Curtin University

Evaluation of the WA Public Health Officer Training Program (WAPHOTP)

Government of Western Australia
Department of Health

We acknowledge the Traditional Custodians of the land on which we come together to conduct our research and recognise that these lands have always been places of learning for Aboriginal and Torres Strait Islander peoples. We honour and pay respect to all Aboriginal and Torres Strait Islander Elders – past and present – and acknowledge the important role of Aboriginal and Torres Strait Islander voices and their ongoing leadership.

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The CERIPH research team has expertise in the development, implementation, and evaluation of formative and longitudinal intervention research in key areas such as early childhood health and nutrition; physical activity and nutrition; alcohol and other drug use; seniors' health; mental health; and HIV and sexual health.

CERIPH is a unique research centre in that all core staff hold research and teaching positions with the Curtin School of Population Health. The combined expertise of the CERIPH staff, together with the establishment of collaborative networks, aims to foster the practice of health promotion by encompassing the nexus between research and practice. The CERIPH has built and demonstrated high-level expertise and research strength in:

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2. Health promotion approaches using community and settings-based interventions, peer and social influence, social marketing, advocacy, community mobilisation and sector capacity building.
3. Health promotion that improves outcomes in nutrition, physical activity, mental health, sexual health and sexuality, alcohol and other drug use, injury prevention and environmental and community health.
4. Promotion and dissemination of evidence-based practice and building practice-based evidence.
5. Provision of research training and capacity-building techniques to undergraduate and postgraduate students, allied health promotion professionals and community workers.
6. Building sustained partnerships and collaborations with vulnerable and most at-risk communities, and relevant community, government, and private sector organisations.

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Acronyms

CERIPH	Collaboration for Evidence Research and Impact in Public Health
WAPHOTP	WA Public Health Officer Training Program
WA DoH	Western Australian Department of Health
WACHS	WA Country Health Service
AFPHM	Australasian Faculty of Public Health Medicine
PHOP	Public Health Emergency Operations Division
SHBBVP	Sexual Health and Blood-borne Virus Program
SiREN	Sexual Health and Blood-borne Virus Applied Research and Evaluation Network
STI	Sexually Transmissible Infection
BBV	Blood-borne Virus

Executive Summary

Overview

In 2021, Western Australian Department of Health (WA DoH) identified a need for increased public health capacity and leadership, as well as reduced turnover of staff employed on short-term contracts for the COVID-19 emergency response. To address these challenges, Public Health Operations implemented the WA Public Health Officer Training Program (WAPHOTP). WAPHOTP aimed to enhance the effectiveness of the COVID-19 pandemic response in Western Australia (WA) by providing on-the-job training in key competency areas and support for the growing public health workforce. Eligible WA DoH and WA Country Health Service (WACHS) employees participated in two cohorts of the pilot Program, engaging in training sessions, field trips, and placements at health services. Each trainee was assigned a mentor, and the Program was supported by a dedicated coordination team.

Curtin University's Collaboration for Evidence, Research, and Impact in Public Health conducted an independent evaluation of the Program, gathering data through online surveys and interviews with participants. This report presents the evaluation results and offers recommendations for future public health training programs in the WA public sector.

Key findings of the evaluation

The findings of this evaluation have been presented and mapped against the four Program objectives.

Objective 1: Met trainees' needs and expectations.

The WAPHOTP Program generally met the initial expectations of most trainees, particularly in terms of broadening their knowledge, skills, and understanding of public health. However, some trainees felt that initial expectations were not clear, leading to confusion around the competency areas. Reasons for unmet expectations included limited opportunities and experience in diverse public health areas, repetitive and basic content, and pressures relating to their substantive positions. Regional trainees also reported a lack of networking and other opportunities due to limited funding.

Objective 2: Enhanced trainees' performance against key public health competency areas

Trainees reported significant improvement in competency areas such as cultural competence and Aboriginal health, communicable diseases, and health promotion and prevention. The Program's Aboriginal health placement visit had a particularly positive impact on trainees' cultural competency skills. Some trainees felt that competency areas such as management and leadership, health system financing and economics, and policy were not adequately covered by the Program, resulting in little to no improvement. Trainees suggested including a broader range of topics in the future to expand their understanding of public health.

Objective 3: Enhanced trainees' job satisfaction

Over half of trainees reported increased job satisfaction through their involvement in WAPHOTP. Participants highlighted the value of placement visits and described how the Program positively influenced their career progression and job opportunities. Trainees who experienced minimal job satisfaction mentioned heavy workloads, difficulty finding time for Program participation, and already being familiar with Program content as contributing factors. Non-clinical trainees found it challenging to relate to those with clinical backgrounds.

Objective 4: Acceptability and meeting the needs of non-trainee participants.

Most mentors reported positive experiences that met their expectations and considered the Program a worthwhile use of their time. Mentors enjoyed sharing their knowledge, learning from trainees, and developing self-confidence; however, clearer guidance and information on the mentor role was suggested. Line managers observed benefits to their work areas due to trainees' participation in the Program and expressed willingness to recommend the Program and support trainees in the future. Placement hosts found value in supporting trainees but faced challenges in organising and scheduling placement visits. Program staff enjoyed their experience, including building positive relationships with trainees and exploring cultural competence and Aboriginal health.

Recommendations

- Clearer communication of Program expectations.
- Assess Program content to ensure it meets trainees' needs.
- Provide additional support and networking opportunities for regional trainees.

- Map competency areas against Program activities.
- Tailor Program content to trainees' needs and interests.
- Provide a more diverse curriculum.

- Offer flexible options for completing tasks.
- Explore additional study leave or job backfill options.
- Consider separate Program activities for clinical and non-clinical trainees.

- Provide clearer information to Program mentors.
- Offer administrative support to placement hosts.
- Review the need for prerequisite public health qualifications,
- Explore options for offering formal qualifications to Program graduates.

Background

In 2021, WA DoH recognised that there was limited public health and leadership capacity and high turnover of staff employed on short term contracts to work in the COVID-19 emergency response. Consequently, Public Health Operations developed and implemented the pilot WA Public Health Officer Training Program (WAPHOTP or the Program) to strengthen the effectiveness of the COVID-19 pandemic response in Western Australia (Department of Health, 2021).

The aim of the Program was to support the growing public health workforce through the development of an on-the-job training program covering core curriculum competency areas. The competency areas were based on the New South Wales Public Health Officer Training Program curriculum and comprised the following: (1) professional practice; (2) management and leadership; (3) epidemiology; (4) communicable disease; (5) risk assessment and management, including emergency management; (6) policy; (7) health promotion and prevention; (8) evaluation and evidence; (9) health system financing and economics; and (10) cultural competence and Aboriginal health.

WA DoH and WACHS employees were eligible to apply to WAPHOTP as 'trainees' if they had completed, or were progressing towards, a recognised qualification in public health (Department of Health, 2021). Two cohorts of trainees were engaged in the pilot Program, with the first cohort participating between April and December 2021 and the second cohort participating between March and November 2022. The pilot Program consisted of weekly training sessions, fieldtrips, activities, and placements at various health services. A summary of activities and sessions for the 2021 and 2022 Programs has been outlined in Appendix A.

The Program trainees consisted of full trainees, partial trainees (in 2021 only), and public health registrars. Full trainees were provided four hours per week of paid work time to undertake WAPHOTP activities and to attend meetings and fieldtrips. Partial trainees and public health registrars were able to attend Program activities in their own unpaid time. Partial trainees were not admitted to the Program in 2022 as the Program coordinators felt that the model was not effective.

Each trainee was also allocated a mentor in the form of a senior public health professional with extensive public health experience to support both personal and professional development. WAPHOTP was supported by a program co-ordination team that developed and delivered teaching and learning activities and coordinated other aspects of the Program.

At the end of 2021, Curtin University's Collaboration for Evidence, Research, and Impact in Public Health (CERIPH) was asked by WA DoH to conduct an in-kind, independent evaluation of the pilot Program. Data were collected from WAPHOTP participants (trainees, mentors, and line managers) through online surveys and qualitative interviews. Trainees also completed online feedback surveys after training sessions and activities. This report sets out the results of the evaluation and makes recommendations to inform the design and implementation of future public health training programs in the Western Australian public sector.

Aims and objectives.

The aim of this research project is to evaluate the pilot to ascertain whether WAPHOTP:

1. Met trainees' needs and expectations.
2. Enhanced trainees' performance against key public health competency areas
3. Enhanced trainees' job satisfaction
4. Was delivered in a manner that was acceptable to, and met the needs of, non-trainee participants (e.g., coordinating staff, guest presenters, mentors, line managers and placement hosts).

