



Australasian Faculty of  
Public Health Medicine

The Royal Australasian  
College of Physicians

## Australasian Faculty of Public Health Medicine

**Annual Members' Meeting Report  
Adelaide, May 2016**



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## President's Report

### ▪ Introduction

I mentioned in last year's report that 2015 marked 25 years since the formation of the Australasian Faculty of Public Health Medicine (AFPHM) in 1990. One year into our second quarter century, we can be satisfied that our established position as a mature, robust and effective organisation that very successfully undertakes its core roles continues unabated.

My term as President comes to an end with this Annual Meeting and I welcome Lynne Madden as incoming President. Like me, she stands on the shoulders of giants in continuing our agendas in education, policy and advocacy, workforce, international health, governance and the future of the Faculty. I encourage all members to be actively involved in our forthcoming discussion about how the Faculty will function over the next 25 years. I remarked in 2013 in a commentary on College reform:

*Medical Colleges are unique organisations that occupy a special place in the professional training and development spectrum. They complement universities and work-place based training and exist only because of the collective action of members of the profession. The idea of a professional group undertaking, pro bono, activities to train young people, to ensure the ongoing competence of members and to provide advice and advocacy in the public domain is striking and precious. The ongoing health of Colleges depends on there always being a spirit of collegiality and the potential for involvement of all members.*

That sentiment remains perfectly relevant now.

We owe our ongoing success to all those among us who have assisted in ensuring that the Faculty continues to fulfil its core functions. We also owe a large debt to the College staff who assist us. I mention specifically our *Manager of Faculties*, Dominique Holt, and our *Executive Officer*, Kerri Clarke, who have supported us unstintingly throughout my period as President. Thank you Dominique and Kerri. I take this opportunity to offer our collective thanks to all the other College staff, from all levels of the College, who have supported the Faculty during my term as President.

2016 has been another productive year for the Faculty. We have, through Council and its various committees, continued to support the business of the Faculty, and we have delivered on a number of our key strategic priorities, as detailed elsewhere in this Annual Report. I acknowledge and thank my Faculty Council colleagues for their contribution to the Faculty during the term of this Council. I particularly acknowledge the chairs of our principal committees – Lynne Madden and Robyn Lucas (FEC), Christian Gericke (FPAC), and Ben Scalley and Simon Crouch (Trainees).

During my term, I have had the opportunity to attend Regional meetings in most States and Territories and New Zealand. This has proven to be a most useful mechanism to gauge the views of Faculty members and to discuss the key issues that concern us. I



thank those who have served as Regional Committee chairs and members. The core activities of the Faculty, particularly in education and training could not be successfully undertaken without the large and ongoing effort of those who serve as Regional Committee chairs, as Regional Education Coordinators and in other regional roles.

#### ▪ **College Governance**

By the time of the Annual Meeting, the results of the proposed changes to College governance will be known. I considered that one of my key responsibilities, as President of the Faculty during this time of governance change, was to ensure that any future model of governance for the College was democratic and supported and protected the diverse sections of the College membership. AFPHM is a unique part of the College in that our focus is not principally on individual patient care, but on populations and systems. I took every opportunity to remind our Faculty and Divisional colleagues of this essential fact, successfully I believe.

The model that was voted on is democratic, with seven of the 10 members being directly elected by College members. The three appointed members are to allow external expertise on the Board and ensure an appropriate mix of skills and diversity among Directors. The model reflects the diversity of the College.

Positions are reserved for a New Zealand member and a trainee member. The model ensures that the two largest sections of the College, Adult Medicine Division and Paediatrics & Child Health Division, always have a presence at the Board. It also extends Director terms to allow better continuity.

While the model does not include a dedicated Faculty position on the Board, which some may consider a potential disadvantage, my view is that the three Faculties have enough internal coherence and involvement to allow a Faculty member always to be elected as a member of the smaller Board. As a Faculty we also have representation on the new College Council which acts in an advisory capacity to the Board.

