

Origins and History of the School of Population Health



UNSW School of Population Health
Faculty of Medicine and Health
University of New South Wales

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The origins and history of the School of Population Health in the Faculty of Medicine and Health, University of New South Wales

INTRODUCTION

FROM THE HEAD OF SCHOOL

I'm delighted to introduce this account of the UNSW School of Population Health, as it is now known. The School of Population Health has a long and proud history, which has been carefully documented by Professors David Thomas and Jan Ritchie, two esteemed academics who spent many years in the school.

Tracing the school's forerunner to the School of Hospital Administration established in 1956, this history charts the gradual development of the School. Of note is the UNSW Professorial Board's 1973 decision to endorse the establishment of a chair in Community Medicine, and the formation of the School of Community Medicine. Then in 1988, the School of Medical Education, with the Schools of Community Medicine and Health Services Management joined to form the UNSW Centre for Public Health, offering a Master Degree in Public Health. This led to the School of Public Health and Community Medicine in 2002.

This history provides a rich context for many of the changes over time. By delving into the school's international links, reading about the changing political landscape, and anecdotes from staff, I am sure you will find it an entertaining and erudite account!



Scientia Professor Rebecca Ivers AM
FAHMS FRSN

Head of School

School of Population Health
Faculty of Medicine and Health



Staff of the School of Population Health, UNSW Sydney, 2023

ABOUT THE AUTHORS

JAN RITCHIE

Jan Ritchie has been associated with the School of Population Health since 1988 when she first joined the WHO Regional Training Centre for Health Development, a forerunner of the present school. After initially coordinating the health promotion stream she subsequently worked to strengthen the School's capacity to include qualitative methodologies in its research agenda. Since retirement in 2005, she has retained an honorary appointment as associate professor, enabling her to continue her love of researching and supervising bright young minds.

Christine Rousselis contributed to photo archival work, design and formatting of this history. Christine has been associated with the School since 1991 when she started working in the School of Health Services Management.

DAVID THOMAS

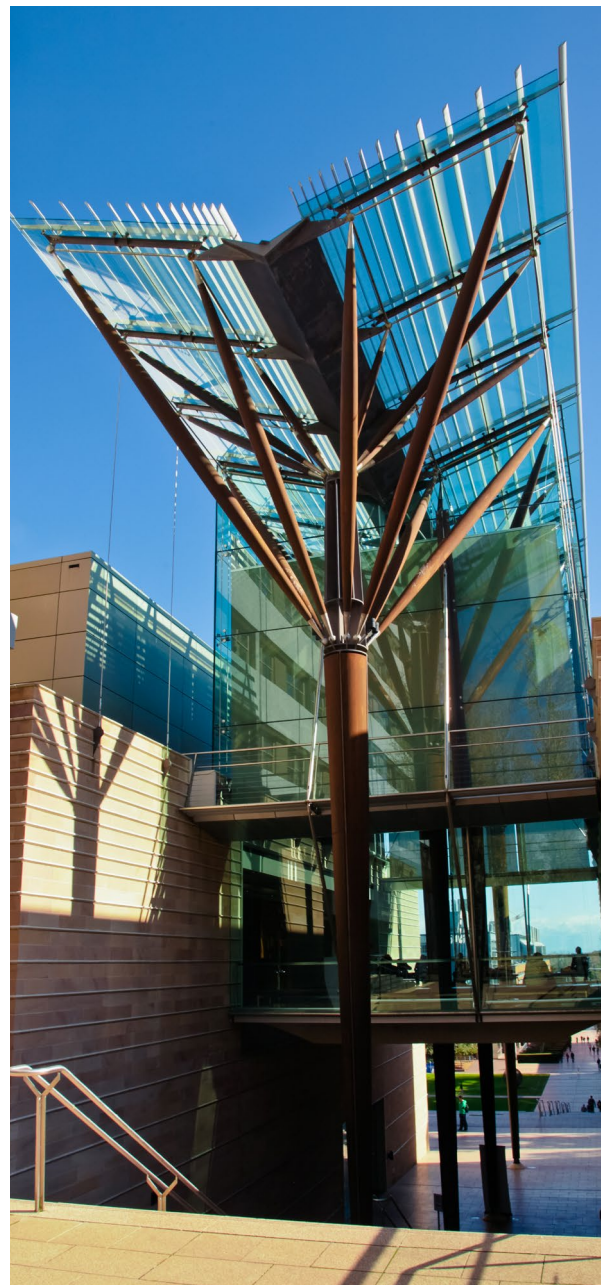
As one of the co-authors of this history, Dr David Thomas has a long historical association with the School of Population Health, having first been associated with it in the 1980s when he was asked to teach a course in politics, an understanding of which was seen to be important to people teaching and working in the health field. He continued teaching in this and other fields but his most successful and popular courses were in "General Education" courses provided for interested students from outside the Faculty. He was asked to take over the writing of the history of the School when one of its original authors, Peter Trebilco, sadly died, following which his co-author, Professor John Dewdney who had been in the School for over 50 years, asked to be relieved of the writing. Thomas has authored several books, the most recent being *Health Wars in New South Wales* which recounts the clash between mainstream and alternative medicine in this State over two centuries.

The origins and history of the School of Population Health in the Faculty of Medicine and Health, University of New South Wales

RATIONALE

This short history traces the origins and background behind the establishment of the School of Population Health at the University of New South Wales (UNSW). It outlines the evolution of the three schools that started independently, then strengthened their relationships formally in 1988 in order to offer public health workforce training in the form of the Degree of Master of Public Health. The three finally merged into the one school, the School of Public Health and Community Medicine which eventually changed its name in October 2020 to the School of Population Health.

If it consists of simply dates and names, history, as Henry Ford perspicaciously remarked, is “bunk.” It is when a history relates to and throws light on the present that it becomes worthwhile and valuable. That the history of the School of Population Health and its antecedents would fall into this latter category was perceived as such by its Deputy Head Alan Hodgkinson after he had been on staff for many years. Following Hodgkinson’s sad and untimely death in 2011, Associate Professor John Dewdney who had been associated with the school and its antecedent schools for over 50 years, agreed to take up the task. He was supported by Peter Trebilco OAM, whose service as





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Alan Hodgkinson
Previous Deputy Head

a member of the staff of successive schools, also over close on 50 years, was equally extensive. They began working on the history in 2014.

However, that work was interrupted by the sad passing of Trebilco in 2016 and then by the death, after more than fifty years of marriage, of Dewdney’s wife which naturally affected him deeply. After a break lasting the best part of a year, Dewdney continued working on the history for a short period before he asked to be relieved of the task. Dr David Thomas had just finished the writing of his latest book on the politics of healthcare in NSW. Having been associated with the School of Health Services Management and holding several teaching posts in it for over 20 years, Thomas was asked by Professor Rebecca Ivers to take over compiling the history. Being fully retired and having no other teaching or writing commitments, he readily agreed. He was joined by Associate Professor Jan Ritchie who had been maintaining honorary activities with the School since her retirement from full-time employ and was keen to see that the initial work was not lost.

The resulting history has been put it together based on archival material and interviews, with contributions from those who have played significant roles in the developments recorded here. Special acknowledgement goes to previous Heads of Schools whose interest in and willingness to contribute to this history has been highly appreciated. Material in the annual UNSW Handbooks held in the University archives has been carefully perused, initially through personal visits to the UNSW Library and more recently through much easier access to the records as they have been slowly made digitally accessible. This has been reinforced through personal memoirs. However, due to limited progress during the lockdowns and restrictions of the Covid-19 pandemic, the decision has been made by the current authors to terminate the compilation of documented material up to the time of the formation of the School of Public Health and Community Medicine in 2001, the forerunner to the current school. Other authors are now invited to follow and to document developments, starting with the period from 2001 and covering the years to October 2020 when the name was changed to the School of Population Health.

Part 1. Introduction.

The beginnings and evolution of the School

'Our view on health is very different from much of the rest of the Faculty. We see health from social, economic and cultural perspectives – not purely as disease...'

That statement emanated from a staff member speaking at a recent board meeting of the School of Population Health (SPH), one of the five schools within the Faculty of Medicine and Health at the University of New South Wales (UNSW). The work of most of these five is broadly focused on what can be termed the *curative* aspects of contemporary health care, while as its name indicates, *Population Health* focuses its teaching and research on the *preventive* aspects of the health of populations, with most of the school's teaching activity taking place at the postgraduate level.

Although formed as the School of Public Health and Community Medicine (SPHCM) in 2001 before changing its name to the School of Population Health, it is one of the younger components of the Faculty of Medicine which was founded in 1960. But in fact in historical terms, the SPH is much older than the Faculty itself, having origins which go back to 1957, although then, as the School of Hospital Administration, it was situated in the Faculty of Commerce. That Faculty was a component part of the recently founded University of Technology of New

South Wales which was later to become the University of New South Wales

The changes in the name of the contemporary SPH and its antecedents over a period of 70-odd years reflect not only a changing emphasis in its fields of study, but also the way in which these reflected changes in thinking about the whole field of health and health care over this period. Particularly important in this regard is and was the thinking around the concept of 'public health'. The concept and activity covered by that term was an old one having been widely used both in Australia and the outside world in the later 19th century and increasingly so in the 20th century.

However, the meaning of that term has evolved and expanded over the last half-century. Thus C.J. Cummings, one-time director of the NSW Department of Health, in his 1975 *History of Health Administration in New South Wales* recorded that prior to WWII, the term 'public health' was commonly used as a generic description indicating 'professional and public preoccupation with infection diseases and their aftermath'.



During COVID-19 Prof Mary-Louise McLaws and Prof Raina McIntyre were some of the first academic authorities in Australia called on by public media to explain the causes and likely course of the epidemic

Prof McLaws Left, Prof MacIntyre Right. Photos courtesy of SMH and Uniken

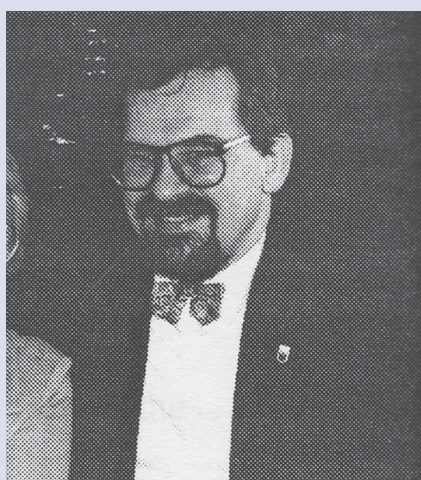
Compare that with the definition put forward by Alderslade in 1990 in his paper *Public health management in the health for all era*, published in World Health Forum. Here he describes the concept of public health as being ‘... the science and art of preventing disease and promoting health through organised efforts of society’. A more recent definition of the ‘New Public Health’ in her text of that name by Fran Baum (4th edition, 2016) sees it as going further than disease prevention, involving the application of ‘collective societal measures’ which inevitably involve political action. These seek to counter socio-economic conditions, particularly poverty and social injustice, that contribute to population ill health. These perspectives have been evident in the courses offered by SPH which have included subjects such as Policy Studies, Sociology and Aboriginal Health and Wellbeing.

