
## DR COURTENAY KENNY IS A SPECIALIST OCCUPATIONAL PHYSICIAN AT WAITEMATA DHB IN AUCKLAND.

### WHAT INSPIRED YOUR CAREER IN MEDICINE?

I was in a top academic stream at Auckland Grammar School and I had a strong interest in science. Medicine seemed to be the option that built on that interest the best. A lot of people from my class went into medicine, law or engineering. My mother may have been a big influence also, as she had been a registered nurse for a long time.

After graduating from Auckland medical school and completing my years as a house surgeon, and because I was in the Medical Corps as a territorial medical officer, I had an opportunity to go on a deployment with the Navy. This was part of the Southern Cross telephone cable survey, and the trip to Fiji, Australia, Hawaii and eventually Vancouver. I chose to join the Navy on a short commission, But ended up remaining with the RNZN for 17 years, eventually as Director of Medical Services.

After working at sea and with the navy dockyard in Devonport, it became clear that this was occupational medicine (rather than simply primary care for Naval men and women), which was a relatively new specialty at that time.

Occupational medicine probably had its more recent origins in military medicine. There were always doctors and nurses in the armed forces going back many years. In more modern times, occupational ('industrial') medicine was practised in the large factories and large hospitals. It was particularly important in remote areas. There was always the 'works doctor' providing primary health care for employees in places where there was no town nearby. These days a lot of such occupational health practice that has been contracted out to occupational nurses, or interested GPs, especially in smaller centres.

> *During my time with the Navy I was based in Auckland, with several big overseas deployments to the United States, Persian Gulf, and the UK.*

During this period, I did my British exams in occupational medicine, and then the Australasian exams.

I was deployed in Iraq for six months with the United Nations Special Commission, following the Gulf War, where I was the New Zealand national officer, in charge of the New Zealand team of military people in Iraq and the Senior Medical Officer for the UNSCOM. My predecessors were directly involved with overseeing the medical aspects of locating and dealing with chemical weapons of mass destruction. By the time I was there, most of those chemical stockpiles had been destroyed but we were still searching for residual supplies and monitoring the sites where they had been developed or stored.

The medical team looked after the military personnel and the scientists who came into Iraq to do all these inspections. That was interesting because there were some very unfit and unwell scientists who came to Iraq for two weeks at a time, into 50 degrees Celsius heat which played havoc with their heart disease, diabetes and other chronic medical conditions. Some of the people coming into Iraq were US or other military experts on munitions, chemical weapons, etc and they were usually extremely fit and well-acclimatised, but other people were arriving from a civilian background from countries such as Germany, Britain, etc and they weren't necessarily in good health.

### HOW DID YOU END UP WORKING FOR WAITEMATA DHB?

I left the Navy in 1997 as the Director of the naval medical service. That was about as far as you could go in a clinical position. I would have had to go to Wellington into a non-clinical role if I wanted to progress that career further. I decided to join a group of occupational medicine colleagues in private practice.

Within a few months, I was also asked by a colleague at North Shore Hospital to provide short-term cover as he was going to be off work for a number of months due to a skiing injury. In the end he didn't come back to the job so I ended up accepting a permanent position almost by default. At that time I was doing 50-50 public and private work. Now I work three days at the hospital and two days in private practice. I'm 0.7 FTE for Waitemata.

### WHAT DO YOU LOVE ABOUT YOUR JOB?

I love seeing working people getting on with their daily lives, and helping them to do that.

> *I enjoy the clinical components, seeing people and hearing their narratives, assisting them through some difficult times in their lives. There's a lot of variety in this role.*

We see all DHB staff members, not just doctors, and we see them them when they have health issues that are being caused by or are affecting their work. Waitemata DHB has a team of 15 FTE occupational health staff, most of them nurses, and I am the only SMO. We deal with everything – skin conditions, musculo-skeletal problems, anticipated periods off work due to surgery, helping people remain at work.

The second way people come to us is when someone has an injury. Waitemata is part of the ACC partnership programme whereby the DHB is responsible for assessing and managing all of its own injury claims. So we have to make sure the staff member receives the right treatment, we negotiate with their managers to find suitable work for them if they can't go back to work straight away, including restricted or alternative work.

The third pathway to occupational health is for staff who have been referred by their manager. This could include staff struggling with conditions such as major depression, cancer, heart disease, or following debilitating conditions or major surgery. We try to facilitate their treatment through the health system, whether through public or private services.

Sometimes we'll see people who are drug or alcohol dependent. There's probably the same level of dependency in the hospital workforce as there is in the community. Some of them will be well managed and looked after by community agencies and never come to our attention, but in other cases their colleagues might report that the person is working impaired.

Some people will be referred to us through their professional registration body. I work with those registration bodies and the person's treating clinician to keep the staff member at work as much as possible. We're focused on the health and well-being of the staff member, as well as the safety of patients.

We're privy to their private lives but it's no different to other specialists who are treating colleagues and other staff for mental health problems or operating on them.

> *The occupational health records for staff are confidential, and we believe very strongly in that as essential in securing the trust of fellow employees.*

It's a careful balance, though. We have to safeguard the private clinical information of staff members but at the same time provide useful advice to managers about what the health of a staff member means in terms of being able to do their job.

### WHAT IS THE MOST CHALLENGING ASPECT OF PRACTISING MEDICINE?

It's difficult when a person's health may be precluding them from continuing to work – they're just not up to doing the job any more, and we're trying to assist them with coming to terms with that.

It's also difficult sometimes to determine when a condition a person has developed is an injury. For example, if someone has a sore back which they think is due to their work but it becomes clear subsequently that it's not, that actually they've had back pain for a long time and it's likely to be from age-related changes etc, then that requires some working through. We might have to help them understand the situation is not as simple as they might have thought.

Unlike some colleagues who are restoring vision or doing hip operations, staff tend to be rather sceptical or worried that when they deal with occupational health , perhaps feeling that they may be denied some health entitlement.

The other factor is that we're dealing with a lot of well-qualified medical, nursing, and other clinicians, so they are more likely to question or challenge the advice they're given, as well as to often seek 'corridor consultations' with clinical colleagues. Since occupational health staff often also work in the hospital environment as well as in this department, I think that gives staff a degree of reassurance that we understand what they do.

### WHAT HAVE YOU GAINED FROM YOUR ASMS INVOLVEMENT?

My main motivation for joining the ASMS was to better understand the support systems for SMOs within the DHB.

> *It's wonderful to have a service that can provide good advice and support to SMOs as they move through a range of issues, not just MECA and conditions of service issues, but also issues to do with their careers, sabbaticals, sick leave, and health issues.*

ASMS has always been there with SMOs as a sounding board. In my role, I might be providing advice as to whether someone can continue to work or whether we should be offering medical retirement to some of these people. It's good to know that there is that union support.

Fortunately I haven't had to avail myself of advice from ASMS in a crisis, but I'm always grateful that ASMS is there. If my job was being disestablished or there was an employment situation, I know where I would turn to for support.