DISCUSSION QUESTIONS

The discussion questions which follow are centered around the three sub-topics of the main technical discussion theme. These three units are:

1. OBTAINING SUITABLE WORKERS FOR HEALTH DEPARTMENTS.

2. BASIC HEALTH UNIT IN AREAS WHERE LIMITED OR NO HEALTH SERVICES EXIST.

3. THE UTILIZATION OF MULTI AND BILATERAL ASSISTANCE FOR COUNTRY OR TERRITORIAL HEALTH PROGRAMME.

The questions presented in each of these sub-topics are designed to give sufficient scope for the enlisting of the practical interest of each representative. These questions will be used only in the Group Discussion phase of the Technical Discussions (See Item Nos. 5 & 6 of the SCHEDULE FOR TECHNICAL DISCUSSIONS WP/RC5/TD2).

Each of the three Discussion Groups is asked to consider each of the three units or sub-topics during their seven-hour deliberations. It is not intended, however, that every question should be discussed. Representatives are free to spend as much time as they desire on each question or group of questions. Some Discussion Groups may wish to devote a large portion of their time to a few questions or even to discuss topics not included under any heading. Representatives are urged, however, to give some attention to each of the sub-topics.
UNIT I - OBTAINING SUITABLE WORKERS FOR HEALTH DEPARTMENTS

Have you difficulty in recruiting health workers?

A. Public Health Officers

1. Is the undergraduate medical training guided sufficiently towards social and preventive medicine throughout the course, and is there any positive direction towards instructions in civic responsibility and in the country's social background?

2. Is there provision in the first year after qualification for positive experience in preventive medicine which might incline a student towards a public health course, or at least to interest him in it, say 3 - 6 months in a health department or clinic?

3. What inducements are offered to attract health officers to a career in public health, for example salary, promotion and professional satisfaction as compared to his clinical colleagues? Is there available a suitable postgraduate training institution? And has your Government taken positive steps to supply that institution with sufficient candidates to support its course?

4. Has sufficient attention been paid in your service to rotate your various health officers through the various departments or sections in public health, i.e., quarantine, rural work, statistical work, hospital administration, to maintain interest, to provide experience and to qualify them for responsible administrative posts?

5. Have you arranged for regular refresher courses in your public health institutions for your officers, with the help of teaching institutions?

6. Have you plans to extend the knowledge of your most promising officers in the health services by suitable experience outside their own country?

7. Has your Administration adequate representation on the College, Institute, or University administrative and teaching bodies, or by the appointment of your officers as part-time teachers, thus giving you adequate opportunity to influence the curriculum of the school with pointed application to your country's needs?

8. Do you give full facilities to the staff of your Public Health Teaching Institutions to investigate or do you use them in consultation on your problems?

9. Does the training of your public health officer bring him in touch with the agriculturist, the engineer, the veterinary officer, the educator, the social worker, etc. in order to encourage him to appreciate the importance of economic and social development in his work?
10. Are the plans which have been made for the fulfillment of the public health needs sufficiently known and understood to enable those attracted towards a public health career to better assess their prospects?

11. Have the duties of the Health Officer been analyzed to see if his administrative load could be shared with a non-medical administrator to leave him greater professional responsibility and efficiency?

12. Has opportunity been taken for the health officer to be trained in community organization with a view to obtaining community participation in the health programme?

B. Public Health Nurses

1. Does your National Health Administration include a nurse officer who has the responsibility and authority to assist in planning health services, in defining the role of nursing in the services, and in determining nursing personnel requirements?

2. Is it fully realized that an adequate supply of nurses for public health services depends upon the supply of nurses for all categories? Has a study been made of:
   a. The existing supply of all nursing personnel and auxiliary nursing personnel?
   b. The estimated number of nurses of each type who are needed in all categories of services based upon existing and prospective health programmes?
   c. The factors which interfere in securing candidates?
   d. The effectiveness with which nursing resources are used?

3. Are Schools of Nursing attracting candidates with the educational background that is necessary for the preparation of community health leaders?

4. Do Schools of Nursing include on the faculty teachers who are prepared to integrate the social and preventive aspects of nursing throughout the basic curriculum? Is the interest of student nurses directed toward the health problems of the community, as well as of the individual?

5. Do you have a post-graduate course for public health nurses of a standard recognized by the Government that enables trainees who complete the course to receive full recognition in Government service? Are public health nurse positions established? Is the salary commensurate with qualifications? Is there provision for promotion?
6. Is the training of public health nurses closely co-related with other members of the team, particularly medical officers and public health engineers?

7. Is there provision for refresher courses to encourage continued professional growth? Within the country? Study abroad for potential leaders?

8. Is there provision for suitable candidates to receive financial assistance when this is needed to make it possible for them to take post-graduate training?

9. Is there provision for inexperienced public health nurses to gain confidence by first working under the supervision of an experienced public health nursing supervisor?

