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Public health physicians: who are they and why we need more of them – especially in Victoria

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Victoria has experienced more COVID-19 cases than all other state and territories combined, on the back of a sizeable second wave.¹ Multiple inquiries^{2,3,4} into the Victorian Government's response to the pandemic has seen much blame-shifting and contributed to the resignation of a Victorian Health Minister.

However, perhaps it is not the failure of a single person, official or department. Might the system failure be a downstream result of chronic and prolonged under-investment in the public health workforce by successive governments: both Liberal and Labor? The surge workforce response required to manage COVID-19 case and contact tracing requirements in Victoria needed as many 1,000 public health officers, with only 57 employed pre-pandemic.⁵

One cadre of public health personnel where Victoria is particularly under-represented is public health physicians. Victoria has the lowest rate of any state or territory, with only 1.23 public health physicians per 100,000 people; less than half the recommended 2.5 per 100,000 people.⁶ This compares to 2.48 and 9.38 per 100,000 people in Queensland and the Northern Territory, respectively.⁶

As a group, public health physicians are one of the most highly trained public health professionals in Australia. To become a fellow of the Australasian Faculty of Public Health Medicine, public health physicians must have completed medical school, clinical residency, a master's degree in public health and three years of specialist training. As experienced medical specialists, public health physicians not only have an in-depth understanding of the clinical basis of health and disease, but they are also equipped with essential public

health skills in research, policy, advocacy and management.

This unique skillset enables public health physicians to advocate for better health systems, structures and policies that protect the health and wellbeing of populations. They can apply clinical knowledge to bring understanding to complex health situations and assess population risk so to advocate for evidence-based solutions to public health issues. Importantly, they can bridge the gap between policy makers and clinicians, to ensure that all groups work together to advocate for the long-term health and wellbeing of populations. Public health physicians work within multi-disciplinary teams and across different sectors to broaden the focus from individual patient care to the need for broader health outcomes for whole communities. They are committed to conducting quality research to inform evidence-based public health action and building sustainable health systems that can serve both current and future generations.

Of the 1,000 medical specialist training program (STP) positions available annually in Australia, fewer than 3% (30) go to public health physician training through the Australasian Faculty of Public Health Medicine, within the Royal Australasian College of Physicians.⁷ In Victoria, there are few designated public health physician training positions, especially in the (Victorian) Department of Health and Human Services. Recognising the chronic underinvestment in the public health medical workforce, in 2017 the Victorian Government had the foresight to initiate the Victorian Public Health Medical Training Scheme. This employs (only) two public health registrars each year, for a

period of three years each. These trainees and recent graduates have all been involved in the COVID-19 response, but the number of trainees is few. In comparison, the NSW health department has around 20 public health medicine trainees per year.

The need to increase and strengthen the public health physician workforce across Australia is clear. This has been recommended by the immediate-past Chief Medical Officer – Professor Brendan Murphy⁸ – the National Cabinet⁹ and the Public Health Association of Australia.¹⁰

We need to stop thinking about investments in health only in terms of the number of hospital beds and ventilators, and start investing in measures to keep people out of hospital and optimise their health and wellbeing.

We suggest three actions to bolster the public health physician workforce.

Firstly, the Australian Government should double the number of funded STP positions for public health physician trainees to at least 70. COVID-19 has clearly demonstrated that prevention is better than cure – so our health workforce must reflect this.

Secondly, states and territories should have at least 2.5 public health physicians per 100,000 people, with public health physicians present in all state, territory and regional public health units. For Victoria, this would equate to 167 public health physicians. At least an additional 95 public health physicians are needed in Victoria to meet this target.

Finally, public health registrars and physicians should be remunerated on par with other (predominantly hospital-based) medical specialities, to ensure that the best and brightest medical graduates are attracted to the profession.

The time to invest in public health is now. We cannot wait for the next public health emergency to act.

References

1. Australian Department of Health. *Coronavirus (COVID-19) Current Situation and Case Numbers*. Canberra (AUST): Government of Australia; 2020.
2. Victorian Premier. *COVID-19 Hotel Quarantine Inquiry*. Melbourne (AUST): State Government of Victoria; 2020.
3. Parliament of Victoria. *Victorian Government's COVID-19 Contact Tracing System and Testing Regime*. Melbourne (AUST): State Government of Victoria; 2020.
4. Australian Department of Health. *National Contact Tracing Review*. Canberra (AUST): Government of Australia; 2020.

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5. Presiss B, McMillan A. Victoria reports eighth coronavirus death as virus tracing teams boosted. *The Age*. 2020 April 4;3:30pm.
6. Ridoutt L, Cowles C, Madden L, Stewart G. *Planned and Unplanned Futures for the Public Health Physician Workforce in Australia*. Sydney (AUST): Australasian Faculty of Public Health Medicine; 2017.
7. Australian Department of Health. *Specialist Training Program*. Canberra (AUST): Government of Australia; 2020.
8. Senate Select Committee on COVID-19. *Australian Government's Response to the COVID-19 Pandemic*. Canberra (AUST): Parliament of Australia; 2020.
9. Hon Scott Morrison MP. *National Cabinet Statement*. Canberra (AUST): Prime Minister of Australia, 2020.
10. Public Health Association of Australia. *Rebuilding a Healthy Society: Supplementary Submission on Strategic Directions for the 2020-21 Commonwealth Budget*. Canberra (AUST): PHHA; 2020.

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