

Master of Applied Epidemiology

THE AUSTRALIAN FETP



Overview

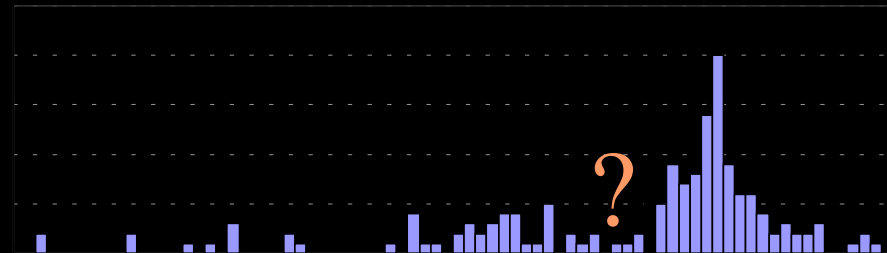
- * History
- * Objectives
- * Operation
- * Evaluation
- * Achievements



MAE Program History

National needs assessment 1989

- * States, Territories, Federal Government
- * Urgent workforce needs:
 - *communicable diseases control*
 - *outbreak investigation, surveillance, epi*
 - *Indigenous health*
- * National Center for Epidemiology & Population Health
- * Federal funding



Program Objectives

Build National workforce Capacity:

- * Communicable disease control
- * Indigenous Health
- * Outbreak investigation, surveillance
- * Field research, intervention & evaluation
- * Rapid impact
- * 'Work-ready' graduates



Master of Applied Epidemiology (MAE)

Training Model:

- * Vocational training
- * 2-year full-time scholarship:
 - 75% field work
 - 25% at NCEPH
- * 3-way learning collaboration:
 - * student + 1 academic + 1 field supervisor
- * Master's qualification (*MAppEpid*)



MAE Program curriculum

Core requirements:

- * Outbreak investigation/Risk analysis
- * Surveillance establishment/evaluation
- * Major field study
- * Skills development:
 - * communication: oral, written
 - * database management & analysis
 - * teaching

Dr Catherine Bennett has been given the task of coordinating the health systems that will spring into action should a problem arise at the Sydney Olympics. Jacquie van Santen talks to her.

NEWLY appointed Olympic public-health supremo Dr Catherine Bennett regards the humble looking as a greater threat to spectators next month than bioterrorism.

"According to the law of probabilities, normal communicable diseases - and most likely food safety - will be the key issues. "Such large crowds will be gathering at the same time, and so many temporary food stalls will be operating... It won't take much for something that appears small and self-limiting to suddenly become very important if you have 15,000 international media sitting there.

"In contrast, the chance of bioterrorism - which could include chemical, biological or radiological incidents - is extremely remote."



provided by her 'local' job in the regional health unit at Newcastle.

"A lot of what I did was applicable well beyond the region - even internationally.

"For example, I established a health-surveillance system for the Kosovo refugees at the East Hills safe haven in Sydney.

"That work gave me an opportunity to continue working with the human diversity side of things but, at the same time, exercise problem-solving skill and develop systems - particularly surveillance systems - that would operate in sometimes acute, even chaotic, situations," she says.

"My role with Hunter Public Health also offered a chance to work with food inspectors, food safety and environmental health officers on some interesting cases, including a multi-state, case-control study of *Salmonella virchow* (research that uncovered a new vehicle for salmonellosis), as well as investigating an outbreak of diarrhoeal illness among guests at a rural wedding."

However, in the end, the lure of the Olympic position was too great for Dr Bennett.

"It was an opportunity to be part of the organising network for one of the single greatest mass gatherings we will have in this country - and to deal with the

The disease detective Olympics her greatest task

MAE Program evaluation

Multi-layered & ongoing:

- * Scholar and supervisor review:
 - * Focus-group - independent facilitator
 - * Regular teleconferences x 2 years
 - * Formal review of progress six monthly
- * Annual review by funding body
- * External reviews 3-yearly:
 - * National Public Health Education
 - * Academic review