Evaluation design

The project was evaluated using a convergent, mixed-methods design. Qualitative data (semi-structured interviews, and open text survey responses) were collected and analysed alongside quantitative data (online feedback form and survey). Preliminary quantitative findings were used to inform the focus of the qualitative interviews (Fetters, Curry and Creswell, 2013). Ethical approval was obtained from WA DoH Human Research Ethics Office (Approval number RGS5131) and Curtin University Human Research Ethics Committee (Approval number HREC76310).

Participants

WAPHOTP comprised trainees and non-trainees (e.g., mentors, program staff, and placement hosts). Trainees were supported by their line managers who allowed staff to participate in the Program and had discretion to approve professional development leave to enable trainees to participate in WAPHOTP activities. All categories of WAPHOTP participants were eligible to participate in the study. All participants in the 2021 and 2022 cohorts were invited to participate in the evaluation. No participant exclusion criteria were applied. All individuals involved in the WAPHOTP as trainees or in non-trainee roles were eligible to participate in the evaluation.

Evaluation methods

End of Program surveys

WAPHOTP 2021 and 2022 trainees, mentors, and line managers were invited via email to participate in an online survey which was hosted on Qualtrics, an online survey management software (Appendix B, C and D). The surveys covered content such as work-related demographics (work role, location, years of experience), perceived strengths and weaknesses of the Program, experiences of being involved in the Program, and recommendations for improvement. The surveys included a combination of multiple choice, Likert scale and open text questions. The survey also asked participants if they would be prepared to participate in an interview with the researchers; participants who indicated 'yes' were directed to a new survey to enter their contact details. These participants were then followed up by research staff to arrange an interview. Quantitative data from the survey were analysed using descriptive statistics and open ended, qualitative answers were analysed thematically.

Post session feedback form

At the conclusion of each 2022 WAPHOTP training session (e.g., guest lectures, structured activities) trainees received an email inviting them to complete an anonymous online feedback form via Qualtrics (Appendix E). The form was used to ascertain key learnings and recommendations for improvement and focused on identifying how useful the training sessions were for the trainees.

Interviews

Interviews were conducted by the researchers either in person or via videoconference with trainees (Appendix F), mentors (Appendix G), trainee's line managers (Appendix H), placement hosts (Appendix I), and program staff (Appendix J). Interviews were semi-structured and based on topic guides that explored emerging themes from the survey data. The interviews also focused on understanding experiences of the Program and identifying unanticipated benefits and challenges of participation and engagement. Interviews were recorded and transcribed, and transcripts were uploaded to NVivo to support basic thematic analysis which employed the approach described by Braun and Clarke (2021).

Quotations from all participant groups have been included throughout the results. In order to distinguish the data, quotations are accompanied by descriptors to indicate participant type and mode of data collection. All quotations derived from interviews are accompanied by pseudonyms selected by the participants to maintain anonymity.

Results

The results of the evaluation have been presented by integrating the quantitative data collected from the online surveys and post session feedback forms with supporting information from the qualitative interview data and open text survey responses. Exemplar quotes from the qualitative data have been used to illustrate specific themes throughout. The data has been analysed and presented against the following seven themes:

1. Motivations to participate in WAPHOTP
2. Program expectations
3. Mentoring
4. WAPHOTP structured activities
5. Program benefits and outcomes
6. Challenges and barriers
7. Suggestions for improvement.

Participant demographics

In 2021 there were 12 full trainees, eight partial trainees and 12 public health registrars who participated in the Program (n=32). Two full trainees withdrew shortly after commencing due to a change in employment and family commitments. In 2022 there were 11 full trainees and three public health registrars (n=14). One full trainee withdrew halfway through the Program due to change in employment. One hundred and fourteen participants were involved in the 2021 and 2022 WAPHOTP Program and invited to take part in the evaluation; these comprised 46 trainees, 30 mentors, 20 line-managers, eight program staff, and 10 placement hosts.

A total of 35 participants completed the end of Program survey (trainees, mentors, and line managers) and 22 participants took part in an interview (all participant groups). The number of participants in the evaluation and response rates (by group) is outlined in Table 1 and Table 2 below.

Table 1: *Participant involvement in end of Program survey*

Role in WAPHOTP Program	Survey participation	Response rate
Trainees	19	41%
Mentors	12	40%
Line managers	4	20%
Total	**35**	**36%**

Table 2: Participant involvement in interviews

Role in WAPHOTP Program	Interview participation	Response rate
Trainees	7	15%
Mentors	5	16%
Line managers	1	5%
Program staff	5	62%
Placement host	4	40%
Total	**22**	**19%**

Public health experience amongst mentors responding to the end of Program survey was high. All participants in the evaluation had more than a decade in public health with 11 participants reporting 15 or more years' experience working in the sector.

Eight trainees who responded to the survey (42%) were working at the Public Health Emergency Operations Centre at WA DoH during WAPHOTP, six (31%) worked for another part of WA DoH, six (31%) worked for WACHS, and three (16%) worked at a Metropolitan health service provider as stated in the end of Program survey. Some trainees worked across multiple areas. Most trainees (n=16; 84%) had a non-medical background.

Of the line managers who completed the end of Program survey, two (50%) worked at WA DoH (Royal Street, East Perth), one (25%) worked at WACHS, and one (25%) at a Metropolitan Health Service Provider. Specific demographic information was not collected for Program staff and placement hosts or interview participants.

Motivations to participate in WAPHOTP

Trainees, mentors, and line managers were asked what their main motivations were for participating in the WAPHOT Program. The most common reasons reported by trainees were career progression, professional development and to develop public health knowledge and skills. The reasons cited were not mutually exclusive, and overlap was common. For instance, one trainee spoke of being drawn to the Program as *"a way of actually exploring the options of what WA Health has to offer in terms of a public health perspective"*, as well as providing an opportunity *"to keep learning and developing without committing to a full degree" (Jen, Trainee, interview).*

Mentor motivations for participating in WAPHOTP primarily centred on a reported desire to support others in the field, prior experiences of mentoring, and for their own personal and professional growth.

> *"I never had a formal mentor, and so I liked the idea of providing or supporting someone else to work within the health field" (Mandy, Mentor, interview).*
>
> *"I felt I would get something out of it as well, I think we, we can all we all have room to grow, and I think we grow by listening to new practitioners" (Jane, Mentor, interview).*

When asked why they decided to support a WAPHOT Program trainee, all line managers completing the online survey (n=4; 100%) said that they "anticipated benefits for my staff/work area/organisation" and they "wanted to increase job satisfaction and/or retention of staff". Two participants (50%) also said that they "liked the content of the proposed Program" and one (25%) stated that they saw value in mentoring.

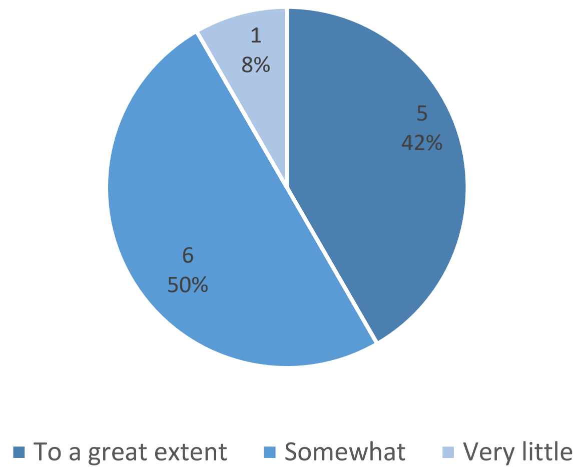
Program expectations

In interviews, trainees, mentors, and placement hosts spoke about their initial expectations of the Program being centred on career progression, knowledge, and skill development, encouraging more people to gain experience in public health and developing new networks and connections. When asked whether the Program met their initial expectations, most interview participants stated that their expectations were met. Trainees spoke of the Program *"broadening my horizons of public health"* (George, Trainee, interview*), "increas[ing] my skill set"* (Kristy, Trainee, interview), and tackling *"specific topics which I didn't have much experience in"* (Kristy, Trainee, interview). Similarly, mentors described seeing professional growth in trainees:

> *"From feedback she [trainee] gave me it did actually open her eyes and realise that public health is not just around disease control, or communicable disease control, and contact tracing. There's such a bigger picture with public health" (Jane, Mentor, interview).*

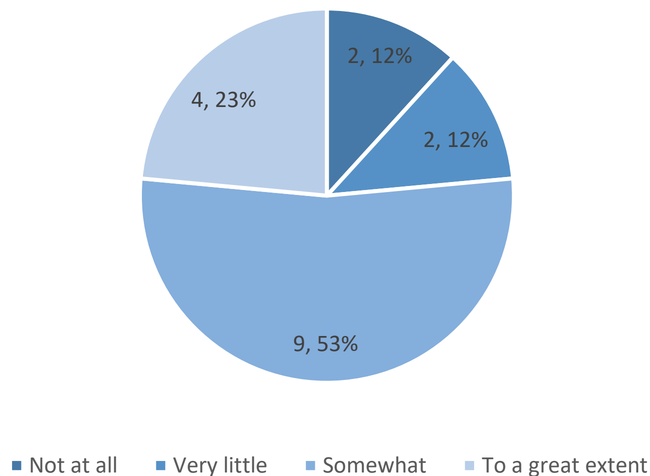
These findings are consistent with those from the online survey which found the majority believed the Program met expectations (see Figure 1). Forty-two percent (n=5) of mentors reported that the experience met their expectations "to a great extent" and half (n=6) reported it "somewhat" met their expectations. One mentor responded with "very little" and went on to state in the open text option that "*clearer guidelines of what was expected of mentors would have been appreciated".*

Figure 1: *The extent to which the mentoring experience met mentors' expectations (survey) (n=12)*



One in five trainees (n=4) responding to the online survey said the Program met their needs "to a great extent", just over half (n=9) said "somewhat", and the remaining 24% (n=4) responded with either "very little" or "not at all" (Figure 2); reasons for expectations not being met are set out in the Challenges and Barriers section below (page 22). Two participants did not respond to this question.

