186.

[22] Dr David Ferguson noted that the reporting to the state government departments of labour was ineffectual with only a small percentage of compensated injury claims having been reported. See Ferguson, "Eighty Years of Occupational Medicine in Australia."

[23] Ferguson.

[24] At a Premiers' Conference in 1923, a Royal Commission on health was appointed in 1925. The report recommended the formation of a Federal Health Council which was established in 1926. See F. S. Hone, "Report of the Royal Commission on Health," Royal Commission (Commonwealth of Australia, January 14, 1926), https://nla.gov.au/nla.obj-879675970.

[25] For a detailed account of the establishment of the Occupational Health Section Sydney School of Public Health and Tropical Medicine see Gordon C. Smith, "History and Development of Occupational Health" (School of Public Health and Tropical Medicine, University of Sydney, n.d.), provided from personal archive by Alan Rogers, AIOH.

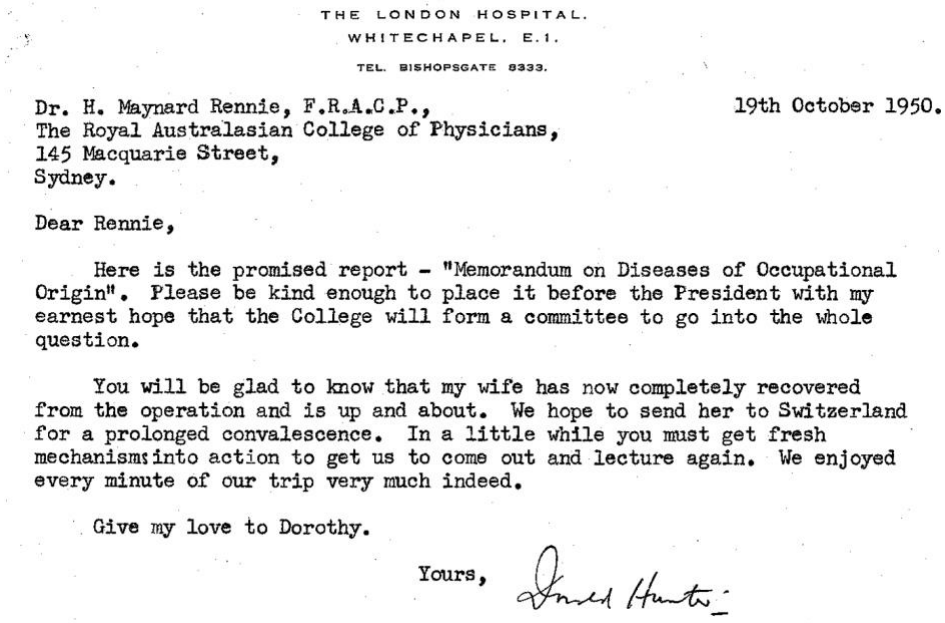
[26] Karen Myers, "Blog - History of Medicine Library," February 28, 2022, https://racp.intersearch.com.au/shows3item.php?file=blogposts%2F22-2_APA.html.

[27] Ferguson, "Eighty Years of Occupational Medicine in Australia."

[28] The background of Worksafe Australia's formation and transition to Safe Work Australia is outlined in "Review of Safe Work Australia's Role and Functions, August 2016" (Australian Government, Department of Employment, 2016), https://www.dewr.gov.au/download/14408/report-review-safe-work-australias-role-and-functions-final-report/29482/report-review-safe-work-australias-role-and-functions-final-report/docx.

By 1949, there was an Occupational Health Section within the School of Public Health and Tropical Medicine at the University of Sydney[29]. Occupational health was transferred [from the Commonwealth Division of Industrial Hygiene] to the School of Public Health and Tropical Medicine[30].

Now in 1950, a Dr Donald Hunter, Physician Director of the Department of Research in Industrial Medicine in London, visited Australia as the McIlrath[31] guest professor at Royal Prince Alfred Hospital. Because of his expertise, he was asked to look into the management of industrial diseases at the Commonwealth level. He recommended that a committee should consider the problems related to occupational diseases and provide points for consideration[32]. Now, much to my surprise, it was the College of Physicians who took up the



THE LONDON HOSPITAL.
WHITECHAPEL. E.1.
TEL. BISHOPSGATE 8333.

Dr. H. Maynard Rennie, F.R.A.C.P., 19th October 1950.
The Royal Australasian College of Physicians,
145 Macquarie Street,
Sydney.

Dear Rennie,

Here is the promised report - "Memorandum on Diseases of Occupational Origin". Please be kind enough to place it before the President with my earnest hope that the College will form a committee to go into the whole question.

You will be glad to know that my wife has now completely recovered from the operation and is up and about. We hope to send her to Switzerland for a prolonged convalescence. In a little while you must get fresh mechanisms into action to get us to come out and lecture again. We enjoyed every minute of our trip very much indeed.

Give my love to Dorothy.

Yours, Donald Hunter

Note from Donald Hunter to Maynard Rennie (Secretary of RACP). Image courtesy RACP Library

[29] "School of Public Health and Tropical Medicine," University of Sydney Archives, accessed February 4, 2024, https://archives-search.sydney.edu.au/nodes/view/22880.

[30] Dr David Ferguson noted that the Commonwealth Division of Industrial Hygiene ceased to exist in 1932, and thereafter there was a 'hiatus in research' for about 30 years. In 1949 the Occupational Health unit of the School of Public Health and Tropical Medicine at the University of Sydney ("The Sydney School") was formed under Gordon Smith's leadership, but this lacked resources for substantial research for another decade. See Ferguson, "Eighty Years of Occupational Medicine in Australia."

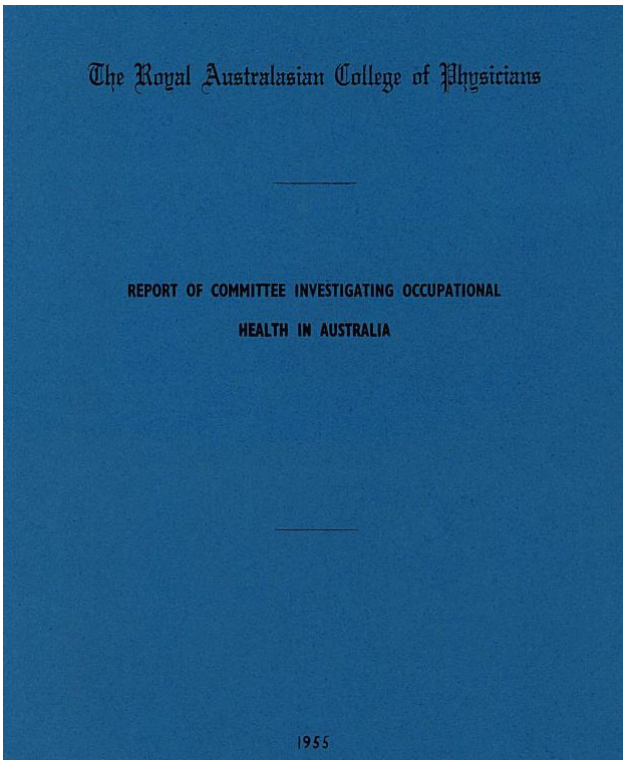
[31] William McIlrath was a successful cattle breeder and philanthropist who donated a sum of money to the Royal Prince Alfred Hospital (of which he was a board member) in 1936 to establish guest professorships for 'men of high academic standing in the world of medicine and the allied sciences.' See G. P. Walsh, 'McIlrath, William (1876–1955)', Australian Dictionary of Biography, National Centre of Biography, Australian National University, https://adb.anu.edu.au/biography/mcilrath-william-697/text12803, published first in hardcopy 1986, accessed online 11 January 2024.

[32] Donald Hunter, "Memorandum on Diseases of Occupational Origin," October 19, 1950, RACP Library.

offer. It was the Royal Australian College of Physicians that actually appointed a subcommittee to look into the recommendations of Donald Hunter.[33]

By 1952, the New South Wales branch of the BMA[34] set up a section of occupational disease. This was followed soon after by the Victorian group. By 1968 there were 32 physicians around Australia who identified as occupational medicine physicians, and they were mainly from Victoria and New South Wales at the time.

They decided that they would form an Australian Society of Occupational Medicine, which they did, and it was inaugurated the following year[35]. We have the first of these extraordinary alphabets... That was the hardest thing for me as a mere neurologist, to come to grips with - ANZSOMs and ANZOFs and AFOFs and all sorts of 'offof's'. I had a big list beside me of all of the people. [audience laughter]



Cover page of the Report of Committee Investigating Occupational Health in Australia. Image courtesy RACP Library

Anyway, so New Zealand joined and [ASOM] became ANZSOM in 1972[36]. In 1976 the nurses inaugurated their own college, the Australian College of Occupational Health Nurses[37]. In that

[33] The Committee of Occupational Health was appointed 23 April 1952 with terms of reference 'to consider the subject of Occupational Health in Australia, including its place in medical practice, and its teaching, investigational and legislative aspects, and make recommendations for its development.' See "Report of Committee Investigating Occupational Health in Australia." RACP, 1955, RACP Library.

[34] The state branches of the British Medical Association (BMA) merged into the Australian Medical Association in 1962. See "AMA History," Australian Medical Association, May 4, 2020, https://www.ama.com.au/about/ama-history.

[35] An unattributed article in the 'Comments and Abstracts' section of the MJA in March 1969 outlines that a meeting was called by the sections of Occupational Medicine of the NSW and Vic Branches of the AMA to discuss the formation of an Australian Society of Occupational Medicine (ASOM). It was attended by 37 occupational physicians from four states and was chaired by Dr TH MacCulloch of NSW and Dr WH Denehy of Victoria. The object of the ASOM was to 'advance the knowledge, practice and standing of occupational medicine' and 'assume leadership in the field and constitute the authority which would deal with governments, the medical profession, tertiary institutions and industry on matters relating to education, research and occupational health practice'. See "Australian Society of Occupational Medicine," *Medical Journal of Australia* 1, no. 9 (1969): 463–463, https://doi.org/10.5694/j.1326-5377.1969.tb92218.x. Reflections on the formation and inauguration of the ASOM are further detailed in Dr WH Denehy's historical notes from 1986 published in ANZSOM, *Celebrating 50 Years 1968-2018*.

[36] See Bill Glass, "The Early History of ANZSOM - New Zealand - Early Developments in Occupational Medicine in New Zealand 1965-1984," September 2011, https://www.anzsom.org.au/static/uploads/files/the-early-history-of-anzsom-nz-wfqxmskxdgph.pdf.

[37] See ANZSOM, *Celebrating 50 Years 1968-2018*. The original name of the nursing association was the Australian Occupational Health Nurses Association (AOHNA), which was originally under the Australian Nursing

same year, the first Chair of Occupational Health at University of Sydney was occupied by David Ferguson[38].

In 1982 the society decided that they should be a college[39]. Now, it's always a very good idea to get in first for the college because it means that you can grandfather yourself into a position as a fellow and you don't have to do an exam. So, this was the Australian College of Occupational Medicine. It was interesting that in 1993, the Australian College of Occupational Medicine decided that they would move to become a faculty within the Royal Australasian College of Physicians. By this time there were 363 members [of ACOM] and they officially joined the RACP in 1994[40].

Now, I noticed in one of the publications that I read, the president of the Australian College of Occupational Medicine wrote, "1991/'92 will be remembered as the year the college felt the winds of change and responded quickly and vigorously. That we were able to do so is testimony to the active enthusiasm of our membership."* So I would like you all to tell me why 1991/'92 will be remembered as the year the college felt the winds of change, and more importantly, responded quickly and vigorously.

In 2007 Environmental was added [to the name of] the college[41]. Then in

***Niki Ellis** wrote: *'I was the President 91/92 and I wrote those words. The elders of the ACOM recognised that being a very small independent College meant we would have very little influence in relation to policy relevant to our profession, including specialist recognition. They also recognised that there was an opportunity to become a part of the RACP under the visionary leadership of John Chalmers (President). He could see a splintered medical profession made it harder for governments and others to engage with the profession. I remember well opening an ACOM Council meeting, and David Douglas and Peter Clark saying before we begin the agenda there is a matter to discuss, and proposing we join the RACP. I was a bit shocked, as they had not bothered to consult me! The winds of change referred to the greater opportunities governments were affording medical bodies in health policy, especially the Colleges, probably to dilute the influence of the AMA.'* Note on draft transcript, 8 January 2024.

Federation but in 1986 it became an independent organisation. The name changed to the Australian College of Occupational Health Nurses (ACOHN) in 1998.

[38] Prof David Ferguson AM FRACP FFOM FACOM FRCP (1920-2002) is regarded as having been a founding father of the modern specialty of occupational medicine in Australia. For biographical information see: The Royal Australasian College of Physicians, "The Royal Australasian College of Physicians - Ferguson College Roll" (The Royal Australasian College of Physicians), accessed November 19, 2023, https://www.racp.edu.au/about/our-heritage/college-roll/college-roll-bio/ferguson-david-alexander. The AFOEM keynote lecture, the Ferguson-Glass Oration is named for both him and Prof Bill Glass. (see note 58) https://www.racp.edu.au/about/college-structure/australasian-faculty-of-occupational-and-environmental-medicine/ferguson-glass-oration

[39] See the later discussion under 'Formation of the Australian College of Occupational Medicine (ACOM)'.

[40] See Ferguson, "Eighty Years of Occupational Medicine in Australia."

[41] "Environmental Medicine Working Group Review Paper - for AFOEM Council" (AFOEM RACP, March 7, 2012), https://www.racp.edu.au/docs/default-source/about/afoem/afoem-environmental-medicine-working-group-review-paper.pdf?sfvrsn=4ea12c1a_4.

2008[42], all those alphabets amalgamated, and in 2018, of course we've heard that ANZSOM celebrated their 50 year [anniversary].