The standing of the SPHCM/SPH within the Faculty of Medicine was underlined when the COVID-19 virus began to run rampant through the Australian population from early 2020. What was notable was that some of the first academic authorities in Australia called on by public media to explain the causes and likely course of the epidemic, were academics either working in or connected with the SPHCM. Among these were epidemiologist Professor Mary-Louise McLaws who also worked as an adviser to the World Health Organization and Professor Raina McIntyre, now of the Kirby Institute at UNSW who until the year before the pandemic started had been head of the SPHCM. Other SPH staff members extensively used by media to explain and comment on the

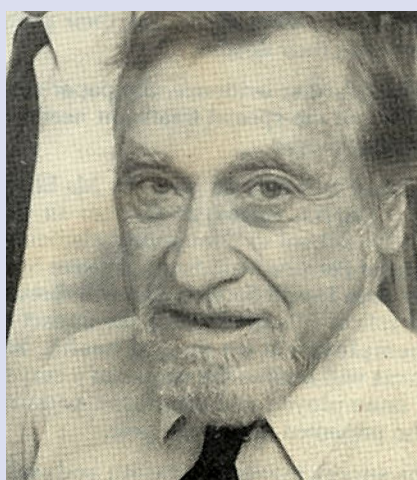
COVID pandemic included Associate Professor Holly Seale, Associate Professor James Wood, Associate Professor Bette Liu, Dr Abrar Chughtai, Dr Adam Craig, and Dr David Muscatello.

The NSW Chief Health Officer, Dr Kerry Chant who faced the public daily in the first years of the pandemic was a graduate of early renditions of the SPH, gaining a Master of Health Administration in 1991 and a Master of Public Health in 1995. Chant was awarded the NSW Premier’s Woman of the Year Award in 2021 for her impressive efforts in helping keep the NSW population healthy. Also extensively interviewed on television after the outbreak of the epidemic was Professor Stephen Duckett, Director of Health and Aged Care with the Grattan Institute in Melbourne until February 2022, who decades ago had taught for three years in the School of Health Administration (SHA) where he gained his master’s degree and PhD.

Yet much earlier than this, the work of the School of Hospital Administration also had wide ramifications across Australia in producing what came to be a widely used system of hospital administration in the form of the ‘casemix system’. This was developed in tandem with the system of diagnostic related groups (DRGs), formulated by the one-time head of this School, Professor George Palmer together with Dr Helen Lapsley. What this indicates is that throughout its history, the SPH and its predecessor schools have been widely influential in the field of academic public health care studies and action.



Prof Stephen Duckett taught in the School of Health Administration (SHA) where he gained his master’s degree and PhD



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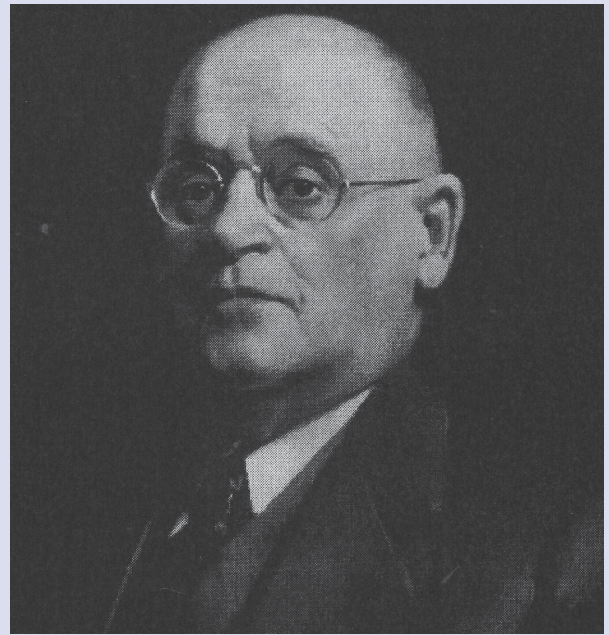
THE OBSCURE ORIGINS OF THE SPH

According to a recent 'pop' TV documentary, the source of the Nile is to be found in a small, obscure spring in the Ethiopian highlands, 1,000KM south of Egypt – (although the makers of that documentary appear never to have heard of Lake Victoria!). In a similar seemingly obscure and banal fashion, the origins of the SPH can be traced to the invention of a well-known breakfast cereal – Kellogg's Cornflakes – in the small city of Battle Creek, Michigan, in the United States. The marketing of this new product was begun in 1890s by the Kellogg brothers who were responsible for running a hospital in that city. As strictly vegetarian followers of the Seventh Day Adventist Church, they had invented a tasty foodstuff for their patients which they also hoped would be satisfying enough to eliminate any need felt by its consumers to masturbate. There is no evidence to support or undermine their expectations in that regard, but when marketed as a commercial product, their invention proved to be hugely successful financially – so much so that they became among the wealthiest individuals in the United States. It might be noted that although they were Seventh Day Adventists, theirs was a private company, unlike the Sanitarium company which also produces foodstuffs, but which was and is officially sponsored by the Adventist Church.

Their wealth was also to make the Kelloggs significant figures in the curative health field, because the elder brother, J.H. Kellogg, had been responsible for running the Seventh Day Adventist hospital in Battle Creek and while there had gained firsthand experience of the complexities and difficulties of hospital administration. The conclusion that this was not something which could be learned simply on the job but needed specialised training, led the Kelloggs to finance the creation of master's degree courses in hospital administration at several US universities as well as others in Latin America. While the Kelloggs' focus was exclusively on curative medicine, it was partly due to their philanthropic finance that the forerunner schools of the public health-focused SPH came to be established at UNSW (see section on the School of Health Services Management).

HEALTH CARE IN NSW – THE EARLY HISTORY

The preventive-health thinking and action represented by the development just described was seemingly



J.H. Kellogg

It was partly due to Kellogg's philanthropic finance that the forerunner schools of the public health-focused School of Population Health came to be established at UNSW

totally absent for well over a century after the establishment of the colony of New South Wales in 1788. During that time such small governmental health-focused action as existed was almost totally on curative medicine. One of the first public amenities established after the cargo of convicts carried by the 'First Fleet' had been dumped in Sydney Cove, was a tent-hospital set up near the Governor's residence, later replaced by a stone-built hospital which although much altered, still stands next to the State Parliament close to Sydney's city centre. This was the first of a great proliferation of hospital building over the next century. By 1900 the number of hospitals in NSW had risen to 121 and while the lead here was taken by charitable bodies, the hospitals they established attracted strong governmental financial support.

Interestingly, when NSW was established by the British colonial government as a semi-autonomous State in 1856, the health concerns of its early governments were focused on what today would be seen as public health issues. Thus in 1856 the *Journal of the Legislative Council* carried only two reports relating to health, these being those of the Medical Adviser to government who was exclusively concerned with vaccination activities and that of the Health Officer who likewise was exclusively

concerned with quarantine issues. Both fit neatly if somewhat incompletely into Cummings' definition of public health cited above.

But this focus did not last for long; in 1886 the *Journal of the Legislative Council* carried reports about a large number of 'charitable institutions', i.e. government subsidised hospitals, including four in Sydney and 68 in country areas as well as eight government asylums for the 'infirm and destitute'. While preventive health activity was not wholly lacking – 131 vaccinators were reported to be active in that 1887 – by 1900 the number of State-aided hospitals had risen to 121.

Yet while the State of New South Wales had grown rapidly since its establishment by British colonialists/invaders in 1788, by 1900 it had a population of only 1.2 million, while its capital and largest city, Sydney, had less than half-a-million inhabitants. Its geographical location and comparatively small population spread over a vast area, meant that NSW was still an 'end-of-the-world' place in which developments in the health sphere tended to lag a long way behind those in Europe and the United

States. The University of Sydney founded in 1850 was the only tertiary teaching institution and it did not have a medical faculty until 1883. Even when the State's second tertiary institution, the University of Technology of NSW (forerunner of the University of NSW) was established in the suburb of Randwick in 1949, it offered courses only in engineering, science, commerce and textile manufacture.

While the NSW government's interest in health care in the 19th and early 20th centuries was increasingly focused on hospitals, there was little sign of any interest in the field of public health beyond the provision of preventive health measures such as vaccination and quarantine, although there was also some focus on the establishment of community-focused care such as that provided by baby health centres. On this score Australia in general and NSW in particular, lagged a long way behind other advanced countries such as the USA, where a Public Health Association had been formed as far back as 1872, and Canada where a similar organisation was set up in 1910.



Students visit the historic Sydney Quarantine Station as part of the School of Population Health's Future Health Leader's program which is a workplace-based 3-year professional doctorate

Part 2. The Three Antecedents:

Antecedent School 1:

The School of Health Services Management

THE 'ACCIDENTAL' ORIGINS OF THE SCHOOL

The oldest of the three schools which amalgamated in 2001 to form what is now the School of Population Health (SPH), had concerns far removed from that school. Its initial focus on curative medicine when it was launched in 1957 was reflected in its name, the School of Hospital Administration.

The founding of this School was a classic case of things happening by accident rather than design. In fact, those responsible for the drive to set up that antecedent came not from anyone connected to the nascent University of NSW but emanated exclusively from representatives of the University of Sydney. But first, it might be noted that Australian interest in studies and training in the hospital administration field emerged after the Second World War among those who had been involved in medical issues during the conflict. Still, definite moves to provide hospital administration training did not emerge until 1951 as a result of the attendance at the congress of the American Hospitals Association by the eminent Australian gynaecologist and hospital administrator Dr Herbert Schlink, together with the then Federal Minister for Health, Sir Earle Page.

At this Congress they met with representatives of the Kellogg Foundation who proved to be open to providing a tapered grant of £25,000 to the Medical Faculty of the University of Sydney (the only such Faculty in Australia at the time) to establish a degree of hospital administration believing it to be a good opportunity to extend their financial activities to Australia. It was agreed that a Kellogg representative should visit Australia and if he found that hospital administrators wanted to finance a postgraduate program here similar to those running in American universities, he would help them set it up. All involved in hospital administration agreed it would be a good idea for there to be a university-based Degree of

Master in Hospital Administration (MHA) in Australia and so after his return to Sydney, Schlink sent a proposal to the Kellogg Foundation, which readily agreed and eventually offered its usual tapered grant which had by then swelled to £35,000 over five years, to the University of Sydney.