Figure 2: *The extent to which the Program met trainees' needs and expectations (survey) (n=17)*



The reasons that trainee survey respondents felt their expectations were not met included difficulty relating to the clinical experience of other trainees, the provision of repetitive and basic information, low trainee attendance, a lack of support from project teams, missed opportunities for education and limited opportunities for regional trainees to connect with their peers. These reasons aligned with those discussed by trainees in the interviews, as articulated here:

> *"I mean, it's a really difficult position for the organisers to be in, but I felt a lot of what was covered was duplication for me. I felt there was a lot of going over really basic, I guess, when I say I wanted to learn new skills, I wanted to learn advanced skills, you know, I'm not a new practitioner, I have been in, you know, the workforce for like, over 10 years, you know, and I wanted to, I wanted to enhance my skills and go to another level" (Emma, Trainee, interview).*

> *"I guess in terms of my expectations, I kind of went in with the notion that the Program would at least allow me to place it in practice. So by that, I mean, more support from management and the coordinators, which I found was lacking, because it was a bit hard being part of the COVID team, and maybe it's on both avenues, I guess, because I'm part of, I was part of the COVID response team, which required me to be on site, you know, whenever needed. I found that I wasn't fully supported in that manner". (Tash, Trainee, interview).*

However, on the whole, participants across all roles in WAPHOTP indicated support for the Program and its continuation in interviews.

> *"I think it's very worthwhile. I think that it is really important to, because like working here, it's important to keep the focus on public health and those principles and the tenants that are behind that. I think this Program helps people to build on those skills and also helps like workplace itself remember that this is why we're here like it is a public health focus. I think it's very worthwhile. And I hope that it gets to continue" (Kristy, Trainee, interview).*

Mentoring

Mentor perspective

All mentors completing the online survey indicated that they felt valued as a mentor in the Program; 75% (n=9) responded that they felt valued "to a great extent" and 25% (n=3) responded that they felt "somewhat" valued. Surveyed mentors also reported feeling that their participation in the Program was "worthwhile" (n=6; 50%) or "somewhat worthwhile" (n=5; 42%) (one mentor did not answer the question).

Mentors provided feedback on advice they would give to mentor-mentee pairs in future iterations of the Program. Four of the surveyed mentors (33%) emphasised the need to set clear expectations of the time required to participate in the Program and to ensure that both parties understand the Program purpose and the mentor-mentee relationship; this included ensuring that mentees understand their responsibility to take a proactive role in leading the relationship.

> *"I would advise that the mentees be better prepared and lead the mentoring relationship. Unfortunately for me, my mentee did not seem to understand that she had to develop her own objectives and be clear about what she wanted to achieve out of the mentoring Program" (Mentor, survey).*

Three surveyed mentors (25%) provided advice related to the scheduling of meetings such as meeting early in the Program, agreeing on a set schedule, and taking the time at the beginning of the Program to set goals together.

“Book a regular schedule of meetings up front - 'ad hoc' is not a great approach as people get busy. Mentees should have an agenda of items to discuss and also leave some free time just to 'catch up'” (Mentor, survey).

One mentor (8%) spoke about the importance of appropriate mentee-mentor pairings, and for both parties to participate and engage by learning more about each other.

“For mentors - try to find out more about the mentee's interests and career plans. For mentees - look at the mentor's background and think ahead about areas in which they can best offer you advice” (Mentor, survey).

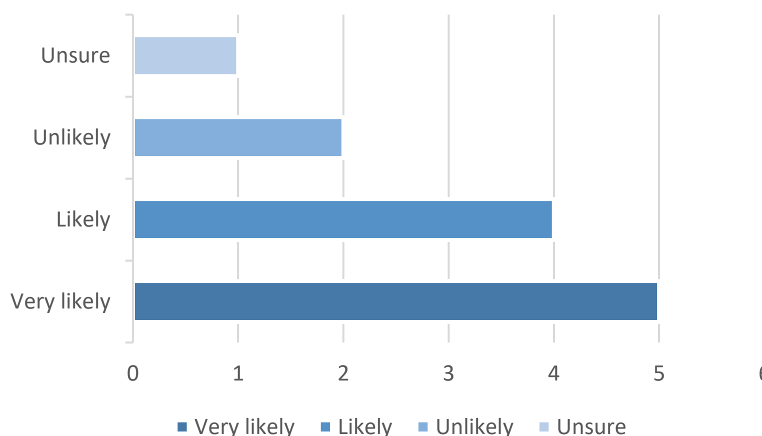
Surveyed mentors were also asked to indicate the extent to which they expected to maintain an informal relationship with their trainee after the Program concluded. More than half (n=7; 58%) indicated “somewhat”, a quarter (n=3) said “very little” and 17% (n=2) reported “not at all”. Those responding with not at all or very little were given the option to provide further explanation. Mentors reported reasons such as geographical location and distance, differences in professional context, workplace and study demands, retirement, having a trainee who left before the end of the training, and having “*very mature mentees*”.

Mentors participating in the interviews were asked what key learnings they took away from the experience. They spoke about the Program encouraging them to be more open to new opportunities, developing a sense of trust and confidence in themselves, realising the value in passing on their knowledge and experience to others and an enjoyment in learning new things from their trainee that can be applied to their own work.

“What I've learned is that I can provide value. Because I think, you know, whether you are new or have been in a system for a long time you do question yourself. And so, I think it's important to be reflective, and this allows you to reflect on what you've learned, and how you share that information with someone who's just starting out or at a different stage in their career or their education journey” (Mandy, Mentor, interview).

As shown in Figure 3, three quarters of mentor survey participants (n=9) said that they would be “very likely” or “likely” to participate in WAPHOTP as a mentor again in the future. Two participants (17%) said that they would be “unlikely” to participate again and one (8%) reported being “unsure”. The reasons for the low motivation for future participation included time limitations, a lack of clear expectations set out for the Program, and mentor retirement.

Figure 3: *Likelihood of participating in WAPHOTP as a mentor in the future (survey) (n=12).*



Trainee perspectives

Trainees also provided feedback on WAPHOTP mentoring. When asked about mentor-mentee meeting frequency during the Program, 31% (n=5) of trainee survey respondents reported meeting 1-3 times, 31% (n=5) reported meeting 4-7 times and 25% (n=4) reported meeting 8-11 times. One trainee (6%) said they met their mentor 12 or more times, and another stated not meeting with their mentor at all. This trainee went on to say that they did not have a WAPHOTP mentor. Three survey respondents did not answer this question.

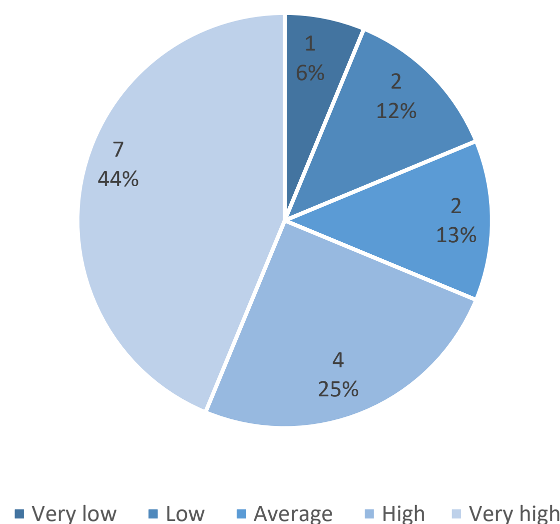
In interviews, trainees explained that some mentors were too busy or otherwise unavailable to meet regularly. These trainees found the lack of regular meetings to be challenging, particularly when they compared their experiences to those of other trainees.

