



National Public Health Partnership Public Health Workforce Development

Background Paper

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Introduction

Public health workforce development is one of the priority areas being addressed through the National Public Health Partnership Group (Partnership Group) with the purpose of achieving strengthened capacity for a more effective national public health effort.

To assist in the development of strategic and collaborative action, a review has been undertaken of current and emerging issues largely informed by the body of work already undertaken on aspects of the public health workforce.

Whilst there have been numerous recommendations for workforce development in the past decade, the establishment of the Public Health Education and Research Program remains the most significant development in public health education. Subsequent action, however, in response to the demand for a more practice-based approach to education and training has included establishment of State-based public health traineeships, graduate medical education programs and Indigenous health worker programs.

Current demand for public health skills reflects the diversity of related issues and the public health workforce, as well as the better understanding of the comprehensive range of competencies required to deliver appropriate and evidence-based services. There is a need for an improved focus for investment in public health resources which has the capacity to respond to public health priorities, recognises a greater range of opportunities for effective education and training, having regard in particular for workforce locus of employment, location and need for flexibility, and seeks out partnerships.

More specifically, there are workforce implications flowing from the Partnership Group's Work Program including research and development, information development, harmonisation of public health regulatory frameworks and stronger national monitoring and surveillance systems.

Issues to be addressed in a national workforce development plan include gaps in public health knowledge and workforce, the education and training needs of the public health professional, and public health literacy in the broader health care workforce. A more systematic and continuous process to monitor public health training needs and capacity will be essential to strategic workforce development.

The Background Paper has been prepared to facilitate national consultation and feedback to the Partnership Group on priority workforce development needs, the benefits of pursuing change under a public health workforce development plan and an understanding of the barriers to change.

Background

In 1997, Australian Health Ministers established the National Public Health Partnership ('the Partnership') with the broad objective of improving public health effort in Australia through enhanced collaboration and co-ordination, and strengthened public health infrastructure and response capacity.

The National Public Health Partnership Group manages the Partnership initiative and comprises representatives of Commonwealth, State and Territory governments and key national research and information agencies. New Zealand participates on the Group as an observer. The Partnership Group is a sub-committee of the Australian Health Ministers' Advisory Council.

The current work program of the Partnership Group is addressing the following national public health priority areas:

- harmonisation of legislation and regulations;
- development of an information framework and improvement of existing collection systems;
- development of a research and development strategy;
- investigation of a means of improving planning and decision-making, including resource allocation;
- review of current and emerging issues for workforce development and the development of key priorities and strategies;
- consideration of standards of best practice for public health and benchmark performance; and
- development of a system for co-ordinating and monitoring national strategies.

Working Groups and an Advisory Group (comprising key national non-government organizations) have been established to assist the Partnership Group and to allow input from a broader range of stakeholders.

The Partnership Group agreed at its meeting in August 1997 to the formation of an interim Planning Group tasked with convening a national forum to consider issues for a national public health workforce, recommending the terms of reference for a Working Group for Workforce Development, and identifying priority issues to be addressed by the Working Group.

The Planning Group regards the public health workforce as inclusive of persons practising public health in both a formal and informal way, and accounting for the range of practitioners from the professional to the voluntary. This Background Paper reviews key developments for the formal public health workforce, sets out the public health workforce development issues and priority areas for national attention. Together with the paper "Factors in Public Health Workforce Development



Investment Decisions”, it serves as the basis for consultation on public health workforce, to be undertaken in each jurisdiction during the latter half of 1998.

Context for public health workforce development

“Public health’ is the organised response by society to protect and promote health, and to prevent illness, injury and disability. The workforce involved in this enterprise ranges from those who identify as public health professionals to those who may undertake aspects of public health functions in the course of their health or other related work.

Public health functions occur at a number of levels. Commonwealth, State and Territory governments are primarily concerned with the setting of public health policy, determining broad resource allocation and providing an appropriate regulatory framework. Governments need to be informed by population based research and surveillance systems.

Public health programs implemented at the local level range from environmental health management to immunisation, from health education to community development. Implementation of these programs is informed by communication with local groups, and requires the participation of community-based health care providers including general practitioners, pharmacists, nurses, and allied health professionals. Community understanding and support for public health initiatives enhances program outcomes.

