

The Fourth Pacific Conference of Community Health in Medical Education: 19 July 1997

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Introduction

The Fourth Pacific Conference on Community Health in Medical Education (CHIME) was held at the Fiji School of Medicine (FSM), Post-Graduate Training Center on 19 July 1997. This meeting was scheduled to coincide with the Pacific Science Congress held the week prior at the University of South Pacific (USP) and to take advantage of presence of regional participants interested also in community and public health education in the Pacific. The meeting was a follow-up to three previous meetings summarized previously.^{1,2,3} There were 20 participants including representatives from the FSM, the University of Auckland Department of Maori and Pacific Health, Public Health Departments of the Samoa and Tonga, and Department of Nutrition of USP.

The meeting

The current status of community health in medical education in the Pacific was discussed. Dr. Jimione Samisoni reviewed the recent developments of community health education at the PBMOTP and the FSM. Dr. Sitaleki Finau, senior lecturer, Department of Maori and Pacific Health, briefly discussed the undergraduate curriculum at the University of Auckland School of Medicine. He noted that the Auckland programme devotes about 25% of time in the first three years to Community Health but very little in the senior clinical years. He started a new postgraduate course called Introduction to Pacific Health. The objectives of the course

is to promote Pacific health concepts while developing and encouraging research. An undergraduate options course on traditional medicine, using research as a learning and teaching tool, is planned for second semester 1998.

Drs. David Philips and Naren Singh reviewed the present undergraduate curriculum at FSM. The Public Health curriculum at FSM is heavy in the first four years when basic research/Public health concepts are introduced and practical field training is emphasized. The fourth year course has evolved into two parts. Students spend six months in their home jurisdiction working in the field. Community work is based around a tabella of practical community health skills that was

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proposed in the second CHIME meeting.² During these months students complete a research project. The second half of the year students spend in training in communicable diseases such as tuberculosis, malaria and sexually transmitted diseases and non-communicable diseases. Jamaima Tunidau-Schultz, senior lecturer of the Department of Food and Textiles at USP,

briefly discussed the community health work for her undergraduate students.

Discussion followed about the definition of community health and public health. Dr. Colin Tukuitonga from the University of Auckland, Department of Maori and Pacific Health, felt that the important core components for the Pacific undergraduate and post-graduate curriculum and the outcome skills required at each level should be defined. David Philips, head of the FSM Community Health Department noted that these were already defined at FSM. He explained the attempt at FSM to integrate public health skills into the training during the clinical years. This is based on the philosophy that a doctor's public health skills should be seen as a continuum of skills for all clinicians.

Postgraduate training in public community health was discussed at length. Dr. Finau outlined the traditional diploma and Masters courses at the University of Auckland and the hope for the development ultimately of a Masters course in Maori and Pacific Health. He wondered whether collabora-

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tion between University of Auckland and FSM could occur with the development of these programs. Dr. Philips then presented the framework of post-graduate training that is being developed at FSM including a four year Masters of Medicine degree in Community Medicine that would mesh clinical medicine with public health and health administration training. A question arose concerning the length of training post-graduate training and whether this was appropriate or not. Another question arose about the options for nurses and other paramedical personnel to obtain training in public health and it was agreed that this also needs further investigation.

It was agreed that the development of post graduate courses at both the University of Auckland and the FSM should be linked. Drs. Finau and Tukuitonga suggested that students, faculty and core material be shared between the two programs. Dr. Philips offered to write a discussion document outlining the Diploma and Masters course in Community and Public health at FSM and the direct links to the

University of Auckland Department of Maori and Pacific Health. The document would be reviewed by the Post Graduate committee at FSM and a small task force including Dr. Nui'ualofa Potoi from Samoa, Michael O'Leary from WHO and representatives at University of Papua New Guinea. There was hope that this could be discussed at the WHO sponsored meeting of regional Ministers of Health in the Cook Islands later in August and presented later to a larger audience of important regional health representatives later in the year.