So, what I've done here is I have given you the facts. These are the facts, and they're about as boring as a Sao biscuit. What I'm trying to do here is get you to turn that Sao biscuit into an Iced Vovo and provide all of the information that you can to make this truly a witness seminar. Thank you.

Niki Ellis (00:22:44):
Thank you very much, Cate. I don't know how the rest of the room feels, but the first time I saw that information, I realised how ignorant I was of the early machinations in the Federal government, and astonishingly enough, the role the RACP played. What I'd like to do now is to bring our two virtual panel members up on the screen. So, we're now about to start that conversation.

Before we do that, I'd just like to acknowledge the work of the committee[43], which has been designing and pulling together the witness seminar and thinking about the bigger idea of the project and the committee members are Farhan [Shahzad], who we've already talked about with the interviews that he's been doing, Maggie Goldie, who's going to be tracking what's going on on the screen. Dwight Dowda, who was very good at working out what the major themes were that were important. Mel Miller was there for a while when she was president of ANZSOM and she was very enthusiastic, as Dominic [Yong] has been, who's here today. Then Barry Gilbert took over formally in Mel's role. He's sad that he can't be here today, but he got a better offer and is in London. Phillipa Harvey-Sutton joined us a while ago. Fiona Landgren, the secretary to ANZSOM, has been with us and provided wonderful guidance and support. So, thank you Fiona and your team for everything that you've done.

3. Formation of the Australian College of Occupational Medicine (ACOM) and transition to the Australasian Faculty of Occupational Medicine (AFOM)

Niki Ellis (00:24:35):
Now we're going to start with the first of the three areas that we wanted to discuss. The first area is the early background of our profession. We have Peter Clark who's on the screen, Chris Walls in New Zealand, who's on the screen, and Peter Brooks who's sitting on the panel.
I'll start by introducing Peter [Clark]. When I think of the formation of ACOM and coming in on the back of the establishment of ANZSOM, I think of a kitchen table somewhere with various people having many conversations over a very long period of time, and Peter always being at those kitchen tables. I really was delighted when I was able to insist that he

[42]See ANZSOM, *Celebrating 50 Years 1968-2018*. As noted in this document, "In 2008, ACOHN amalgamated with ANZSOM in response to the changing needs of nurses working in occupational health," as many occupational health nurses were moving into other areas of occupational health including safety, environment and injury rehabilitation.

[43] The History of Occupational Medicine Committee is a joint project between AFOEM, RACP and ANZSOM. The original membership was Niki Ellis (AFOEM – Chair), Cate Storey (RACP), Chair RACP Library Committee, Farhan Shahzad (AFOEM), Dwight Dowda (AFOEM), Melinda Miller (President ANZSOM 2015-2021), Dominic Yong (in 2021 ANZSOM representative to AFOEM Council then ANZSOM President from 2022). Maggie Goldie (AFOEM/ANZSOM), Barry Gilbert (ANZSOM/RACP) and Philippa Harvey-Sutton (AFOEM) joined later.

participate today (he tried to get out of it!) because I see him as being heavily involved, but I also see him as being a very credible witness.
Peter started work in occupational medicine in 1974, heading up the occupational health branch of the South Australia Department of Public Health. In '81 he became the Coordinator of Health, Safety and Environment for Mobil Oil Australia[44] and I'm sure many of us remember him for that role. He retired from Exxon Mobil in 2001 and he's been a consultant since then. He was a member of the first Victorian Occupational Health and Safety Commission, and he contributed to the National Occupational Health and Safety Commission[45] over periods of time. He's been a member of ANZSOM from 1974, and as I mentioned before, he was heavily involved in the establishment of AFOEM and all the discussions about it becoming a faculty of the RACP. So, thank you Peter, and welcome.

Peter Clark (00:26:48):
Thanks for the opportunity to participate, Niki, and I'm glad to have an alternative to my usual church attendance on a Sunday afternoon. [laughter]

Niki Ellis (00:27:01):
So, Peter, it was interesting to see Cate mention the NHMRC committee and when that was established. I know that you see that as a forerunner to the professional bodies. What do you recall about the drivers for the establishment of ANZSOM and then ACOM?

Peter Clark (00:27:22):
Well, the coordinating activity was, as you rightly point out, the Occupational Health Committee of the NHMRC at the time that I came to the game in 1974 or thereabouts. David Ferguson had recently taken over from Gordon Smith[46] as the chairman of that. So, my first contribution is that Gordon Smith, who was a wise fellow and getting pretty old, handed over to David, who must have been, I think, senior lecturer in the Sydney School. It was the only School of Public Health and Tropical Medicine I think at that stage. Anyway, David was very much into the toxicology of things as I think Gordon probably was before him but I don't know because I only attended one meeting which Gordon chaired and he handed it over to David.

At that stage in the states, there were some interesting and powerful figures. Mannie Rathus[47] was in Queensland. He was an ex-South African miner and called a spade a spade as a good

[44] "Mobil History | ExxonMobil Australia," ExxonMobil, accessed January 25, 2024, https://www.exxonmobil.com.au/company/who-we-are/mobil-history.
[45] The NOHSC was established in 1985, with the aim of advancing a coordinated approach to work health and safety across Australia. For a summary of the establishment and later abolition of the NOHSC and transition to Safe Work Australia see pp 2-3 of "Review of Safe Work Australia's Role and Functions, August 2016."
[46] Dr Gordon Smith (d.1996) was an important figure in occupational medicine in NSW and Australia. He was the second Director of the Division of Occupational Health in NSW, and became the first full-time lecturer in occupational health at the University of Sydney in 1950. He was the inaugural Head of the Occupational Health Section of the Sydney University School of Public Health and Tropical Medicine from 1940 to 1975. See Ferguson, "Eighty Years of Occupational Medicine in Australia."
[47] Dr Emanuel "Mannie" Rathus (1917-2012) was a foundation member of ASOM and a foundation fellow of ACOM, the inaugural chairman of the QLD branch of ASOM, and a significant contributor to ANZSOM over many years. He was the Director of Industrial Medicine and Occupational Health in the Queensland Department of Health from 1957 until 1982.

miner should. Alan Bell[48] was an extraordinary figure for those in New South Wales who knew him; my impression was that he worried the bone more than most mice. Allen Christophers[49], of course, whose one abiding interest in life was lead, was the head of the department in Victoria. But Jim Milne was his able 2IC - and you've already mentioned Jim's name.

Jim had spent a year at IARC[50] at or about that time, and came back, I think, with some enthusiasm for the idea of making ANZSOM more than it had been, because it was really just formed as an organisation to give doctors an excuse to get together, like a lot of these things in colleges and fellowships. I think ANZSOM always organised a good meeting and I'd suggest that its survival over the time of the 90s has, in part, been largely the result of the understanding of [what makes] a good meeting and what it means for doctors, at least when they participate in it. And I'm talking now about ANZSOM before it became the wider organisation it now is, and I won't talk about that [process] at all because I wasn't in any way involved in it. But as I understand it, ANZSOM still organises a particularly good meeting and I regret that I'm not there for this meeting in Brisbane. So, my apologies, but them's the breaks.

Going back to the formation [of ACOM], it was really around the Occupational Health Committee table (of the NHMRC) that people had the opportunity to talk to more. David Ferguson, for his part, was particularly interested in trying to get some academic rigor into what might happen. He wasn't a particularly academic bloke as I recall it, but he understood the importance of professionals getting together at a professional level and enjoying it, rather than getting together at a social level and having fun, which might have been a more driving influence.

Inevitably, you mentioned Commonwealth and State differences. There were professional differences outside [that]. The Victorians, for their part (I think led by Bill Cooper and Keith Brown and a couple of others[51]) were keen. The Victorians for a change in those days, as I understood it and I'm now talking the late 70s, actually had some money. They were able to twist arms in industry and get what looked like nearly enough money to maybe establish a chair in Victoria, which would've been, I guess, at Monash [University]. And as a Monash old scholar myself, that is to say I did my PhD at Monash, I kind of understood a bit about what was going on. But David Ferguson, for his purposes, preferred the idea that it should be based in Sydney and funded through whatever channels there might be available to him and others in Sydney. So, there was a bit of a struggle that went on for a couple of years, but it led to the impetus for the College [ACOM] in the late 70s coming through those who were in Victoria,

[48] Dr Alan Bell was the director of the Division of Occupational Health in the NSW Health Department from 1953 to 1979. See Ferguson, "Eighty Years of Occupational Medicine in Australia."
[49] See Ferguson. Dr Christophers was the second director of the Victorian Division of Industrial Hygiene which had been founded in 1937. The first director, Dr Douglas Shiels had specialised in lead research and Dr Christophers continued this. He was succeeded in the position by Dr Jim Milne – see note 8.
[50] The International Agency for Research on Cancer has conducted research worldwide since 1965, see "IARC History," accessed January 25, 2024, https://www.iarc.who.int/iarc-history.
[51] The occupational physicians Drs Bill Cooper, Keith Brown, Frank Burke, Hugh Denehy, Darrell O'Donnell, Sid Preston and Bob Wilson are noted to have contributed significantly to development of the specialty in Victoria. See Ferguson, "Eighty Years of Occupational Medicine in Australia."

in conjunction with David in New South Wales[52]. A secretariat was formed with Jim Milne as the secretary, and I think David Ferguson ex officio as the senior person in academic-led things, and with support from industry wherever it could be garnered[53].

The real industry support in the early years came from the oil industry because there were a few interested people [working in that] industry. You mentioned that I was there because I succeeded Bob Wilson as head of things in Mobil and was looking after health and safety and environment there from '81 on. Coincidentally, I think it was at an ANZSOM meeting in Sydney that I spoke to Bob Wilson and said, "Hey Bob, you don't know of any good jobs going, do you?" And I ended up taking over from him, which just goes to show the value of a good meeting, whether you're ANZSOM or anyone else - if you've got your ear to the ground and heart in the right place, you might end up. From my point of view, it was a gift, perhaps not from God, but Bob Wilson was a good bloke and so I was happy to accept the gift from whoever it came.

That was in 1981 and at that time David Ferguson[54] took over from me in South Australia[55]. David lent his shoulder enthusiastically to the ANZSOM evolving into ACOM as it was initially. And there was a fair amount of South Australian support. When I first joined [ANZSOM], we had one of those four railway medical officers in South Australia, a guy named Sandy Stewart, who was not one to lead one in an academic direction, but was a delightful guy, nonetheless. And there was, even though we were a small cohort, a fairly warm place in South Australia. It occurs to me, Niki, I should probably stop my monologue in the interest of getting somewhere. [laughter]

Niki Ellis (00:35:23):
Thank you, Peter. Can I just ask you when you remember Elaine Siggins coming into the picture and the role she's played?

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[52] Dr Peter Clark wrote: 'In the early days there was some tension between NSW and Victoria when it came to collegiality, with people seeing an opportunity to establish an Occupational Medical fraternity as beneficial and looking at academic affiliations in each State. Sydney had the School of PH&TM, with David Ferguson's Occupational Health Department established and funded by the Commonwealth. It was accepted as the logical academic base when the hatchet was eventually buried between the then ANZSOM factions in the States. The money for starting a College was in Victoria and so the Victorians "won the chocolates" and became the initial base for the College. John Bisby was the mover and shaker. David Ferguson was the first President and Jim Milne the first Secretary to assuage the concerns about interstate rivalry.' Peter Clark, "Notes from Peter Clark, Drafted 7 March 2022 Sent to Niki Ellis in Preparation for Witness Seminar" (RACP Library, March 7, 2022), RACP Library.

[53] Ferguson notes significant players in the formation of ACOM as being Dr Jim Milne, Dr Mannie Rathus, Dr John Bisby, and Dr Keith Wilson.

[54] Dr David Douglas was the inaugural president of ACOM in 1982 and had been the Chairman of the NSW/ACT branch of ANZSOM in 1987. He had been a general practitioner in northern Queensland and became involved in occupational medicine in the late 1960s while working with an alumina refinery and later worked in the UK where he became a fellow of the Faculty of Occupational Medicine in the Royal College of Physicians in England before returning to Australia. See N. Ellis, "AFOEM's Coming of Age," *Internal Medicine Journal* 44, no. 9 (September 2014): 829–31, https://doi.org/10.1111/imj.12524.

[55] South Australia established a state Division of Occupational Health in 1965, led by Dr Keith Wilson with the assistance of Dr Deane Southgate. Dr Peter Clark succeeded him in 1974, followed by Dr David Douglas in 1981. See Ferguson, "Eighty Years of Occupational Medicine in Australia."

Peter Clark (00:35:33):
Oh yes, I remember that well because Elaine made a huge contribution, as you know. Initially when the sort of incipient college formed, Margaret Daunt at Clunies Ross House[56] ran a secretariat for a range of organisations, and we flanged up[57] with her as sort of the secretarial contractor. It was clear that we needed to do something different. And it was then that, I can't put a specific time on it, but Elaine, I'm sure, could because she doesn't forget anything. But it would've been around 1982 and I think it grew out of an ANZSOM conference in Melbourne that she organised. So, she came in at that stage and we scrimped and saved and scratched and did some dubious accounting within various oil companies to make sure that expenses generally were covered, including the salary for the first full-time administrator, which is what Elaine was.

Elaine Siggins*
'My involvement started in mid-1982 when Peter Clark (via his secretary) talked me into organising the Australian and New Zealand Society of Occupational Medicine (ANZSOM) meeting to be held in September 1983 at the Wentworth (now Sofitel) in Melbourne. A couple of weeks after the meeting Peter invited me to lunch, David Douglas and John Bisby also attended. The purpose (unknown to me) was to try and talk me into organising the inaugural meeting for the formation of ACOM. So began my connection with occupational medicine . . . To have been around in the early days and seen the establishment of the College and development of the training programme is something I will always feel proud of. I still get a kick when I see the names of those . . . in senior roles in the Faculty or elsewhere and . . . remember when they started on this path. Takes me back to the exam days and how nerve racking it was for some.'
*Quoted in Ellis, N. (2014), Editorials – 'AFOEM's Coming of Age'. Intern Med J, 44: 829-831. https://doi.org/10.1111/imj.12524

Niki Ellis (00:36:53):
Thank you, Peter. I'll move on to you now, Chris [Walls], also online. Chris completed his occupational medicine training in Victoria and has since then worked in New Zealand, both for government agencies and in the private sector. I love his description of how he works now - currently, he works 'gentleman's hours' for the Counties Manukau District Health Board at the Middlemore Hospital and in private. And his interests are low back pain disorder, forearm pain syndromes, and occupational stress. Thank you for joining us, Chris. So, Chris, you've heard the account there first from Cate [Storey] and then from Peter [Clark] in a bit more detail about how first ANZSOM and then ACOM came together. What was the corresponding picture in New Zealand in terms of the professionalisation of occupational medicine?