Importantly, no part of the proposed constitutional changes will result in the Faculties or Chapters, or their governing bodies, being abolished.

#### ▪ **Faculty Governance**

Following Board approval and the allocation of \$20,000 for the purpose, we are about to embark on a discussion within the Faculty about the future of the Faculty. Various models will be considered, from the status quo, to a more autonomous Faculty within the College, to a Speciality Society model, through to an independent College of Public Health. The preferred model, for further consideration by the College Board, will depend on the will of the membership. I encourage all members to be actively involved in the discussions through regional forums and surveys. Depending on the outcome of the discussions, a plebiscite of the Faculty membership will be held.



The Working Party to steer this process will be formed in the near future with the aim of completing the consultation process over the next 12 months, and finalisation of a preferred option at the end of that period.

- **Faculty Planning**

Each year, the Faculty holds an annual planning day to set our strategic priorities for the year; aligning them with the strategic goals of the College. The annual planning day is the key opportunity for the Council, lead Fellows, Regional Chairs and trainee representatives to reflect on achievements over the previous year and to set future priorities. We develop an annual action plan that focusses on achieving tangible outcomes that support, foster and promote public health medicine. Some of these activities for 2016-17 include; engagement opportunities with Indigenous doctors, developing implementation strategies for Global Health, networking of training positions, and undertaking a major project on public health medicine workforce supply and demand . The Annual Action Plan is available from the Faculty Office.

- **Key achievements and two key projects**

The key achievements of FEC and FPAC are detailed elsewhere in this Annual Report. I will highlight two which I consider to be particular achievements during my term – the reactivation of the College’s Climate Change Working Party, which was prompted by the Faculty and which includes several Faculty Fellows in its membership; and the introduction of a supplementary examination process, which provides a second opportunity for those sitting the Final Oral Examination. A small thing, perhaps, but an important initiative to allow our trainees to show the examiners that they do have the knowledge and skills required to become public health physicians

Another very important achievement, which was prompted by several Faculty Fellows, was the College’s decision to divest from its investment in companies with a material involvement in fossil fuel activities. I was in the fortunate position of being on the Board’s Finance Committee during this process and was able to assist in shepherding the decision through the Finance Committee and subsequently the Board.

### ***Future Demand and Opportunities for Public Health Medicine workforce study***

In 2010, the Faculty published an important report (*Ridoutt, Madden, Day - The Unique Contribution of Public Health Physicians to the Public Health Workforce*) that explored the attributes of public health physicians, and those which employers most valued. The Unique Contribution Study identified the following key attributes:

- Transformational leadership skills - providing a vision, facilitating (making) decisions, emphasising collaborative practice of multi-disciplinary teams. Public health physicians often play a role as a ‘catalyst’ or ‘change agent’ within multidisciplinary team based practice;
- Ability to independently critique evidence. Public health physicians show strong research skills;



- An in-depth understanding of the continuum of health and illness allowing public health physicians to fashion a public health response and to understand appropriate points to intervene in diseases using a system wide perspective;
- Ability to independently and rapidly interpret risk. A rapid assessment of risk allows interpretation of implications for policy and practice and being able to appropriately prioritise a response; and,
- Ability to perform inter-sectoral work at a high level to affect health system reform, policy and practice based upon a systems view.

It might also be said that public health medicine acts a bridge between clinical medicine with its individual focus, and systemic and systematic approaches to improving health.

The report concluded:

“This study has shown that public health physicians play a critical role in shaping, directing and making more effective much of the important public health activity in Australia. The capacity of the public health physicians to sustain this impact into the future is being brought into question by its dwindling workforce numbers in both absolute and particularly relative terms.”

The Unique Contribution Study led, in 2012-13, to the development of a scoping document that identified the need for a thorough study of the public health physician workforce to better understand the true dimensions of current supply and future demand for public health physicians.