> *"The mentor stuff, and I guess it was…I use the term loosely, I think I would say I had an unfulfilling rather than a bad experience with it. It was perfectly fine and pleasant, but it was like we met once for a cuppa, and that was it. Lots of other people met, you know, weekly or monthly or something, and their mentors were actively engaged in it" (Rebekah, Trainee, interview).*

One trainee described having an interstate mentor as a barrier to *"get[ting] to know each other" (Kristy, Trainee, interview)* due to the reliance on online communication. Trainees also described differences in the formality of their mentoring experience. Some spoke about their meetings and communication being very informal, whilst others indicated that the relationship took on a more structured approach.

When asked to rate the overall quality of mentoring received from their mentor, over half of trainees (n=11; 69%) selected "Very high" or "High". Two trainees responded with "average" (13%) and three trainees (18%) rated the quality of mentoring as "Low" or "Very low" (Figure 4). Three participants did not respond to this question.

***Figure 4:** Quality of mentoring trainees felt they received (survey) (n=16)*



In the surveys, the most frequently cited benefits of the mentoring relationship were "exposure to new and different perspectives" (n=14; 16%) and "broadening of professional networks" (n=10; 12%). Other benefits included "assistance in setting career goals" (n=7; 8%), "a greater passion for public

health” (n=7; 8%), and “interest in new or different areas of public health” (n=7; 8%). These findings were consistent with the interviews in which trainees mentioned that the provision of career advice and exposure to new perspectives was extremely valuable.

> *“I'd say I owe a lot to my mentor for the sort of slight shift in my career trajectory. Because I think, from hearing about policy and about that kind of level of health promotion, I sort of came to realise that on the ground stuff, I absolutely still think it's worthwhile. But I could see a lot in my own work, how it was not having the desired effect, and so I think that caused me to kind of shift a little bit to sort of take the next step up” (Jen, Trainee, interview)*

> *“It also helped me identify what areas of public health I want to go into and what areas I don't, which I think is really invaluable. Just kind of like how my conversations with my mentor, where he was, like, go try it all, because then you'll know what you like and what you don't. So, I think that was really good for the Program” (Caitlin, Trainee, interview).*

Additional benefits reported by trainees included furthering their public health skills and knowledge, provision of life advice, offering feedback on work tasks and general support throughout the Program. Trainees also commented on the generosity of time shared by their mentor with one noting how their mentor actively invited them to collaborate on projects.

WAPHOTP structured activities

Interview participants reflected and commented on their experience with a number of WAPHOTP structured activities, specifically the placement visits and presentations/activities. A summary of all 2021 and 2022 Program activities and sessions has been outlined in Appendix A.

Placement visits

Aboriginal health placements comprised of a visit by trainees to an Aboriginal health service provider in WA. Trainees and placement hosts said that the placements had a positive impact on their knowledge expansion, particularly around Aboriginal health and cultural safety, regional and remote areas, National Disability Insurance Scheme (NDIS), funding models and understanding the role of public health sector organisations.

> *"It definitely gave me a much greater understanding and appreciation for Aboriginal cultures and, yeah, their health care" (George, Trainee. interview).*

> *"The one thing that I really liked is that I guess, the participants, and the staff that came up, were able to really get an understanding of what it is like to work in in a regional area" (Joe, Placement Host, interview).*

> *"Yeah, it was really interesting and helped me get a better picture of what the work of the Metropolitan Communicable Disease Control Directorate does... So, it was really good, it helped me kind of get a better picture of the way that the organisations interact and how they work with the public as well" (Kristy, Trainee, interview).*

Trainees also valued the ability to link policy to practice, the relevance of placements to their current work, new networking opportunities and the opportunity and benefit of 'on-the-ground' experience.

> *"I think you need to go on those placements, like you need to feel something and get emotionally, like charged up, because most of the time, we're just sitting at our desks behind computers. And it's very easy to detach from the people that you're trying to help. So, I think the placements were really, really great having that human facing interaction. I wish we actually did more of it. Yeah, the Aboriginal health placements were just incredible" (Caitlin, Trainee, interview).*

Some trainees spoke about their placement being slightly disorganised in terms of staffing and scheduling, and that it seemed to lack a clear purpose.

> *"It was a bit disorganised, not on the WAPHOTP's fault at all, just the organisation that I was with were a bit disorganised which is fine. So, like the day, first day I showed up, no one was like really expecting me. And then someone was sick. So, I had to reschedule it" (Kristy, Trainee, interview).*

> *"It was just a very vague day. Um, and whether or not they hadn't been briefed on what they were, what the point of us being there was, I just kind of felt like I was a bit in the way" (Rebekah, Trainee, interview).*

Two trainees felt their placement visit did not provide them with any new information or skills, primarily because they already had experience working in that particular area. It was suggested that that the Program contact trainees beforehand to match their placement with their experience or *"areas that maybe we feel we would benefit from further information rather than repeating things" (Emma, Trainee, interview).*

When placement hosts were asked about the visits, most provided encouraging feedback about the activities undertaken, the value in participating, and the importance of ensuring trainees felt supported and valued.

> *"There's no point bringing on a student, sitting them in the corner and hoping they get something out. Being open for us with students, you know, you're coming in as a student, but you're part of the team, you're going with our team members, making them feel that they're valued you know is really important for us" (Maree, Placement host, interview).*

All four placement hosts interviewed said that if given the opportunity, they would participate in the Program again. Challenges encountered by placement hosts included the administrative burden arranging and scheduling placement days, and the placement organisation process being labour intensive for only a small group of trainees.

> *"Preparing the placement was very labour intensive for two students. It was unclear who would be attending the placement. Two people contacted the organisation beforehand, but it was not clear if anyone else would be attending the placement. Staff went to a lot of effort to organise resource packs etc, for only two people to come on the day" (Kate, Placement host, interview).*

Some placement hosts also reported being unclear about what was required of their organisation, perhaps as a result of relevant staff not being appropriately briefed.

> *"The coordinator at the organisation was clear of the Program's requirements, but these were not clear with other members of the organisation. Initially the requirements were clear, but there was not enough hand over of information" (Kate, Placement host, interview).*

2022 WAPHOTP Trainees and Staff on Fieldtrip to Northam with respected Elder Kathleen Davis.

Presentations

At the conclusion of each presentation and activity session trainees were sent a link to an online survey to provide feedback on the session they attended. Further information on the scheduling of these sessions can be found in Appendix A.

Feedback was provided by 61 trainees (95%) and three Australasian Faculty of Public Health Medicine (AFPHM) advanced trainees (5%) on twelve different sessions. A further breakdown of the responses for each session are outlined in Table 3 below and detailed responses for each session can be found in Appendix K.

Table 3: *Trainee responses to post session feedback form (n=65)*

Title of session attended	Number of survey participants
Introduction to Aboriginal health placements (July)	9
Clinical Audits	8
Introduction to Aboriginal health placements (August)	8
Health economics	8
SHBBVP Quarterly Forum & SiREN Symposium Reflection	7
Bunbury fieldtrip	6
Media and health communications	5
Neglected tropical diseases	4
Refugee Health	4
Mental health as a public health priority	3
Harm Reduction for STIs and BBVs	2
Food-borne outbreaks	1

Trainees were asked in the feedback form the extent to which they agreed with a series of statements, the first of which being how clear the session they attended related back to the WAPHOTP competencies. Most trainees felt that all sessions related strongly to the competencies with 72% (n=47) replying “to a great extent” and 26% (n=17) replying "somewhat”. One trainee responded with “very little” in response to the clinical audit presentation.

Similarly, 70% (n=46) agreed to a great extent that the sessions they attended were well organised and 65% (n=42) agreed that the sessions were engaging. However, 12% (n=8) responded with “very little” or “not at all” when asked how well organised the sessions they attended were. The sessions that trainees felt were the least organised were those relating to the clinical audits and media and communications. In interviews, trainees explained that some sessions attempted to cover too much content and that time management could be improved:

> *“It wasn't really timed well. So, I think a lot of the sessions, although they would schedule in readings, which was good, if say they scheduled in three health leaders to speak to us, they often wouldn't schedule enough of time for them to actually speak and voice out what they wanted to talk about” (Tash, Trainee, interview).*

Three trainees (5%) also felt as though the clinical audit session could have been made more engaging.

When asked whether the sessions taught trainees something that they did not know before, 65% (n=42) agreed “to a great extent”, 25% (n=16) agreed “somewhat” and 9% (n=6) responded with “very little”. One trainee responded with “not at all” to this statement in response to the ‘Introduction to

Aboriginal health placements (August)' session. In interviews, some trainees expressed the view that presentations were pitched at the wrong level for the audience.