SYDNEY UNIVERSITY MEDICAL FACULTY REJECTS THE KELLOGG GRANT

But while the Vice-Chancellor and the Senate of that University were very enthusiastic about this and the Dean of Medicine also expressed his support, the Faculty of Medicine was resistant to the idea. According to Associate Professor John Dewdney who will figure largely later in this account, the Faculty stated that it was:

... getting requests from various other professional groups to establish various degree courses in their university, one of these groups being nurses which they didn't think were university standard. Even health inspectors! 'We really don't think their place is in a university.'

It would take leaders of nursing another 30 years to fight and finally overturn this kind of prejudice against their female-dominated profession, enabled with the so-called Dawkins' reforms in tertiary education of 1991.

Thus, the Faculty recommended to the Senate that the grant not be accepted which embarrassed everyone and particularly Schlink who at the time was editing an expensively produced academic journal called *The Modern Australian Hospital* in which he had trumpeted the success of the University of Sydney in obtaining the Kellogg grant. He was unable to stop the publication of that edition of the magazine before it was announced on August 8, 1955 that the Sydney University Senate had refused the grant.



The very first iteration of the present School of Population Health was due to a Kellogg grant way back in the 1950s and '60s

Back row, L to R: John Penfold, unidentified male, Alex Pekin, Colin Grant

Front row: L to R: Audrey Ferguson, Larry Hill (Kellogg representative) John Griffith (Head of School)

Photo courtesy of Colin Grant

A RECENT ACADEMIC ARRIVAL STEPS IN

However, that the University of Sydney had turned down this did not mean that the Kellogg tapered grant offer had been terminated. Thus, the Institute of Hospital Administrators wrote to the Kellogg Foundation suggesting that the new University of Technology of New South Wales, established in 1949, should become the recipient of that grant. In response the Kellogg Foundation invited the Vice Chancellor of the new university to submit a plan for a similar school to be centred there. That proposal was enthusiastically accepted by the Vice Chancellor (It has been said that whoever tries to come between a vice-chancellor and a bucket of money will be flattened!) who argued that even though his new university had no medical faculty, if ever one was established a School of Hospital Administration would be a useful addition. As result in January 1956 the Kellogg Foundation offered to the new University of Technology the tapered 5-year grant which had been rejected by the Medical Faculty of the University of Sydney.

When it was first announced, local newspapers gleefully reported that the University of Technology had beaten the University of Sydney in the battle to get the money from Kellogg. However, this idea was quickly negated by the appearance the next day of a joint letter from the Vice-Chancellor of the new university and the Chancellor of the University of Sydney pointing out that there was no competition involved, but that it had been amicably agreed that the new University of Technology would be an appropriate place for this course to be conducted. So all was

smoothed over and the Kellogg Foundation agreed to go ahead and make the grant.

THE FORERUNNER: THE SCHOOL OF HOSPITAL ADMINISTRATION

By the end of 1956, the University Council had agreed to the establishment of the Kellogg-financed School of Hospital Administration and appointed a professor to head it. This was Dr Sam Hatfield, the deputy superintendent of Prince Alfred Hospital, who had very recently completed the Degree of Master of Public Health in Hospital Administration in the USA. (He was actually a radiologist – in those days it was not uncommon for radiologists to be the chief or assistant-chief officer of a hospital, partly because their hours at work were much more flexible.)

The School was officially opened in May 1957. The rationale for its existence was stated in the University Handbook as follows:

The continual expansion of the basic functions of the modern hospital have transformed it in a short period of time from a relatively simple structure to a highly complex organisation. Every advance in medical science has added to the complexity of function in all departments of the hospital, and this changing and intricate pattern has turned its financial transactions into a major accounting process. The administrative activities of the hospital of yesterday were largely confined a few internal operations dealing with nursing care, food service and simple supply needs.

Today with the large increase in the personnel needed to staff the hospital and in the degree of skill required by them, the resulting problems of human relations call for the skilful techniques of good management. (p235)

Yet while subjects offered such as 'Fundamentals of the Hospital in Operation', 'Practical work in Hospitals and Clinics' and 'Fundamentals of Medical Science' were hospital-focused, courses also included fields outside the strictly hospital sphere, including accounting, economics and management theory (UNSW 1957 Calendar p258).

THE OPERATION OF THE NEW SCHOOL

The School was placed in the newly established Faculty of Commerce, one of the four faculties in the new university. That would have been greeted with approval by the Kellogg Foundation which had from the outset preferred schools of hospital administration to be based in faculties of commerce or business rather than those associated with health. That preference probably reflected the importance in the eyes of the Kelloggs, of the financial and accounting procedures of a hospital.

Hatfield was appointed as head of the new school and because the Kellogg Foundation were anxious to ensure that the School started off on the right footing, they sent an American associate professor to support and guide Hatfield. They together travelled around to Australia to discuss with hospital administrators what the course should offer. Among other things they persuaded the Melbourne-based Institute of Hospital Administrators not only to recognise the new course, but to actually run it from the new NSW University of Technology. (However, it was agreed that while the Institute would continue to be the examining body and award their own diploma this would not be a university qualification).

Subject	Enrolments
Hospital Administration1	3
Law 1 (Hospital Administration)	2
Hospital Provision 1	20
Public Administration	24
Economics (Hospital Administration)	23
Hospital Management (Accounting)	22
Hospital Administration II	18
Hospital Provision II	22
Human Relations in Administration	11
Hospital Administration III	19

Although the new School was slow to get off the ground, its one-year residential extension certificate was greeted with enthusiasm by hospital administrators, as was indicated by the fact that over 40 people applied for it when it was first advertised. A handful of students with relatively senior status were selected, one from each state (with the exception of Queensland), while the Commonwealth was represented by one participant from the Department of Veterans' Affairs.

But of course, having been established 'on the run', the School of Hospital Administration had no staff, apart from its head Dr Sam Hatfield. Thus the initial courses had to be delivered using external part-time lecturers including accounting staff from the Department of Commerce as well as a lecturer from the School of Psychology. Still, its courses proved popular and after 1957, about 8-12 students were enrolled each year. Each was given a scholarship by their employer to live in Sydney for a year on their full salary. Also, the Commonwealth Scholarship Scheme offered financial support for people from overseas and attracted several students from Africa as well as a couple from Papua New Guinea.

In time the School began to be staffed by its own permanent core teaching staff. Twelve years after its formation, i.e. in 1969, it was staffed by two professors, three senior lecturers, three lecturers and nine tutors (UNSW Calendar. 1969 p312). It was also attracting a good number of students; in 1978 for instance, there were 109 students enrolled in the School who were distributed over its various courses as follows:

FAILURE TO ATTRACT POSTGRADUATE STUDENTS

However, after 10 years the School had failed to provide any candidates for the MHA degree. One reason was that some who did the extension course lacked undergraduate degrees so were not qualified to do a postgraduate degree; another problem was that most participants were in well-paid hospital employ to which they would return after completing the one-year residential course and had no motive or reason to try to better themselves by doing a master's degree. While eventually three or four people (one of whom was from the School of Commerce) did undertake the postgraduate degree course, it had produced no graduates by the time the initial Kellogg tapered grant expired.



School of Hospital Administration
Melbourne Residential School 1968



School of Hospital Administration
Extension Course 1959

AN ANOMALOUS SCHOOL

A year after the establishment of the School of Hospital Administration in 1957, the name of the University of Technology was changed to the University of New South Wales (UNSW). It was under that overarching rubric that the School and its associated schools have functioned ever since.

While at the time of the establishment of the School of Hospital Administration the lack of a Faculty of Medicine made its creation somewhat anomalous, its existence was justified by the thought, as reported above, expressed by the Vice Chancellor, that if a medical faculty was set up it would be a good thing for the University to have such a school.

Still, although during the later 1950s it became obvious that there was going to be a medical faculty there was no suggestion that the School of Hospital Administration should become part of that. Thus it remained in the Commerce Faculty until 1967 when it was moved into the Board of Vocational Studies which had been established “for the purpose of supervising the teaching and examination of subjects which are primarily concerned with vocational training and which do not lend themselves to incorporation in the existing Faculty structure”. In 1973 the name of this Board was changed to the Board of Professional Studies (UNSW Handbook 1974 p5) although that was destined to disappear as new Faculties took over its functions.

During the next decade after the School of Hospital Administration was established in 1959, its main offering was a Degree in Bachelor of Hospital Administration, although it also offered, in a minor way, a Master of Hospital Administration course. Over

the next decade its course offerings changed little from those listed in the table above.

However, as can be seen from that table, while the course was attracting a significant number of students in the mid-1960s, that number declined over the next several years, one reason being that there had been widespread re-organisation of hospitals aimed at reducing costs. As a result, many middle-management posts in hospitals disappeared. Moreover, many other competing schools of hospital management had been created at other Australian universities while the rapid development of Master of Business (MBA) offerings in both UNSW and other universities had a major adverse impact on the number of students interested in the hospital management courses offered by the School. So much so that during the mid- to late 1960s, there were no students taking several of its major courses.

HOSPITAL ADMINISTRATION BECOMES HEALTH ADMINISTRATION

Yet while the likely pool of students from the hospital administration was shrinking, another much bigger pool of health workers who wanted to improve their skills and knowledge existed in the burgeoning health bureaucracies in the local, state and federal spheres of government and also in the non-government sphere, particularly academia.

In New South Wales for instance, increasing governmental interest and involvement in health issues was reflected in the establishment of the state’s first Department of Health under its own

minister in 1913. While at that stage its staff numbered 100, by 1938 their number had grown to 1,400 working in 25 sub-divisions which evidenced that the Health Department had become one of the major portfolios in the State government. And of course this development in NSW also applied in the eight other Australian States and Territories and in the overarching federal sphere. Here was a much bigger and more stable source of potential students interested in gaining advanced qualifications in health administration than had been the case in the narrowly focused and increasingly unstable field of hospital administration.

The way the School was able to take advantage of this situation was most obviously evident in the change of its name to Health Administration in 1969. The University Handbook for that year recorded the motivation for this change as follows:

There is in Australia, South-East Asia and the Pacific a very real need for a broadly based course in health administration. For the most part health administrators are those drawn from already professionally qualified in fields such as Medicine, Law and Social Sciences. It is appropriate therefore to offer a course to meet the needs of such people at the postgraduate level.

This change of name seems to have been unexpected, as was reflected in the fact that University Handbook for 1970 still listed the School

as that of 'Hospital Administration'. According to an addendum to that entry the new name had been conveyed too late to the compilers of the Handbook to change it before the Handbook went to press.

One of the potent forces which led to the direction- and name-change was the appointment of a new director to succeed Hatfield. This was Mr John Griffith who had been a successful hospital administrator in England and had a first-class honours BA from Oxford. According to Dewdney, the key factor in his appointment was that his brother was chief administrative officer of the Perth Hospital, which was universally held in high esteem. And that he did not have a doctorate was not thought strange because at that time several schools in UNSW were headed by people with master's rather than doctoral degrees. Griffith continued to serve as Head of School over the next ten years, that is until 1969. He was succeeded as Professor of Hospital Administration by Dr George Palmer.