In May 2015, the College signed a contract with Lee Ridoutt, Human Capital Alliance, one of the original authors of the Unique Contribution Study, to undertake this work. The objectives of the Workforce Supply and Demand study are:

- To obtain a more accurate quantitative estimate of the current public health physician workforce in Australia and New Zealand and measure the true contribution to public health work;
- To develop estimates of the projected supply of public health physicians in Australia and New Zealand up to 2025, with some sensitivity analysis around workforce wastage rates and training program enrolments;
- To develop quantitative estimates of current demand for public health physicians in Australia and New Zealand that have high face validity and estimates of projected demand up to 2025;
- To undertake analysis of the public health physician labour market (supply and demand) from 2015 to 2025; and
- To consider appropriate labour market policy options (training enrolments, employment practices, Faculty membership, etc.) in response to labour market analysis findings

The study has been progressively undertaken over the past year, using the following methods:

- A review of the literature on appropriate benchmarks, best practice public health services and staffing requirements for public health physicians;



- Interviews with key informants about opportunities for public health physicians to work in expanded and new settings.
- Meetings with an Expert Panel with the intention of obtaining input to appropriate service benchmarks and 'best practice' approaches.

We are now about to embark on a key aspect of the study - a survey of employers and public health physicians about future supply and demand. All members will be invited to participate in the survey. Please take the opportunity to make this important contribution to the Faculty's workforce agenda.

### ***Global Health curriculum and International Health agenda***

The Faculty's Global Health Practice curriculum provides a set of competencies that can be achieved through a combination of experience and learning so as to allow health practitioners to work in a global health setting. Coursework appropriate to meet these competencies is available through a number of Australian universities, and through international providers.

Discussions over the past 12 months have now linked the Faculty's work in global health with the College's broader International Health agenda. It is hoped that, by this mechanism, the College's agenda will include a broad population health approach to international health.

I would like to acknowledge all the work done on this project by Rosemary Aldrich and Peter Hill.

### **▪ Conclusion**

I leave the post of President of the Australasian Faculty of Public Health Medicine satisfied that the Faculty is well positioned to continue its core roles in education, workforce and policy and advocacy, and to commence a critical discussion about our future. I also leave knowing that the ongoing efforts of many Faculty Fellows and trainees will ensure continued achievement of our key priorities. It has been a fulfilling and satisfying time.

*Dr Greg Stewart  
President, Australasian Faculty of Public Health Medicine*



## Faculty Education Report

The Faculty Education Committee (FEC) was chaired by Prof Lynne Madden until mid-2015. I would like to acknowledge Lynne's achievements over the six years that she led the FEC. During that time the Learning Contract and Learning Contract Reports were introduced and demonstrated our commitment to work-based, experiential learning. New assessment items, including Workplace Reports (WPRs), Oral Presentation Assessments (OPAs) and Direct Observation of Practical Procedural Skills (DOPPS) have all been introduced under Lynne's supervision. In conjunction with the Lead for Physician Education, Simon Slota-Kan and Mike Ackland, a new supervisor training module was introduced specifically for supervisors of public health trainees, the SPDP+1, to sit alongside the College's SPDP program. Many of our processes have moved to sit under the College, including CPD, assessment of overseas trained physicians (OTP), and indeed the administrative responsibility for training. Lynne has overseen these changes and ensured that the FEC and its subcommittees continue to function smoothly and support trainees in their training. I thank her for leaving the training program in such good shape.

In the last 12 months, the FEC and its subcommittees have new, formalised terms of reference, which more clearly define the structure and function of the committees, their reporting lines and their responsibilities. Duration of terms has been formalised, with a maximum of 6 years membership of any committee (which resets after 12 months off a committee).

