

A day in the life of a Public Health Registrar

Jun 2, 2019 | 0 

|     

| [a day in the life](#), [ontheblogs](#), [Public health](#)

Author: Alyce Wilson

Editor: Rob Mitchell

My ward today is a land of immense cultural and biological diversity, with a backdrop of ancient volcanoes surrounded by beautiful beaches and coral reefs. Today, I'm in the East New Britain Province of Papua New Guinea (PNG) speaking with health leaders, planners and clinicians about maternal and newborn health. I'm currently a Public Health Registrar at the Burnet Institute working in the Global Women's and Newborns' Health team and one of the projects I am involved in is a research program based in PNG called 'Healthy Mothers, Healthy Babies'.

For a Public Health Registrar, I'm the first to admit that my role is a pretty good gig, but in fact it is not unique. Public Health Registrars, by nature of their roles, work in a variety of settings with diverse work schedules and for many different organisations. Despite the diversity, as Advanced Trainees of the Australasian Faculty of Public Health Medicine (AFPHEM) (a faculty of the Royal Australasian College of Physicians), our work plans strictly adhere to and align with the competencies outlined by the Faculty to ensure that all Public Health Registrars meet a specified standard of public health knowledge, skills and expertise.

Public health training

The AFPHEM describes public health medicine as 'a medical specialty primarily concerned with the health and care of populations'¹. Public health physicians may work in health departments, local non-government organisations (NGOs), international development NGOs, UN agencies (such as, WHO, UNAIDS and UNICEF), universities, research institutes and more. Their work can include any or all of the following: health promotion, prevention of death and disease, assessment of communities' health needs, provision of health services to communities, public health research and teaching.¹ To apply for public health training, you need to have three years of work experience after graduating from medical school (two of which must be clinical), complete a Master of Public Health (including the specified core subjects) and find an accredited training position. The training program then takes three years of full time training.

Daily activities

My 'ward round' today starts at 7.45am when I'm picked up by the team to visit one of the local hospitals in East New Britain. Our team chats about which roads are the best to take today. The recent heavy rains as a result of the wet season have severely

damaged the roads and wiped out houses. The team is not fazed or deterred by the need for flexible plans, and in fact have a wealth of experience navigating difficult roads and terrain whilst working with the Healthy Mothers, Healthy Babies program.

The overall Healthy Mothers, Healthy Babies (HMHB) program aims to define the major causes of poor maternal, newborn, and child health, and to identify feasible, acceptable and effective interventions and service delivery strategies to improve health outcomes for mothers and babies. PNG is a low to middle income country in the Asia-Pacific region with a population of around 8 million and is home to over 800 language groups.² PNG has a reputation for being one of the most culturally diverse countries in the world, but unfortunately it is also well known for some of the highest numbers of maternal and neonatal mortality in the world. The maternal mortality ratio is more than 500 deaths per 100,000 live births, which is about 80 times higher than Australia, one of its nearest neighbours.³ Neonatal mortality is similarly poor with a rate of 24 per 1000 live births - approximately 12 times higher than Australia⁴ and double the Sustainable Development Goal (SDG) target of 12 deaths per 1000 live births by 2030.⁵

Despite pot holes the size of swimming pools and roads narrowed by landslides, we arrive at the hospital in surprisingly good time thanks to the skills of our well experienced driver. Our meeting at the hospital with senior health managers and clinicians goes well and our discussion uncovers some critical aspects to consider for our next project focusing on quality maternal and newborn care. Our team debriefs on the way back to the office and talks about our next steps, including preparing for a community radio segment to thank the community for their support and involvement in the HMHB program and provide an update on current activities.