These activities, however, do not occur within a static context. The public health workforce needs to respond to the ever changing demands from government and from the community. For instance, the recognition of the relevance of public health across the spectrum of the health care system, growing demands on health funds which encourage a population focus, and a wider interest in prevention have expanded the scope of the public health workforce and broadened the opportunities for public health partnerships. These partnerships, along with public health specialists require appropriate knowledge and skills to strengthen the links and to maximise their contribution to public health.

Given this myriad of activities, it is difficult to pin down what portion of the 584,100 people employed in the health industry (in 1995) should be identified as “the public health workforce”, although a number of data collection efforts have been undertaken in the past decade.

<i>Public Health Workforce (n=879) - service area of employment*</i>	
Service area	%
Target areas**	24.8
Traditional public health areas#	17.6
Community health	15.1

Environmental health	14.7	* 1994 nation-wide survey of members of the public health workforce providing a profile for further research ** working with specialised target groups within the population; such as Women's health, drug and alcohol services, Aboriginal health services # eg communicable and chronic disease control and surveillance ## small proportion partly due to non inclusion of these types of services in the Workforce survey Source: Centre for Public Health, University of New South Wales for the Commonwealth Department of Human Services and Health. <i>The Public Health Workforce Education and Training Study</i> , March 1995.
Health promotion	8.2	
Hospital	4.4	
Research	3.5	
Other clinical	3.0	
Management	2.7	
Policy and planning advice	0.8	
Other education	0.7	
General practice	0.5	
Occupational health and safety##	0.5	
Dual role	0.3	
Education and training	0.3	
Other science	0.1	
Other	2.7	

Work on classification systems has shown that people involved in public health work were difficult to locate in career descriptors.

In addition to the formal workforce, non-government, professional and community organisations provide a framework for member support and direction in participating in public health activities. Other sectors such as education, transport and housing may also contribute through assessing the public health impact of policies and partnerships activities to promote or protect health.

It should also be recognised that jurisdictional structures and delivery systems mitigate against uniform categorisation of the public health workforce and pose quantification difficulties in assessing public health resources.

FOOD BUSINESS INSPECTIONS			
A summary of the snapshot survey of 25 authorities by state and territory.			
State/ Territory	Approx. ratio of food businesses inspectors to food businesses*	Visits to per	
year*			
ACT**	1:180	1	* in the local authority regions surveyed ** information from ACT and NT health services # overlapping responsibilities make this difficult to determine Source: Nathan, S. "Clean and Green or Just too Lean?", In <i>Consuming Interest</i> , pp.13-17, Autumn 1997.
NSW	#	1-3	
NT**	1:340	1-10	
QLD	1:360	1-4	
SA	1:270		
TAS	1:200	1-4	



VIC	1:270	1-6	
WA	1:140		
2-12			

Workforce development is thus a complex issue, involving high level public health specialists and front line health care providers, employees in government and outside government, those working in the health sector as well as outside it. The workforce development approaches include basic education, post-graduate education and in-service training. In providing these skills, rapid technological developments in communication provide new dimensions and challenges in considering access to education and training, assisting in adapting delivery to the diverse needs and circumstances of groups.

In addition to addressing training needs, however, workforce development also needs to be concerned with organisational development that is required if people are to be able to put their knowledge and skills into practice.^{1, 2}

Key developments in public health education and training

The earliest government investments in public health education and training would be the establishment of the Australian Institute of Tropical Medicine, formed in 1907-8, and its subsequent incorporation into the School of Public Health and Tropical Medicine, as part of the Commonwealth Dept of Health, based at the University of Sydney.

The contemporary history of public health education, at the national level, has its beginnings with the “Kerr White Report”, which recommended the redeployment of funds from the School of Public Health and Tropical Medicine to new institutional arrangements across Australia. In line with the report, the Commonwealth established, in 1986/87, the Public Health Education and Research Program (PHERP), with \$58.4M to support nine institutions to strengthen postgraduate education and research. At the same time, the Public Health Research and Development Committee (PHRDC) was formed within NHMRC to provide research and project funds, as well as postgraduate fellowships, in public health.