Moves to change the *raison d'être* of the School were strongly supported by Dewdney, who had a background in medical practice. He had joined the School as a senior lecturer in 1967 but became aware as he stated in an interview after his retirement, 'the idea of teaching hospital administration was finished'. These developments and this weight of staff opinion ensured that not only was the basic *raison d'être* of the School changed, but its teaching and courses changed in a direction which justified it being renamed the School of Health Administration from 1970 onwards on the grounds that:

Health administration requires some degree of proficiency in many disciplines: architecture, law, public health, economics, statistics, political science, management science, psychiatry and sociology. All of these are necessary in the training of hospital and health service administrators and are provided in the courses offered by the School of Health Administration (UNSW Handbook, 1970, p.198).

However, over the next two years, the School continued to offer several hospital-focused courses, possibly to cater for students who had been enrolled in the former School of Hospital Administration but had not finished these courses. According to the UNSW calendar for 1970, the first year when the School operated under its new name, its courses included Hospital Fund Accounting, Hospital Management Accounting and The Hospital as a Social System. However, these hospital-focused courses were no longer included in the School's offerings after 1972.



School of Hospital
Administration staff 1960



Moves to change the *raison d'être* of the School were strongly supported by John Dewdney, who had a background in medical practice. He had joined the School as a senior lecturer in 1967 but became aware as he stated in an interview after his retirement, 'the idea of teaching hospital administration was finished'. These developments and this weight of staff opinion ensured that not only was the basic *raison d'être* of the School changed, but its teaching and courses changed in a direction which justified it being renamed the School of Health Administration from 1970 onwards

In 1973, the first year in which no hospital-related courses were included in the School's curricula, the following courses were offered:

Introduction to Accounting
Law 1 & II
The Australian Health Care System
Accounting for Health Administration
Management
Statistics
Health Care Planning
Political Science
Behavioural Science
Social Administration

While this list eloquently illustrates the radical change of direction from that of the old School of Hospital Administration, what might be noticed from this list is that the word 'health' appears in the titles of only three of the ten subjects on offer. That indicates that the offerings of the School were heavily slanted towards administrative and generic issues (e.g. Political Science). However, completely absent is any reference to the growing field of public health studies (UNSW Handbook, 1973, p133).

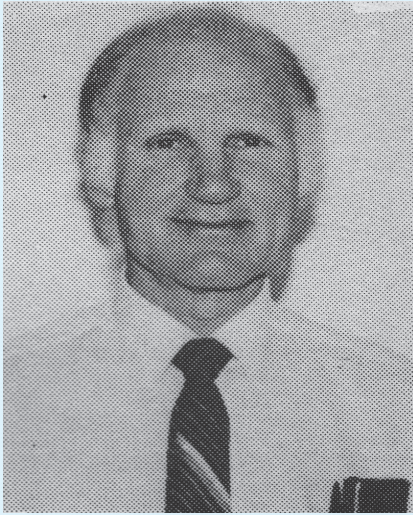
Despite the nominal change of direction, after Dr George Palmer was appointed Head of School in that same year, his chosen title remained that of Professor of Hospital Administration for the next ten years. In that position his research and publishing efforts continued to be focused on hospitals. In time he was to formulate an influential approach to patient care in the form of Diagnostic Related Groups (DRGs) and the Casemix system.

THE TRANSFORMED CURRICULUM OF THE SCHOOL

Dr James Lawson, then Director of the NSW State Government's Northern Metropolitan Health Commission was appointed as the next Head of School. Lawson had a long history as a health bureaucrat and besides overseeing its administrative functions, was responsible for introducing public health measures such as rubberised surfaces in children's playgrounds and splinter-proof glass in windows, as well as being active in the campaign to have seat belts in cars. He was looking for a change in his working life and had been offering a course entitled 'Public Health' on a part-time basis at the University of Sydney. He successfully applied for the advertised position of what had now become the School of Health Services Management (SHSM), fully aware that if he got the job, he would suffer a considerable pay cut. Still, he wanted and was ready for the change in his working life.

When he started in the School in 1987, Lawson recorded that a shock awaited him because, as he wrote in his 2010 autobiography, he found it to be riddled with conflict. As well as endeavouring to improve interpersonal relationships within the School, he introduced and taught a course, 'Introduction to Public Health', the first time that this non-administrative health course had been introduced into the SHSM curriculum.

Lawson remained head of the School for the next five years, and during that time was responsible for many developments. Firstly he was not satisfied with the fact that it was an undergraduate school in which fully-qualified medical doctors wanting to add the degree of BHA to their list of qualifications were studying the same courses as young students fresh out of high school who had found that taking the BHA



Prof James Lawson (Head of School from 1987-1993) (left) advocated with Drs Graeme Rawson (right) and Helen Lapsley to change from an undergraduate to postgraduate school and move from Faculty of Professional Studies to the Faculty of Medicine

was one way they could get into the University. To deal with that anomalous situation, Lawson worked to limit entry to the SHSM to postgraduates only. To accomplish this he advocated from 1989 with senior staff members Drs Helen Lapsley and Graham Rawson for the School to be moved from the Faculty of Professional Studies to the Faculty of Medicine, although the Handbook makes clear this did not actually take place until 1998 after the dissolution of Professional Studies at the end of 1997. But while Lawson's drive to have the HSM relocated into the Faculty of Medicine was eventually successful and it became a graduate school.

In 1993 Lawson stepped down from his position as Head of School although he did not retire from teaching. His place as head was taken by Mr Ian Forbes who had joined the staff in 1988. Forbes was highly qualified and had served as a senior lecturer in the School for five years before he became its head In 1993. One of the most noteworthy developments

during his tenure was the opening of an extension of the school in Hong Kong. Staffing was provided by teachers from the School who travelled to and stayed in Hong Kong while running the short intensive component of the courses. These were eagerly seized on by local students since there was no other teaching in the field of health administration available in Hong Kong at the time. Their fees proved to be a highly lucrative source of income for the School.

By the early 1990s, the School's health management contributions to the courses offered under the Degree of Master of Public Health were being recognised as one of the reasons for the increasing popularity of the MPH for applicants all across Australia. Some students were choosing to enrol in both the MHA and MPH programs to gain a double degree. The section below on the Centre for Public Health will complete the outline of this School's valuable contribution as a forerunner to the merger eventuating as the SPHCM and then SPH.



One of the most noteworthy developments during Ian Forbes' tenure as Head of School was the opening of an extension of the School in Hong Kong.

Left photo: Ian Forbes centre front row with Dr Peter Degeling on his left with Hong Kong school. Right photo: Ian Forbes

Part 3.

Antecedent School 2:

The School of Community Medicine

THE FORMATION OF THE SCHOOL

While the School of Health Services Management was evolving nearby, in another part of the University of New South Wales, the School of Community Medicine was similarly evolving.

As already mentioned, the University of Technology at Randwick had originally opened in 1949. When a decision was made in 1958 to expand its faculties beyond purely vocational ones, its name was changed to the University of New South Wales and included Medicine and Arts in its new wider offerings. The inaugural meeting of the Faculty of Medicine occurred in July 1960 followed by the enrolment of its first 75 students in 1961, with this group graduating in 1967.

Conventional medical practice and health service arrangements across Australia were raised for review when in 1972, Gough Whitlam became prime minister and immediately led Australia into implementing a universal health insurance scheme which formed the foundations of our modern Medicare. Additionally, because of his strong political standpoint on democracy and social justice, Whitlam vehemently supported community members taking responsibility for ground-up decisions regarding living conditions, lifestyles and health replacing what were conventional top-down practices.

Sir Sydney Sax was commissioned to review the then health services situation resulting in a blueprint for change entitled "A Community Health Program for Australia". Community health centres were to be set up across the country with health professional training programs under Schools of Community Practice being required at all the ten existing medical schools. Here they were expected to speedily build the capacity of their graduates to respond better to community health needs. To meet these requirements in 1973 the UNSW Professorial Board endorsed the establishment of a chair in Community Medicine. Also endorsed was the subsequent formation of a School of Community Medicine with the prime purpose of reorienting health professionals to work in this new health service environment.

There was a degree of delay in appointing someone to fill the chair. Initially Associate Professor John Cawte, a psychiatrist, and Dr Neville Andersen, Director of Community Health at St Vincent's Hospital, both contributed sessionally to the teaching of community medicine in the medical undergraduate curriculum. When the relatively new Dean, Professor RJ Walsh happened to chair a presentation on rehabilitation given by Dr Ian Webster, he was impressed enough with Webster's background experiences to invite Webster to apply, resulting in the latter's appointment to the chair at the end of 1975.

Due to the fact that Professor Walsh had been head of the School of Human Genetics before becoming Dean, he brought human genetics under the new school, adding medical statistics and introductory clinical studies to the undergraduate coursework responsibilities of the School. This latter course focused strongly on the basic clinical skills of communication and problem solving. Webster has noted in his memoirs that in those early days he was actively influenced in this topic area by the progressive curriculum offered at the University of Newcastle under Professor David Maddison, a respected colleague of Webster. Maddison had previously been a key prompt to stimulate Webster's early interest in this area as he had over quite some years been espousing the value of social, environmental and nutritional changes as principal agents leading to the decline of infectious disease.

In addition, Webster had worked in the 1960s in the coal mining areas of the UK where public health and preventive measures across the community were seen to be essential in dealing with the respiratory conditions suffered by the miners, but equally by their families who shared the same polluting environment.

Three senior lecturers from human genetics, Dr Max Nichols, Dr Laurie Lai and Dr Alan Starke, came into the newly formed school together with a community nurse, Ms Felicity McLean and three laboratory assistants.



Dr Ian Webster (Head of School) emphasised that in his view, community medicine was closely related to public health, but he defined community medicine as having a focus primarily on social issues whereas public health, in his eyes, had its primary focus on environmental factors.

EMPHASISING A COMMUNITY MEDICINE MINDSET

Webster's unpublished memoirs report on the abysmal lack of understanding of the essence of community medicine by all around him in these early days to the point of antagonism by other faculty members who resented any funding going outside purely clinical medicine. In his memoirs he defined community medicine as:

Medicine's relationship to communities based on social principles and objectives. These included:

- equity in access and treatment according to needs;
- relationships and networks of resources and support; and,
- transparent and accountable decision-making.

He emphasised that in his view, community medicine was closely related to public health, but he defined community medicine as having a focus primarily on social issues whereas public health, in his eyes, had its primary focus on environmental factors. It appears that he was determined to maintain a high profile for the School and he constantly put much effort into seeking to clarify the values held by the School.