My background

My career in public health began over ten years ago working as a public health nutritionist with asylum seekers and refugees. I was involved in research projects with refugees from the Horn of Africa examining the interplay between migration, the nutrition transition and non-communicable diseases. At the time, I was also involved in a weekly community dinner program with asylum seekers, which resulted in the publication of a cooking story book titled 'Share my Plate'. I became increasingly interested in the role of the food system and food supply on population health outcomes, particularly in regards to the challenges experienced by remote Aboriginal and Torres Strait Islander communities. An opportunity arose to move to North Queensland and work in the Torres Strait with remote community stores. It may have been due to one too many wongai berries[1] when I was on a student placement in the Torres Strait a few years earlier, but I jumped at the chance to return to and work in the Torres Strait. I worked with community stores in Cape York and the Torres Strait on projects which aimed to make healthy food and drink choices the easy choices. In partnership with store owners and community, we designed and implemented different projects and policies geared towards improving the availability, affordability and consumption of healthy food and drink items. When I look back now, I clearly see that my practical experiences with Aboriginal and Torres Strait Islander peoples, asylum seekers and refugees laid the foundations for my interest in and passion for public health and equitable health care, particularly in the field of maternal, newborn and child health.

An average day in public health

We arrive back in our office in Kokopo and I catch up on emails and other projects from colleagues in Melbourne, Timor Leste and Laos. I write to some colleagues in Laos regarding a project on training community health workers and start drafting a presentation for an upcoming roundtable on Australian clinical care standards. I check in with some students currently based in our Melbourne office working on maternal and child health projects. It is commonly known that the word 'doctor' has its roots in Latin meaning 'teacher', and I thoroughly enjoy teaching and mentoring students. I regularly give lectures to medical, public health and other students at the University of Melbourne and have a new found appreciation for the amount of time and effort that it takes to write a new lecture from scratch! Many public health physicians and registrars are involved in teaching as part of their roles.

Working in public health is highly collaborative, multi-disciplinary and lacks the traditional medical hierarchy model of the hospital system. I really enjoy, highly value and learn so much from this collective approach to tackling complex health issues. Mentorship is an important part of working in public health and indeed is a key component of public health medical training. I feel incredibly fortunate to be mentored by outstanding health and research leaders, and in turn seize opportunities to mentor the next generation.

One of the most valuable lessons from working in public health is learning to think laterally and truly pay attention to the 'bigger picture'. Looking at the big picture can save lives, millions at a time, for example, the game changing work on Vitamin A by Dr Alfred Sommer has been attributed to saving the lives of millions of children globally.⁶ Policies affect health. Bad policies impact health negatively, and good policies create enabling environments for health. We need to work with policy makers to ensure that programs and policies promote health and wellbeing and avoid inadvertent or unintended negative health consequences.

I'm excited about where the future lies in my public health journey. With a medical specialty that spans the entire lifespan and almost every aspect of human life, the possibilities are endless!

[1] Legend has it that once you taste a wongai berry, you're always destined to return to the Torres Strait

References

1. Australian Faculty of Public Health Medicine. Public Health Medicine: Royal Australasian College of Physicians,; 2018 [Available from: <https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/public-health-medicine>].

2. National Statistical Office Papua New Guinea. 2011 National Population and Housing Census. Papua New Guinea National Statistical Office Papua New Guinea, 2011.
3. Bolnga JW, Hamura NN, Umbers AJ, et al. Insights into maternal mortality in Madang Province, Papua New Guinea. *International Journal of Gynecology & Obstetrics* 2014;124(2):123-27.
4. National Department of Health. 2015 Sector Performance Annual Review - National Report. Papua New Guinea, 2016.
5. World Health Organization. Every newborn: an action plan to end preventable deaths. Geneva: Sixty-seventh World Health Assembly: World Health Organization, 2014.
6. Johns Hopkins Bloomberg School of Public Health. The Story of Vitamin A 2019 [Available from: <https://www.jhsph.edu/news/stories/2003/sommer-vita.html>].

Related Blogs

- [Pathways to global health](#)

Related Podcasts

- [A career in humanitarian medicine](#)

Tags: #Aboriginal and Torres Strait Island Health,#AFPHM,#Australasian Faculty of Public Health Medicine,#community health,#health promotion,#Healthy Babies Program,#Healthy Mothers,#HMHB,#Master of Public Health,#mentorship,#NGO,#Papua New Guinea,#preventive medicine,#public health,#public health registrar,#public health training,#RACP,#Royal Australasian College of Physicians,#Torres Strait