The Faculty Training Committee, very ably led by Tony Gill, now has responsibility for reviewing and approving the Learning Contracts and assessing and approving the Learning Contract Reports. This is a big job, and we greatly appreciate the time and careful consideration that Tony's team brings to that task. In 2016 the Faculty Training Committee is organizing the National Training Day (NTD) to be held immediately prior to the RACP Congress in Adelaide – this will be the first time that the NTD has been held outside of Sydney, and is a response to trainee requests for this to occur. The Faculty Training Committee has worked with the FEC to bring clarity to the Training Handbook around the restriction to 12 months of training overseas, and when this can be undertaken, and also to tighten the requirements for entry. From 2017, admission to the training program will require completion of a Master of Public Health that satisfies at least 3 of the 5 compulsory core discipline areas (prior to this the MPH needed to be completed before entering the second year of training).

The Faculty Assessment Committee is now led by Frank Beard. There is steady progress in introducing assessments so that eventually there will be effectively one each of WPR, OPA and DOPPS and Professional Qualities Reflection (PQR) for each 12 units (one year) of training. In 2017 the requirement for three WPR over the course of training will be replaced by a requirement for 2 WPR and one Research Project, with the latter a College requirement. I have been involved in the development of the very



extensive support that will be available for trainees to undertake the Research Project. This will also be of considerable value to trainees beyond the Research Project. There continues to be lively discussion about the place and format of the Oral Examination in assessment for the Faculty. We continue to invite Observers, in order to increase the pool of potential Examiners and Mock Examiners and to offer a Supplementary Examination to borderline candidates. The processes for the latter are not yet perfect, but we continue to strive, with input from the trainees, to reduce the stress that accompanies the Supplementary Examination.

We were very pleased toward the end of 2015 to welcome back Michael Ackland as the Lead Fellow for Accreditation. Michael had reached his 6-year term, but after a year off, is able to return to work in this area for which he did the original development for the Faculty. There is currently a College-wide review of accreditation of training positions underway, so this is a particularly fortuitous time for Michael to again take up the reins. Particular challenges will be the focus on networking of positions and the continuation (or not) of the STP program.

Toward the end of 2015 the FEC farewelled Michael Watson as CPD lead and Apo Demirkol as OTP lead. Both have done outstanding jobs in their respective positions – they will be big shoes to fill. As I write this we are calling for a new Lead Fellow for CPD and have accepted the Expression of Interest from John Holmes to be the new Lead for OTP. We welcome John and appreciate his willingness to take up this challenging position.

We also welcome the new trainee representative, Dr Abigail Yang. Abigail has yet to attend a meeting, but we look forward to welcoming her to the FEC.

The new SPDP Plus One supervisor training specifically for supervisors of AFPHM trainees has been spearheaded by Lead Fellow Physician Education, Simon Slota-Kan. This was rolled out during 2015 in all jurisdictions, starting with a “train the trainer” day in Sydney. Those newly trained Fellows then delivered the program in their own jurisdictions. In 2016 this module will be delivered again at the RACP Congress.

I would like to thank Brad Forssman for accepting the role of Lead Examiner in 2015 and also acknowledge the outstanding role that Nicola Spurrier has played in quality assurance for the Oral Examination over the last three years.

During my brief term as Chair of the FEC, I have attended a College-level workshop on selection into training, with another is coming up in August on accreditation. Both of these are close to my heart and critical for our training program. I was very pleased to be able to bring a public health voice to the discussion of selection into training. The Faculties (AFPHM, AFOEM and AFRM) have a single representative on the College Education Committee with a term of 2 years. In 2016, AFPHM has this role and I am pleased to be able to present a Faculty view in that forum.



There is always work to be done in strengthening the training program, listening to trainees to see what we can make better, and managing our training program within the overarching RACP training program. The current review of assessment may raise new challenges for the future of our Oral Examination or its format. Additional challenges are the uncertainty surrounding whether the STP program will continue into 2017 and the implications of changes to that program for training with the Faculty. I am very fortunate to have a strong and committed group of Lead Fellows to work through these challenges, and continue to strengthen and refine the training program.