Webster decided that he would make the subject Introductory Clinical Studies central to his efforts. With Dr Paul McNeill taking responsibility for the course and with oversight from the surgeon Dr Christopher Magarey, the first-year medical students attended the course, learning in small groups led by tutors from various disciplines. It is a credit to Webster when more than 40 years later as this history is being compiled, a similar set of tutorials around community health and social medicine issues remain

a central part of the current UNSW undergraduate offerings, with SPH staff being responsible for designing and conducting these teaching sessions.

The appropriateness of this content was reinforced when in 1978 the World Health Organization (WHO) proclaimed the objective of attaining 'Health for All by the year 2000' using a community-centred primary health care approach. This was further reinforced by the WHO Ottawa Charter for Health Promotion in 1986 recommending community action for health as one of its five action areas.

In 1989 the reliance on visiting lecturers for the undergraduate community medicine content was no longer needed when community medicine teaching became the responsibility of the South West Sydney Clinical School of the UNSW. All third-year students were now to spend 6-8 weeks attached to Liverpool Hospital which gave them the opportunity to learn first-hand of the range of local area health service functions. Valuable links with general practice were also strengthened leading to student attachments in suburban general practices.

Webster became the first academic appointed to an area health service, first as Professor of Drug and Alcohol Services and then Associate Dean, later as Professor, of Public Health.

THE MASTER OF COMMUNITY HEALTH

Meanwhile on the main campus of UNSW, postgraduate studies in the topics covered by the School were established with the development of the Master of Community Health (MCH), first offered in 1986. The University Handbook includes the following:

The [MCH] course is designed to further the competence and skills of health personnel in problem-solving and practice in community health and health services, and to enhance practical skills and provide experience in epidemiological and preventive techniques, health education and promotion. A major emphasis in the course is on student activity, individually and in small groups.

The master's degree program is presently offered as a part-time course of two and a half years. Candidates are required to complete a program totalling 24 credits over four sessions, made up of 3 nominated subjects (14 credits) and 5 academic electives (10 credits). Candidates must also undertake a research project during a further session.

Nominated Subjects: Epidemiology I (Methodology), Epidemiology II (Practice) ... Electives: Disability, Health of the Elderly, Health and Illness Behaviour, Communication and Writing in Health, Alcohol and Drug Related Problems, Health in Developing Countries... Students may undertake relevant elective subjects offered by other Schools within the University or by other Universities or tertiary institutions.

A wide range of health professionals from varied backgrounds immediately enrolled. These included the future governor of NSW, Dame Marie Bashir, who at that stage was working as a community psychiatrist. As well as those already mentioned, key staff at this period in the life of the School included Emeritus Professor John Hirshman, Professor Robyn Richmond, and long-time staff member Peter

Trebilco, who had been instrumental in initiating the compilation of this history.

Due to the School joining with SHSM and SME to establish the Centre for Public Health and its MPH becoming a concurrent offering by 1989, most enrollees took advantage of the opportunity to transfer to the MPH by completion of their studies. Those of us on staff at that time heard informally from candidates that their reason for transferring was that an MPH was more recognised internationally.

Meanwhile the School developed a very strong relationship with the Royal College of General Practitioners. One notable result of that move was the gaining of many research grants relevant to general practice and the building of practice links across the state.

With the focus now more on the South West Clinical School, Webster made the decision to relinquish the Head of School role and concentrate primarily on community practice. In 1991 he handed the reins to Professor Peter Baume. Baume had left his medical career in 1974 to serve as a senator with the Liberal Party under the Fraser Government. He had played an active part in taking various roles as Minister for Aboriginal Affairs, and later for Education and for a short time, Health.

During a chance meeting with Webster at the time, he had voiced his disillusionment with the Liberal party's increasingly radical conservatism. His growing disillusionment with the Party had already become apparent when he gave bipartisan support to the Labor Government's Minister for Health, Dr Neil



Peter Trebilco OAM, who had been instrumental in initiating the compilation of this history, originally joined the School of Community Medicine during early days. He served as a member of the staff of successive schools for over 50 years.



After withdrawing from political life, Professor Peter Baume was invited to fill the post of Head of School of the School of Community Medicine and was warmly welcomed into the academic world in January 1991.



Peter Baume with Dr Lisa Jackson Pulver, Director of the Muru Marri Indigenous Health Unit

Blewett, in Blewett's harm minimisation approach to dealing with HIV/AIDS. When he said he was thinking of withdrawing from political life, Webster saw that as creating an important new academic opportunity for Baume whose earlier support for legalising euthanasia and for drug reform indicated that his commitments were visibly in line with those of the School of Community Medicine. He was thus invited to fill the post of Head of School and was warmly welcomed into the academic world in January 1991.

SUPPORTING UNSW COMMUNITY HEALTH-FOCUSED ENTITIES

Owing to the fact that UNSW policy was demanding that research students working under supervision in centres, institutes and specific units could only formally enrol in their degree in an established school associated with their centre's purpose, the School had another important role. It acted as a hub for those whose *raison d'être* meant that they had major

impacts on community health and as a result, this School supported the enrolment of these research students. Important among these institutions or units was the National Centre for Drug and Alcohol Research (NDAARC), The Centre for HIV Epidemiology and Research (later the Kirby Institute), the Centre for Health Equity Training Research and Education, The Centre for Primary Health Care (PHC) (both later merged to become the Centre for PHC and Equity), The Rural Health Unit (later the UNSW Rural Clinical School), the Muru Marri Indigenous Health Unit and the Centre for Culture and Health.

By this stage the School was operating as a very active member of the Centre for Public Health (CPH) with the other two schools. Part 5 below details how the CPH evolved and made vigorous steps towards the ultimate merger of the three schools.

Part 4.

Antecedent School 3:

School of Medical Education/ WHO Regional Training Centre for Health Development

SOWING THE SEEDS 1973-1983

The School of Medical Education was established within the UNSW Faculty of Medicine in 1983. Its roots were put down ten years earlier, in 1973, when events external to Australia influenced its inception. At the time, the World Health Organization (WHO), the multilateral health arm of the United Nations Organization, was recognising the need to upscale the quantity, quality and relevance of health professions in less-resourced countries across the globe as a way to strengthen their health systems and to achieve better health outcomes. To this end, WHO determined to focus on strengthening the capacity of health profession education institutions through development of their educational leaders and experts in medical education. The reform focused on formulating a

learning environment that would cultivate essential competencies and promote application of knowledge, practice of skills and capacity for problem solving and self-directed, lifelong learning.

This WHO global strategy entailed the establishment of multi-disciplinary teacher-training centres for health professionals, locating one in each of the six global regions of WHO. The University of New South Wales (UNSW) was successful in tendering for the Western Pacific Region's centre as it was able to meet three defined conditions. Firstly, it was able to demonstrate that its medical faculty was well regarded. Secondly it was able to show evidence of the fostering of learning and teaching, something which UNSW could do on the basis of its highly regarded Teaching and Learning Centre which served all faculties across the campus.



1988 photo of MHPed students and staff, School of Medical Education/WHO Regional Training Centre for Health Development, UNSW

Back row: Furthest right Magnus Steinborg 2nd back row: 3rd from left Raja Bandaranayake, 7th from left Robyn Gossip; 3rd back row: 1st from left Arie Rotem, 5th from left Anna Ippodimonte, 6th from left Jan Ritchie; Front row: 5th from left Ken Cox (Head of School)



The RTTC role was boosted in 1976 when Dr Ken Cox left his very successful surgical role at St George Hospital in southern Sydney to assume headship of the Centre. He added several innovative perspectives to its mode of operation, emphasising the creation and maintenance of equitable relationships and the effectiveness of patient-centred care.

Thirdly the institution needed to be sited close to an international transport hub for ease of access for potential participants from the other 36 regional countries of the Pacific and Pacific rim. UNSW's location a mere 5km from Sydney's Kingsford Smith International Airport fulfilled this condition admirably.

As the host country for the proposed centre, the Australian Government supported the successful tender and indicated it would agree to fund basic infrastructure and a number of positions. This was in addition to a grant from the Kellogg Foundation, not unlike that initiating the founding of the School of Health Services Management. WHO agreed to cover the costs of the visiting health professionals through individually funded fellowships. The faculty allocated the then East Wing of the Wallace Wurth Medical Building to the Centre providing a small classroom, tutorial rooms and staff offices. These arrangements would enable appointment of a basic team of academic staff and provide opportunity for key health personnel from low-resourced countries to attend regularly scheduled training programs of assorted duration and focus.

Thus, in January 1973, the retiring Dean of Medicine, Professor Frank Rundle became the inaugural Director of the new twin centres complementing each other: the Regional Teacher Training Centre and the Centre for Medical Education Research and Development (together abbreviated to RTTC).

The plan to establish this training centre was innovative as very little support of a similar nature was open to the lesser resourced countries of the region from any other Australian sources at that stage. The RTTC program, it was noted in UNSW records, complemented the then Colombo Plan, put in place in 1951 by Western powers, including Australia,

to enhance post-World War II development in Asian countries. This had provided access to Australian institutions for key health personnel from Asian and Pacific countries as part of a broad plan which sought to build technological, social, economic and political strengths among its participants.

On the inauguration of RTTC, prior to welcoming participating fellows, WHO enabled selected UNSW academic teachers to attend a three-month training program at the University of Illinois in Chicago to plan their approach. Senior clinicians, Drs Mick Bennett, Bill McCarthy, Bill Piggott, John Hickey and Adrian Lee were among key players who were appointed as staff associates of the fledgling centre. At that period the educational theories of the likes of John Dewey, Carl Rogers and similar others were dominant in Chicago and the team brought back ideas that strongly influenced the instructional design and course material provided to reflect these progressive philosophies, with a particular focus on problem-based learning.

The RTTC role was boosted in 1976 when Dr Ken Cox left his very successful surgical role at St George Hospital in southern Sydney to assume headship of the Centre. He added several innovative perspectives to its mode of operation, emphasising the creation and maintenance of equitable relationships and the effectiveness of patient-centred care. These emphases fitted comfortably with the underlying philosophy influenced from the Chicago preparatory training which had brought the RTTC into existence.