Numerous other papers and reports have been published since these developments. Notable amongst them are:

- 1988 report by the Public Health Association (PHA) raising issues about increasing overseas demand for postgraduate courses, adequacy of resourcing, quality of courses, and gaps in training;
- 1988 report to AHMAC on Continuing Education for Primary Health Care which concluded that in-service training was piecemeal and poorly coordinated, with little focus on preventive and multi-disciplinary approach to health, leaving major gaps between policy directions and workforce skills;
- 1992 Independent Review of Public Health Education and Research (“Salmond Review”) which highlighted the overall success of PHERP but



recommended a more competitive and strategic approach to future allocation of funds.

By 1995/6, PHERP was re-developed to be based at Centres of Public Health in major population centres, with most centres being consortia-based and providing at least masters of public health as well as a diverse range of related courses, through various modes of delivery. In addition, national speciality centres were funded to provide focal points for education and research in particular areas, such as public health nutrition, health economics, etc.

The Health Advancement Standing Committee of NHMRC, in its draft report in 1996, *A Review of Infrastructure Support for National Health Advancement*, again gave emphasis to the need for a strategic approach to workforce development, including having consideration for standards of competence, managerial support, equity of access to training, quality control mechanisms, and links to health promotion priorities.

Beyond these developments at the national level in postgraduate training and education, there have been attempts to address professional developments related to particular health issues and in particular localities. Examples include:

- funding for professional training as part of national public health strategies implementation (eg women's health, drugs, etc.)
- development of state-based public health traineeship (eg NSW, Victoria), including specialisation in Aboriginal health and health economics
- development of competencies for health promotion workforce in NSW
- endorsement by ANTA (Australian National Training Authority) of national competency standards as a basis for accrediting Aboriginal health and welfare courses

Workforce issues for public health

While public health workforce can be broadly defined, most developments have occurred within the context of debates and deliberations about formal post-graduate education for public health professionals. As indicated above, contemporary developments in public health education and training have been particularly shaped by the implementation of the Kerr White Report.

Subsequently, there have been a number of national reviews contributing information about the public health workforce.^{1,2,3,4,5} These reviews draw attention to characteristics of the public health workforce including its "diversity and complexity, composed of mature, highly qualified, multiskilled individuals from a variety of backgrounds performing a multiplicity of functions"⁶ and its high turnover which is not assisted by many working in isolation, poor career prospects and lack of identity as part of the public health 'system'.⁷



The workforce development issues identified in these reviews and subsequent commentary are broad ranging. Workforce development issues which have been identified to date in these reports include the need to:^{1,2,7}

education infrastructure development

- better articulate the public health purpose, and to demonstrate the overlap with other sectors;
 - more effectively mobilise the health care workforce which influences the conditions for population health;
 - systematically assess the quality of training;
 - systematically provide on-going education;
- I. develop more strategic planning and improved co-ordination of existing training activities;

public health employment framework

- II. make training accessible (having regard for time, distance, relief from duties and funding) and address the lack of career opportunities;
- III. recognise the value of knowledge and skills available through work settings and evaluation and practice-based research in the development of organisational learning;

public health knowledge/skills

- increase attention to development of the workforce in specific populations including Aboriginal and Torres Strait Islanders;
- undertake specific research on workforce development needs, methods and systems for delivery of programs, including those to facilitate transfer of new knowledge relating to vulnerable populations into practice;
- improve training in public health leadership and management skills; and
- identify future directions to be taken by workforce.

Action proposed by these earlier reviews to address these issues include:^{1,2,7}

public health education infrastructure

- improving communication between managers and practitioners, and curriculum planners and teachers;
- continued development of public health education and training throughout the training continuum and in particular meeting the demand for locally available short courses and distance education for those in rural and remote areas, and those working with vulnerable populations;
- establishment of an on-going mechanism to support the capacity for system wide learning in public health, specifically to facilitate collaboration among public health education centres, provide leadership on organisational learning and advise research funding bodies;
- collaboration with professional organisations and education institutions to develop core public health curricula for inclusion in preparatory training;



public health education content and focus

- I. clarifying the future vision for public health to facilitate co-ordination and networking of resources;
- working with the primary health care sector to further develop their public health capacity;
- development of programs to meet the training needs of the health and other sectors where these may vary from the public health specialists;
- attention to inservice education to meet managerial needs of public health agencies; and
- national priority goals and targets to include implications for workforce development and national health strategies to address workforce issues and approaches.

