



MEETING OF DIRECTORS OR REPRESENTATIVES  
OF SCHOOLS OF PUBLIC HEALTH

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Agenda Item No. 4

DEVELOPMENTS IN THE UNIVERSITY OF OTAGO,  
DUNEDIN, NEW ZEALAND, SINCE 1967

by

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My department the only one in New Zealand is only concerned with medical undergraduate and medical postgraduate training. I will not comment on recent developments in undergraduate training.

More than half of our D.P.H. candidates are from overseas mainly from the South Pacific. We now encourage such students to bring their wives and children with them to New Zealand and we are now concerned with their welfare including the provision of housing. It has always been my contention, particularly for future medical administrators, that the D.P.H. year should be an educational experience as well as a technical education.

The Otago D.P.H. was founded in 1913 but was completely revised in 1960 to provide the basic course for Medical Officers of Health and for Hospital Superintendents - the emphasis being on management. Although the D.P.H. has been a prerequisite for appointment as Medical Officer of Health since 1968 it is now the recognized specialist qualification for the Hospital Superintendent. This means that both Medical Officer of Health and Hospital Superintendent are recognized as specialists with automatic advancement in

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the specialist salary scales in the same way as the specialist physician or surgeon. The given parity of specialist status with other specialists.

A Diploma in Industrial Health has been started which although of one year duration to satisfy University criteria can be done by taking a three month intensive course following prescribed teaching for those already possessing a D.P.H. (or M.P.H.). This makes the release of valuable health officers practicable and illustrates what in my opinion is essential; that there must be close liaison between schools of public health and with the Consumers - the Health Services.

Means to assist in recruitment to the public health/medical administration field. Otago has a B. Med. Sc. degree which can be taken by medical students taking a year out from the medical course (after fifth year). This is now being taken up by students who work in some epidemiological or social medicine field including a substantial research project. This is being encouraged

1. to provide a strong epidemiological outlook in those who after two years in hospital could return to do the D.P.H. and enter public health or hospital administration. This will, it is hoped, give a clear objective and counter the effect of hospital service.

2. to provide a basic knowledge of evaluation methodology for those likely to enter general practice, to encourage them to become leaders of group practices. These men might also later on wish to take the D.P.H. and become full time medical administrators.

Research in Health Services evaluation has increased very much particularly in role determination of doctors in hospital and in the community. This has stimulated such interest in New Zealand that my department has been asked to carry out a survey on attitudes to general practice for the Medical Association of New Zealand, on suitability of hospital appointments for the Medical Education Council and most recently a request to investigate the present and future role of the pharmacist, at the request of the Pharmacy Board and at its expense.

I regard these requests of particular value as they clearly show the acceptance that a Department of Preventive and Social Medicine is the best qualified agency to carry out research in these fields. This directly enhances the reputation of the teaching unit in its training of future public health and hospital administrators.