M A E Program achievements: 1991 – 2001

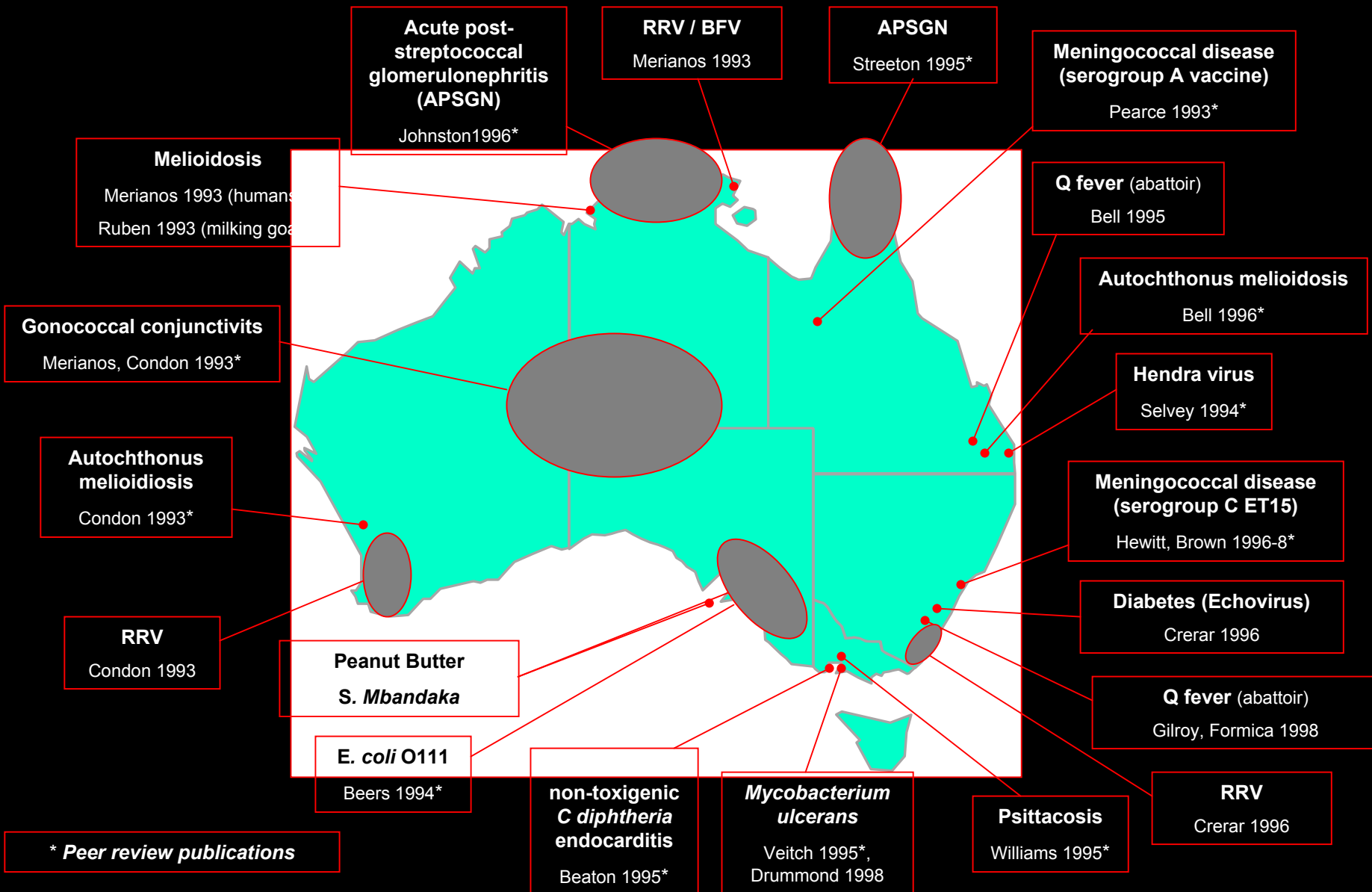
Review of Program statistics:

58 Graduates + 11 Indigenous graduates:

- * 90% in workforce
- * 216 outbreak investigations
- * 125 surveillance evaluations
- * 28 systems established
- * 239 peer-reviewed papers
- * 137 conference presentations
- * 14 major projects - Indigenous health
- * Impact on policy



Emerging Infectious Diseases



Future directions

Field epidemiology training:

- * General Practice evaluation (1994)
- * Indigenous Health (1998)
- * International Health (2000)
- * Injury control (2000)
- * Rural and remote health (2000)
- * Environmental Health (2003)
- * Chronic disease (2003)
- * Hospital epidemiology (2003)



MAEs: making a difference.....