Current developments

There are a range of issues relevant to public health workforce development being addressed at both a national and State/Territory level. The Commonwealth Department of Health and Family Services has provided resources to 18 universities across Australia for the Public Health and Research Program, providing graduate and postgraduate programs. A corporate MPH program has drawn together the expertise from these institutions into a national program for staff of the Department of Health and Family Services. The Commonwealth is also responsible for workforce initiatives linked to population groups and targeted diseases, such as the Rural Health, Support, Education and Training Program, the Health Workforce Section of the Office for Aboriginal and Torres Strait Islander Health Services, and the National HIV/ AIDS Strategy.

Public health traineeships are offered by some State governments (particularly NSW and VIC) addressing the broader education of the workforce and providing a link between education and practice through access to organisational learning. State and Territory governments have also conducted programs to develop workforce capacity and have been involved in strategic workforce planning and implementation with their own jurisdictions.

National health strategies are recognising workforce development issues impeding effective implementation of programs. *A National Action Plan for Diabetes to the Year 2000 and Beyond* (1993) identifies the need for change in education and professional development in order to achieve the goals of the Plan relating to early diagnosis and optimum management of the condition. Specifically the Plan seeks expansion of education focused on quality of care for health professionals to include a focus on health promotion and disease prevention. The evaluation of the national HIV/ AIDS strategy, *Valuing the past □ investing in the future* (1995), recommends closer links in policy and organisational arrangements with those developing in the areas of sexual health and communicable diseases more generally. Governments are asked to assist the integration of HIV/ AIDS into mainstream programs where appropriate, supported by adequate staff training. The development of best practice models for



peer education and community development projects are recommended, as is training of service providers to undertake risk factor assessment and patient counselling. To strengthen the link between research and practice, consideration is recommended to training of HIV/AIDS educators to develop skills in using research, to encourage evidence-based program development, and to form partnerships with researchers in the education research process.

The Office for Aboriginal and Torres Strait Islander Health Services(OATSIHS) initiatives in the development of a multi-professional workforce in Aboriginal and Torres Strait Islander health primarily focus on innovative and nationally applicable projects. Major areas of work include national workforce modelling and planning, national strategies for specific health professions (eg nurses) and support of specific initiatives in training, standards development, recruitment and retention etc.(*Health Workforce Section - Strategies 1997-98 (Progress Report - 1 December 1997)*, OATSIHS, Commonwealth Department of Health and Family Services.) Health workforce planning is a key activity area for OATSIHS and tenders were invited for a consultancy to work with OATSIHS on a workforce modelling project. The project “is about facilitating the development of a tool to assist in determining the appropriate number and mix of skill levels required in a range of ATSI primary health care settings...(to) include all health professionals involved in the delivery of care.” (Extract from Request for Tender)

The National Rural Public Health Forum held in October 1997 has sought priority as part of a six point plan, for a program to provide flexible support to rural and remote health promotion work in rural communities. The Forum proposed “a Discussion Paper for rural communities, media, schools and industry organisations on the meaning of ‘public health’, how communities can promote their own good health and prevent illness and accidents, and better manage conditions such as asthma, diabetes and arthritis□Delegates□want community organisations, government agencies at all levels (including local Councils) and non-health bodies to be able to work closely with health agencies on the provision of illness prevention and health promotion campaigns.” (Forum Communique) The Forum was organised by the Commonwealth Departments of Health and Family Services and Primary Industries and Energy, in conjunction with the National Rural Health Alliance. The outcome of the Forum is being taken into consideration in the development of national health initiatives including in developing a rural and remote health strategy.

Community control and participation is central to many of the national health strategies and is accompanied by an increasing demand for training from a range of people in the public health workforce.

Some of this demand is being met through vocational educational training and other programs provided by TAFEs with an improved capacity to respond to industry and community needs. Increased attention is being paid by Industry Training Advisory Boards to public health competencies needed for selected TAFE-trained workforce.



Findings and recommendations of the reviews of the national General Practice Strategy and General Practice Training programs were recently reported. The reviews provided an opportunity for considering the general practitioner's role in public health and initiatives which might be taken under the respective programs to enhance general practice capacity to contribute to public health outcomes. A number of recommendations were made with the intention of assisting GPs to have a broader role in Public Health. A General Practice Partnership Advisory Committee is being established as a formal partnership between the profession and the government.