> *"Um (PAUSE) I don't feel that it did meet my needs personally. [They] weren't going into a level of detail that I would expect for something that was meant to be for people already working in this space" (Emma, Trainee, interview).*

Trainees were also asked to what extent they agreed with the statement "the session was useful to my work". Forty-eight percent (n=31) agreed "to a great extent", 40% (n=26) agreed "somewhat", and 12% (n=8) agreed "very little". The sessions trainees felt were the least useful to their work were clinical audits (n=3), media and communications (n=3), health economics (n=1), and harm reduction for STIs and BBVs (n=1).

Overall, 63% (n=41) of trainees felt that the sessions they attended enhanced their understanding of public health "to a great extent" and 29% (n=19) felt it enhanced their public health understanding "somewhat". Five trainees (8%) felt that their public health understanding was enhanced only "very little" or "not at all" after attending the clinical audit, media, and communications and 'Introduction to Aboriginal health placements (August)' sessions. However, in interviews conducted with trainees, one trainee reflected positively on the media and communications presentation.

> *"The one that comes to mind funnily enough is actually the presentation we had from the comms team. And I think that one stands out to me because whilst that's not really an area of public health, it's such an important part of public health, because it's the kind of, the conduit between, you know, the all the research that's happening around disease incidence and prevalence, and then communicating that messaging out to the public" (Jen, Trainee, interview).*

In interviews, trainees reported that they enjoyed the variety of presenters and subject areas, found the presentations *"relevant and helpful" (Kristy, Trainee, interview)*, and valued the opportunities to discuss the content with their peers after the sessions.

> *"I guess one good thing about the sessions as well is just the conversations that came out of it, like some of the training sessions, where it was like, I've learned this in uni, or like, how much does this actually apply to me? They were sort of balanced out by the conversations that we got to have towards the end of it" (Caitlin, Trainee, interview).*

Towards the end of the Program, trainees were also asked to choose their own learning topic and were coached by training coordinators to develop and deliver a teaching and learning activity and presentation to their peers. Trainees who were interviewed spoke about feeling nervous when the task was initially assigned to them but found the process enjoyable and valuable overall.

> *"I remember when that got assigned to us. I was like, oh my gosh, I don't know what I'm going to do mine on. Like, how am I going to make this work? And I got quite nervous about it. And ended up being amazing. And I paired up with another trainee … And it was awesome" (Caitlin, Trainee, interview).*

> *"The presentations put up by all the trainees were actually really good. And they were also in topics that maybe we all felt was a bit of a gap or something. So then was covered in that fashion" (Rebekah, Trainee, interview).*

Program staff and placement hosts also commented on the benefits of this activity and enjoyed listening to the trainees' presentations.

However, three trainees did not see the value of the trainee presentations, as exemplified by the following quotations.

> *"I have to be really honest with you and say what I didn't enjoy at all was the participant led sessions. I wanted to participate in this Program to learn from experts and to learn information that, like I said was that kind of next level, and then all of a sudden there was this whole, okay, everyone picks a topic that you want to present to the other trainees. And I just think 95% of them missed the mark entirely for me" (Emma, Trainee, interview).*

> *"I just found any other presentation that particularly they asked trainees to do didn't add value" (Tash, Trainee, interview).*

Since the last communique, the program has successfully delivered the following training sessions:

- Media and Communications Workshop
- Using Quantitative and Qualitative Research to Improve Health Service Delivery
- Data Science and the Application of Whole Genome Sequencing to Public Health
- Ethics Workshop
- Introduction to Aboriginal Health including a Rapid Cultural Orientation

Dr Anna Beswick presenting the Ethical Workshop Training Session held Wednesday, 28 July 2021

August 2021 WAPHOTP Communique showcasing Ethics workshop session

Program benefits and outcomes

Participants were given an opportunity to reflect on what they found most worthwhile and what they had learnt or what had changed for them as a result of their participation and engagement in WAPHOTP. The fieldtrips, excursions, and placement visits were the most frequently mentioned beneficial components as they provided practical public health experience and skills. During the interviews, Program staff and trainees spoke specifically about the benefits of the regional visits and their experiences learning about Aboriginal health.

> *"Northam was amazing. The Aboriginal education was just fantastic. And, I mean, speaking for myself, but also speaking for quite a few others in the Program, a lot of us put our hands up, and were like, we don't have a lot of experience working with Aboriginal communities. But actually, going in there was, yeah, it was incredible, and it was really valuable" (Caitlin, Trainee, interview).*

> *"We had an Aboriginal Elder, it was during NAIDOC week, so we had an Aboriginal Elder come to talk with us. We also had an Aboriginal um Health Service officer, who actually played didgeridoo for us, got us to dance, I mean it was, like that sort of Welcome to Country, and that sort of embracing of the culture was just brilliant" (Rhubarb, Program Staff, interview).*

Other activities and elements of the Program enjoyed by participants included the mentoring, the health leader speaker series, and the trainee-led presentations.

> *"A mentoring Program attached to a scheme like this is really important, because it means that you've got someone to go to who's not a paid part of the Program, who would know the people who are involved, to whom you can go and download if you need to, be able to be critical with without, well at the same time knowing it's not going to affect how you you're seen on the scheme" (Hillary, Mentor, interview).*

> *"It's hard to just pull out one or two things, because it really all was so worthwhile. But I'd say probably the mentorship and the health leader speakers" (Jen, Trainee, interview).*

> *"I've now met various health leaders within health, within WA Health and yeah it was just incredible listening to all their stories and their career paths and, how they ah came to be where they are now. Yeah, and I think the trainees are very lucky to listen to all these highly qualified speakers" (Moyo, Program staff, interview).*

Similar strengths were reported by line managers in the online survey and included having well-presented sessions and relevant topics, practical experience, the opportunity for trainees to network with others in the sector and receive mentoring from experienced professionals. All line managers reported that they would recommend the Program to other staff and would support a trainee again in the future.

Interview participants also spoke highly of the networking opportunities offered throughout the Program, the development of broader public health knowledge, the breadth of topics covered, and the positive relationships developed between the trainees and Program staff.

> *"The Program definitely increased my understanding, and awareness of public health and the complexities around it. And then I made a lot of connections with people in the Program, presenters, teachers, and the like" (George, Trainee, interview).*

> *"I feel that the trainees, I've built up in a short period of time, a good rapport and trust with them, so the trainees feel quite comfortable to phone me or email me or Teams me, ask me*

different questions or, you know, yeah, so I like that from a personal perspective, that rapport, that's a success for me" (Rhubarb, Program Staff, interview).

Trainees were asked in the online survey to identify the competency areas that had most improved because of their involvement in WAPHOTP. Participants were able to select up to three competencies in their answer. "Cultural competence and Aboriginal health" (n=9; 23%) was the area trainees reported the most improvement because of participating in the Program, followed by "Communicable diseases" (n=8; 21%) and "Health promotion and prevention" (n=5; 13%). One participant (2%) selected "None - I did not experience improvement in any competencies as a result of my involvement in WAPHOTP". Three participants did not answer the question.

Figure 5: *Trainees most improved competencies as a result of WAPHOTP (survey) (n=16)*

Overall, trainees reported that the Program had a direct positive impact on their career opportunities, confidence working in public health, current employment, decision-making skills, desire for further study, and understanding of public health concepts and their implementation.

"I think it most certainly has changed and influenced the way I approach different areas of public health. So, for me, I always thought it was very much driven by, I guess, health promotion, and, you know, safety and quality improvements. But I think there's really more to it" (Tash, Trainee, interview).

"I did go off and do a secondment um that I possibly might not have put my hand up for I think, and I think the approach I had to it lots of it was built off that, off the Program. I think I viewed things differently, more systematically perhaps as a result of the Program" (Rebekah, Trainee, interview).

"Yeah, I would say that the networking has helped me with my work, I find it easier to talk to people that are in different areas. I haven't really like gone for a job or anything since then, but I think it will be helpful putting it on my CV and kind of discussing like teamwork" (Kristy, Trainee, interview)

> *"My confidence in the workplace definitely has improved from the Program" (George, Trainee, interview).*

The positive impact of the Program reported by trainees on current employment aligns with results from the online survey which found that around one-third (n=6; 32%) of trainees reported their involvement in WAPHOTP increased their job satisfaction "to a great extent" and a further one-third (n=6; 32%) said it increased it "somewhat". Program staff, mentors and placement hosts spoke about similar benefits and outcomes, for themselves and the trainees.

> *"I've enjoyed, I really have enjoyed it, and I've learned a lot being part of this Program, even for a short period of time" (Rhubarb, Program staff, interview).*

> *"I think they may have learnt that there is a whole network of people out there. I think the mentees have learnt; I don't know how to word this. There was some of the mentees that worked only in PHOPs[a] have realised there is a whole workforce of public health, experienced public health people out there" (Jane, Mentor, interview)*

These outcomes were also highlighted by line managers, all survey participants reporting significant or some benefit to their work area or organisation. High quality mentors, networking opportunities, knowledge expansion and relevant Program content were listed as Program strengths. Line managers also reported that these benefits were consistent with their expectations of the Program. When asked to describe the most significant change as a result of the staff member participating in the Program, line managers discussed networking opportunities, and an increased knowledge and passion for public health.