Chris Walls(00:37:52):
It was very similar to Australia, perhaps a little bit slower. Occupational medicine was part of the public health ministry and really not that important till in the 1950s, when Dr Tom

[56] The National Science Centre at Parkville, Melbourne was named for the renowned scientist Sir Ian Clunies Ross in 1968, see C. B. Schedvin, "Sir William Ian Clunies Ross (1899–1959)," in *Australian Dictionary of Biography*, 18 vols. (Canberra: National Centre of Biography, Australian National University), accessed January 26, 2024, https://adb.anu.edu.au/biography/clunies-ross-sir-william-ian-9770.
[57] "Flange up" is an oil industry term referring to making the final connection in a piping system see "Definition of Flange Up," *DrillingMatters.Org* (blog), accessed January 25, 2024, https://drillingmatters.org/glossary/flange-up/.

Garland[58] was employed from the UK and spent several years essentially establishing a more formal structure for occupational medicine in New Zealand. When ANZSOM was formed, the New Zealand doctors involved in occupational medicine were enthusiastic about having a more structured approach to their particular interests, so they quickly formed the New Zealand branch[59]. It was stocked with people who will be familiar to some in the audience - Professor Bill Glass[60], Dr Des Hall[61], other people like that, who kept it going and then passed it on to my generation.

Throughout that period of time, there has been an academic appointment going back almost to the 50s at the Otago University in the Department of Preventative and Social Medicine. They ran what was initially the Diploma of Industrial Health [which] then morphed into other training programs, which were the basis for most of us to get into occupational medicine[62]. We really just trotted along behind Australia when ACOM was formed. That was my first specialist qualification. And then we followed into AFOEM because we see the value of being part of the greater Australasian community, not least because as in my case, I did my training in Victoria and many of us have worked in Australia and New Zealand and backwards and forwards.

Niki Ellis (00:39:36):
So, you are implying that you don't really see the policy environment differing historically in Australia and New Zealand?

Chris Walls(00:39:45):
No, not really. There's the common market between our two countries and essentially the educational system and the politics are similar. So yeah, I see it as a common structure.

Niki Ellis (00:40:03):
Okay, thanks Chris. Now the third panel member that we're asking to speak about the early background is Peter Brooks, who's here in person. Peter is the Professorial Fellow at the

[58] For a detailed discussion of Dr Garland's contribution see Bill Glass, "Dr Thomas Ownsworth Garland, 1903–1993: New Zealand's Pioneer in Occupational Medicine," *Occupational Medicine* 53, no. 8 (December 1, 2003): 507–11, https://doi.org/10.1093/occmed/kqg141.

[59] For a discussion of how occupational medicine and nursing practice developed in New Zealand, see Bill Glass, "The Early History of ANZSOM - New Zealand - Early Developments in Occupational Medicine in New Zealand 1965-1984." accessed January 25, 2024, https://www.anzsom.org.au/about/our-history. Dr David Ferguson, at the time the secretary of the ASOM visited New Zealand for a symposium in 1970 and following this there was increase in numbers of doctors form New Zealand joining. In 1972, at the ASOM scientific meeting in Melbourne, Dr Bill Glass and Dr Des Hall were present for the name change of ASOM to ANZSOM. The New Zealand branch of ANZSOM was formed in 1974. For further historical notes and commentary see B. Glass, "Occupational Health in New Zealand: Where from? Where To?," *Internal Medicine Journal* 44, no. 9 (2014): 831–33, https://doi.org/10.1111/imj.12531.

[60] Professor Bill Glass FFOM, commenced his career in medicine in 1958. He is recognised as a pioneer of occupational medicine in New Zealand. He was the first president of the New Zealand branch of ANZSOM. The AFOEM keynote lecture, the Ferguson-Glass Oration is named for both him and Professor David Ferguson. "Ferguson Glass Oration," accessed November 13, 2023, https://www.racp.edu.au/about/college-structure/australasian-faculty-of-occupational-and-environmental-medicine/ferguson-glass-oration.

[61] Dr Des Hall was a founding member of the New Zealand Branch of ANZSOM. See Glass, "The Early History of ANZSOM - New Zealand - Early Developments in Occupational Medicine in New Zealand 1965-1984."

[62] See Glass, "Occupational Health in New Zealand."

Center for Health Policy at University of Melbourne, and he's been the research lead at Northern Hospital Epping for a while. He's got a prestigious academic background. He was the Executive Dean of Health Sciences at UQ. He was the Professor of Medicine at UNSW, and the foundation Professor of Rheumatology at the University of Sydney, which I think means he's always understood the issues of work as they relate to health. He's got a number of research interests in rheumatology. But in recent years, his focus has been on broader health policy, with a particular interest on health workforce reform and the role technology can play in improving the capacity of the health system.

Now, the reason I invited him to come today was that he was on the council of the RACP for much of a decade around the 1980s to 90s and he was the secretary of the RACP for the period of time that we were negotiating the Faculty of Occupational Medicine going into the College of Physicians[63]. So, Peter and I actually sat across the table on this on various occasions. So, Peter, we used to call it the Big C College. Do we still do that? Do you remember? We were the little college and the RACP was the Big C College. Why did the RACP go down this path of encouraging mergers with the smaller bodies, the other faculties, including us?

Peter Brooks (00:41:57):
Thanks for involving me in this, Niki. That's a long time ago [and] I think that it was interesting - the 80s and 90s was a period within the college (and I can't recall that we called you, the Little C College, but anyway, I'm sure we didn't mean it) driven, I think, by a number of the presidents' [of RACP] presence - like John Chalmers, Richard Smallwood from Victoria, and David Tiller in particular. And I think medicine itself was changing, but we felt that it would be a good thing to embrace as many bits of medicine as we could.

For example, the pediatricians came in during that time, the Faculty of Public Health Medicine, [and] your Faculty - really important groups, I think, that have really strengthened the College enormously. It is interesting [that] we were softened up (and we needed to be) with the arguments that you put to us. But we had been softened up and titillated by occupational medicine by our response to the Hunter Review back in 1955[64] - I don't think I can be a good witness that as I think I was 11 years old at the time and [had] only just arrived in this country.

But it was interesting that the RACP, even at that stage, obviously was the group that put their hand up and said, "Well, let's at least form a committee and start talking about occupational health." So, I think they're the sorts of things that drove the College. And when you put your arguments (I can't remember them exactly, Niki, but I'm sure they were incredibly strong), we realised that even at that stage of your young career you were a formidable force, and it would probably be a good idea if we just rolled over and accepted it. [audience laughter] But seriously, I think those additions to the College [RACP] have been fantastic because we all spend a lot of our time working; so occupational health and safety is a really important thing

[63] See N. Ellis, "AFOEM's Coming of Age," *Internal Medicine Journal* 44, no. 9 (2014): 829–31, https://doi.org/10.1111/imj.12524.
[64] See Note 33.

(probably more so now than ever before with COVID[65]) and of course public health medicine; what could we do without that in the past, even though we've pooh-poohed it? And hopefully, finally, we'll start to develop a health system that isn't focused entirely on hospitals where, hopefully, most of us spend little time.

Niki Ellis (00:45:18)
Well, let's open it up to the floor here. What additional memories do you have, especially some of the older fellows here who have been around from very early stages? Any comments to add to what we've had so far?

Tony Brown (00:45:50):
Thanks, Niki. I'm Tony Brown. I was just reflecting then on those older days, because my father, Keith Brown (who Peter Clark has already mentioned), was part of that first group that formed ANZSOM. And I seem to recall that he was probably the first secretary at that stage, or he may not have been the secretary of ASOM or whatever the first version was before the NZ came in. But I think he was for the ANZSOM at that stage.[66]

I can remember a lot of those people in the early stages in Victoria when I was still at school or at university. People like Darryl O'Donnell[67] who was working with TAA[68], and of course, Hugh Denehy[69]. I had known Hugh for a long time before I was ever interested in occupational medicine. In fact, even took his daughter out a few times. [laughter]

[65] Australian Government Department of Health and Aged Care, "Coronavirus (COVID-19) Pandemic," text, Australian Government Department of Health and Aged Care (Australian Government Department of Health and Aged Care, November 20, 2023), https://www.health.gov.au/health-alerts/covid-19.
[66] Dr Tony Brown later confirmed (comment on draft transcript 2 January 2024) his recollection that it was the Federal ANZSOM he was referring to. Dr Keith Brown (1925-2012) was a committee member of the Victorian Section of Industrial Medicine of the AMA from the 1960s. He was in attendance at the meeting in 1968 where it was resolved to form the ASOM and he became a foundation member. In 1971 he was elected Secretary of the ASOM Federal Executive and the name changed to ANZSOM in 1972. See notes by Dr W. Hugh Denehy in ANZSOM, *Celebrating 50 Years 1968-2018*.
[67] Dr Darryl O'Donnell was the second President of ASOM from 1971, during the time when the New Zealand branch of ANZSOM was formed. See Glass, "The Early History of ANZSOM - New Zealand - Early Developments in Occupational Medicine in New Zealand 1965-1984." He was noted to have been important to the development of the specialty in Victoria. See Ferguson, "Eighty Years of Occupational Medicine in Australia."
[68] Trans-Australia Airlines which operated from 1946 until merging with Qantas in 1992 "TAA," Australian Aviation, accessed January 26, 2024, https://www.aahof.com.au/southerncross/taa. Dr Mannie Rathus, recalled that Dr O'Donnell proposed an emblem for ANZSOM that had been designed by artists at TAA – a map of Australia with a serpent surrounded by a ring. The cog and map of New Zealand were added at Dr Hugh Denehy's suggestion, see E. M. Rathus, "History of ANZSOM - Queensland Branch 1968 - 1996," n.d., https://www.anzsom.org.au/static/uploads/files/history-of-anzsom-wfqptlwzbmyj.pdf.
[69] Dr W. Hugh Denehy was a prominent figure in the development of occupational medicine in Victoria, serving as the Chairman of the Section of industrial Medicine of the Victoria AMA, and a significant figure in the formation of ANZSOM of which he was Federal President in 1975. See "Hugh Denehy Oration," accessed January 26, 2024, https://www.anzsom.org.au/annual-scientific-meeting/hugh-denehy-oration.

And just as Peter said, you go to an ANZSOM meeting and you get a job. I went to an ANZSOM meeting in 1980 when I had been doing a fellowship with general practice and got a job with a factory. But I went to an ANZSOM meeting and I met Jim Milne there who I knew. And he said, "Doc Christophers has just retired, and if you are still interested in occupational medicine, talk to me next year and I might have a job for you." And so that ANZSOM meeting changed my life too in that process. So, I can still remember a number of those things. There are a lot of things that went on in that meeting. There's some solid gold ANZSOM cuff links [of which] I suspect I may have the only copy that's in existence - there's a story about how that came about at some stage.*

Niki Ellis (00:48:05):
Thanks, Tony. While the microphone's on that table, Malcolm, can I put you on the spot? You married Jim Milne's daughter?

Malcolm Sim (00:48:17):
Yes, I didn't just go out with her. [laughter]

Niki Ellis (00:48:23):
What do you recollect about this time, either things that Jim [Milne] told you or your own recollection?

*** Tony Brown** wrote**:** *"This is the story that I remember from my father: When ANZSOM was formed in the early 70s it was fashionable to wear cufflinks and for organisations to have their own. They were often used as gifts to visiting dignitaries, guest speakers etc and if one was visiting other places. The standard ANZSOM cuff links at that time were in copper with a hammered metal square and the ANZSOM logo in relief on it. I have two sets on of which one is still in a cellophane packet. Any way there was discussion in the ANZSOM executive (Federal, I think, President, Treasurer and Secretary) about having a better set as gifts for overseas dignitaries. Hugh Denehy was very big on contacts with Southeast Asian OHS groups. The executive (Darrell O'Donnell, Dad and I think Hugh) decided to get some cuff links in gold instead of copper. They commissioned three sets. They looked good but they decided they were too expensive to give out to all and sundry, so they never went further with the idea. The three sets, I think, went to the executive. I don't know if they paid ANZSOM for them. Anyway, Dad had one set. I can't recall his wearing them very often, but I knew he had them and he had told me this story. When Dad died, I asked my stepmother if they were still about and she managed to find them."* Email correspondence to editor regarding draft transcript, 2 January 2024.

Images courtesy of Dr Tony Brown

Malcolm Sim (00:48:32):
Well, Jim was a really strong influence in my career when I did my two years of residency and took a year off to travel overseas and then came back and wondered what I was going to do with the rest of my life. He was quite supportive of me going into the area, not pushy, very supportive, and explained to me what occupational medicine was about. And a job came up at the naval dockyard. I got my job through legitimate means [laughter] of applying and going through an interview and selection process. I should have gone to more ANZSOM meetings.

But Jim was really supportive and encouraging and really brought to life, I think, what occupational medicine was about, and it really enticed me. I didn't really want to go through

the hospital system - I'd had enough of that [and] I was looking for something else. I was thinking about public health or something along those lines. But the 18 months at the dockyard was really a great experience for me. I was the first medical officer there. I didn't know anything when I got appointed to that job. So, [there] wasn't a great lot of competition, I think, so I was rather fortunate. Then I went to work with Tony Brown and David Goddard[70] and co at the occupational health unit in the Victorian Department of Labour which was the old Industrial Hygiene Division[71].