PHERP continues to be a dynamic program with an upcoming review which will be prospective as well as retrospective, and which will consider the balance of MPH's, PhD's and professional development. The Commonwealth has made a significant investment in the provision of a tertiary level infrastructure for post-graduate level qualifications, however it is recognised that there is potential for the infrastructure to expand its effort in the health promotion field, and also to meet continuing education needs more comprehensively and flexibly.

The National Health and Medical Research Strategic Review has been established to report to the Commonwealth Minister for Health on appropriate strategies for improving Australia's health and medical research workforce. A Background Paper was submitted to the Review from the National Public Health Partnership Group based on work undertaken on strategic directions for public health research and development.

Emerging issues

To ensure relevant and appropriate knowledge and skills, workforce development needs to have regard not only for current system requirements, but also for management of future public health issues. In addition to on-going epidemiological studies, approaches to determining indicators of major issues for public health are being explored in the WHO 'global burden of disease' research, and the Commonwealth-commissioned research which analyses social, economic, environmental and biological factors which determine levels of health in Australia and assesses the implications for public health policy.^{8,9} The latter report suggests that the following issues have major implications for public health:

- Aboriginal People and Torres Strait Islander health (exists now);
- climate change (exists now and potential for preventive intervention still exists);
- mental health (exists now with potential for preventive intervention);
- chronic disease (exists now and will expand);
- infectious disease (monitoring and surveillance required to enable preventive action); and
- food, water, air quality (monitoring and surveillance required).⁹



The capacity to track existing and emerging issues and respond with an appropriately trained workforce across the health system in both rural and metropolitan areas is fundamental to a sophisticated and responsible public health system.

Some immediate issues with implications for public health workforce development include:

- the need for appropriately qualified public health workers favouring an increase in PhD opportunities;
- concern about the numbers of generic MPH places;
- the continuing need to provide public health training support to people working in remote areas and rural areas undergoing social transition;
- recent national initiatives addressing development of the health workforce servicing indigenous communities;
- the role of the 'organisational learning' environment in maintaining the relevance of education and research;
- the need to benefit more broadly from quality professional activities and infrastructure developed to meet local needs and often profession specific and/or of temporary duration;
- the need for public health education/training to be built systematically into training for clinicians and other health service practitioners;
- the need to gain greater recognition for the contribution to multidisciplinary team approaches made by the social sciences, which is often under valued by clinical approaches and public health scientific services; and
- the on-going need to develop the capacity and the mechanisms for rapid and flexible response to urgent public health issues, such as education for food handlers.

A national strategic approach to public health workforce development

While there are numerous public health training activities and national development initiatives, a more systematic approach is sought which overlays these activities with a framework responsive to public health priorities and capable of integrating the developmental needs of the public health 'system'.

In the same way that the Partnership is seeking to improve public health outcomes overall through improved collaboration and attention to priority infrastructure strengthening, workforce development would benefit from a strategic approach providing a framework within which to determine national priority issues, foster collaboration within the health sector and between related sectors, and stimulate research into aspects of training development to address current and emerging needs.

This strategic approach will be informed by the current development through the Partnership of the Planning and Practice Framework for Public Health, the Strategic



Plan 1998-2000 and the Research and Development in Public Health paper to assist in the determination of a national agenda. The Strategic Plan will identify priority outcomes for the Partnership which will have significant implications for workforce development priorities in delivering an infrastructure able to respond in such areas as best practice service delivery, the development and wide application of information, and the analysis of the impact of social and structural change on public health. Setting a research and development agenda for public health will require attention to capacity development and to review of resources for education and training in the light of shortages of people with particular skills, such as high level epidemiological skills that can be applied in service settings, and the need for academic programs that can respond rapidly to emergent needs for professional expertise.

Action which could be taken to strengthen the position of public health and extend support to the health system more broadly would include:



enabling

- development of a national public health workforce development strategy, to include promotion of a national framework for public health;
- establishment of a mechanism for linking workforce development to national, State and local priorities and policies;
- development of principles for public health training which integrate public health practice into the health system more broadly and include other relevant sectors;
- establishment of short and long term workforce development priorities;

promoting

- representation of national public health workforce development interests in appropriate national inquiries, particularly in relation to health sector development strategies, and advocating for resources to underpin the workforce development strategy; and

developmental

- commissioning of research into, for example, approaches for engaging the broader system in public health including incentive schemes for participation, definition of core public health competencies for priority target areas of the health workforce, and mechanism for national quality control and continuing relevance of public health education and training.