*Professor Robyn Lucas  
Chair, Faculty Education Committee*

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## Policy and Advocacy Report

2015 saw great collaboration between the AFPHM Policy and Advocacy Committee (“FPAC”), members of the Faculty and broader College, and the RACP Policy and Advocacy Unit. Highlights of these collaborative efforts follow.

- The Health in All Policies (HiAP) position statement has undergone consultation within the College. The HiAP Reference Group led by FPAC member Dr Bret Hart and supported by the Policy & Advocacy Unit has revised the document in line with the feedback received. The position statement has been approved by AFPHM PAC, and is undergoing final revisions before it is submitted to CPAC for approval and publication.
- The HiAP Reference Group presented a workshop titled “Health System Rescue: ‘Governance for health’ not just a nice idea but imperative for sustainability” at the Population Health Congress in Hobart on Wednesday 9 September 2015.
- AFPHM initiated the official Australasian launch of the Lancet Commission Report on Health and Climate Change 2015. This well-attended event was held at the RACP in Sydney on 15 June 2015 and broadcast to RACP offices in Melbourne, Brisbane, Adelaide, Perth and Wellington.
- The RACP Alcohol Policy, developed with contributions from Public Health Fellows, was launched in March 2016 with extensive media coverage.
- AFPHM Policy & Advocacy Committee members were key contributors to the College submission to the Senate Economics References Committee Inquiry into Personal Choice and Community Impacts which was submitted in early September 2015.
- AFPHM PAC members led on two recent College submissions to the Queensland Parliament: consultation on the Health Legislation Amendment Bill 2015 and consultation on the Tobacco and Other Smoking Products (Smoke-free Places) Amendment Bill 2015.
- AFPHM led the development of the College’s submission to the Senate Community Affairs References Committee inquiry into Lyme-like Illness with input from an expert Fellow identified by the Australian Society for Infectious Diseases (ASID).

*Professor Christian Gericke,  
FPAC Chair*



## Faculty Prize Winners – 2015/ 2016

### ▪ *Gerry Murphy Prize – 2015 Finalists*

Dr Gerry Murphy was a Founding Fellow of AFPHM and a Fellow of AFOEM, who passed away in December 1995. The family of the late Dr Gerry Murphy FAFPHM made a bequest to the Faculty to support an annual prize in his memory. The prize has been running since 1997.

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|-------|-------------------------|
| • NSW | Dr Katherine Todd       |
| • ACT | Dr Belinda Jones        |
| • QLD | Dr Alister Keyser       |
| • NT  | Dr Pasqualina Coffey    |
| • SA  | Dr Jessica Leonard      |
| • VIC | Dr Simon Crouch         |
| • WA  | Dr Mithilesh Dronavalli |
| • TAS | Dr Laura Edwards        |

### ▪ *John Snow Scholarship - 2015 Finalists*

The John Snow Scholarship is one of the Australasian Faculty of Public Health Medicine's (AFPHM) programs aimed at strengthening and enhancing education in public health medicine at all levels of the career pathway.

- |       |                       |
|-------|-----------------------|
| • NSW | Ms Olivia Charlton    |
| • ACT | Mr Shaun Vaughan      |
| • NZ  | Ms Su-Ad (Sue) Muse   |
| • SA  | Miss Carmen Hayward   |
| • VIC | Ms Aleece MacPhail    |
| • WA  | Miss Matilda-Jane Oke |
| • TAS | Miss Eliza Nolan      |

### ▪ *President's Awards*

The AFPHM President's Award for outstanding contribution to the Faculty was established by the Faculty Council in 2008. This year's award will be presented by the AFPHM President during the Faculty dinner. The purpose of the President's Award is to formally recognise the outstanding contributions made by Fellows and Trainees to the Faculty.

- Education, Training and Assessment – Dr Abdullah (Apo) Demirkol
- Policy and Advocacy – A/Professor Linda Selvey
- Trainee Commitment Award – Dr Simon Crouch