

VICTORIAN PUBLIC HEALTH TRAINEE SCHEME

In 1988 the Victorian Parliament passed the Health (General Amendment) Act. This was a radical revision of the public health legislation and symbolised the reaffirmation of the importance of public health as a key element of the State's health system. It acknowledged that public health must now embrace preventive approaches, have a working relationship with health promotion and be able to address physical planning and lifestyle issues. It must understand its part in the context of environmental controls, occupational health and safety measures, social justice and global concepts such as the Ottawa Charter.

The Victorian training scheme is both a preparation for, and a reflection of, the new enthusiasm for public health within its wider context. It has been designed to ensure there is a passing on of professional wisdom and also to open up the key resource of the Health and Community Services Department to wider professional interaction.

Population medicine has a long and varied history. If anything has been learned over the decades, it is that as one problem is brought under control, another arises. As each challenge emerges there is a need to train new staff or retrain existing staff to meet it. The Victorian trainee scheme is therefore designed as a vocational training program. It is not only essential to the effectiveness of the organisation but also to the construction of a proper career structure, which is invaluable in the recruitment of quality staff.

The Victorian Public Health Trainee Scheme was established in 1990 by creating three permanent medical positions. To be eligible for recruitment candidates need to undertake post-graduate training in public health. The vocational experiential program consists of part-time training and part-time in a service area. The service area chosen has been in infectious diseases because of the need to replenish staff levels and because it offered the most challenging and rigorous learning experience in the public health section of the Department.

The training component offers a wide range of opportunities which combine traditional public health activities with the modern tools of epidemiology, health promotion and health policy and planning. Participants are rotated through a number of placements which vary in length from three to six months over a period of two years. Rotations have been available in the following areas.

- applied epidemiology (communicable and non-communicable);
- microbiological aspects of public health;
- health sector information systems and health status epidemiology;
- health promotion/education;
- public health research and evaluation;
- nutritional health;
- toxicology and environmental health;
- injury prevention surveillance; and
- cancer prevention.

Most of these rotations have taken place outside the Department and have involved organisations such as the Anti-Cancer Council of Victoria, the

Microbiological Diagnostic Unit at Melbourne University, the Macfarlane Burnet Centre for Medical Research and the Monash Accident Research Centre. Participants have found the rotations excellent and the supervision by staff of these organisations outstanding.

In 1991 the Victorian scheme was opened to non-medical participants, but recruitment through new positions was not possible. New participants, of which there were five, were obtained by secondment from various parts of the Department. By 1992 the Department approved the establishment of a further three permanent medical positions. These were supplemented in 1991 and 1992 by medical registrars undertaking a Masters in Applied Epidemiology in the Australian National University on placement in Victoria for two years.

Since it began in 1990 the Victorian Public Health Trainee Scheme has had eleven participants — eight medical and three non-medical. Four medical officers have graduated from the scheme. One graduand is working in the Environmental Health Unit of the Department and was recently promoted. A second graduand was awarded a fellowship funded by the Victorian Health Promotion Foundation to complete a Master of Science (Epidemiology) course at the University of California. She returns to the Department later this year. The other two graduands are involved in innovative and challenging activities in the Department. One is piloting a project on immunisation in the metropolitan north-east health region, and the other is assisting in a study of the health status of Victorians, a project which is a focal point for descriptive epidemiology developments.

The creation of medical trainee positions as permanent positions, as opposed to supernumerary or short-term positions, has been perceived as an advantage in that once graduated, trainees have the option of staying on to continue a public health career with the Department.

One disadvantage of the arrangement is the lack of a dedicated training budget. This has limited the capacity to plan ahead and take into consideration public health workforce planning. In future it is hoped that recruitment from a broader professional background can take place.

As conceiver, initiator and coordinator of the Victorian Public Health Trainee Scheme, I am happy with the contribution it is making to public health, to the organisation and to the career prospects of participants. The scheme would not have got off the ground without the generous participation of a wide range of people and organisations. Many professionals have given much time and knowledge to set enthusiastic, young feet on the path of learning. Although the scheme is still young, it has become an integral part of public health training but much is yet to be achieved.

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