Niki Ellis (00:49:47):
Could you just speak a little bit about that because you've presided over the development of the pre-eminent academic unit in our field[72] over time. Could you comment on how that has developed, what academic occupational health and safety was originally and how it's matured?

Malcolm Sim (00:50:09):
Yeah. Well, I was very fortunate. I got a fellowship to go to London and do the MSc in occupational medicine at the London School of Hygiene and Tropical Medicine, which Jim had done as well, and several of others of our fellows had done as well, in '87, '88, which again, was a fantastic experience and it really opened my eyes to the sort of academic environment, research, [and] teaching. When I came back again, I was wondering what I was going to do in my occupational medicine career, and had a couple of options of going into industry. But I'd become quite interested in the academic field so I went to see John McNeil[73] at Monash [University] because David Barton[74] had been doing some sessional teaching and he wanted to give it away, and he sort of asked me-

[70] Dr David Goddard FAFOEM commenced his career in occupational medicine in 1973. He has been a member of ANZSOM since a few months after that and he is a foundation fellow of AFOEM. He has been extensively involved in AFOEM curriculum development as well as teaching medical students, AFOEM trainees and RACP supervisors. In 2001 he received the Monash University Vice Chancellor's award for distinguished teaching. The ANZSOM ASM Best Paper Award is named for him. See "David Goddard Best Paper Award," accessed January 26, 2024, https://www.anzsom.org.au/annual-scientific-meeting/david-goddard-best-paper-award.
[71] Dr Tony Brown wrote: 'Malcolm was referring to the Occupational Health Service of the Victorian Health Commission. When Allen Christophers was in charge it was called the Division of Industrial Hygiene. When Jim Milne took over in 1981 it was renamed the Occupational Health Service. I joined in 1981 and there were 3 doctors, Jim, David Goddard and me. Malcolm joined a few years later.' Note on draft transcript, 2 January 2024.
[72] Emeritus Professor Malcolm Sim AM, FAFOEM, established and was the head of the Monash Centre for Occupational and Environmental Health for 32 years until 2021. He has served as President of AFOEM, is a previous Editor-in-Chief of the journal Occupational and Environmental Medicine, and has held many advisory roles.
[73] Professor John McNeil was Head of Monash University's School of Public Health and Preventive Medicine and Head of the Department of Epidemiology and Preventive Medicine at the Alfred Medical Research Precinct from 1986 to 2019 "John McNeil," Monash University, accessed January 26, 2024, https://research.monash.edu/en/persons/john-mcneil.
[74] Dr David Barton, FAFOM, is an occupational physician who has worked in public and private consultancy in Victoria since 1981, as well as holding senior lecturer positions in occupational health and medicine at Monash University.

Niki Ellis (00:50:49):
It was the Department of Epidemiology and Preventive Medicine.

Malcolm Sim (00:50:52):
Well, it was the Department of Social and Preventive Medicine at that stage.

Niki Ellis (00:50:57):
And John McNeil later in Monash was known as God because he brought so much money in.[75]

Malcolm Sim (00:51:02):
Well, John was a fantastic mentor for me, and he was very, very supportive of the occupational and environmental health area. So, he was really keen for us to build that up. And we got quite a lot of grants, set up a lot of cohort studies, and did a lot of advisory and research and teaching. We established the postgraduate training in Victoria as well, and we've trained quite a lot of our newer fellows, and some of the trainees are still going through that[76]. And we built up a big research base. If you want to get influence in the medical school, you've got to have a presence. Peter [Brooks] will know that from his time as dean. So, we were able to get quite a chunk of the medical curriculum, the undergraduate curriculum, but also the postgraduate training as well. So, John was incredibly supportive. For those of you who don't know John, he's a very, very positive guy.

Niki Ellis (00:51:52):
I recall in the early days it was very hard to get an NHMRC grant because there was a feeling industry should be funding research. How did you navigate that? In the end you started winning those.

Malcolm Sim (00:52:06):
Well, I applied for an NHMRC fellowship to do my PhD, and John, again, provided a good recommendation for that, and I managed to get one of those. And I did a three-year PhD and then did a postdoc[toral fellowship] at NIOSH[77] in the US at Cincinnati, which was again a great experience. So those international connections through the School of Hygiene in London

[75] Dr Peter Clark Wrote: 'I was one of the Foundation Fellows in Social and Preventive Medicine when Basil Hetzel started the Department. There were 10 people working in the Department when I jointed it in 1968. I went back about 5 years ago for a visit to the Department John McNeil built and learned it had over 600 staff! Extraordinary growth!' Online chat during seminar, 20 March 2022.

[76] Monash University provides post-graduate education as a Graduate Diploma or Master of Occupational and Environmental Health. AFOEM trainees are required to undertake a relevant university course such as this as a fellowship requirement. "Occupational and Environmental Health," Public Health and Preventive Medicine, accessed January 26, 2024, https://www.monash.edu/medicine/sphpm/study/postgraduate/occupational-health. Trainees can attend other suitable courses such as the Graduate Diploma or Master of Occupational Health at Curtin University."Graduate Diploma in Occupational Health and Safety | Curtin University," accessed January 26, 2024, https://www.curtin.edu.au/study/offering/course-pg-graduate-diploma-in-occupational-health-and-safety--gd-ochlsf/.

[77] The National Institute for Occupational Safety and Health is part of the USA's Centers for Disease Control and Prevention and is a research agency for the study of worker safety and health. "About NIOSH | NIOSH | CDC," May 19, 2023, https://www.cdc.gov/niosh/about/default.html.

and then through the US have really been very instrumental in my developing career since then.

Niki Ellis (00:52:34):
Thank you.

Malcolm Sim (00:52:35):
Niki, I just wanted to raise one thing with Peter [Clark] in particular, because as you said, I've got a lot of correspondence that Jim had from the early days. I've only been through some of it, but I gather when it was proposed that ACOM was going to be established, there wasn't sort of unanimous agreement around that. There were some quite diverse opinions, and especially around the relationship between the two bodies - who would be doing what? So, Peter, you were around at that stage.

Peter Clark (00:53:08):
You're absolutely right, Malcolm. And I'm reluctant to show the smoke or the fire, but there was great concern about that reference that was made earlier about the grandfathering and how that was to work. Indeed, rather than get into the detail of it, I'll just confirm your concern, because there was a lot of argy-bargy. On the one hand, there was the perception from those who were actively pursuing the College about the academic standards that should be applied because we couldn't let just anybody in or we'd be frowned upon by Peter Brooks in particular, and other members of the faculty, [or] of the college as it was in those days. And yet there were people who were legitimately doing occupational medicine in industry who knew that they weren't going to make the cut, but they recognised the importance of the fellowship and whatever was happening.

So that continued on for a long while. And I think as an insight, I can tell you that the executive of the college of the day decided, 'well, that's tough, we have to set some academic standards and we have to carry through with them'. The problem with that, of course, is that if you apply that sort of test too hard, you certainly dissatisfy those who can't get in. But in addition, you limit your numbers, and as a former treasurer of the college, I can tell you there's nothing that tightens your sphincters more than the possibility of insufficient money coming in. That's why the ties to industry that were there in Victoria were terribly important in the early stages[78].

To put not too fine a point on it, the doctors didn't want to pay the money. Do they ever? And so, it had to come from somewhere to run, even the fledgling college. So, it was a matter of 'hand out' to industry for that because I can tell you the Victorian government weren't more interested in doing things then than they are now. And the Federal government is equally... well, it was obviously taking a leadership role. And I suspect, but don't know (I was fascinated to have the early days elucidated earlier this afternoon) [that] the reason that the Federal

[78] Dr Peter Clark Wrote: 'There was no Government money at the outset from either State or Federal sources. Indeed, had it not been for the Oil Industry, there would not have been a College. John Bisby (Shell), Bob Wilson (Mobil), Bill Nelson (Esso) and the industry organisation, the Australian Institute of Petroleum (AIP) contributed the initial seed money (and much more in kind). It, along with subscriptions from the nascent membership provided the momentum to get things established.' See Clark, "Notes from Peter Clark, Drafted 7 March, 2022, Sent to Niki Ellis in Preparation for Witness Seminar."

government took the early role it did post World War I, and then through post World War II, is because it really held and believed in the quarantining responsibilities and wasn't as keen to walk away from it as they have been in this latest pandemic. I'm exerting my opinion again there. But medicine sure has changed at all sorts of levels.

Niki Ellis (00:56:26):
Thank you for the question, Malcolm, and thank you, Peter.

I can add a story to the difficulties that we had internally about the decision to join the Big C College. The negotiations that were held with the College of Physicians, towards the end, it came to my lot. I was the last president of ACOM and the first president of AFOM, and Ann Long was involved as well, I think either as president elect or the censor[79]. So, the negotiations had all been done[80], and we thought that we had a deal and a handshake had been done. That was done often with Peter [Brooks] and John Chalmers and one other member of the executive. We'd done all the hard discussion, we'd reached an agreement, and then Ann and I were to go to the bigger executive meeting of the RACP to have the ceremonial discussion. The work [had been] done beforehand and this was expected to go through smoothly. The day before or the weekend before, there was an uprising - the last-minute uprising by the people who didn't want this to happen. And in fact, the decision of the Council [of ACOM] was that we couldn't go ahead with this. So, we had to go into this meeting where everything was expected to be done and dusted, and sort of recommence the negotiation[81]. It was terribly embarrassing. And I just remember sitting outside the bench on the seat in the street in Macquarie Street saying to Ann, "What the fuck are we going to do? [audience laughter] We've got ourselves in this position. How are we going to handle it?" Anyway, we got through it somehow.

I'm just going to conclude this section by saying that I had a long email from Peter Connaughton[82] because I asked him to think about the relationship between ANZSOM and AFOEM over the years[83]. And as we know, that's waxed and waned and is in a very constructive arrangement at the moment. And he talked about a highlight of his Presidency

[79] Dr Ann Long FAFOEM was censor-in chief and later President of AFOEM. See Ellis, "AFOEM's Coming of Age."
[80] Professor Niki Ellis wrote: 'I think Peter has outlined the debate taking place within ACOM well. The issues being discussed between the RACP and ACOM were mainly money. RACP were insisting all funds went into central pool and we were to be allocated a budget. Similarly, we were not to have dedicated staff, rather support would be provided by RACP. We insisted on keeping Elaine Siggins. We also argued about identity and autonomy. All of those issues were prescient as they have been the sticking points in the relationship over the years. At times trying to get something done, e.g. public advocacy, or anything involving money, or hosting the international conference has been all but impossible, and this in part is why the relationship with ANZSOM works so well. ANZSOM is pretty much run by its members and decisions can be made quickly.' Note on draft transcript, 8 January 2024.
[81] Professor Niki Ellis wrote: 'ACOM Council decided at the last minute to pull away from the deal.
Ann [Long] and I had to go into the formal RACP Executive and reopen negotiations, when the President, John Chalmers, and the Secretary, Peter Brooks, thought negotiations were completed.' Note on draft transcript, 8 January 2024.
[82] The email is held in RACP Library archive: Peter Connaughton, "History of Occupational Medicine Witness Seminar - Email to Niki Ellis," March 19, 2022.
[83] Dr Tony Brown wrote: 'The relationship was very difficult at the time of the inauguration of ACOM. At the time Dad [Dr Keith Brown] was president of ANZSOM and tried to be conciliatory but I think he had a hard time.' Note on draft transcript 2 January 2024.

Dr Peter Connaughton
On the signing of the Model of Collaboration between AFOEM and ANZSOM
'For me personally this was one of the highlight achievements of my Presidency. It was something I started work on during the time I was president-elect (2014 – 2016). It was wonderful to see it finally come to fruition in 2017. The RACP was keen to have formal "MoCs" with associated specialist societies. This was in fact the first one signed, of many that were later signed by RACP bodies. As you will know, there has been a long and varied history between ANZSOM and AFOEM over the years. I think it was to my benefit that I never quite knew or understood all of the history. I was however very keen for the two organisations to collaborate and for our different strengths to build together. Melinda Miller and I worked closely together over a long period of time to bring this to a successful conclusion. It was a great pleasure to work with Melinda on this and we both put a lot of energy into building the vision and trust within our respective organisations. I think it is fair to say that there were some people in both AFOEM and ANZSOM who had reservations or suspicions about the goals and intentions. However, as time went by, and Melinda and I progressively built understanding within the Faculty and the Society. It became apparent the objections diminished over time - and the vision of a shared future and mutual benefits became clearer… ANZSOM New Zealand has a separate legal structure. The MoC with ANZSOM (NZ) was signed in May 2018. It was at the AFOEM scientific meeting in Melbourne – in fact on the final day of my Presidency. (I was determined to have that completed before I stepped down.) I signed on behalf of AFOEM and Dr John Heydon signed on behalf of ANZSOM New Zealand.' By email to Niki Ellis on 19 March 2022. See note 77.

of AFOEM as being the signing of the model of collaboration between the two organisations[84], which was done on the 23rd of August, 2017. He sent me a photo for that, and he said that we were one of the earliest specialist societies to do this. This was a push within the RACP to formalise the relationships with the specialist societies[85]. That was a useful piece of information.

