Workshop synopses

Pathways for public health education

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The Commonwealth introduced the Public Health Education and Research Program (PHERP) initiative to support capacity building within the public health workforce, primarily through investment in Master of Public Health programs. Following the 2005 review of PHERP,[1] a national 'Quality Agenda' was proposed to establish minimum standards in public health competencies of graduates; and Master of Public Health (MPH) graduates in particular. This 'agenda' has triggered renewed discussion on public health workforce needs, public health graduate competencies,[2] and the capacity of the tertiary education sector to deliver these.

The Australian Network of Academic Public Health Institutions (ANAPHI) has worked with the Department of Health and Ageing on the 'Quality Agenda'. In 2008, ANAPHI convened a working group to further open up discussion among academic institutions on the public health education context to the Quality Agenda. The group held a lunchtime workshop at the 2008 Population Health Congress in Brisbane, as one of a themed pair of sessions entitled 'Public Health Professionals – Shaping our Future'. A further aim of the workshop was to identify key themes to shape the next ANAPHI Teaching and Learning Forum (September 23rd to 24th 2008, Canberra, www.anaphi.org.au).

The working group was initially established for discussion of the public health competencies, however it quickly became evident that a focus on the broader educational issues that govern the shape, standards and directions in public health tertiary training within which competencies are framed and delivered was warranted. Particular contextual issues emerged that related to the changing landscape of tertiary education, locally and internationally, and the tensions, challenges, and opportunities that impact on educational and career pathways. These formed the framework for the workshop presentations.

Undergraduate versus postgraduate education

Traditionally, the MPH was the entry point for public health training, yet over recent years undergraduate degrees in public health and health promotion have been developed at ten universities in Australia. This growth mirrors international developments in the Region, especially in Vietnam and Thailand where undergraduate public health training is an entry-level qualification for public health practice. The traditional public health sciences of epidemiology and biostatistics are the cornerstones of such degrees. Advances in the United States in undergraduate public health education have corresponded to the growth in chronic diseases and potential pandemics and provide undergraduates with the scope of public health issues and a repertoire of tools to address them.

Curriculum challenges exist in examining undergraduate and entry level Master of Public Health degrees, and while the national discussions about public health competencies continue, the focus is on the knowledge and skills that the workforce can expect of an MPH graduate. How these align and/or are different from the knowledge and skill-set that an undergraduate brings to the workforce needs to be aired within these discussions. This is important work for a number of reasons, including gaps in the existing ageing health workforce and the need for a multi-skilled and talented public health workforce to fulfil the new federal government's initiatives and investments in the prevention of some of the leading causes of ill health and mortality in the community.

International Students and Graduates

Pressure to reduce University reliance on government funding has increased overseas student recruitment. International students now make up a considerable proportion of many public health student cohorts. They come from different educational backgrounds and experience bases, and are generally either training to deal with different public health issues in their home countries or using public health training as a vehicle to new lives away from their home countries. International students are in fact a very diverse group and can bring important public health experience and context to the learning environment. However, there are also challenges in meeting the varied learning, language and competency needs for such diverse student cohorts.

It is also important to consider changes occurring internationally that may impact on how public health training in Australia prepares graduates for international careers. The Bologna Process[3,4] in Europe will soon lead to course accreditation and workforce regulation, and continuing professional development accreditation processes are being implemented in the United States.[5] The MPH, traditionally recognised to be a globally transportable degree, may no longer be accepted internationally for public health career entry.

Breadth versus Depth

Traditional public health training at the Master's level was often a 'top-up' to the health training and professional experience that postgraduate students brought into the program. The MPH provided a population health focus alongside specific skills in research, advocacy, policy and management for experienced health clinicians. Whilst demand for health graduate training remains strong, the educational environment has matured and expanded. There is a trend for the MPH to be offered to graduates without an undergraduate health or public health education who do not have the strong knowledge base in human anatomy, physiology and pathophysiology. In addition to this, some Universities have reduced the length of their Masters programs, with few institutions now offering a full two year program with the capacity to incorporate both breadth and specialisation into the curriculum. Furthermore, new courses are being developed in the VET sector to provide population health training from Certificate II through to Diploma level.

Questions arise as to the breadth and depth of competences of practitioners trained at these varying levels, and the pathways that should exist to assist progression through further education. Some proponents suggest that public health qualifications be regarded as generalist, with in-depth specialist knowledge acquired though additional programs. Advantages for such a model include enhanced flexibility appropriate to the diverse and changing population health and workforce needs. However this introduces challenges in assuring academic standards, and risks a further diminution of recognition of public health as a profession and career option.

Who owns the discussion on graduate competencies?

To date, much of the discussion on graduate attributes and core competencies has occurred within the quality agenda discussions under PHERP, yet this does not represent all universities or the broader public health environment. Whilst these discussions have engaged the tertiary sector, government and industry stakeholders, arguably it is the public health professions that should be leading this debate. The public health professions represented within the inaugural Population Health Congress provided the first opportunity for joint national discussion around some of the related issues and the following is a brief summary of additional points and recommendations raised at the workshop.

1. **Teaching public health into other health degrees.**
2. **Continuing need to build Indigenous public health capacity.**
3. **Faculty of Public Health Medicine Education engagement.**
4. **Interaction with industry**
5. **Who sets the public health education agenda?**

Recommendation: This should be the overarching theme of the September ANAPHI Teaching and Learning Forum, and the workshop should be the first step in the public health professions taking the lead in these discussions through active engagement with all involved groups.

The lunchtime session concluded with recognition that, in many ways, public health education in this country is an educational model of effective engagement with government and industry. However there are now opportunities for the professions to develop a more united stance and leadership in setting the public health education agenda, building on the notion of the coalition of public health professions that underpinned the Population Health Congress.

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