Public Health Training in Australia: Key Developments and Influences

- 1930 Commonwealth Department of Health establishes the School of Public Health and Tropical Medicine at the University of Sydney, incorporating the Australian Institute of Tropical Medicine formed in 1907-8 in north Queensland (disbanded in 1987).
- 1936 National Health and Medical Research Council (NHMRC) established.
- 1985 Professor Kerr White (USA) conducted an independent review of Australian educational and research requirements for public health and tropical health. Recommended arrangements for meeting teaching and research requirements to the year 2000 which would redeploy funds and resources in the School of Public Health and Tropical Medicine to new institutional and organisational initiatives in Australia.
- 1985-1990s Series of national health strategies on areas ranging from HIV/AIDS, harmful drug use, health of aboriginal and Torres Strait Islander people, women, mental health, cancer control, diabetes and immunisation.
- 1986-87 In line with the Kerr White report, the Public Health Education and Research Program (PHERP) established by Commonwealth Department of Health. Nine institutions in Queensland, ACT, NSW, South Australia and Western Australia funded to strengthen postgraduate education and research in public health and tropical health. A total of \$58.4m provided by Commonwealth Department of Health under the program to December 1994.
- 1986 Formation of the Public Health Research and Development Committee of NHMRC as a source of competitive research and project funds in public health. (This Committee was combined with the Medical Research Committee in 1997 to form the Research Committee of NHMRC.)
- 1987 Australian Institute of Health and Welfare established.
- Health for All Australians* produced by the Health Targets and Implementation Committee of the Australian Health Ministers' Advisory Council. The National Better Health Program was subsequently established to ensure goals and targets were achieved.
- 1988 Report of the Committee of Inquiry into Medical Education and Medical Workforce
- Report of Public Health Association of Australia on the review of *Postgraduate Public Health Training in Australia* raised issues about increasing overseas demand for courses, adequacy of resourcing and quality of courses, and gaps in training.
- Report to the Australian Health Ministers' Advisory Council on *Continuing Education for Primary Health Care in Australia*. The report concluded that continuing education was piecemeal and poorly co-ordinated with little focus on preventive, multi-professional and intersectoral approaches to health.
- 1990 Report on *Workforce Issues for Public Health: The report of the public health workforce study 1990* undertaken by the Public Health Association of Australia and sponsored by NHMRC Public Health Research and Development Committee and National Health Promotion Program. Report describes public health workforce



requirements at four levels; specialists, practitioners, general and associated health workers, and consumer and community organisations. Highlights complex and diffuse nature of public health workforce.

- 1990 Key feature of the National Training Reform Agenda (product of tripartite agreement between industry, government and union) is the establishment of the National Training Board which facilitates the development and approval of national competency standards for industry, with implications for the vocational education and training system.
- 1991 *Directory 1992-93. Public Health Training in Australia.* Public Health Association of Australia Inc.
- Rural Health Support, Education and Training Grants for health workers.
- 1992 Report to Minister for Health by G C Salmond on *Independent Review of Public Health Education and Research in Australia.* The national review of the Commonwealth-funded PHERP highlighted the overall success of the PHERP, but noted the need for human resource management to be a more dynamic process than in the past. The report supported continued allocation of funds but for a more competitive and strategic approach.
- Governments agree to establish a new National Vocational Education and Training system (VET) to facilitate national consistency and co-ordination and develop cooperative national strategies. System to include Australian National Training Authority Ministerial Council, Australian National Training Authority (ANTA - fully operational 1994), and State Training Authorities.
- 1993 Australian Public Health Association position paper on the development of public health research in Australia focusing on the strategic importance of a strong workforce and research basis in the context of the prevention of diseases and the promotion of health.
- National Health Strategies Issues Paper No.7 on *Pathways to better health* reviewed the training, skills and competence of the health promotion workforce.
- Joint review of PHERP by Commonwealth Department of Health and NHMRC working party (involving Commonwealth Department of Employment, Education and Training) recommended continuation of program with revised program from 1995 to build on achievements.
- Commonwealth government agreed to recurrent funding of PHERP, subject to evaluation in context of 2000-2001 budget.
- Rural Incentives Program for general practitioners.
- 1994 *Working Nation : White Paper on Employment and Growth*
- Working party of universities receiving PHERP funds reported to Commonwealth that it was desirable and feasible to establish a national accreditation scheme for postgraduate public health education courses. PHERP funded Centres would be required to participate in at least one accreditation review by 1999 as a part of PHERP evaluation strategy. (This subsequently became the Quality Enhancement Program - see 1997)
- Prioritising of health goals and targets in Commonwealth Department of Human



Services and Health report *Better Health Outcomes for Australians: national goals, targets and strategies for better health outcomes into the next century*. Health priorities identified were cardiovascular health, cancer control, injury prevention and control, and mental health. A fifth priority, diabetes mellitus was added by Health Ministers in 1996.