He was joined in that early period by Dr Arie Rotem, Dr Raja Bandaranayake, Dr Ruth White and Dr Christine Ewan to work with the senior health professionals who enrolled in RTTC as short-term fellows. These key personnel from low-resourced countries were most



1993 photo of Annual Advisory Meeting supporting the WHO Regional Training Centre for Health Development, also Annual Intercountry Workshop

Back row: Furthest right Jim Lawson, 2nd from right Graham Roberts; 2nd back row: 3rd from left Leah Bloomfield, 5th from left Bill Kean, previously WHO Country Liaison Officer, China and more recently WHO WPRO, 8th from left John Dewdney; Front row: 5th from left Jan Ritchie, 6th from left Dr Han Regional Director, WHO WPRO, 7th from left Arie Rotem, 9th from left Romaine Rutnam (partner of Tony Adams, Chief Health Officer, Department of Health Canberra – present that day but called away from photo); others in photo are supporting VIPs in WPRO and the rest are workshop participants from regional countries

often already in charge of substantial departments in their home countries. On arrival, they were pleasantly surprised when their seniority and vast experience was recognised, according them the status of fellows rather than students. The fellows were encouraged to engage in small group learning tasks where their opinions were welcomed and where contributions from their own experiences were valued. Social contacts and cross-country network building were vigorously encouraged. Beyond exchange of ideas and interactive learning, opportunities were created for cultural exchanges such as the then-famous 'Cook-Ins' offered by Professor Cox and his wife Libby who regularly brought fellows to their home, inviting them to cook their local Asian or Pacific dishes for all to share. Libby Cox collected many recipes from these evenings and compiled a cookbook which was later published with proceeds going to charity.

The Centre's work soon came to be recognised very positively by WHO's Western Pacific Regional Office and this further enhanced its standing both locally within UNSW and nationally across Australia. As its work became known, RTTC became a focal point for implementation of WHO programs in the Region with the Centre being regarded as an extension of the WHO regional establishment. This recognition placed

it on an advanced level when compared with the other Australia-based WHO collaborating centres that came into being in the second half of the twentieth century. A network arose around RTTC providing appropriate expertise and resources to continue supporting fellows on return to their home country. This was seen to be essential as very early on it was learned that an individual rarely could bring about planned positive change on return unless their whole home department or institution was engaged accordingly and supported in introducing innovations over time.

A highlight of each year was RTTC's Coordination Committee Meeting, held to develop a yearly plan based on stakeholder priorities. The meeting, chaired by the UNSW pro-vice-chancellor, reflected the commitment of the University at the highest level to the collaboration between the Australian Government, the WHO and UNSW in this innovative endeavour. Accordingly, the members of this Committee were high level stakeholders including the regional director of the WHO Western Pacific Region, the Commonwealth chief medical officer representing the Australian Government, the faculty dean, with two deans of medicine and a dean of health sciences from other Australian universities and of course the head of RTTC. Key personalities who were particularly

supportive over time were Dr S T Han who held the WHO Regional Directorship for a large part of the period that the Centre was particularly active and Dr Tony Adams in his role as Chief Medical Officer of the Commonwealth Department of Health.

GROWTH AND RECOGNITION 1983-1999 – THE EMERGENCE OF THE SCHOOL OF MEDICAL EDUCATION (SME)

As RTTC extended its reach in capacity building and in supporting planned change across institutions, a decision was made to offer longer fellowships and thus a plan was put forward to introduce a degree program in the Master of Health Personnel Education (MHPed).

To manage the forthcoming degree requirements in accordance with university protocols, the UNSW Faculty of Medicine was required to create a school. As a result, the new School of Medical Education (SME) evolved in 1983 from the RTTC. Since the WHO agreement was still in operation, the new SME overtly incorporated the Centre within the School.

The establishment of SME provided opportunities for wider scholarly activities including the seeking of competitive research grants and provision of active programs for PhD students, resulting in a strong record of scholarly publications. The formation of SME also provided a more secure career pathway for academic staff, helping to retain and attract talented staff more than was possible when merely a centre. At the same time, the incorporation of the RTTC within the SME ensured continuing emphasis on the cultivation of capacity and educational development in line with WHO priorities.

With the introduction of the MHPed and research degree programs, engagement increased with the other schools and the faculty as a whole. Staff of the School were invited to join faculty committees and to contribute to improvement of the teaching and learning environment, particularly in the clinical setting. At that time, the Faculty provided funding for the equivalent of four full-time academic positions, space and other educational resources. At the same time, the School provided a source of funding to the Faculty through the enrolment of local and international master's and PhD degree students. It was understood, however that future expansion of the School would be dependent on its ability to mobilise



1994 Visit of a special Chinese Ministry of Health Delegation (6 weeks)

Back row: 1st from left Alan Hodgkinson, Delegation coordinator, 2nd from right Ken Cox (Head of School); 2nd back row: Jeanette Ward (in front of Alan); Front row: 1st from left Dr Tian Min, Chinese delegation leader, Human Resources Development Dept, MOH Beijing (MHPed graduate circa 1990), Jan Ritchie (right of Tian Min), Arie Rotem (right of Jan), UNSW Vice Chancellor John Niland (front centre)



International Seminar on the Role of National Institute of Hospital Management, 24-27 September 1991, Seoul Korea

Based on its mission and close link with WHO and other international and Australian agencies, the SME/RTC in its prime provided a hot house for the development of leaders in health profession education. The long-term impact is evident in the establishment of national medical education development centres across the region (initially in South Korea and the Philippines and subsequently in Laos and Cambodia) as well as many institutional units

external funding and resources. Indeed, over time the programs of the SME extended significantly so that over 70% of the SME and its centre's budget was secured from external sources.

The expansion of the SME activities and networks included links with other universities in Australia and the region. The links with the University of Newcastle, for example, were strengthened as Newcastle's relatively new medical school had from its inception in 1978 taught using a problem-based learning model. This strengthening interaction was apparent when degree candidates and WHO short-term fellows were regularly taken by bus to spend some time in Newcastle to observe the problem-based learning approach in action.

Complementing the overseas fellows, early enrollees in the new degree included Australian medical practitioners who were teaching in the then nine medical schools across the country. It also included a substantial number of nursing and allied health educators who chose to upskill as these health disciplines were upgrading from certificates and

diplomas to degrees, in accordance with the 1988 Dawkins reforms in higher education.

Many longstanding and constructive relationships evolved between overseas fellows and RTTC staff as the latter made themselves available for continuing support and mentoring following study programs. These interactions built a collegial network of great strength across the region. As part of this collaboration the SME staff increased their in-country visits as they accepted widespread invitations to consult with and further mentor fellows and graduates back home in their institutions. Staff skills in facilitation development within health and education national systems became essential, as did the development of cultural competence where learning could take place, with both teachers and learners respectfully considering the history and social context behind the issues being addressed.

As well as the degree of MHPEd, Professor Cox initiated the development of a further degree program in the degree of Master of Clinical Education, offered primarily as a distance learning program. Dr Peter

Harris, Leah Bloomfield, Dr Patricia Youngblood, Dr Catherine Berglund and Dr Chris Hughes joined the School actively contributing in their various fields and were later joined by Dr Lisa Maher and Dr Maurice Eisenbruch. Sophie di Corpo and Karsten Sommer were employed to support innovations in instructional design and remained with the School over the next decade. Their work was really valued as student-friendly innovations in web-based courses evolved to complement conventional face-to-face learning programs.

GROWTH AND RECOGNITION – ESTABLISHMENT AND EVOLUTION OF THE REGIONAL TRAINING CENTRE FOR HEALTH DEVELOPMENT (RTC) 1983-1999

At the time of the establishment of the SME, change was also making an impact on the RTTC from outside UNSW. In the late 1970s, WHO had reviewed its mission and considered the directions its efforts were taking. According to a then senior WHO office-bearer in the European Regional Office in Copenhagen, its member states were recognising that this organisation that was originally established as the global public health body was in danger of becoming the world medical organisation as its efforts had moved primarily to supporting better curative care and medical interventions.

To help move WHO's overall focus to a more public health bearing, the Alma-Ata Primary Health Care Declaration in 1978 encouraged member states to focus more on community-based care rather than on hospital and clinical care and encouraged the building of capacity of local health workforces to better support families and villagers to be healthier. To reinforce this direction, WHO in 1981 presented the world with the goal of 'Health for All by the Year 2000' with primary health care put forward as the strategy to meet this expansive goal. Here was emphasised the two primary public health pillars of improving living conditions and lifestyles and also of building strong public health infrastructure systems.

These changes meant that WHO agencies around the world were trusted to reflect these differing foci and the WHO centre at UNSW was among the early adopters. To endorse the adoption of these wider goals more clearly, the University in 1983 agreed to formally accept the name change of the RTTC to the WHO Regional Training Centre for Health Development (RTC). Health Development as defined by WHO is a 'process of continuous, progressive improvement of the health status of a population'.



Professor Arie Rotem became Head of School overseeing continual growth after Professor Ken Cox retired in 1991

It was a term that arose in that period particularly to encompass aid programs in health systems practice, research and training offered by resource-rich countries to those less-resourced. It perfectly fitted the evolving role to which the RTTC had moved. This renaming occurred at the same time as the new school was established. Dr Sue Irvine joined SME/RTC at this time to help build the community health subject area and to teach innovative approaches to engage community members in contributing to pursuing their own health.

Despite much effort being put into this global strategy, it became apparent that in many countries, primary health care was being interpreted as better basic medical care rather than the original intention of focusing on building healthy lifestyles and living conditions. A further WHO initiative was therefore undertaken in 1986 with the Ottawa Charter for Health Promotion, arising from WHO's First Global Conference on Health Promotion in Canada proclaiming the importance of optimising health through enabling people to take control of their health – the ultimate in disease prevention. Documents arising from the conference pointed out that this bottom-up 'process of enabling' constituted the 'new public health'. WHO was recommending that this new approach needed to take its place alongside the 'old'



1995-6 Staff photo, School of Medical Education/WHO Regional Training Centre for Health Development, UNSW

Back row: From L to R – Tim ?, Clerical Support, Prof John Dewdney, Visiting Fellow and Coordinator of Special Projects, Alan Hodgkinson, Lecturer, Dr Cathy Berglund, Senior Lecturer, Dr Pat Youngblood, Senior Lecturer, Deborah Raphael, Coordinator WHO Short-Term Fellows, July ?, Clerical and IT Support; Front row: From L to R - A/Prof Raja Bandaranayake, Director of Academic Programs, Prof Arie Rotem, Head of School and Director, WHO RT Centre for HD, Leah Bloomfield, Associate Lecturer, Jan Ritchie, Lecturer, Jenny Schrembri, Administrator, Jacquie Miller, PA to HOS

that had for the past century dealt in a more top-down way, with control of infectious disease in populations – an ironic move given that Covid-19 was around the corner. To cover this expanding subject area of health promotion, Jan Ritchie joined SME/RTC in 1988 as an associate lecturer.

Although it was clear that this was primarily the era of non-communicable disease, in the late 1980s HIV/AIDS was reaching epidemic proportions in many countries of the region. WHO asked RTC to assist by providing special training for senior regional health officers to build the capacity of their country to cope better with this then-fatal disease. Dr Magnus Stiernborg who had recently joined the staff took responsibility for running intense six-week training courses for quite some years. Feedback from regional participants was exceptionally positive with many reporting they found the special session finalising the course offered by the High Court judge, the Honourable Michael Kirby AC, one of their most memorable learning experiences.

