

# 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 proactive 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.

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## PLACEMENTS OF PUBLIC HEALTH OFFICERS, NSW, 1992

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

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

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

Any comments on the Public Health Officer training program can be directed to Marion Haas, PHO coordinator, or George Rubin, Editor, *Public Health Bulletin*.

### 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