Thank you, Peter Clark, Chris Walls, and Peter Brooks, and the rest of you for this first session. Just before we move on to the next session, I asked Cate [Storey] what she thought of the discussion we've just had, and she was particularly interested in the discussion that you precipitated, Malcolm by asking about the divisions that had existed around the decision to go into the faculty. So, you'll recall that Malcolm Sim asked Peter Clark that question, and the question that Cate was asking me was, "Well, who were these people and what were their views and what were the drivers for going into the faculty? Can we have a bit more about that?" I might start with you, Peter Clark. Can you recall

[84] Dr Miguel Kabilio, FAFOEM, Chairperson ANZSOM WA Branch Council, wrote: 'Prof Peter Connaughton will be remembered in the AU-NZ history of Occ Medicine as the great President [of AFOEM] that finally with courage joined RACP-AFOEM with ANZSOM. We signed this agreement in Fremantle in 2017 in the ANZSOM ASM. Three AFOEM presidents were there (Peter [Connaughton], Beata [Byok], and Malcolm [Sim]), NZ representative, Melinda Miller and our beloved Kevin Sleigh. I had the privilege of being the convenor of this ASM in Fremantle and the first ANZSOM representative in the AFOEM Council. Since then, we have AFOEM joined [with] ANZSOM as a Scientific Program Partner and coordinating scientific programs for occ health professionals. Thank you, Peter.' Comment in online chat during the witness seminar 20 March 2022.
[85] See The Royal Australasian College of Physicians, "The Royal Australasian College of Physicians" (The Royal Australasian College of Physicians), accessed January 26, 2024, https://www.racp.edu.au/about/college-structure/specialty-societies.

who the opposing views were? Who were the leaders of the opposing view, and can you recall what their concerns were?

Peter Clark (01:00:16):
I think that the aforementioned group of key Victorians Hugh Denehy, Keith Brown, [and] Bill Cooper [who] was particularly strong (he was the medical boss of General Motors) had the idea that Victoria should have its own academic focus, to balance the focus at the Sydney School that David Ferguson headed. I guess that was the essence of the struggle. But it was always understood that if a college formed (and this is before ideas of the RACP came along, of course) there was only room for one college in Australia. And it was important to first of all, get the appropriate group of people together, either because they already had academic qualifications and experience or had the experience which allowed them to be grandfathered. The initial assessment was that there was maybe room for 50-100 people. From the treasurer's point of view, it'd be great if it was 100, but there were always those factors. I don't remember who the people were apart from Ferguson and Bill [Cooper], and I seem to remember there was some others, but I can't recall that clearly and I had less to do with the people in New South Wales, but I think it was principally the Sydney School[86].

Niki Ellis (01:02:19):
Okay. And my recollection of the arguments for [joining RACP], were that we were too small to have any significant influence, and that the loss of autonomy would be worth the gains in the leverage we'd be able to get off the relationship with the RACP. Anybody else in the room want to add to this? Any recollections that they have? Amanda [Sillcock]?

Amanda Sillcock (01:02:45):
Thanks, Niki. This wasn't so much about going into the RACP, but probably goes back a bit after ACOM was formed - there was a determined push to stamp out ANZSOM and that was led largely by David Douglas in New South Wales and some of his-

Niki Ellis (01:03:04):
I invited David. We invited David [to this witness seminar].

Amanda Sillcock (01:03:08):
There was a general opinion that what they were after was the money because ANZSOM was fairly flush with funds at the time and ACOM, as we've just heard from Peter, wasn't. There was a bit of a push at that time to stamp out ANZSOM. I certainly argued that there was a place for both organisations and so did a number of other people. And mercifully, that

[86] Dr Peter Clark wrote: 'The College needed financial members, preferably suitable ones. (As a later Treasurer after the establishment I understood the need and the inherent conflicts very clearly!). It wanted to be modelled on the existing Medical Colleges and set high academic standards for entry, with an initial grandfather period to allow for established entrants who did not hold academic qualifications to find their way in. This inevitably led to a break between those who met the criteria and those who didn't. Those who missed out, some of whom were stalwarts of ANZSOM, were particularly miffed. A schism was inevitable. The intention of the College Executive was that ANZSOM would dwindle and eventually die as a medical body. In the circumstances of the time, ANZSOM was re-energised as the holder of good meetings in salubrious places and grew accordingly. Doctors of the day understood the value of a good meeting, just as they do now.'

argument prevailed[87]. That was a slightly different argument to the one about whether we should join the College of Physicians [RACP] or not.

4. Development of the specialty – multidisciplinary practice, modernisation of OH regulation, the changing nature of employment for Occupational Physicians

Niki Ellis (01:03:43):
But a very useful reminder. Thanks Amanda. Now, we'll definitely move into our next area which this is the development of our specialty - once we'd got organised, what actually happened to our practice; the fact that the practice of occupational medicine became more multidisciplinary; we saw the modernisation of regulation and really, the changing nature of the way we were working. I've asked, first of all, Amanda Sillcock, who's just been speaking, to kick off on this. Amanda's written a fantastic bio which mentions lots of people that she worked with that were influencers in her work. We'll be putting that into the archive. But to summarise, Amanda says that she got interested in moving into occupational medicine because of you, Bruce [Hocking]. She was attending a pilot training program that you'd set up between ANZSOM and the RACGP[88], and that turned her on. [audience laughter] Oh, sorry, you know what I mean. Don't sue! She then went on to work at Ford with Peter Corby, the Victoria Railway, [then] she was with Mobil for a while working with Peter [Clark], and Toyota. Then, in the latter years of her career, she moved into training and education, and she was working at Monash with David Goddard (David is here today - all of us in the field would know that David's made a huge contribution to training and education for the faculty) and she's held many roles in ANZSOM and indeed in AFOEM. Amanda, thank you. We know that the '70s and the '80s were a period of modernisation of the regulations and the establishment of NOHSC, and Amanda's actually provided me with a wonderful timeline that she developed on that. But as an

Image courtesy of Dr Amanda Sillcock

[87] Dr Mannie Rathus wrote that from 1984 there had been ongoing discussions regarding the relationship between ANZSOM and ACOM, and that in 1987 Prof David Ferguson had submitted a 'Proposal of Rationalisation' outlining that the interests of occupational health would only be served if there was a merger (for which he had later expressed regret in personal communication to Dr Rathus in 1996). Dr Rathus wrote that in May 1987, the Federal Council of ANZSOM had recommended dissolution of ANZSOM, though this was by no means a consensus of the wider membership. An Extraordinary General Meeting was held on 4 December 1987, at which time the vote for dissolution failed. See Rathus, "History of ANZSOM - Queensland Branch 1968 - 1996." Dr Barry Gilbert recalled that ANZSOM survived due to strong advocates in the Branches, in particular Hugh Denehy. See Dr Gilbert's interview in ANZSOM, *Celebrating 50 Years 1968-2018*.

[88] Dr Tony Brown wrote: 'I think that this refers to a program as part of the then Victorian Academy of General Practice. They had a course which ran one afternoon a week for about 6 months. Bruce Hocking had organised this. I was a sort of GP registrar in early 1980 and did this.' Note on draft transcript, 2 January 2024. See also ANZSOM, *Celebrating 50 Years 1968-2018*. Dr Barry Gilbert recalled that 'the course changed the vocation of almost all who went through it, and most went on to specialise in the field.'

occupational physician, what observations do you have on how our practice changed as this occurred?

Amanda Sillcock (01:06:18):
Niki, thanks for that. I think practices changed against the backdrop of broader changes in the economy and society in Australia[89]. When I first started out in occupational medicine, there were many full-time jobs within industries, particularly the car industry, the oil industry. People like Hugh Denehy worked at Repco, and there was also the Department of Labor and Industry as it was then where Malcolm [Sim] and Tony [Brown] both worked with Jim [Milne]. I think it was Department of Labor and industry, wasn't it?[90]

Amanda Sillcock (01:07:04):
Jim Milne of course worked there. I can remember when I was working at the railways, I was sent up to Jim to learn about asbestos because we had an asbestos problem with the railways when they were building the underground tunnel (not the current one that's being built, the previous model in Melbourne, which opened in the early '80s). I was sent there [and] I learned a lot from Jim about that.

My last full-time job in industry was in Toyota, which wound up in the mid 1990s. And that was also a time when a lot of industry in Australia was winding down, stuff was moving offshore because it was cheaper. The economic rationalists had taken hold, I think, of industry. So, we gradually moved from being employed full-time or maybe part-time in an industry, but working at several, like Edwin Knight[91] did at the newspapers. He worked in the mornings at the Herald and Weekly Times in the afternoons at The Age, I think. So, all of those jobs went, and some of those went, I think, because people like Edwin retired and they weren't replaced. And it was also a change in society in general[92].

So, we sort of all moved into consultancy practice where you might get to see people from certain industries, but it then became a very heavily medicolegal focused, which I think is something of a shame because having done a lot of medicolegal stuff over the years, it burns you out after a while, and it's not necessarily particularly interesting. The interesting stuff is not the medicolegal things, but it pays the bills. I think that's been where there was a lot of changes.

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[89] For a summary of the background of social, economic and political factors during this period. See Derek R. Smith and Peter A. Leggat, "The Historical Development of Occupational Health in Australia Part 2: 1970-2000," *J UOEH* 27, no. 2 (2005): 137–50.

[90] Dr Tony Brown and Prof Malcolm Sim confirmed this in the seminar, and Dr Tony Brown later wrote: 'The Health Department (Technical the Health Commission of Victoria) had an Occupational Health Service (see note 62 above). In about 1985 the new labour government came in on a platform to reform OHS along the new Robens style legislation. Along with that they moved the OHS into the Department of Labour.' Note on draft transcript, 2 January 2024.

[91] Dr Tony Brown wrote: 'Edwin was such a nice man. He was a doctor on radio too. He was chair of the Victorian Branch of ANZSOM in the mid 1980s.' Note on draft transcript, 2 January 2024.

[92] Dr Barry Gilbert, ANZSOM president 2002-2004 and Dr Chris Walls, ANZSOM President 2004-2006 when interviewed for the ANZSOM 50th anniversary both recalled the difficulties period faced by occupational health practitioners during that due to declining work and training opportunities, and indifference from employers. See ANZSOM, *Celebrating 50 Years 1968-2018*.

Now, one of the positive things out of COVID was that the Victorian Department of Health put on a panel of occupational physicians, of which I've been lucky enough to be one. So, over the last two years, I've been very fully occupied with that, plus other work. I'm still at Monash, by the way - David Goddard [left] very big shoes to fill, but I'm hanging in there[93]. And that [panel] was meant to be a gig which I thought would probably last about three months, and we are up to nearly two years. It's perhaps winding back down. But one of the really good things about it was the opportunity to work with colleagues. Dominic Yong was one who worked in there[94]. David Goddard worked in there with us, and there are others who will certainly be here at the meeting. And [we were] also working with our colleagues in Public Health and Infectious Diseases and with other people from other disciplines, particularly in relation to ventilation and so on. I did a trip around the ventilation system at Royal Melbourne Hospital a couple of weeks ago with the engineers looking at all of that. All of that has just been, in a way, a bit of a rollback to the old days, but unfortunately, it's coming to an end. But-

Niki Ellis (01:10:14):
When you say that, "Back to the old days where we had a broader role," we were involved in prevention, not just the medicolegal?

Amanda Sillcock (01:10:22):
Yeah, we were. And also, particularly when you were working, say in a company... Now, I was fortunate enough to work with Peter [Clark] at Mobil, and I was working on a part-time basis, but there were also industrial hygienists and occupational health nurses and so on there. It was all very much a team, whereas now we tend to be much more in silos. I know the younger trainee occupational physicians often end up working for places like the Sonic HealthPlus and what used to be Medibank Health Solutions, which got swallowed up. So, they're in clinics but they're not getting that exposure. I think one of the advantages of working in a workplace is that somebody comes in and says, "I've hurt my back," and you can go out there and have a look at what they were doing, and they can say, "I was doing this, this, or this." It's much harder to organise that when you are in there as a consultant.

Niki Ellis (01:11:22):
Amanda, why do you think our role shrank? Why did people stop wanting to engage us, even as external contractors, to perform a wider role?

[93] Dr Amanda Sillcock is a Senior Lecturer in the Monash University School of Public Health and Preventive Medicine.

[94] Dr Dominic Yong, FAFOEM, Federal President ANZSOM 2022-2024, wrote: 'This was about the Victorian occupational physician group's contribution to the Victorian Department of Health's management of the pandemic. In summary, this contribution started in mid 2020 during Victoria's long lockdown, when COVID-19 was spreading through workplaces, and this was prior to vaccines, anti-virals and RATs. A number of us were working there aiming to avoid the spread of the virus in workplaces, whilst keeping essential industries going. We were taking a risk management approach and would promote a nuanced response to prevent transmission in the workplace, rather than using the strict and inflexible isolation rules. This led to occasional robust discussions between OPs and public health physicians.' Note by email in response to draft transcript, 26 October 2023.

Amanda Sillcock (01:11:36):
I think part of it related to the loss of manufacturing in Australia. That hit places like Victoria, particularly hard because that's always been one of the concentrated areas of manufacturing. I mean, that's not to say it's not [the case] in other states, but the car industry was mostly concentrated in Victoria and South Australia. So, I think the loss of manufacturing was definitely a big part of it, because occupational physicians had tended to be [working] in those areas. But we were also [working in other industries], I mean I worked at the railways and I think there was this general move to contracting out things which weren't "core business". Companies would say, "Well, look, you are not part of our core business." I know that in recent times, Mary Wyatt[95] in particular has been doing a lot of work on this about how we sell ourselves.[96].

Niki Ellis (01:12:41):
Throw back to the room, and I'm looking at you, Keith - you've worked with industry your entire career, really?

Keith Adam (01:12:52):
Yeah, I guess I've had a very mixed career. I had ventured into occupational medicine in Adelaide where I worked in a clinic for three years with John Wyatt with what's now become the Corporate Health Group. That's where I first met Peter

> *'It must be demonstrated to management that one doctor is not necessarily as good as another in an industrial environment. Perhaps the first requirement for a successful industrial physician should be the possession of pleasing personal qualities and a liking for people. After this, however good a physician with basic medical qualifications may be at his work, he will be better for having taken special training course, and, other things being equal, the physician with a relevant postgraduate qualification is likely to be of more benefit to an industry than one who has not.'*
> **Gordon C. Smith**, "Education for Industrial Medicine," *Medical Journal of Australia* 1, no. 9 (1969): 466–71, https://doi.org/10.5694/j.1326-5377.1969.tb92221.x.