Challenges and barriers

Program staff were asked in the interviews about their perception of the main barriers to the optimal success of WAPHOTP both now, and in terms of its future sustainability. One of the most common perceived barriers for the ongoing success of the Program was funding. Staff spoke about the need for adequate funding for WAPHOTP to continue and expand into a three-year program.

Program governance was another concern mentioned by several Program staff. The Program currently sits within the Public Health Operations division of WA DoH; however, participants spoke about their uncertainty around where it would sit in the future once the COVID-19 response team was transitioned.

> *"I think it's just to do with a lot of the instability at the moment, of where, you know, as we're wrapping up the COVID-19 response, it talks about the public health operations service area kind of ceasing, um potentially transitioning to we don't really know where, that, the project doesn't get lost or caught up and all of that" (Sarah, Program staff, interview)*

Participants also mentioned that the requirement of WAPHOTP trainees to have pre-requisite qualifications in public health was a barrier to participating. One staff member felt this would be a deterrent for future trainees as they may not benefit from the Program if they had already completed public health postgraduate training.

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[a] Public Health Emergency Operations Centre

"I think because they're asking people, our trainees predominantly have all got a Master's in public health, and to me that's quite a high qualification, already to have going into a program. I think for this year you know, the nine-month program is ideal for people, it's not too much, but a three-year Program. I'm not sure if I had a degree, if I had the Master's in public health whether I'd, what would I benefit?" (Rhubarb, Program staff, interview).

Other barriers to success included the lack of program investment by other health agencies, administrative burdens for placement hosts, long government processes and timelines and the absence of formal qualification attached to any future three-year Program.

"But there's no qualification attached to it. So even a certificate, there's no, at this point in our discussion, it's not… aligned with a university or anything, you know. And if people are coming with a Masters, I don't know" (Rhubarb, Program staff, interview).

While most survey participants reported an increase in job satisfaction as a result of their involvement in WAPHOTP, 10 percent (n=2) of trainees said their job satisfaction increased "very little" and around a quarter (n=5; 26%) reported "not at all". Those who responded with "very little" or "not at all" were provided with an opportunity to explain why; five trainees provided further responses. Challenges reported included having a workload that was *"too heavy" (Trainee, survey),* already being "*familiar with most concepts that were related to my role" (Trainee, survey)* and feeling *"detached from the Program and disadvantaged for being rurally located" (Trainee, survey).*

Line managers responding to the online survey mentioned similar challenges and reported that Program work for trainees would often exceed the time allocated or expected and would have subsequent impacts on staffing. Line managers also reported noticing difficulties for regional trainees to participate fully in the Program.

"Difficulty in regional attendees being able to participate fully on excursions that were central based. Course was advertised as requiring 3-4 hours a week of work time but exceeded this and there were impacts on other work areas/loads" (Line manager, survey).

"Some impact on staffing levels, which would normally be minimal, but noticed more when already short staffed…" (Line manager, survey).

Trainees were also asked to identify the Program competency areas they felt were least improved or not improved at all. "Management and leadership" (n=11; 25%) was most frequently cited as the least improved competency, followed by "Health system financing and economics" (n=8; 18%), and "Policy" (n=7; 16%) (Figure 6). Three participants did not answer the question.

Figure 6: *Trainees least improved competencies as a result of WAPHOTP (survey) (n=16)*

Trainees were asked to select reasons that competencies outlined in the prior question were not improved on or improved to a lesser degree than other areas. Nine trainees (56%) selected, "The area(s) were not adequately covered in WAPHOTP", five trainees (31%) selected "I already had a high level of competency in the area(s)", and five trainees (31%) indicated they were "unable to engage in relevant aspects of WAPHOTP due to work commitments". In interviews, trainees also reported confusion around the Program competencies, saying *"it felt like an add on, I guess. I just wasn't 100% sure what we were supposed to do with it" (Rebekah, Trainee, interview).*

Of the trainees who reported that the initial needs and expectations of the Program were not met (n=4, see Figure 2), reasons included challenges around flexibility and regional participation, and a perception that there were limited opportunities to learn new concepts and gain experience.

> *"Didn't provide the opportunities that I had anticipated or introduce me to new concepts/topics etc, as I had hoped" (Trainee, survey).*
>
> *"The expectations were far beyond what was initially stipulated. There was little flexibility and I felt somewhat belittled when I could not meet the requirements as a regional participant" (Trainee, survey).*

Suggestions for improvement

All participants were given an opportunity to reflect on and describe anything they felt was missing from the current Program and what could be improved.

Communication and expectations

Several trainees and Program staff spoke in the interviews about the need for clearer communication around overall Program expectations to ensure participants understand the purpose and competency areas as well as clearer expectations on placement visits communicated to placement hosts.

"I think probably just a clear description of what's expected, or what the point of it is, like we've all done those competency documents for like your mandatory training that just feels like a box check, it doesn't really feel like um…yeah, the purpose of it, like what's the goal of it? What's actually happening with it?" (Rebekah, Trainee, interview).

Similarly, communication on the expectations of mentors was also cited as an area for improvement.

"I think the expectations were that you were going to meet with someone and be a mentor. I think it would be good to have something just setting out a bit more, you know, and not hugely inflated expectations, but what it is that you can do that, that that may be useful for them." (Gerry, Mentor, interview).

"We also from the feedback from both the mentors and the trainees identified that we probably hadn't given them enough information about mentorship and the mentorship process" (Jessica, Program staff, interview).

Program content and structured activities

Trainees stated in the online survey that they felt the content of the Program was too basic or pitched at a low level of understanding, which is consistent with trainees' discussion around Program challenges in interviews. It was recommended that the Program allow more time for discussion after content delivery, cover topics in greater depth, and tailor the content to meet the varied needs and interests of the trainees.

"Also, as everyone's skill set was so different while this was a plus, it also meant for me some of the WAPHOTP was too basic. Perhaps different streams based on experience/expertise etc" (Trainee, survey).

"I believe the majority of the sessions were pitched at too low a level - maybe there is a need to tailor the sessions better to the specific needs of the participants" (Trainee, survey).

There were also several suggestions for additional public health content in future programs from trainees participating in the interviews. These included more information on health economics, policy, and additional training on cultural safety. Trainees in both the online survey and interviews also recommended more variation in future training content, in addition to more hands on, practical experience and skills that could be applied to their workplace.

"Having greater exposure to Health Economics for instance would drive decision making in resources which has been apparent cause of issues with funding of health services. Further to this, areas such as Epidemiology, Health Promotion, Policy needs to have a practical component" (Trainee, survey).

"So, there wasn't kind of that breadth of different topics and different sectors of the health system that you would have wanted, it was very targeted towards the Program coordinators topics" (Tash, Trainee, interview).

Despite enjoying the placement visits, participants provided some suggestions for improvements. This included having longer, more frequent placement visits, greater variation in placement options, more structured tasks whilst on placement visits and for Program staff to consider trainees' prior experience and career goals before allocating them placements.

"I think if we got to do more health placements that would blow the Program out of the water, and not just in Aboriginal Health, you know, like the other CaLD communities or in people experiencing homelessness, doing outreach with that" (Caitlin, Trainee, interview).

Flexibility and Program structure

Difficulty finding time to attend sessions and participate fully in the Program due to competing priorities was reported by four trainees (25%) in the survey and mentioned in several interviews. Trainees recommended the Program structure be more flexible in the future to accommodate work commitments.

Two trainees also suggested that engaging with smaller cohort groups with similar interests and backgrounds would be beneficial.

> *"Maybe it is about smaller cohorts and like you said like, you know, maybe you have your clinical staff so your nurses in one little cohort and then you have your public health practitioners in another cohort, and you know, having that communication from the start around, what, what do you like, what have you already done? where do you want to improve your skills and your knowledge and your understanding" (Emma, Trainee, interview).*

Additionally, trainees suggested that the Program should be longer to allow more time on each competency area. This suggestion was also reported by line managers in the online survey.

Rural trainees spoke about their experience and provided recommendations for how rural participation could be improved in the future. They mentioned feeling as though their involvement as a rural trainee was "tokenistic" and not equitable and that the Program could be improved by being more inclusive and offering additional opportunities for trainees to collaborate without relying on trainees funding themselves. Similar recommendations were made by line managers who also suggested that the Program could be improved by making the Program a "*bit more regional friendly with funding to fly staff to central locations if required" (Line manager, online survey).*

Mentoring

Recommendations for improving the mentoring aspect of the Program were provided by seven mentors in the online survey. Suggestions included facilitating more contact between mentors and mentees, lengthening the Program to two years, having designated times to catch up with mentees, providing clearer expectations, ensuring mentors and mentees are appropriately paired and facilitating face-to-face events for all involved in the Program.

