

Development of the Australian public health workforce

Recommendations to government:

- Establish a national Public Health Officer Training program.
- Engage with the WHO Taskforce to implement the roadmap for strengthening the public health and emergency workforce locally.

Australia's existing public health workforce is highly educated, committed and effective in the tasks it is set. Current established training pathways include undergraduate and postgraduate degrees in public health, health promotion, environmental health, as well as epidemiology and biostatistics qualifications. Furthermore, the Australasian Faculty of Public Health Medicine (AFPHM) provides accredited training for public health physicians. There are also state-based training programs, such as the well-established NSW Public Health Officer Training Program (PHOTP), that provide multidisciplinary workplace-based training in public health competencies.

However, for many years our workforce has simply been insufficient in size to address all the population health challenges facing the nation. The COVID-19 pandemic exposed this situation, not only in terms of communicable disease response capability, but in the inevitable diversion of public health-trained officials away from other population health concerns. It is strategically urgent that Australia take a coordinated approach to addressing this capacity gap.

In December 2021 the Australian Government stated a policy commitment on this matter in the National Preventive Health Strategy statement:

“COVID-19 has highlighted the importance of the public health workforce in Australia. The workforce is integral to the management of current and possible future communicable disease outbreaks, and to address the heavy burden of chronic conditions in Australia. Future public health workforce planning is vital, as is increasing the capacity and capability of the overall health workforce...”¹

Yet in rounds of Commonwealth, state and territory budgets released from 2021 to 2023, no government has announced specific measures to act on these commitments. There has been action to develop many of the

clinical workforces in the health sector, but not action on the public health workforce. Decisive Commonwealth budgetary leadership is clearly appropriate.

PHAA argued that the establishment of temporary pandemic registers for a surge workforce was required to respond to the COVID-19 pandemic, because practitioners of most public health disciplines are either unregulated or not specifically regulated for public health practice in Australia. Recruiting from the general health workforce and drawing on departmental staffing or defense force personnel was therefore necessary as it was impossible to identify those workers trained and qualified in public health – a major flaw in our national response to the pandemic.

Australia therefore urgently needs to professionalize and enumerate its public health workforce through accreditation of core public health education programs, enabling graduates to become registered as public health practitioners under a yet to be determined registration scheme. In turn, the requirement to maintain continuing professional development can be enforced through an associated credentialing program for regular re-registration. Only then will we be able to draw on those with appropriate training and qualifications for emergency preparedness and response.

In May 2022, the WHO launched a roadmap for strengthening the public health and emergency workforce, designed to guide a “coherent approach to the development and management of this critically needed category of workers.”² The roadmap sets out three focus areas for action:

- Defining the essential public health functions and sub-functions for national contexts, including a focus on emergency preparedness and response.
- Strengthening competency-based education for the provision of the essential public health functions.
- Mapping and measurement of occupations delivering public health functions.

In October 2022 the WHO published its *Action Plan 2022-2024*,² outlining the immediate activities and deliverables anticipated in the first two-year period of the Roadmap, to meet the following targets:

- By the end of June 2023, all tools and guidance are available for country contextualization and endorsed by the participating organizations.
- By the end of June 2024, at least 100 countries have benchmarked themselves on the three action areas and developed action plans for implementation.³

PHAA has representatives on both the Steering Committee and Technical Working Groups responsible for implementing this roadmap through WHO member states, including Australia. The roadmap provides a timely opportunity to consolidate evidence and build on existing resources, to collaborate with global partners, and to inform and guide the development of a national public health workforce policy/plan that will strengthen public health and emergency capability in Australia, under the remit of the CDC.

Meanwhile, a national PHOTP can be immediately implemented by the Australian and state and territory governments to create a pipeline of highly trained public health professionals. The existing NSW PHOTP should be appropriately adapted to the jurisdictional circumstances. The program should assess, recruit, train, retain and place both medically and non-medically trained staff to undertake a 3-year Full Time Equivalent training program (with an extension available to allow for a 12-month unpaid sabbatical).

This would assist with Australia’s urgent public health workforce needs, as well as create an important source of future expert senior officers in public health leadership positions, for all Australian jurisdictions. There is existing machinery in place in some state and territory governments, providing an opportunity for the Government to play a coordinating/facilitating role. This could be managed through the Australian Health Protection Principal Committee (AHPPC) or other mechanisms.

We estimate that funding of around \$50 million per annum will be needed to make the substantial difference Australia needs to achieve an adequate future public health workforce.

Public Health Officer Training program for Australia

Expense (\$m)	Year 1	Year 2	Year 3	Year 4	total
Department of Health	50.0	52.0	54.0	57.0	213.0

References

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- 1 Commonwealth of Australia, Department of Health, National Preventive Health Strategy 2021-2030: <https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030> , page 38
 - 2 National workforce capacity to implement the essential public health functions including a focus on emergency preparedness and response (who.int)
 - 3 Action plan: National workforce capacity to implement the essential public health functions including a focus on emergency preparedness and response, <https://www.who.int/publications/i/item/9789240060364>