[95] Dr Mary Wyatt, FAFOEM, became an occupational physician in 1997. She worked extensively in rehabilitation and return to work as well as research and teaching. She has been the Chair of the AFOEM Policy and Advisory committee and initiated the Health Benefits of Good Work agenda, as well as leading the development of the evidence-informed position statement regarding management of work injury schemes 'It Pays to Care' The Royal Australasian College of Physicians, "The Royal Australasian College of Physicians" (The Royal Australasian College of Physicians), accessed January 27, 2024, https://www.racp.edu.au/policy-and-advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/it-pays-to-care.

[96] Dr Catherine Field, FAFOEM wrote: 'I think that the fortunes of occupational medicine practice had been linked somewhat to the fortunes and perceived importance of OHS within government and industry. OHS seemed to become less important for many companies and government for a time, and there has probably been a lot of complacency that all hazards have been well controlled and sorted out, but as we have seen with accelerated silicosis, these hazards are certainly still there.' Dr Mary Obele, FAFOEM, senior occupational physician in New Zealand wrote: 'ANZSOM… is currently doing a project on the value of occupational medicine in AU and NZ, in association with SOM in the UK. Has been interesting gathering statistics and thinking about a 'business case' for Occ Med.' Comments in online chat during the witness seminar 20 March 2022. See ANZSOM, "Occupational Health: Adding Value," March 2022, https://www.anzsom.org.au/projects/occupational-health-value-proposition. Retrieved from https://www.anzsom.org.au/projects/occupational-health-value-proposition

Clark at some ANZSOM meetings there. I had grown up in Brisbane and graduated in Brisbane. I got a call from Bob Scott[97] who you know...[laughs]
Niki Ellis (01:13:20):
There's a story there we're not telling.*

Keith Adam(01:13:22):
There's a couple of stories we're not telling, but Bob was, I think, a general practitioner with a particular interest in occupational medicine. At that stage he was working in Brisbane, going to an abattoir, the General Motors factory, and a couple of other places. He got a job with, must have been very early on with... (which was WorkSafe and when did it become Safe Work) with WorkSafe Australia[98]? He phoned me in Adelaide and said, "Oh look, are you interested in coming back to Brisbane?" And I was, so I came up here and I worked again on a part-time basis. I was out every morning. I was out at the General Motors factory here in Brisbane every morning. I went to a couple of battery factories, [and] a couple of other interesting places. But at the same time, I also did some groundwork and set up my own clinic, which I established here [in Brisbane].

***Niki Ellis**
'When I first started out in occupational medicine as a medical officer with the Division of Public Health in Tasmania, I determined a priority was noise in the meat industry. I visited as many abattoirs as I could. One quite large business was clearly very surprised to have a young woman show up and say she was from the Department of Health. I think it was 1981 so I would have been 26. When I came back for my follow up visit, the company had arranged to fly the occupational physician, from head office in Brisbane, Bob Scott, down to Launceston to handle this problem, i.e. me making enquiries about noise management. Bob quickly realised I was pretty green, and not much of a threat. We had a meeting where he outlined what they were doing about noise and showed me to my car. By then I was so flustered and, in my relief to be getting away, put my car into drive instead of reverse and drove the front wheels off the ledge I was parked on. Without batting an eyelid, Bob waved a fork lift over, which pushed me back onto my park. Bob waved goodbye cheerfully barely containing his laughter, and never let me forget it. He subsequently became my boss at WorkSafe Australia.' Note on draft transcript 8 January 2024.

I think at that stage that was also when the college [ACOM] was being formed. And in some ways, most of the people involved with that were still working for big companies. And I'm not quite sure, sometimes I got a slight feeling that people might have thought I was a bit of an upstart or looking down their nose a little bit. I've actually managed a mix all the way through. I do some clinic work and I think for a lot of companies treating their injuries is a good way to get your foot in the door and you can actually then go on and lead them to other things.

[97] Dr Bob Scott was Federal President of ANZSOM 1994-1996. He had been extensively involved with ANZSOM since the 1960's. He practised in QLD and later worked at Worksafe Australia. See Rathus, "History of ANZSOM - Queensland Branch 1968 - 1996."

[98] Prof Niki Ellis wrote: 'WorkSafe Australia as it came to be known was established in 1985. Richard Gun, an Adelaide based occupational physician, was asked by the Labour Government to lead the Interim National Occupational Health and Safety Commission. His recommendations were the basis for the establishment of the National Occupational Health and Safety Commission and WorkSafe Australia.' Note on draft transcript 8 January 2024. Dr Richard 'Richie' Gun is a retired fellow of AFOEM and a member of ANZSOM since 1976. In 1983 he was appointed Chair of the Commonwealth Government's interim National Occupational Health and Safety Commission. See Hansard Commonwealth. *Parliamentary Debates.* House of Representatives. 10 November 1983.
https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;page=0;query=Richard%20Gun;rec=5;resCount=Default

I think in some ways I think we haven't sold ourselves well. I get disappointed now when companies come along and tell me what they want to do and then I've got to turn around and say, "Well no, you actually don't know what you're talking about." Because some ill-informed person within the organisation has read a WorkSafe New South Wales brochure and thinks they know all about it. But I'm also very disappointed because there are still opportunities to go out and work in industry, and I don't know whether it's our training or attitudes or what it is, but I get disappointed with some of the other doctors working with me in Sonic. I say, "Look, I've got this great job. I need somebody to go and have a look at the workplace." And they say, "Oh no, I don't like leaving the office." So, to some extent-

Niki Ellis (01:15:36):
Your view is that practice has narrowed because we've wanted it to?

Keith Adam (01:15:44):
Look, I agree with Amanda, a lot of it was driven by the change [in industry] and particularly loss of the traditional manufacturing industries. But there are still a number of those around when you look - I mean, there's still the transport industries - airlines, rail. They may not do some of their own heavy maintenance anymore, but a lot of that is still contracted out, so the work is still being done. I'm not sure why, but we tend not to get out and get involved as much[99].

Niki Ellis (01:16:14):
Okay. Let's see if there's anybody else in the room that has a view on why our practice has reduced in scope. Thank you. Yes, thanks.

Robyn Laurie (01:16:26):
From a nurse's perspective.

Niki Ellis (01:16:27):
Wonderful. Thank you. Robyn?

Robyn Laurie (01:16:30):
Is it perhaps with the introduction of the OHS laws and risk management being better? I know from my workplace there's probably not enough work for an occ health physician anymore. I see even my own role being [seen as], "Take it to the local clinic." So, I just think we are probably reducing the injuries.

Niki Ellis (01:16:53):
Okay, good point. Yes. We might go to Eddie as he hasn't spoken yet, and then come back to Tony.

[99] The importance of visiting workplaces is echoed repeatedly by senior occupational physicians. See "AFOEM Fellows Interview Series | Australasian Faculty of Occupational and Environmental Medicine (AFOEM).".

Eddie Foley[100] (01:17:02):
I came here in '85 to Australia and got interviewed by somebody from MIM[101] and-
MIM had Brian Galton-Fenzi[102] and Roger Mastren[103]. They took me under their wing in the coal division. I had a very happy relationship in the coal industry where we had our own occupational nurses. If we had a problem on site, you were expected to go on site. We had a snake infestation at one time and I said, "What can I do about it?" And they said, "You must go on holidays till we get rid of the snakes[104]." [audience laughter] I think that in the country there is place in industry for a doctor who's interested in occupational medicine and may do some amount of general practice as well.

Niki Ellis (01:17:58):
Okay, thank you Eddie. And last comment from the floor, Tony Brown.

Tony Brown (01:18:07):
Thanks, Nicki. If we were talking about why occupational medicine's been seen to decline, I think it's obviously a multi-factorial thing-

Niki Ellis (01:18:17):
Can I just ask when you say, "decline," what do you mean?

Tony Brown (01:18:19):
Well, no, it's changed, shifted. I think there are a lot of things. Clearly, as Amanda says, a change in industry has been a big driver. But I remember Jim Milne telling me that occupational medicine should do itself out of a job because eventually, if we're doing our job correctly, we will prevent everything. And in some ways, we're doing it... So, to some extent there's that bit there[105]. But I think in the mid-eighties, there was a significant policy issue that drove it. I think the establishment of the National Occupational Health and Safety Commission was not good for professional bodies. There was the tripartite [of] government, and industry, and workers, but the people who knew anything about the science discipline were excluded from that process. And that was occupational medicine, occupational hygiene, the ergonomists and things. And I think that that change in policy has had a big influence on the practice of all of those disciplines.

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[100] Dr Edward Foley is an occupational physician in QLD.
[101] Swinburne University of Technology Centre for Transformative Innovation, "MIM Holdings Ltd - Corporate Body - Encyclopedia of Australian Science and Innovation," Document (Swinburne University of Technology, Centre for Transformative Innovation), accessed January 27, 2024, https://www.eoas.info/biogs/A000983b.htm.
[102] Dr Brian Galton-Fenzi, FAFOM, FAFPHM is a public health and occupational and environmental physician. He had worked as the OH&S Manager at MIM in QLD for 10 years as well as working in consulting practice since 1990.
[103] Biographical information not accessible.
[104] Dr Foley's accent is Irish. The joke reference to the snake infestation is presumed to be in relation to the allegorical story of St Patrick banishing snakes from Ireland. See "Did St. Patrick Banish the Snakes from Ireland?," accessed January 27, 2024, https://www.irishcentral.com/roots/history/st-patrick-snakes-ireland.
[105] Dr Peter Clark wrote: 'The original drive for occupational health people was from the industries where industrial toxicity was a concern. Improved health and safety practice through better industrial hygiene and safety has seen the balance shift – coming close to fulfilling Jim Milne's prediction. At the end of the day, the morbidity and mortality data should drive the priorities but industrial expectations usually prevail.' Comment on online chat during witness seminar 20 March 2022.

Niki Ellis (01:19:28):
Good point. Thank you, Tony. And that segues nicely into talking about multidisciplinary practice, and I'd like to bring Sandra Code in.

We are now talking about how our practice became more multidisciplinary in that we became more used to working closely with the other disciplines and started to form alliances and engagements with the other professional bodies. So, we invited Sandra Code to come onto the panel. Sandra has been an Occ Health professional for 30 years. She's worked in many multinational companies over this time. Her most recent job was at Transdev Melbourne looking after over 1200 bus drivers managing all aspects of workplace health and safety. And she's now with Kinetic as a health and wellbeing manager, and she holds the title of the first nursing liaison officer appointed to the Federal executive of ANZSOM and has been an active member in ANZSOM for quite a long time. The question I'd like to start off with, Sandra, is how was occ health nursing developing over the time we've been talking about occupational medicine developing?

Sandra Code (01:21:24):
Well, I started my career doing one day a month as the occupational health nurse covering a rostered day off at Cadbury Schweppes in Ringwood, in Victoria and that was amazing. We had a local GP who had an interest in occ health. He ran a clinic two days a week, but it was very clinical. The operations ran day shift and afternoon shift, and night shift was obviously covered by first aiders. When I joined there, I actually joined the nursing group[106]. We had over 400 people in that group then of occupational nurses. Not sure where a lot of them have gone because a lot of companies got rid of the occupational health nurses and outsourced it. After Cadbury Schweppes, I've been in many [roles]. But the last (how long ago, 15 years?) I was at Hospira, which was pharmaceutical. We made cytotoxic drugs. Pfizer came in and took over in October 2015. And guess what? I was there for three months and then they outsourced the whole lot. So, everything we did with health surveillance - testing all our workers every three months due to the cytotoxic drugs (health surveillance was huge) - they just outsourced it. I was made redundant with 50 others. That's how it's actually changed. Now, people in that role are safety people; they get contractors in to do the workers compensation side of things and injury management. So, it really has changed over the years.

I mean, to think that we've only got a very small amount of occ health nurses in ANZSOM, I think that shows. We wonder where all the other occ health nurses are – because many of their jobs have been replaced with exercise physiologists and safety people. Many occ health nurses who had joined businesses then went into safety roles. And of course, you couldn't [maintain nursing registration] because you were in safety roles. Many resigned from that. They lost their AHPRA [nursing] registration and have really regretted that later on because you can't do anything [in clinical practice]. You can't even go and take blood through the pathology because you've got no qualifications. I think it really has changed over the years.

I started in the transport industry about seven years ago. I worked with a safety manager who'd never, ever worked with an occupational health nurse. He could not believe what I brought into that business with all sorts of things. He then went to the be a director at police

[106] See note 29.

and he's just left there. He was such an important [advocate] for occupational nurses and selling the role as being really good. Even though I'm not employed as a nurse in my current role, I'm still obviously registered and very involved in the professional organisation. I get very disappointed with local GP's and with their training - a lot of the GPs these days, they've got no interest in occupational health. It's absolutely terrible. They do bulk billing clinics, they hardly see the people, they get medical certificates issued. And I think that's a very big problem within the industry as well.

Niki Ellis (01:24:23):
Thank you, Sandra. Sandra, very quickly because we're over time, but how would you say the relationship between occupational medicine and occ health nursing has evolved?

Sandra Code (01:24:40):
Look, I think it's so important. Every day I have issues in the bus [service], or not [literally] every day; but [for] lots of issues that happen in bus-land we need that expertise and advice, especially with fitness to work. We are doing employment reviews after 12 months of people who have been injured. And the combination of the two occ health professions working together is so important.

Niki Ellis (01:25:02):
And would you say that the relationship has got closer, gone up and down, deteriorated?

Sandra Code (01:25:08):
I think it's deteriorated from when I first came into it, but we're now building some really strong rapport with the people we're working with and the networks around.

Niki Ellis (01:25:17): Okay. Thank you very much, Sandra. We invited the hygienists to come. They were really keen, they would've come, but it's their conference this weekend. We think that we might need to go back and do some more interviews to capture some extra information there.*

***Alan Rogers** FAIOH (retired), past President 1994, 1995 and 2015 of the Australian Institute of Occupational Hygienists (AIOH) was approached for comments regarding the draft transcript.