> *"Perhaps initial meetings with all mentees/mentors to outline the expectations of the Program in a group setting and to introduce everyone to each other" (Mentor, online survey).*

> *"Make sure mentors and mentees are well paired. In this and similar programs, I have had excellent experiences, but also in the past more frustrating involvement where my experience wasn't really relevant to the mentee's role and circumstances" (Mentor, online survey).*

Specific feedback from trainees on the mentoring aspect of the Program included allowing trainees to select their own mentor and having options for trainees and mentors to choose either formal or informal mentoring styles based on their preferences.

> *"Maybe, if that was explained more, so people were then more informed to make the choice of whether they wanted a formal or informal style. That would be probably good. And then maybe that could even be like a screener question that would help, in future programs, assigning people, you know, they could ask the trainees and the mentors…and then can match based on that" (Caitlin, Trainee, interviewee).*

Additional recommendations mentioned by trainees in the online survey included ensuring that mentors and trainees allocated to each other were in the same state or territory and to have more structured, regular mentor meetings to allow for valuable collaboration.

> *"Avoid eastern states mentors due to time difference - especially when it was a 3-hour time difference. Also, there was very limited opportunity to create a relevant WA based network." (Trainee, online survey).*

Discussion

The ongoing COVID-19 pandemic has demonstrated the need for a proficient and adaptable public health workforce as the field continues to evolve (Grimm, Ramos et al. 2022). With the social determinants of health becoming increasingly prioritised and recognised, there has also been a need for comprehensive training that addresses the multidisciplinary nature of public health. (Saleh, Williams et al. 2004, Tao, Evashwick et al. 2018). Various competency frameworks exist for public health education with the objective of linking theory to practice, but the complexity of public health as an interdisciplinary field can make it challenging to assess the strengths and weaknesses of training programs (Clark, Raffray et al. 2016, Tao, Evashwick et al. 2018).

The results of the WAPHOTP evaluation are consistent with studies examining similar programs to improve the skill and capacity of the public health workforce. For instance, the finding that trainees desire more practical professional development opportunities aligns with an evaluation of population health short courses in Victoria in which participants reported that the course contributed to an increased understanding of key population health concepts but lacked sufficient contextual information and hands on experience (Naccarella, Greenstock et al. 2016). Similarly, the WAPHOTP participants' calls for more comprehensive content and greater flexibility in delivery is consistent with Naccarella and colleagues' (2016) findings that program flexibility, limited funding, and time constraints are barriers to course implementation (Naccarella, Greenstock et al. 2016). Flexibility in delivery was also valued by trainees in a New South Wales Aboriginal Population Health Training Initiative (Li, Cashmore et al. 2017).

A study on the effectiveness of public health leadership training in the United States highlighted the importance of tailoring program curriculum to the needs and interests of participants (Saleh, Williams et al. 2004). A similar study also found that participants of a competency-based public health training suggested that the Program should offer more specialised topics (Brown, Maryman et al. 2017). These findings align with the recommendations made by WAPHOTP trainees around customising the Program content to their own needs and experiences.

WAPHOTP mentors reported that participating in the Program was a worthwhile use of their time and that they enjoyed both sharing their experience and knowledge and learning from their trainee. Trainees echoed this, stating that their mentoring experience broadened their professional networks and assisted with setting career goals. Evidence has shown that mentoring can contribute to career succession and planning, build mentee competencies and is an important aspect of developing a successful public health workforce (Palermo, Hughes et al. 2011, Dopson, Griffey et al. 2017).

A summary of the WAPHOTP evaluation findings have been presented below in line with the four Program objectives. Recommendations based on participant feedback have also been provided against each objective.

Summary and recommendations

Objective 1: Met trainees' needs and expectations.

- The WAPHOT Program met the initial expectations of most trainees, particularly around broadening their knowledge, skills and understanding of public health.

- Some trainees felt expectations were not clear at the commencement of the Program, which led to confusion around the competency areas.

- Reasons why trainees' expectations were not met included having limited opportunities and experience in a broad range of public health areas, repetitive and basic content, difficulty connecting and learning from clinical trainees, and pressures relating to their substantive positions.

- Regional trainees reported difficulties achieving Program expectations, and perceived that they lacked opportunities for networking and collaboration due to limited funding allocated to support their participation in all activities.

Recommendations:

1.1 Clearly communicate the Program expectations on commencement of the Program to ensure all trainees understand the purpose and competency areas.

1.2 Assess the Program content prior to delivery to ensure that it provides trainees with a broad range of public health information and activities that meet their needs.

1.3 Allocate funding to regional trainees and offer additional support and networking opportunities to ensure the Program meets participants' needs and expectations in an equitable way.

Objective 2: Enhanced trainees' performance against key public health competency areas

- Based on the survey results, trainees felt the competency areas most improved by their Program participation were:
    1. Cultural competence and Aboriginal health
    2. Communicable diseases
    3. Health promotion and prevention.

- Several interview participants commented on the benefits of their Aboriginal health placement visit which had a positive impact on their cultural competency skills and understanding of Aboriginal health.

- The competency areas trainees felt they had least improved in or not improved at all were:
    1. Management and leadership
    2. Health system financing and economics
    3. Policy.

- The primary reason trainees gave for lack of improvement in these competency areas was a perception that they were not adequately covered by the Program.

- Trainees felt that the Program content could have included more breadth of topics to expand their understanding of public health.

Recommendations:

2.1 Allow time at program commencement to map out competency areas against relevant activities and Program content to ensure all competencies are adequately covered by the Program.

2.2 Consider tailoring public health Program content on the needs, interests, and experience of trainees.

Objective 3: Enhanced trainees' job satisfaction

- Over half of surveyed trainees reported that their involvement in WAPHOTP increased their job satisfaction.

- Trainees spoke about the placement visits being of value to their current job role and that participating in the Program had a direct impact on their career progression and job opportunities.

- The remaining trainees who felt their job satisfaction increased very little or not all cited heavy workloads, difficulty finding time to participate in sessions, and existing familiarity with Program content.

- Some trainees with non-clinical backgrounds found the Program structure somewhat challenging in that they struggled to relate to trainees with clinical backgrounds.

Recommendations:

3.1 Offer trainees' flexible options for completing tasks outside of their work hours and managing their workload to allow adequate time for participation in the Program.

3.2 Consider a more tailored approach to future Program content based on the needs and existing knowledge of participating trainees to enable skillset growth.

3.3 Explore opportunities for the implementation of additional study leave or job backfill for trainees completing the Program to build investment in continuous learning and professional development amongst managers and organisations.

3.4 Consider re-structuring the Program to separate clinical and non-clinical trainees to enhance and tailor learning outcomes to their current roles.

Objective 4: Was delivered in a manner that was acceptable to, and met the needs of, non-trainee participants.

- Most **mentors** surveyed reported that their experience in the Program met their expectations and was a worthwhile use of their time and indicated that they would participate again in the future.

- Mentors found the Program developed their self-confidence and they enjoyed sharing their knowledge and experience and learning from their trainees.

- Some mentors spoke about the need for clearer guidance and information around what was expected of the role. This was echoed by feedback from both trainees and Program staff.

- **Line managers** noticed benefits to their work area or organisation because of having a staff member participate in the Program and said that they would both recommend the Program to others and support a trainee again in the future.

- **Placement hosts** enjoyed participating in the Program, found value in supporting the trainees and, if given the opportunity, would participate again in the future.

- The administrative burden of organising and scheduling placement visits for trainees was the most common challenge reported by placement hosts.

- Overall, **Program staff** enjoyed their experience, particularly around developing rapport and positive relationships with trainees, observing their growth throughout the Program, and exploring the cultural competence and Aboriginal health competency.

- Challenges for success reported by Program staff included concerns for future funding, sustainability and Program governance, the requirement for trainees to have pre-existing public health qualifications, and the inability to offer a formal qualification upon Program completion.

Recommendations:

4.1 Provide clearer information to mentors at the beginning of the Program on the expectations of the mentoring role and mentor-mentee relationship.

4.2 Explore additional ways to provide placement hosts with administrative support when scheduling trainee placement visits.

4.3 Re-examine the aim and purpose of requiring trainees to have completed or be progressing towards, a recognised qualification in public health to participate in the Program.

4.4 Explore options and opportunities for offering future trainees a formal qualification upon completion of the Program.