10. Is consideration given to the field of interest of the individual in planning assignments? Is full use being made of married women?

11. Are public health nurses devoting their attention largely to nursing or are they burdened with heavy clerical duties and other non-technical routines?

12. In dealing with the problem of the distribution of public health nurses to more remote geographical areas, is consideration given to favourable living conditions, transport and opportunities for education?

C. Public Health Engineering*

Are public health or sanitary engineers really needed in the public health organization?

Traditions are hard to overcome. The sanitary engineer is readily acknowledged in the design and construction of water and sewerage works. He is not, as yet, widely accepted the world over as a full-time member of the public health organization.

1. Does the widely accepted practice of routine inspection by sub-professionals supplant the demand for public health engineers?

2. Is there sufficient evidence to justify programmes of routine inspection on the basis of economy and accomplishment? (It is reliably stated, in one city over 300 sub-professional inspectors were required to provide sanitary control of milk in keeping with the philosophy of routine inspection. Today it is accomplished equally as well with less than 20 qualified milk sanitarians working with the industry.)

* Attempts have been made to differentiate between sanitary and public health engineers. The public health engineer's field is considered by this classification the whole field of environmental sanitation.
3. Do administrators of public health appreciate the complexity of environmental adjustments requiring an engineering background for effective and economical solution?

4. If qualified engineers are in demand for health organizations, could an estimate be supplied of number required per unit population?

5. What would be considered the ideal administrative organization for public health engineering?

Why do sanitary engineers leave their chosen profession?

In the United States a Public Health Service Body shows that about one-half of all engineers claiming public health or sanitary undergraduate training do not work in their chosen field. Those, however, who have completed graduate training in sanitary engineering are almost never lost to the profession.

1. Is this condition due to overproduction of engineers for public health work?

2. Are engineers with first degrees inadequately trained?

3. Are public health engineers used as sanitarians or inspectors and as such have limited salary and promotional opportunities?

4. Are the training and skills of the engineers fully utilized by public health organizations?

5. Are the personnel relationships between the administrator and the engineers within health organizations, unsatisfactory? If so, what improvements are necessary?

6. Are opportunities provided for advanced training?

At the present time it is believed that graduate training is required for producing qualified sanitary or public health engineers.

1. Are there enough schools providing graduate training for public health engineers?

2. Do these existing schools supply the necessary biological and public health education?

3. Should courses in bacteriology, parasitology, epidemiology, be "watered down" in the instruction of public health engineers?

4. Is it important to give instruction in the legal and social aspects of community organizations? (i.e., laws, regulations, commissions, committees, referendum, and legislative practices as pertaining to engineering undertakings. Plans are relatively easy to make but few know how to see them through to completion.)
5. Should graduate training for engineers be limited to universities which have schools of public health?

6. Recognizing the divergent basic training between medicine and engineering, would it be beneficial to train both doctors and engineers in the same institution?

7. What training techniques would best promote mutual understanding and insure "team play" between public health administrators and the engineer?

D. Sanitary or Health Inspectors

1. Have you a satisfactory method of training professional inspectors? Is your training course strictly vocational and technical or do you believe also in educating your inspectors in the dynamics of community life and organization? Is your training course adequately staffed by in-service and/or institutional teaching from outside the service?

2. What ways do you have of recruiting suitable people for this field of service?

3. Do you make use of the probationary period for the better selection of candidates for professional training?

4. How is training directed to make the inspector the friend and educator of the public rather than a penal administrator of the law?

5. Do you arrange training so that the inspector has an opportunity to learn how to work with other health personnel and related workers?

6. Is there any positive scheme within the Service for refresher courses? Are part of these courses organized so as to exchange experience on the problems of community progress with other disciplines?

7. Are the avenues of promotion adequate?

8. Is the inspector handicapped by being the servant of the local authority and subject to its supervision? If so, are there plans whereby he may secure direct access to the health authority so that he does not suffer from isolation and domination?

9. Are they, in the course of their duties, brought into active participation in departmental problems? That is, are they made team conscious, and are there departmental group meetings when nurses, inspectors, health officers, mutually discuss problems?
10. Has an estimate been made of the inspector needs of your country and has a plan been made which is publicly known to those seeking a career? Does the Educational Authority encourage candidates for the work or assist in their recruitment?

E. Auxiliary Personnel

1. Has the assessment of the needs of auxiliary personnel at a professional level been made for your countries? Have you developed the categories of personnel needed?

2. Has consideration been given to an exact job analysis of each worker with the view to planning his instruction? Have you also considered the proper instruction of the professional staff and administrator responsible for this training?

3. Have you decided from this analysis what is the degree of training and the standard of competence to be achieved in each grade?

4. Has consideration been given to promote an avenue of escape for those who, by experience, have proved themselves competent for more responsible duties?

5. Would you be prepared to submit your ideas for discussion on this topic particularly with regard to the "assistant nurse" or "nursing aids" and the sanitary overseer and the rural midwife?