In email correspondence to the editor, he noted that occupational hygienists worked together with the occupational physicians through running training courses and academic degrees in the Commonwealth Department of Occupational Health located in the School of Public Health and Tropical Medicine University of Sydney. He wrote that Prof David Ferguson had facilitated collaboration between the physicians and the other allied professions when he was the Head of the Occupational Health Unit from 1974. He provided a copy of a document written by Dr Gordon Smith, that detailed the development of the Occupational Health Unit of the Sydney School. Gordon C. Smith, "History and Development of Occupational Health" (School of Public Health and Tropical Medicine, University of Sydney, n.d.), from the archive of Alan Rogers, AIOH.

Mr Rogers also provided background documents regarding the development and formation of the AIOH. From the late 1950's scientific officers (hygienists) from the various State and Commonwealth industrial hygiene divisions were meeting annually, alongside the Industrial Hygiene Committee (later named the Occupational Health Committee) of the NHMRC. By 1977 there were discussions about forming a professional occupational hygiene society. The AIOH was formed in 1979, and it remains the professional body representing Occupational Hygienists to the present day. Alan Rogers, "Background Summary and Associated Documentation to the Formation of Australian Institute of Occupational Hygienists and the Adoption of the Term 'Occupational Hygiene' in Australia," February 20, 2015, from the archive of Alan Rogers, AIOH.

5. 'Are we there yet?' – Has the development and professionalisation of Occupational Medicine reached its goal?

I'd like to move into our last section, which is really, "are we there yet"? The principal objectives of ACOM when it was established in '82, were 'establishing and maintaining the highest standards of learning, skill, and conduct in the field of occupational medicine.' Now, for the Faculty, it's described as "recognised medical specialists promoting the health and wellbeing of workers, healthy workplaces and good work". So, we see an evolution there, which is quite interesting.

Before I ask Honor and Thea about whether they think we are there yet, I'd like to bring Farhan Shahzad. Farhan is a fellow and he's also a fellow of the College of Physicians in Ireland. He completed his [AFOEM] registrar training in WA and Irish qualifications in UAE. Where did you do your undergraduate?

Farhan Shahzad (01:26:34):
I did my undergraduate in Pakistan, [and] moved to Australia in 2006.

Niki Ellis (01:26:38):
I was interested in having Farhan on the panel as an overseas trained doctor coming into our system. What's your experience been like coming into AFOEM and practicing here?

Farhan Shahzad (01:26:51):
Thanks, Nicky. I think the question is, "Are we there yet?". I was asking my children, driving them to school, "Are we there yet?" And the first thing they said, "Not yet!" So, I said, there's probably a poem, in nursery school [called], *"Are we there yet? Not yet!".* And I must say I agree with them. I don't think we are there yet. We've come a long way in setting up our basis - a training program and identification of a curriculum and providing a formal pathway for new fellows to come on yet. But there's a long way to go and I suppose the best is yet to come and there's more that needs to be done. So, in terms of my experience, I was trained in Western Australia and as Amanda said, I'll probably second that as well. I've had similar experiences as well with similar employers and practice recently has been difficult. As a newer fellow, I finished fellowship in 2015 and it's taken me more into medicolegal practice than anything. It pays the bills, although I'm still involved with the group of GPs doing injury management and doing the whole lot.

But the other thing, which I've learned (and I must say I'm really humbled because I've been involved with these interview lessons with a lot of senior colleagues who are still working and retired[107]) is how much hard work has gone into setting up this faculty and the training program and we've discussed that today as well. [We have also discussed] how much we have specialised into medicolegal, advocacy [to] government departments and to employers, and also the education side of things with universities and how much we've collaborated locally and overseas. As an overseas trained doctor and also doing the Irish training program in Dubai in the Middle East, I still stay in touch with a lot of occupational physicians in the Middle East

[107] "AFOEM Fellows Interview Series | Australasian Faculty of Occupational and Environmental Medicine (AFOEM)."

and South Asia. In fact, when I go there, I try to do site visits over there to see what their health and safety measures are. The thing which I get to see is there's no legislation to follow [there] and nothing legally they are supposed to comply [with]. And I think that's what the world is struggling for.

The thing which I see is that Australians are world leaders in guidelines and standards. I've seen a lot of overseas doctors actually follow our guidelines because they're easily available on the internet. The only complaint or feedback I have from them is we don't have much overseas presence in teaching in universities - we don't have that level of collaboration, and there's a lot of hunger [for that] out there overseas, I must say, from what I've seen.

So, I suppose I've had very good advice from these interviews, and I think most of the fellows that have given me advice for trainees and fellows is that we need to collaborate more. We need to contribute back to the Faculty and do more site visits. Everybody keeps on saying the same thing, you need to get out of that room, the cubicle you're stuck in, and go out and do site visits.

I think that's something we are struggling with - we are not getting paid for that. So, if I tend to do it, I just do it voluntarily to make new friends. But there are not many companies who are sort of looking for chief medical officers or who want to pay for site visits. So, I think that's a struggle that we see. But having said that, I don't think that's the end of the tunnel. We've come a long way.

What I feel we need to do is we need to radically simplify our specialty. We are occupational physicians and the first question I get asked by physicians or GPs is, what is an occupational physician? Exactly what do you do? And the hard part is trying to convince or explain to them what we do, and I see a lot of my colleagues struggle as well[108]. So, I think what we need to do is simplify our services and connect more and have that availability that we're not only [for] industry, but GPs and other healthcare providers can use us as an expert and refer to us and have that legislation process so we can be a point of expertise where others can refer to us. I would think that's what the future is supposed to be for our younger fellows, and that's what we need to look on.

Niki Ellis (01:31:24):
Thank you. Farhan.

Maggie Goldie (01:31:25):
Nikki, some comments have been coming to the chat.

The first one was from Sally Kane, who many of you will know who really wanted to be here today but couldn't be. And this goes back to Elaine Siggins and saying that she's got fond memories of Elaine and how she managed not only ACOM when it started, but encouraged

[108] The difficulty communicating the nature and relevance of occupational medicine to medical colleagues has been noted previously. Dr Chris Walls mentioned this when interviewed for his recollections of his ANZSOM Presidency, as did Dr Gordon Smith in 1969. ANZSOM, *Celebrating 50 Years 1968-2018*; Gordon C. Smith, "Education for Industrial Medicine," *Medical Journal of Australia* 1, no. 9 (1969): 466–71, https://doi.org/10.5694/j.1326-5377.1969.tb92221.x.

the involvement of the nurses through ACOM as well. And then she went on to the RACP.[109] The nurses struggled to find a suitable replacement sharing at one point with the occupational hygienists, but eventually Judy Mitcham and Sally, they joined in the discussion with Barry Gilbert in 2007, and that was really the beginning of the nurses coming into ANZSOM[110].

Niki Ellis (01:32:28):
Oh, fantastic. Thanks Sally.

Maggie Goldie (01:32:30):
Great message from that. Catherine Field sent a message saying she had fond memories of Vivian Haslam, the ACOM executive assistant and administrative assistant in the early 2000s when Catherine was an AFOEM trainee, so friendly and helpful and efficient and supportive of the trainees as well.

And then Alum Sheila Uyirwoth's message to everybody: 'As a trainee, I really appreciate the guidance and education from Dr. David Godard through Monash.'[111] Catherine [Field] also joined in then to talk about David Godard and also Dr Rob Griffith, the Uni of Otago in New Zealand, and Dr Keith Adam – you got a mention as well!

Niki Ellis (01:33:22):
Okay, thanks Maggie. Thanks a lot for that.

Maggie Goldie (01:33:25):
There's quite a lot of others, but I'll keep my eye on them now,

Niki Ellis (01:33:30):
So, I'd now like to come to Thea Leman. Thea is an occupational physician registrar at OSHGroup in WA. Now she's very interesting in that she started her career in nuclear medicine and then studied medicine in Fremantle, then moved into infectious diseases and then saw the light in 2017 and decided to get into occupational medicine. And she's the secretary of the WA branch of ANZSOM. And Thea, I want to ask you, "Are we there yet?"

Thea Leman (01:34:12):
I think in WA we're incredibly fortunate and it comes back to what everybody's been saying about it being industry driven because of the strong presence of mining, and oil and gas. I'm actually really fortunate in that for the last three and a half years, I do a site visit every week where we drive 550 kilometers on a round trip in our high vis. And that's something I do all the time. We also get to fly up north to Port Hedland, to Newman, to Karratha. So, site visits are incredibly strong within Western Australia[112]. I think it's really important to acknowledge

[109] See earlier discussion at 00:35:23
[110] See also Sally Kane's reflection on the development of AONHA and ACOHN and eventual merger into ANZSOM in ANZSOM, *Celebrating 50 Years 1968-2018*.
[111] Dr Khayyam Altaf, a doctor working in occupational medicine in Victoria, wrote: 'I recently completed Amanda's introduction to occupational medicine module at Monash and was fantastic.' Comment in online chat during witness seminar 20 March 2022.
[112] In a later comment on the draft transcript on 8 January 2024, Dr Leman noted that not all trainees are necessarily having a similar experience in Western Australia.

what some of the fellows have done. Dr Nell Gillett of Rio Tinto, their CMO [Chief Medical Officer], has just secured their first AFOEM accredited trainee position [as an employed doctor within a resources company]. I'd love to wish Dr Amy Bright all the success and congratulations having achieved appointment to that role. So, I think there are a lot of CMOs in Western Australia, and there is a shift now (which has come from COVID) that we're seeing - occupational health nurses back on site, especially in iron ore and alumina.

And I think the other thing that's really important, listening to the other fellows who've spoken here today, is how important travel is. We have a very strong number of international graduates that have had other careers before as surgeons and ophthalmologists and other very highly qualified people who've then moved to Australia, come to mining, oil and gas and have given [industry the benefit of] their qualifications. So, I think it's important that trainees do travel interstate, perhaps they're doing their training through Monash (which I went and did), and move around the country and get out of your own backyard, your own comfort zone - doing that and seizing the opportunities.

Niki Ellis (01:36:10):
So, Thea, if we are talking about the professionalisation of occupational medicine and where AFOEM has got, since ACOM was established with its mission - and you are closely involved with ANZSOM and what ANZSOM is doing - how do you think the organisations are going, as opposed to the exciting state of practice in WA?

Thea Leman (01:36:40):
I think with ANZSOM we've tried really hard to recruit a lot of the occupational health nurses within the industries. And that's something to do as well through every time you have contact with an occupational hygienist or nurse, really advertising to people about what ANZSOM is about and how that can strengthen the relationships between those different societies and use those learnings and opportunities. AFOEM in itself is quite strong in Western Australia with the different physicians we have, they're always constantly promoting both societies in order to get the recognition out there.

Niki Ellis (01:37:25):
So, it's interesting, we see a description with a decline of manufacturing in Victoria and we see a robust industry [in WA], a different industry, but [overall] the profession going up and down with the industry. Thanks Thea.

I'd like to bring Honor Magon in now. Honor is an occupational medicine registrar and she is involved in digital innovation. Can I bow down to bow down to you now? She's carved her own path by being the first digital health junior doctor for Metro South Health [QLD], uncovering frontline clinician needs and translating them into digital solutions. I'm still bowing in terms of her occ med work. She's particularly interested in helping organisations realise the health benefits of good work. She's a Fulbright scholar, she's studying the Masters of Clinical Informatics at Stanford, and she wants to work at the intersection of occupational medicine, digital health and healthcare worker wellbeing. So, Honor, are we there yet in terms of AFOEM and ANZSOM?

Honor Magon (01:38:37):
I mean, I think at the end of the day I'm very hopeful for this profession because we are a generalist profession, and everyone works, everyone gets sick and everyone requires 'health'. I'm really interested in how we then show our value proposition as occupational physicians in the future, to make people realise that when you come back to the core of what it is that you want in life, all people want is to be happy in what you do for work and to be healthy. I think that digital innovation is just a vehicle to get us there. So, I'm really interested in particularly looking at what we can do further as occupational physicians to learn a bit more about our digital systems around us, how that's influencing different industries, and what opportunities we might have, particularly in Australia's strong professional services industry. We have a tech industry that's starting to come up quite quickly within Australia.

I think that we need to realise as occupational physicians that we need to come with organisations on that journey to understand what's happening behind the screens, what's happening with wearables, what's happening in those sorts of tech-enabled spaces there, and how can we as occupational physicians influence that ongoing journey of wellbeing and health within that context.

[This is important because] organisations will pay big bucks for programs thinking that it'll improve the productivity of their workforce, but what is it doing for the health of their workforce? So that's what I'm really curious about. I think the first industry that is very close to my heart is doctors, healthcare workers, nurses. Everyone's worked in a hospital at some point in time. Everyone knows how many systems you've had to log onto. I'm really curious about how we can step in as occupational physicians, and occ health nurses, to fold ourselves into those areas where we probably don't have as much of a presence. These are areas such as healthcare, such as education, such as hospitality. We have the huge potential to show our value proposition by being able to make the workforce healthier, decrease absenteeism, possibly even generate business down the line, by improving the health and wellbeing of those people as well by investing into our people. So, I think that there's a lot to go. Are we there yet? No, but there's something really exciting happening

Niki Ellis (01:40:55):
With registrars like you two. Yeah, we've got a good chance of getting there. Thank you.

Maggie Goldie (01:40:58):
There's, there's another comment here from Catherine Field that I think really highlights the fact that we still do have an existence and she says, "COVID-19, the resurgence of the coal miners pneumoconiosis[113] and the accelerated silicosis have highlighted the importance of occupational and environmental physicians and how their skills can benefit individuals and the community."[114]

[113] Graeme R. Zosky et al., "Coal Workers' Pneumoconiosis: An Australian Perspective," *Medical Journal of Australia* 204, no. 11 (June 20, 2016), https://www.mja.com.au/journal/2016/204/11/coal-workers-pneumoconiosis-australian-perspective.
[114] See also note 83.