A marked innovation in early RTTC and later RTC activities was the employment of a support staff

member to provide practical assistance for fellows living away from home – sometimes even offering pastoral care. This support person also assisted fellows and students in understanding academic requirements, including writing in English at the formal academic level, expected by university standards. Fellows were welcomed and ably assisted by very committed coordinators, over the years including Joy Higgs, Fleur Herscovitch, Leah Bloomfield, Eilean Watson and Deborah Raphael. In the late 1990s, Raphael took an even more robust role as Coordinator of Special Training Programs, organising intensive schedules for short-term study groups from regional countries funded by such agencies as WHO, the Asian Development Bank and AusAID, among others. Much coordination and administration of these fellowships, project grants and funded training courses was in the capable hands of Visiting Fellow, Associate Professor John Dewdney. Following his formal retirement from the School of Health Administration in 1986, Dewdney had been offered a desk in RTC from which to undertake this important role, which he happily accepted.

TRANSITION AT THE TURN OF THE CENTURY 1988-2001

From 1988, the School continued with its dual roles as above but additionally joined with the Schools of Community Medicine and Health Services Management to form the UNSW Centre for Public Health, with the purpose of the cooperation being to offer a Master Degree in Public Health (See Part 5).

Professor Ken Cox retired in 1991 and Professor Arie Rotem became Head of School overseeing continual growth, ably supported particularly by the late, much-loved Alan Hodgkinson. Dr Graham Roberts started with a campus-based academic position in the School but moved to the Fiji Islands in 1994 on an extended project with AusAID from where he continued to mentor SME/RTC Pacific Island fellows and graduates.

In 1999 WHO reviewed the role of its training centres across the six global regions and found that all but this one had closed. As a consequence, the arrangement between WHO and the Australian Government was terminated, and the WHO Regional Training Centre for Health Development's work was formally brought to a close. The School of Medical Education experienced a final rise in its medical education role as the new Dean of Medicine at UNSW, Professor Bruce Downton, who was appointed in 1998, was at long last encouraging the close interaction

between the School and the rest of the Faculty that had previously been missing. He aimed to lift educational performance within the undergraduate medical student program with his primary plan being to undertake a major restructuring of the medical course tapping educational expertise already existing in the Faculty.

Professor Rotem led multiple state-wide and national programs and projects raising the status of the School across the country, retaining the head of school position until his retirement when the three schools merged in 2001.

Based on its mission and close link with WHO and other international and Australian agencies, the SME/RTC in its prime provided a hot house for the development of leaders in health profession education. The long-term impact is evident in the establishment of national medical education development centres across the region (initially in South Korea and the Philippines and subsequently in Laos and Cambodia) as well as many institutional units. By the time the SME amalgamated with the Schools of Community Medicine and Health Services Management to form the School of Public Health and Community Medicine, it had a unique culture, educational philosophy and expertise to bring to the marriage.

From 1988 the School of Medical Education (SME) joined with the Schools of Community Medicine (SCM) and Health Services Management (SHSM) to form the UNSW Centre for Public Health, with the purpose of the cooperation being to offer a Master Degree in Public Health

Back row: 2nd from left Jim Lawson (SHSM), far right Peter Baume (SCM), Middle row: far left John Green (SHSM), middle Alan Hodgkinson (SME), far right Jan Ritchie (SME); Front row: far left Robyn Richmond (SCM), middle Arie Rotem (SME), far right Jeffrey Braithwaite (SHSM)



Part 5.

Partial Merging:

The Centre for Public Health 1988-2001

COMMON GOALS HELD BY THE THREE SCHOOLS

By 1987 the three schools were still operating on their primary missions but also had made small but relevant changes enabling them to work more closely together. A clear pattern in the changes of each school was towards a more public health focus.

As set out in Part 3, the School of Community Medicine at that stage was about to offer a new postgraduate degree, the Master of Community Health. Its documented purpose was to enable general practitioners and other community health professionals to take a more population-wide lens to their work approach. The subjects offered within study towards this degree were relatively similar to those regularly included in a Master of Public Health program.

The School of Medical Education was becoming known not only for its specific role in health professions education but equally for its broader mission as the World Health Organization's Regional Training Centre for Health Development (RTC). Having followed WHO's expressed wish for their agencies to expand their focus to a primary health care and 'Health for All' approach, the RTC's teaching, research and community service focus was expanding beyond supporting health institutions and hospitals and widening towards community development, prevention of disease and promotion of health.

The School of Health Services Administration as it was termed at that stage had just invited Professor Jim Lawson to take headship of the School. In doing so it was well known that Lawson's primary focus in his previous role as Director of the Northern Metropolitan Health Commission had been to broaden the Commission's impact to focus more on disease prevention and accident deterrence and on the promotion of health. As outlined in Part 2, early

in his new appointment at UNSW, Lawson had set up a new subject entitled 'Public Health' seeking to encourage health administrators to understand health issues outside hospitals. As documented in that section, Lawson also went about seeking a change in UNSW faculty arrangements to have the School accepted into the Faculty of Medicine.

As well as these practical reasons for cooperation, collegiality was a further driver of the three schools working together constructively. It happened that Lawson together with Professor Ian Webster and Professor Ken Cox, the heads of other two schools, were all graduates of the Medical School at the University of Melbourne and had been colleagues from their time in that Faculty. Lawson in his autobiography referred to the three as the 'Melbourne Mafia' with their collegiality encouraging close communication and supporting cooperative ventures.

CHANGING NATIONAL HEALTH CARE DIRECTIONS

They were about to reach out more widely as changes were occurring nationally that would turn out to have a marked impact on the future of the three schools. At this stage of the 20th century, non-communicable diseases – heart disease, cancer, diabetes, drug dependence, etc – had been rising rapidly as the most common causes of death globally. Until the advent of HIV/AIDS, infectious disease had been seen to be less of a problem for Australian health services to deal with, or for public health services to control and prevent.

That this situation was about to change in Australia was somewhat due to Prime Minister Hawke who in 1984 had been keen to have a National Drug Summit, driven by the harrowing story he publicly revealed of his daughter's drug addiction. He asked his Minister



Students appeared to be attracted to the UNSW course for a variety of reasons. First the range of subjects offered was wider than elsewhere due to the mix available across the three schools. Additionally, subjects offered by the School of Health Administration including Health Policy, Health Planning and Health Services Management having been devised in distance mode, made it possible for interstate and overseas candidates to do at least some of their study program by remote learning.

Moreover, the strong association with WHO through the longstanding RTC was attractive to those wanting to address international public health issues. This was especially true of those from, or wanting to work in, less-resourced countries. Finally, students said they welcomed the practical approach to learning promoted by the CPH with many of the staff teaching through first-hand examples of consulting to health services in Australia and in the Western Pacific Region.

for Health Dr Neal Blewett to undertake a global tour in order to determine how best to set up the Summit. On arrival in the USA, Blewett did as was expected but he was equally interested in how the US was dealing with what was at that stage labelled by its name in full – Auto-Immune-Deficiency-Syndrome – which of course came to be better known by its acronym AIDS. He took advantage of his visit to spend time in New York and San Francisco noting how the developing epidemic was being handled. As Australia began recording its early cases around 1983-4, Blewett realized that Australia was inadequately resourced in its public health workforce across the country to deal with any epidemic of a newly spreading and previously unknown infection.

As a consequence, Blewett became the prime mover in establishing a grassroots-up rather than

top-down approach to combatting this disease across Australia, leading to global recognition for the notable success this tactic achieved in saving many lives. Although he was a Labor Minister, he was strongly supported in a bi-partisan approach by the then Liberal Party Shadow Minister for Health, the Honorable Dr Peter Baume. This proved later to be a noteworthy development in the history of the schools because, as outlined in Part 3 above, Baume subsequently left politics in 1991 and joined UNSW, succeeding Webster as Head of School of Community Medicine. In that position Baume could apply his 'hands-on' previous experience both as Minister and Shadow Minister for Health to the shaping of far-reaching public health policy.

LOCAL IMPACTS OF NATIONAL PUBLIC HEALTH WORKFORCE REVIEWS

Meanwhile, of significant interest to those at UNSW at that time, Blewett initiated steps to improve public health training across the country. In 1985 he commissioned Professor Kerr White from Johns Hopkins University in the USA to undertake an 'Independent Review of Research and Educational Requirements for Public Health and Tropical Health in Australia'. The primary outcome of this far-reaching report was the 1987 establishment nationally of the Public Health Education and Research Program (PHERP). This program evolved eventually in a sequence of phases over 22 years – Phase 1 1987-1995, Phase 2 1995-1999, Phase 3 1999-2005 and Phase 4 2005-2010 – with the express purpose of offering targeted funding to tertiary institutions providing education and research to strengthen and build the capacity of the public health workforce.

Of specific relevance to the three schools at UNSW, the Kerr White Report recommended, among other improvements, that the 50-year-old Commonwealth-funded School of Public Health and Tropical Medicine close by at Sydney University should have its funding redeployed to instead support a range of new Master of Public Health programs in universities across the country. This was exactly at the time that Webster, Cox and Lawson were discussing how best to expand upon their existing contributions to research and education in a shared manner.

Although not eligible for the first round of grants from the redirected funding, the three schools saw the value in establishing a firm foundation for development along these lines. The program for the Degree of Master of Public Health was compiled from subjects already in existence across the three schools and a coordinating body, The Centre for Public Health (CPH) was established in 1988 to administer the program. The UNSW Archives record that the aim of the Centre was:

to mobilise multidisciplinary resources in the development of educational programs for health personnel, and to coordinate and develop research and development of programs in the public health field.

Dr Graeme Rawson, senior lecturer and epidemiologist with the School of Health Administration was appointed as the Centre's first director.

A second review into public health research and education was undertaken by Dr George Salmond from Wellington, New Zealand in 1992. In exploring

MPH educational activities both within and outside of Phase 1 funding, this review documented some of the positive views held by students in the initial UNSW CPH intakes of 1989, 1990 and 1991 where attendance was occurring prior to PHERP funding being available to the CPH. The review noted that students appeared to be attracted to the UNSW course for a variety of reasons. First the range of subjects offered was wider than elsewhere due to the mix available across the three schools. Additionally, subjects offered by the School of Health Administration including Health Policy, Health Planning and Health Services Management having been devised in distance mode, made it possible for interstate and overseas candidates to do at least some of their study program by remote learning.

Moreover, the strong association with WHO through the longstanding RTC was attractive to those wanting to address international public health issues. This was especially true of those from, or wanting to work in, less-resourced countries. Finally, students said they welcomed the practical approach to learning promoted by the CPH with many of the staff teaching through first-hand examples of consulting to health services in Australia and in the Western Pacific Region.