- 1995 *The Public Health Workforce Education and Training Study* undertaken by the Centre for Public Health, University of New South Wales for the Commonwealth Department of Human Services and Health. Study monitored progress of PHERP and evaluated its impact in the context of the overall field of health activities in Australia. While indicating the success of PHERP, the study suggested investigation of whether funds should be targeted towards a broader range of programs, which develop differing types of skills and specialisation in public health.
- Revised PHERP program (total annual funding for local and national Centres of \$8.4m plus indexation) offers post graduate public health training program based at Centres of Public Health in major population centres (all capital cities other than Hobart, and limited program in Darwin, Newcastle and Townsville). Most Centres are consortia-based providing at least masters of public health courses as well as diverse range of courses relevant to their communities. - Host institutions match resources on a 1:1 basis to provide a range of other public health programs at undergraduate and postgraduate levels and/or offer continuing education courses and distance learning modules.
- Two national Centres also established on International and Tropical Health and Nutrition (Qld) to assist countries within the region and provide centre of excellence in health problems for Aboriginal and Torres Strait Islander communities, and on Epidemiology and Population Health (ACT) meeting the need for public health specialists and for national research.
- Additional specialist funding (total of \$100,000 per annum plus indexation) provided for three-year period to four institutions to develop research and teaching programs in areas where skills in short supply; health economics, health promotion, community health and nutrition, aboriginal health, communicable disease and venereology, mental health and environmental health.
- Enterprising Nation*. Report produced by the Leadership and Management Taskforce outlining future directions for Australian management.
- 1996 Report on *Promoting the health of Australians: A review of infrastructure support for national health advancement* points to organisational capacity as a major influence on health promotion workforce development and recommends a more strategic approach to workforce development having regard for standards of competence, managerial support, equity of access to training, agreed quality control mechanisms, links to national and local health promotion priorities and funding to improve training access and delivery.
- Report on *Contemporary and Emerging Issues in Public Health and their Implications for Policy*.
- Aboriginal and Torres Strait Islander Health Worker National Competency Standards* provides a basis for accrediting aboriginal health and welfare courses endorsed by the Australian National Training Authority.
- 1997 *National Training and Employment Strategy for Aboriginal and Torres Strait Islander Health Workers and Professionals working in Aboriginal and Torres Strait Islander Health* currently under consideration and will provide a basis for developing an approach to national workforce issues.
- The Quality Enhancement Program(QEP) established to undertake a series of peer reviews of PHERP-funded courses and participating non-PHERP post graduate



public health education and research programs. The Program is a Commonwealth initiative, managed by the Public Health Association of Australia through the QEP Steering Committee. The Program builds on the work identified in *Accreditation Procedures and Guidelines for Australian Post Graduate Courses in Public Health* and the pilot quality enhancement work undertaken at the PHERP consortia in Brisbane and Sydney during 1995. In the latter trials, accreditation processes in the form of peer reviews were developed and piloted.

Ministers for Vocational Education and Training support the Australian Recognition Framework, which together with the National Training Packages, forms the two main components of the National Training Framework.

National Rural Public Health Forum sought to increase understanding of what public health is and how it can contribute to improving the social and economic well being of rural areas. Six priorities for action were agreed including development of a national rural public health strategy.

Queensland Indigenous Higher Education Centre funded by Federal Government and University of Queensland and Queensland University of Technology. Centre to work with indigenous communities to train indigenous health professionals and undertake outcome-oriented research.

1998

Health and Medical Research Strategic Review announced to recommend to Federal Minister for Health and Family Services on appropriate strategies for improving Australia's health and medical research workforce.

Reports of the Review of the General Practice Strategy and the Review of General Practice Training submitted to Federal Minister for Health and Family Services. Recommendations included broader role for GPs in public health.



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