Niki Ellis (01:41:20):
Well good reminder, good reminder. We played a big role in getting that taskforce[115] up. Thanks for that, Maggie. Right, we're out of time. I'm going to ask Bruce to sum up and then I'll just say some thanks before we finish up. Thanks Bruce Hocking.

Bruce Hocking (01:41:47):
Okay then. So, I've got a couple things. One is what we've heard from here and then just looking a little bit ahead, given you've cast this as part of an ongoing program of looking at where we've been and where we might go.

Remember, history is written by the victors and so it is easy to whitewash things we would rather forget. I'm going to look at a couple things perhaps of things we'd need to look at a bit more closely. First of all, today, I think the history was put together very well. I've been in the game since, heavens, 1976 when I joined Telecom[116], so I've got a fair idea of what's going on today. Also, I did my industrial health course at the Sydney School in 1970, so again, I'm familiar with that background. One little point there that I'm afraid must come out since there's a bit of dirty washing coming out, and that's the separation of ANZSOM and the Faculty.

It was not trivial. There were big sums of money involved. Some people had donated hundreds, thousands of dollars to try and get the college set up in its own right. And then that got merged into the funds of the faculty, which then got lost, sorry Peter [Brooks], in the Big C College and has disappeared. It's gone into a so-called research fund, et cetera, et cetera. But one could understand there are a few unhappy people about all that. Peter, you're looking at me as if I haven't got my facts right [laughs]. The other thing I must [do is] chide Chris Walls - maybe you could have mentioned Bill Glass' starring role in New Zealand a little bit more since we've got the Ferguson Glass lecture named [for him].

In terms of the overall development of practice and where we're going, I think Amanda really put a finger on the whole thing when we said we are a child of the economy and of what's happening in society. And so, with whatever's fashionable in industry - contracting out, ordering 'just in time', all those sorts of things; we've become victims of that. And so, we've

[115] In reference to the National Dust Disease Taskforce Prof Niki Ellis wrote: 'RACP - AFOEM and the Thoracic Society of Australia and New Zealand initiated the advocacy work that led to this. It was a good example of what could be achieved through partnership with RACP. The then head of policy and advocacy (Patrick Tobin) for the RACP was very talented and well connected in government. His unit supported the work. Graeme Edwards, occ physician, was tireless.' Note on draft transcript 8 January 2024. See also Australian Government Department of Health and Aged Care, "National Dust Disease Taskforce – Final Report," text (Department of Health and Aged Care, Australian Government, July 14, 2022), https://www.health.gov.au/resources/publications/national-dust-disease-taskforce-final-report?language=en.

[116] Telecom was the Australian Government owned telecommunications provider, so named from 1975, then renamed as Telstra in 1993. From 1997 to 2011 a process of privatisation occurred. See "ParlInfo - Telstra Sale: Background and Chronology.," accessed January 27, 2024, https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22library%2Fprspub%2F5NFA6%22. Dr Hocking was the Occupational Health Advisor to Telecom/Telstra 1977-1995 after which he has worked in private consulting practice, advisory roles, and postgraduate occupational medicine education at Monash University.

seen the idea that offshoring clearly has decimated the industry in Victoria, and hence [reduced] the need for conventional occupational physicians as they were at the time.

What is also coming out now though is "where are we going?" and the idea that perhaps we need to redress our image of ourselves and what services we really think we have to offer.[117] In that mode, I'm going to talk about perhaps that a little bit more, and again, some dirty washing coming out since none of this is being recorded and none of this is going to go any further. [audience laughter] But if we're looking at history, I think there might be a few things to learn. I've got two aspects to talk about. One's the dust diseases, and the second is the RSI epidemic in Australia.

First of all, with asbestos, in 1963 Jim McNulty[118] (he was then the head of occupational hygiene and health in West Australia) published the first case of mesothelioma associated with the Wittenoom mine and obviously things were spread from there. It's a question then of, "how much did we really learn from that and take it up?". I have a personal thank you to Jim because I first met him at the Sydney School when I was doing the public health course there in 1970 and he, above all, got me interested in occupational medicine and from that I went and did a postgraduate course in Scotland a few years later.

However, things get a bit murky after that. James Hardy's has always been held up to be the villain of the whole asbestos piece, but it may be a bit murkier (and here I may be getting into a slightly tricky area). There was a curious program on the ABC a few years ago about the interrelationship between the School of Public Health in Sydney and James Hardy and the funding that [the School] was getting from James Hardy for its research and whether or not there was some hesitation of some people in that School about lowering the TLV of asbestos and even moving on to the rapid abolition of imports of asbestos. Now I don't know the full truth of that and I'm certainly not carrying a torch for the ABC these days, but I think if someone wanted a registrar project an interesting program, it might be worth going and talking to some of the asbestos patients and support groups, as well as other people who have looked at the history of this to find out whether we are all squeaky clean in that area as physicians.

Secondly, there was a mention of the coal miner's pneumoconiosis and it was, don't forget, thanks to Eddie Foley, where are you? Thank you, take a bow. His recognition of two cases of sarcoid coming from the same mine in a period of less than 12 months made him scratch his head and eventually persuade respiratory physicians to do a biopsy on that rather than just accept the diagnosis by some of our specialist colleagues, and that then got people thinking, "what's going on?". Now, the shame of that [situation] is that Mannie Rathus (who's been mentioned before), when he was in charge of occupational medicine in Queensland, had set

[117] Dr Peter Clark wrote: 'I have not heard any mention yet of the importance of understanding how our activities help the customer. Every health practitioner should understand who their customer is and what they can do for them.' Comment in online chat during witness seminar 20 March 2022.

[118] Dr Jim McNulty (1926-2014) was a physician in occupational health in Western Australia. He is well known for his work in the 1950's and 60's diagnosing mesothelioma in asbestos workers at Wittenoom and advocacy work for occupational health in that industry. See "Vale: Public Health Champion," accessed January 27, 2024, https://doi.org/10.3316/informit.485232595541507.

up a reasonably good screening program for the coal mines[119] ("good" in terms of those days) and that had just been allowed to wither on the vine. And you've got to say, "what's going on here?" Why wasn't there some agitation by doctors, et cetera? And Malcolm, that's all come out in your report about what did or didn't happen with the original screening program[120]. And the third thing I'd mentioned is about the epidemic of silicosis that's going on with engineered stone.

In 2015 OSHA[121] put out a hazard alert about new silicosis in relation to engineered stone. It was 2016, a year later, that Debbie Yates[122] had her first poster at a meeting with the thoracic society drawing attention to it in Australia. It was at least two to three to four years after that that people really became interested in what's going on here.[123] So, whilst we've been doing pretty good at playing catch up, I think it's disgraceful that a group like OSHA could be out issuing hazard alerts in 2015[124], and yet nothing seemed to have happened in Australia. And that says an awful lot about Safe Work Australia or what all these bodies think they are these days[125].

The other part I want to talk about is RSI [Repetitive Strain Injury], with which I had a considerable involvement. I was the chief medical officer of Telecom Australia in the 1980s. It was a very large organisation and there were about 10,000 or so telephonists and other people who are doing keyboard work. Because I was inside the fence (and that was a point that's been made elsewhere), I was able to explore the data quite thoroughly about what was going on and publish the paper in 1987[126]. I might add that I believe it was the only quantitative paper exploring dose-response relationship between keystroke and the risk of getting whatever it is that's called RSI. There was an inverse [dose-response] relationship

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[119] E. M. Rathus and Abrahams, E. W., "Review of Respiratory Component of the Coal Mine Workers' Health Scheme," Government (The Queensland Coal Board, 1984), https://www.publications.qld.gov.au/dataset/queensland-coal-board-coal-miners-health-scheme/resource/52a698e3-eb3f-4940-b1a8-ab82776196b2.

[120] See note 104.

[121] Occupational Health and Safety Administration is the OHS regulator in the USA. "About OSHA | Occupational Safety and Health Administration," accessed January 27, 2024, https://www.osha.gov/aboutosha.

[122] See a case study of which Dr Yates was an author, published May 2017. Elie Matar et al., "Complicated Silicosis Resulting from Occupational Exposure to Engineered Stone Products," *Medical Journal of Australia* 206, no. 9 (2017): 385–86, https://doi.org/10.5694/mja16.00257.

[123] See Ryan F. Hoy et al., "Artificial Stone-Associated Silicosis: A Rapidly Emerging Occupational Lung Disease," *Occupational and Environmental Medicine* 75, no. 1 (January 2018): 3, https://doi.org/10.1136/oemed-2017-104428.

[124] "OSHA/NIOSH Hazard Alert: Worker Exposure to Silica during Countertop Manufacturing, Finishing and Installation.," 19 February 2015, https://doi.org/10.26616/NIOSHPUB2015106.

[125] On 13 December 2023, Australian Government minsters responsible for work health and safety agreed to Safe Work Australia's recommendation to prohibit the use of engineered stone. "Crystalline Silica and Silicosis - Prohibition on the Use of Engineered Stone | Safe Work Australia," accessed January 27, 2024, https://www.safeworkaustralia.gov.au/safety-topic/hazards/crystalline-silica-and-silicosis/prohibition-use-engineered-stone.

[126] Bruce Hocking, "Epidemiological Aspects of 'Repetition Strain Injury' in Telecom Australia," *Medical Journal of Australia* 147, no. 5 (September 1987): 218–22, https://doi.org/10.5694/j.1326-5377.1987.tb133411.x. Dr Hocking has provided a copy of a presentation he has given on this topic, held in the RACP Library archive. See also Graham D. Wright, "The Failure of the 'RSI' Concept," *Medical Journal of Australia* 147, no. 5 (1987): 233–36, https://doi.org/10.5694/j.1326-5377.1987.tb133416.x.

[shown by the difference between the groups]. The group that got the most RSI was the telephonists who had keystrokes of only a thousand or so an hour, compared to the people with very high keystrokes like telegraphists who were going well over 10,000 keystrokes an hour.
Yet the idea took on that it was all due to the ergonomics. It was one of our colleagues in South Australia, Dr Graham, (I don't quite know him personally, but some of the South Australians will), who put his finger on it in pointing out that it was in fact the people in the international area of telephony whose jobs were unaffected by the changes to technology that was going on for the rest of the directory inquiries part of telephony. [So], it wasn't actually due to keystrokes at all, it was due to the changes in the technology that these people were being subjected to and the very likely risk of losing their jobs. There was also a considerable variation between states with a high incidence of RSI in telephonists in Western Australia. And this was very likely fomented (Peter Brooks, close your ears!) by rheumatologists who became incredibly enthusiastic for splinting people's arms, coming up with theories about dorsal horn mechanisms, et cetera, et cetera. And this took off around Australia and elsewhere - I think it was a large iatrogenic epidemic, RSI, as well as [being] associated with changes in technology[127].

And a mistake has been made that we didn't learn [from] at that stage. Hopefully we are learning more now [that] the biopsychosocial approach to these conditions is important. There is such a focus on the biological idea, dose response relationship, et cetera, that we must learn to look at the workplace as a whole and what's going on there about the manifestations of what we might call illness that's appearing in people. And that's where I'd like to suggest people look to in the future – [that] is, some of the mistakes, bad mistakes that have been made and the implications for training and for our practice.

Niki Ellis (01:52:30):
Thanks, Bruce. That's fantastic addition. Thank you. Can we have the last slide up please with the email address for people to send material to? Thank you. So that's it folks. I'd like to first of all thank our fantastic panel, Peter Clark, Chris Walls, Peter Brooks, Amanda Sillcock, Sandra Coad, Farhan Shahzad, Thea Leman, and Honor Magon and also Bruce Hocking coming up at

[127] Dr Maggie Goldie, FAFOEM wrote: 'I agree with Bruce that the "epidemic" was multifaceted and certainly there was an iatrogenic factor in there but I am convinced ergonomics was/is a contributary factor. I was at the NSW State Rail Authority (as it was called then) at the time and we had significant issues with "RSI" during the rapid introduction of computers and keyboards in the mid 1980s. In particular, in the Legal Department where the introduction of the new technology justified more than halving the number of legal assistants from one per legal officer to one being shared between two or more. Of course, the same amount of work still had to be done and not all of the job involved keying so the staff were under huge pressure at the same time as getting used to the new technology. I also observed that using a keyboard is so different from using a typewriter. The latter involves muscular activity rather than the static loading of muscles involved with using the keyboard. Needless to say, the office furniture was not adjustable then so it was almost impossible to adjust the workstation so it was compatible with the person's physical stature. So, we had a perfect set up for workplace injury with a fundamental physical cause compounded by the stress of adjusting to new technology and having to do twice the work because of the wrong assumption that preparing documents would be much quicker. Over the subsequent years I have been convinced that hand, wrist, arm, shoulder and neck pain with computer use is the direct result of static loading of muscles particularly where workstations and associated equipment has not been adjusted for the person's stature and where breaks are not taken from keying to enable the person to get up and move and for muscles and joints to be stretched.' Comment on draft transcript, 20 December 2023.

the end. Could you join me? Panelists job well done - fantastic. I'd also like to thank the committee who've been working behind the scenes, especially Maggie [Goldie] and Cate [Storey] and Farhan [Shahzad], and of course Fiona [Landgren] and the team for making it all happen. So, the final comment is if you have material that you think would be useful to go into the archives - photos, College newsletters - we've got hardly anything like the one that's there, please send them to Karen Myers, who is the wonderful librarian at the History of Medicine Library in the RACP, at library@racp.edu.au.

And our work is going to continue. One idea that we really want to push is encouraging trainees who are interested in history in joining us, in doing some of the research projects that you have to do in your training program. Doing that in history under the supervision of our proper historian, plus an occupational physician. So those of you who are supervising trainees, perhaps you could promote that for us and that will help us to continue to build the archive. So, thank you also people both virtually and in the room for your terrific participation.