THE SYDNEY PUBLIC HEALTH CONSORTIUM

After Rawson resigned from UNSW in 1993 to take up a new position at the University of Western Sydney, Professor Arie Rotem succeeded him as Director of the CPH. Rotem was thus well-placed to take a strong role when in 1995 eight further universities including UNSW, were brought under the PHERP umbrella. Funding followed Salmond's recommendation that universities within the same capital city be required actively to cooperate in order to share academic expertise. This resulted in the establishment of the Sydney Public Health Consortium in which the UNSW CPH worked together with the School of Public Health and Community Medicine at the University of Sydney to achieve strengthened public health professional training. After the original, strongly competitive ethos that had long existed between the two Sydney-based institutions, it was quite unnerving for staff suddenly to find they needed to communicate, negotiate, and even co-teach with their long-time rivals.

Those privileged to work in the Sydney Consortium were interested to see Professor Steven Leeder from the University of Sydney as Consortium Director working closely with Rotem as Deputy Consortium

Director to oversee some new and unexpected ways of working together. Weightings for study load were synchronised across both campuses and timetabling modified to better suit both groups. Each institution retained responsibility for their own students' core subjects but where appropriate, electives were shared, with candidates being able to take up to 50% of course work from the other institution. Opportunities to address the recommendation in Salmond's review to take account of 'the application of social science knowledge and skills to public health practices' were taken up in this manner.

The subject 'Media Advocacy in Public Health' taught by Professor Simon Chapman of the University of Sydney (USyd) was as well attended by candidates from UNSW as from Chapman's own institution. Similarly with flow in reverse, Dr Jan Ritchie's Qualitative Research in Public Health attracted many USyd students when that topic was temporarily withdrawn from the USyd offerings.

Under the same round of PHERP funding and regulations, Professor Don Nutbeam of USyd's School of Public Health and Community Medicine successfully established the Australian Centre for Health Promotion with two UNSW academic staff, Drs Adrian Bauman and Jan Ritchie, being invited to join its Board of Directors. Many workshops, short courses and seminars were conducted for both national and Pacific-wide audiences.

Excerpts from the second PHERP Review describing the public health training offered by UNSW included the following details:

At the UNSW the MPH is taught from the Centre for Public Health, which comprises the School of Community Medicine, the School of Health Services Management and School of Medical Education. The Centre was established in 1988 and has since developed a strong MPH program. PHERP funding was first received in 1994. In 1998 of a total departmental budget of \$2.6m PHERP provided \$390,000, (about 15% ...). PHERP funds are used mainly for academic salaries (7.6 positions). The MPH is made up of 6 core subjects, 6 elective subjects and a major project. The following seven areas are 'areas of concentration' designed to relate to students' professional needs: Environmental Health; Health Promotion; International Health; Policy, Management and Planning; Quantitative and Qualitative Methods; Social Basis of Health and Health Care; Tobacco, Alcohol and Other Drug Issues.

Eighteen of the more than 60 elective subjects are available in distance mode. This is a particular strength of the program as it represents the only HECS funded MPH in Australia that can be wholly undertaken in distance mode. Developments in web-enhanced delivery are being pursued. Thirty-one students graduated in 1997, the expected number for 1998 was 42.

The students of UNSW are distinctive in a number of ways. The majority of students study in external mode [while] just under 20 per cent are [Sydney-based] overseas students. Over 50 per cent in 1997 did not have English as their first language. As with most courses women outnumbered men (65 per cent). The predominant backgrounds of students are in medicine (37%), nursing (30%) and allied health (15%), and median age at enrolment is 35 years.

As well as inter-institution cooperation, tertiary institutions were encouraged by the funding conditions to develop more formal relationships with State health departments with the primary aim of giving candidates opportunities to apply their learning in practice.

With the MPH thriving and all three schools putting much energy into public health, Rotem successfully tendered to lead a national study under the PHERP rubric, into the Australian public health workforce. This study aimed to detail the efforts of all Australian institutions offering postgraduate public health training including their programs offered, their staff allocations, topics taught and numbers of students involved. The resulting study was formally published as "The Public Health Education and Training Study" in 1995. Among other things the information gained provided Rotem and his UNSW colleagues with insights into the strengths and weaknesses of MPH offerings across the nation and, as a result, how best to improve what UNSW was offering.

This phase of PHERP lasted till 1999, by which time the MPH had become the dominant offering of each of the three schools making up the Centre for Public Health. A long-lasting outcome of this round was the formalising in the year 2000 of a network of Schools of Public Health across the country, constituting the Australian Network of Academic Public Health Institutions. This has since been strengthened and renamed the Council of Australian Public Health Institutions (CAPHIA). PHERP funding through Phases 3 and 4 continued to provide a sound funding foundation for the next decade with UNSW staff contributing strongly to the national network.

Part 6.

Formation of the School of Public Health and Community Medicine

By the turn of the century, the new Dean of the Faculty of Medicine, Professor Bruce Dowton, was determined to restructure the Faculty overall including reducing the number of schools within it. Appreciating the way these three schools were already working constructively together as the Centre for Public Health, he gave instructions for serious consideration to be given as to how the three could merge overall. He invited two representatives from each School – Professor Robyn Richmond and Dr Paul McNeill from SCM, Dr Rick Iedema and Professor Jeffrey Braithwaite from SHSM and Professor Maurice Eisenbruch and Associate Professor Jan Ritchie from SME – to form an advisory committee for this purpose.

After lively debate, Dowton succeeded in reducing the number of faculties from thirteen to nine. The new School emerged in January 2001 with the ungainly title of the School of Community Medicine, Health Services Management and Medical Education. All staff members moved together in the Samuels Building after the merger was completed. Ms Galia Therin took the inaugural role of the new School's Administrative Officer, dealing effectively with the practical issues arising from the merger after her many years in SCM. One year later, that is by January 2002, the title had evolved to that of the far more acceptable School of Public Health and Community Medicine (SPHCM). Owing to the previous retirement of Lawson and the stepping down at this stage of all three heads of the antecedent schools – Rotem, Baume, and Forbes – Professor Mark Harris agreed temporarily to take the role of Acting Head of School. Reviewing the situation, Dowton expressed the view that these changes had provided an opportunity to introduce new blood and strengthen the Faculty's global standing. After the position of head of the new entity was advertised internationally, Professor Anthony Zwi from the London School of Hygiene and Tropical Medicine was appointed Head of SPHCM that same year.

From its foundations in 1957 to the end of the era covered by this document, (2002), the School has gained a very positive reputation nationally and internationally. History never stands still. It is hoped the era from 2002 to the present will subsequently be documented by others as an update to this material.

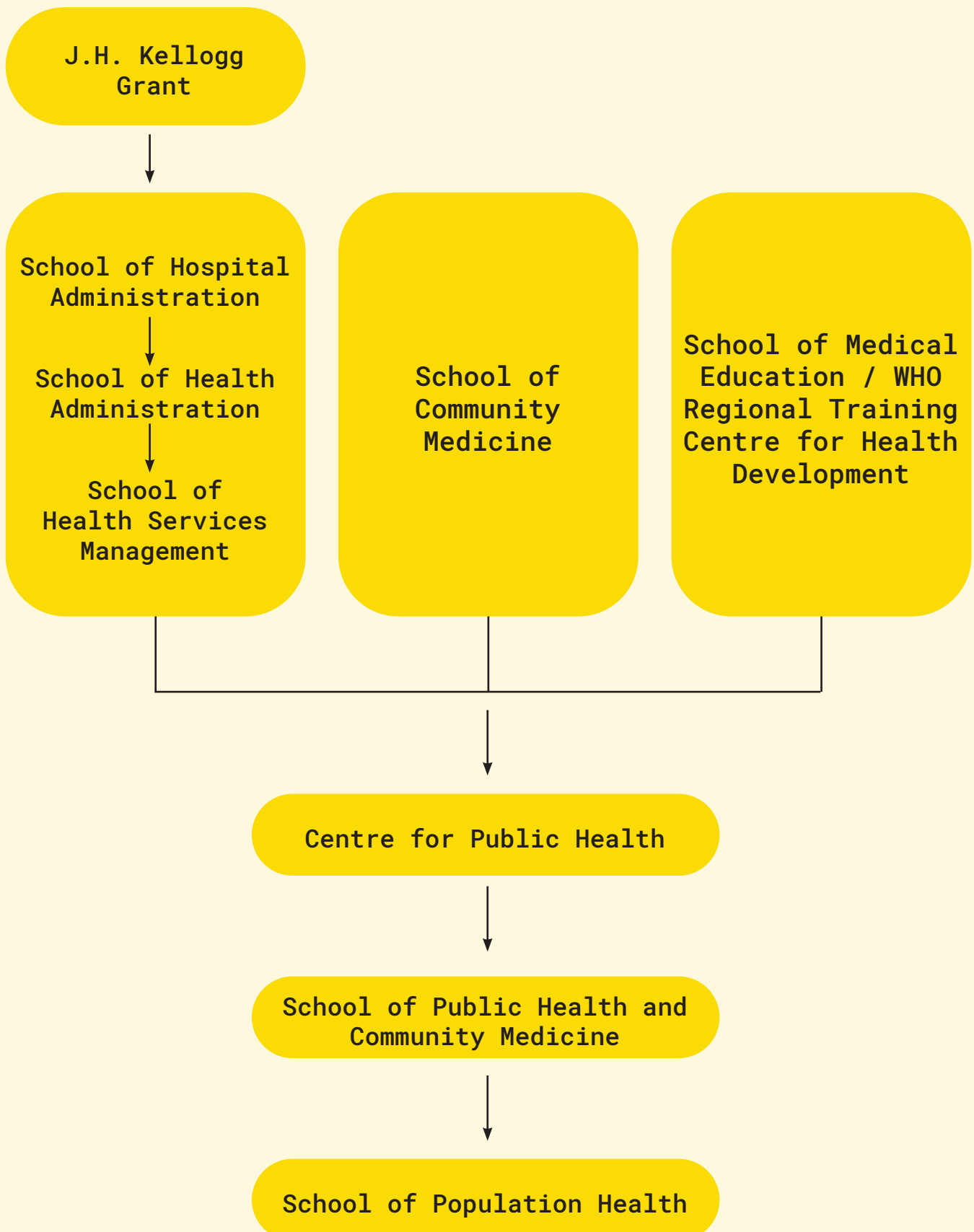


Professor Mark Harris from the School of Community Medicine agreed temporarily to take the role of Acting Head of the SPHCM



Professor Anthony Zwi from the London School of Hygiene and Tropical Medicine was appointed as the first Head of SPHCM

FORMATION OF THE SCHOOL OVERVIEW





School of Population Health UNSW Medicine and Health

**Compiled by the School of Population Health
UNSW Medicine and Health**

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School of Population Health
Faculty of Medicine and Health
UNSW Sydney
Sydney NSW 2052, Australia

T: +61 2 9385 3136
F: +61 2 9313 6185

www.unsw.edu.au/medicine-health/our-schools/population-health

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