To promote research in the Pacific, Drs. Tukuitonga and Finau from the Pacific Health Research Centre, Auckland, were given the task of developing a Pacific Health Research Council. A five member committee was formed to oversee the task starting with a presentation to the WHO Ministers of Health Meeting in Rarotonga.⁴ This has been done and arrangements for a regional meeting is in progress.

The need for a sustainable public health organization for the Pacific was also discussed. It was agreed that such a regional society was very important in the Pacific to continue to address community and public health issues. Mike O'Leary suggested that the target group was the same as that sought by PACNET, a communications network of health ministries and practitioners in the Pacific. Dr. Philips offered to write a discussion document about the creation of an association and that an attempt would be made to also present this to the Ministers of Health Meeting in August 1997. The group suggested that the inaugural meeting of the Pacific Public Health Association should be held within the first quarter of

1998 to coincide with the first year of FSM autonomy and the creation of the FSM Department of Public Health and Primary Care Medicine. It was agreed that by bringing together organizations, governments agencies and individuals interested in community health issues, the association would then take over the responsibility of further discussions of community health in medical education. It was also suggested that a "scientific meeting", a forum for the presentation of original research within the Pacific, be held in conjunction with the Association meeting.

Finally the role of regional journals and publications for community/public health in the Pacific was discussed. It was agreed that Pacific people need a forum to publish data and discuss health issues freely. International and well known

journals are an option but may be intimidating and, in fact, often discouraged health workers to undertake research. Discussion followed about the activity and viability of various regional journals including the Fiji Medical Journal and the Pacific Health Dialog (PHD). It was agreed that the PHD is

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the most suitable regional health journal but that it needs further development in order to meet the needs of health workers in the Pacific.

Drs. Tukuitonga and Finau noted the most important issues facing PHD are financial support and the search for an organization/institution to take "ownership" of the journal. It was agreed that the sustainability of the PHD through sponsorships and advertisements should be a priority. Currently only two issues are published a year at the cost of \$US15,000 per issue. Dr. Finau, PHD editor, recognized that the issues have been long and infrequent but noted that this could only change if the PHD could become self-supporting. He agreed to write a grant proposal to obtain money to carry out such a plan. This would include hiring a full time managing editor who would be responsible for securing financial support through advertisements and sponsorship. Many felt that the natural "owner" of the PHD should be the Fiji School of Medicine. Dr. Hunton, senior FSM clinical tutor and lecturer and associate editor of the PHD agreed to convene a meeting at FSM as soon as possible to address this issue of ownership.

Conclusions

The four meetings of Community Health in Medical Education over the last six years have provided an opportunity for interested groups and individuals to discuss community and public health training in the Pacific. With the redevelopment of the Fiji School of Medicine, the closure of the PBMOTP and the reestablishment of formal relationships with the Univer-

sity of Papua New Guinea and other metropolitan training institutions within the Pacific^{4,5} dialogue in Community and Public Health education among Pacific health workers must continue. The goals set forth by the meeting will hopefully help meet these needs. These include:

- The recognition that post-graduate programs in Community and Public Health at FSM are developed appropriately to meet the needs of the Pacific, that similar programs are also being developed at the University of Auckland and that an effort be made to link the two programs and share resources.
- The recognition that an association of organizations and individuals interested in Community and Public Health issues in the Pacific is needed and should be formed. This body will carry on further discussion about Community Health Education in Pacific medical education and will convene its first meeting in 1998.
- A Pacific Health Research Council be formed with the Pacific Health Research Centre at the University of Auckland be the contact point.⁴
- The recognition that a regional journal for Pacific health workers is needed to promote research and discussion of issues relevant to the region. The PHD provides for this but needs to continue to develop and change. Insuring long term viability of the PHD is a priority and will be addressed through a plan to make it financially self-supporting and based at a regional institution, namely FSM.

References

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Too many Pacific children are not healthy and suffer from unnecessary illnesses – diarrhoea, respiratory infections, skin infections and undernutrition. Even today, as we debate almost 50 children will die around this region, most from preventable or at least treatable diseases.

Hon. Bikenibeu Paeniu

Prime Minister of Tuvalu