**SPECIAL ROLE OF PUBLIC HEALTH MEDICINE**

Although public health medicine is only one of several professional disciplines working within the NSW public health network, its singular position at the interface between traditional clinical approaches and the more broadly based health, behavioural and environmental sciences, gives it the potential to make a special contribution to public health within this State.

A recent direction-setting “think tank”, organised by the Australian Faculty of Public Health Medicine (AFPHM) to look at the challenges and opportunities facing public health medicine during the coming years, may therefore be of interest to a wider readership.

The formation of the Australian Faculty of Public Health Medicine within the Royal Australasian College of Physicians is itself an event of some significance — reflecting an acknowledgement of the importance of population-based approaches within the mainstream of medicine. Established in late 1990, the faculty recognises the importance of a clear direction and a pro-active approach if it is to achieve recognition as a leading force within Australian public health.

The “think tank” was held at the old quarantine station at North Head, Manly — a venue with echoes of the early history of public health in Australia. The weekend attracted participants from all States and Territories in Australia, as well as representatives of the New Zealand College of Community Medicine, senior members of the RACP, full-time academics, public health practitioners working in both urban and rural environments and representative younger fellows and trainees. The New Zealand college is likely to amalgamate with the Australian faculty later this year to become an Australasian faculty.

Addressing such topics as “What are the opportunities for public health medicine in Australia in the coming years?”, “What strategies need to be adopted to achieve these?” and “What skills will future public health physicians require?”, participants generally took an optimistic approach.

The boundaries of public health medicine were both changing and expanding, and the public health physician of the future will undoubtedly have the opportunity to apply the basic “tools of the trade” — epidemiology, biostatistics and increasingly computer applications — to a wide range of problems, from the growing field of clinical epidemiology, to the health implications of ecologically sustainable development.

At the end of the two-day workshop, one participant described the proceedings as a “smorgasbord of good ideas”. It was therefore necessary to select priorities, and the following were proposed as a desirable and achievable role for the faculty in the coming years:

- establishing a strong sense of self-identity among public health physicians;
- ensuring adequate training, continuing education and “quality assurance” opportunities for the public health medical workforce;
- enhanced communication skills leading to a pro-active role in dealings with the media, all levels of government and the community;
- improved communication and increased understanding of the role and potential of public health medicine within the faculty, with the profession generally, and with the wider health constituency; and
- a stronger advocacy role for the health needs of identified sub-groups within the population such as Australian Aboriginals, and an acknowledgement of the opportunities and responsibilities in neighbouring South East Asian countries.

There is little doubt that the development and implementation of such concepts will enhance not only the practice of public health medicine, but will also strengthen the evolving public health network within NSW.

*David Jeffs  
Honorary Secretary  
The Australian Faculty of Public Health Medicine  
The Royal Australasian College of Physicians*

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**PLACEMENTS OF PUBLIC HEALTH OFFICERS, NSW, 1992**

Public Health Officers (PHOs) have been now assigned to positions of their choice. The assignments are shown in Table 3.

**TABLE 3**

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<tr>
<th>PHO</th>
<th>First six months</th>
<th>Second six months</th>
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<tbody>
<tr>
<td><strong>Final Year Officers</strong></td>
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<tr>
<td>Peter Lewis</td>
<td>HUN PHU</td>
<td>HUN PHU</td>
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<tr>
<td>Tim Churches</td>
<td>NER PHU</td>
<td>SWS PHU</td>
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<tr>
<td>Christine Roberts</td>
<td>WSA PHU</td>
<td>Health serv</td>
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<tr>
<td>Mark Bek</td>
<td>Chron dis</td>
<td>NSA PHU</td>
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<tr>
<td>Thais Miles</td>
<td>Health serv</td>
<td>Health serv</td>
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<tr>
<td><strong>Second Year Officers</strong></td>
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<tr>
<td>Tor Westley-Wise</td>
<td>Inf dis</td>
<td>Repro health</td>
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<tr>
<td>Marion Haas</td>
<td>Health serv</td>
<td>Chron dis</td>
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<tr>
<td>Lee Taylor</td>
<td>Repro health</td>
<td>NCR PHU</td>
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<tr>
<td>Helen Moore</td>
<td>Envir health</td>
<td>Envir health</td>
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<tr>
<td>Johanna Westbrook</td>
<td>ESA PHU</td>
<td>ESA PHU</td>
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<tr>
<td>Susan Furbur</td>
<td>WSA PHU</td>
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<tr>
<td>Glenn Close</td>
<td>Chron dis</td>
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<td>Margaret Williamson</td>
<td>NSA PHU</td>
<td>NSA PHU</td>
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<tr>
<td>Marie-Louise Stokes</td>
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<tr>
<td><strong>First Year Officers</strong></td>
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<tr>
<td>Cait Lonie*</td>
<td>Illawarra PHU</td>
<td>Inf dis</td>
</tr>
<tr>
<td>Justine Waters</td>
<td>Envir health</td>
<td>Envir health</td>
</tr>
<tr>
<td>Isla Tooth</td>
<td>SWS PHU</td>
<td>SWS PHU</td>
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</tbody>
</table>

*Cait Lonie will be working in the Inf. Dis section of EHSES until March 30, 1992.
Wayne Smith left the program in February to complete his PhD.*

Abbreviations

- Inf dis: Infectious disease, Epi Branch
- Chron dis: Chronic diseases, Epi Branch
- Health serv: Health Services Evaluation, Epi Branch
- Envir health: Environmental health, Epi Branch
- Repro health: Reproductive health, Epi Branch
- ESA: Eastern Sydney Area
- HUN: Hunter
- WSA: Western Sector (Area)
- NSA: Northern Sydney Area
- NCR: North Coast Region
- NER: New England Region
- SWS: South West Sydney
- CHERE: Centre for Health Economics Research & Evaluation