4.5 Explore alternative funding sources and the creation of a long-term sustainability plan for the Program to continue.

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Appendices

Appendix A: Summary of 2021 and 2022 Program activities and sessions

Program activities, fieldtrips, placements, and information sessions delivered to trainees as reported in 2021 and 2022 WAPHOTP Communiques which are available here: WA Public Health Officer Training Program

Communique Date	2021 Activities and information sessions reported

July 2021	• Program Launch and health leader speaker series*
	  ○ Dr David Russell-Weizs – Director General, WA DoH
	  ○ Mr Jeff Moffet, WACHS Chief Executive
	  ○ Ms Liz MacLeod, SMHS Chief Executive
	
	• Health promotion learning activity delivered by Hepatitis WA.

August 2021	• Media and Communications Workshop
	• Using Quantitative and Qualitative Research to Improve Health Service Delivery presentation
	• Data Science and the Application of Whole Genome Sequencing to Public Health presentation
	• Ethics Workshop
	• Introduction to Aboriginal Health including a Rapid Cultural Orientation
	
	• Health leader speaker series
	  ○ Mr Joe Boyle - Chief Executive, PathWest
	  ○ Ms Wendy Casey - Director of Aboriginal Health, Western Australia
	  ○ Dr Laura Kirkland - Principle Epidemiologist, WA DoH
	  ○ Hon. Jim McGinty - Former Attorney General and Minister for Health (2003 – 2008)
	  ○ Panel Discussion on ethical dilemmas facilitated by Dr Anna Beswick with Dr Paul Armstrong, Prof. Paul Effler, Dr Robyn Lawrence and Prof. Donna Mak

December 2021	• Aboriginal health placements*
	
	• Trainee-led education sessions*
	  ○ 'Managing a Syphilis Outbreak in Metropolitan vs. Remote Areas'
	  ○ 'The Impact of Climate Change on Health'
	  ○ 'Program Logic Models and Evaluation'
	  ○ 'Creating Effective Solutions through Co-operative Problem Solving'
	  ○ 'Lost in Translation – Communicating Health in Plain Language'
	
	• Health leader speaker series
	  ○ Jan-Marie Grantham, Clinical Nurse Specialist, Pilbara Population Health
	  ○ Prof. Peter Newman, Professor of Sustainability, Curtin University
	  ○ Associate Professor Helen Jordan, Melbourne School of Population and Global Health
	  ○ Rebecca Wake, Operations Manager, Pathwest Laboratory Medicine WA

	◦ Jolyon Burford, Centre for Culture, Ethnicity and Health ◦ Ruth Lopez, Senior Policy Officer, Chronic Disease Prevention Directorate • 2021 WAPHOTP Graduation ceremony

Communique Date	**2022 Activities and information sessions reported**
April 2022	• Health leader speaker series ◦ Dr David Russell-Weisz – Director General, WA DoH ◦ Dr Denise Sullivan, Assistant Director General, Public and Aboriginal Health Division ◦ Dr Robyn Lawrence, Assistant Director General, Clinical Strategy & Planning, Department of Health ◦ Ms Lisa Bastian, Program Manager, Department of Health ◦ Ms Jo-Anne Morgan, Program Manager Public Health, Population Health, WA Country Health Services ◦ Ms Karen Strange, Founder and Chairperson, Wheatbelt and Beyond Youth Mentoring • Trainee fieldtrip to Wheatbelt Public Health Unit in Northam
May 2022	• Activity: Trainees mapping their workplace roles and achievements against WAPHOTP competency areas • "Game of the Greater Good" Simulation activity* • Ethics workshop and Ethical Dilemmas Panel Discussion delivered by WA DoH • Health leader speaker series ◦ Ms Trinity Mahede, A/Manager, Office of Population Health Genomics, Department of Health ◦ Dr Laura Kirkland, Principal Epidemiologist, Public & Aboriginal Health Division ◦ Dr Lauren Bloomfield, Epidemiologist, Communicable Disease Control Directorate and Senior Lecturer, University of Notre Dame, School of Medicine ◦ Mr Jim McGinty, AM
July 2022	• Trainee fieldtrip to Southwest Public Health Unit in Bunbury • Trainee attendance at the Sexual Health and Blood Borne Virus Research and Evaluation Network (SiREN) Symposium • Workshops and learning activities on ◦ Environmental health risk assessment ◦ Public health Advocacy ◦ Health promotion and workforce development ◦ Control and prevention of STIs and BBVs

	○ Health impact assessments
August 2022	• Aboriginal health placements and presentations • Learning activities on: ○ Professional practice ○ Cultural competence and Aboriginal health • Clinical Audit and Quality improvement workshop delivered by WA DoH
September 2022	• Media and Communications workshop delivered by WA DoH • Health Economics webinar delivered by Dr Veronica Hoad, Public Health Physician, AFPHM Regional Committee Chair, Australian Red Cross Lifeblood • Alcohol and other Drugs and Mental Health webinar delivered by Mental Health Commission • Health leader speaker series ○ Dr Clare Huppatz, Director Public Health Operations ○ Dr Veronica Hoad, Public Health Physician, Red Cross Lifeblood ○ Judi Stone, Manager Workforce Development, Mental Health Commission.
November 2022	• Trainee-led education sessions ○ 'Mental Health – A Public Health Issue' ○ 'Neglected Tropical Diseases' ○ 'Foodborne Outbreak Activity • Health leader speaker series ○ Dr Vinesh Gupta, Medical Co-Director, Mental Health Division, Royal Perth Bentley Group ○ Dr Justin Wang, Medical Director, WA Tuberculosis Control Program & Consultant Physician, Respiratory Medicine, Royal Perth Hospital ○ Dr Robyn Gibbs, former Manager Immunisation Program, Communicable Disease Control Directorate, Department of Health WA. • "All Agencies Heatwave" exercise delivered by WA DoH
December 2022	• Health leader speaker series ○ Dr Gary Dowse, Consultant – Public Health Medicine ○ Dr Joanna Fagan, Director Public Health. • 2022 WAPHOTP Graduation ceremony

***Health Leader Speaker Series** provide trainees with an opportunity to hear from various leaders presenting on their career journeys and roles in the healthcare system.

***Trainee- led education sessions involved** full trainees providing a training session to program participants that focused on a topic of their choosing relevant to public health.

***Aboriginal health placements** comprise of a visit to one of the following Aboriginal health service providers in Western Australia

- Aboriginal Health Council of WA
- Arche Health
- Derbarl Yerrigan Aboriginal Health Service
- East Metropolitan Health Service
- Mooditj Koort
- Nirrumbuk
- North Metropolitan Health Service

***"Game of the Greater Good"** activity was a simulation of health care resource allocation conducted in partnership with the University of Notre Dame and students from the Rural Clinical School of WA. Participants were allocated a role as a clinician, administrator, or health consumer in a rural or remote health service

Appendix B: End of Program survey for WAPHOTP 2021-22 trainees

1. First, a few questions about you.

   I am a

   - Medical Trainee
     - Please select trainee type
     - Enrolled in the Australasian Faculty of Public Health Medicine (AFPHM) fellowship training program)
     - Not enrolled in the Australasian Faculty of Public Health Medicine (AFPHM) fellowship training program)".

   - Non-Medical Trainee
     - Please select your trainee type
     - Non-Medical Full Trainee
     - Non-Medical Partial Trainee

2. During the WAPHOT program, I was working at (select ALL that apply):
   - WA Department of Health Royal St, Public Health Emergency Operations Centre - PHOPs
   - WA Department of Health Royal St, not Public Health Emergency Operations Centre
   - Metropolitan Health Service Provider
   - WA Country Health Service

3. To what extent did your involvement in WAPHOT increase your job satisfaction?
   - Not at all
   - Very little
   - Somewhat
   - To a great extent

   If 'not at all' or 'very little', please explain your choice: ___________________________________

4. To what extent did your involvement in WAPHOTP meet the needs and expectations that led you to apply for a position in the program?
   - Not at all
   - Very little
   - Somewhat
   - To a great extent

   If 'not at all' or 'very little', please explain your choice: ___________________________________

5. Identify the competencies which you believe were **most** improved by your involvement in WAPHOTP? (Please select up to three)

6. In relation to each of the most improved competencies you selected, please indicate the degree to which you believe your competency was improved by your involvement in WAPHOTP?

Competency	Minor improvement	Moderate improvement	Major improvement
[Enter competency]			
[Enter competency]			
[Enter competency]			

7. Identify the competencies which you believe were **least improved or not at all improved** by your involvement in WAPHOTP? (Please select up to three)

8. In your view, what were the reasons that your competencies in the above areas improved not at all or to a lesser degree than in other areas? Select all that apply
   - I already had a high level of competency in the area(s)
   - I was unable to engage in relevant aspects of WAPHOTP due to work commitments
   - I was unable to engage in relevant aspects of WAPHOTP due to other commitments
   - The area(s) were not adequately covered in WAPHOTP
   - I was not interested in the area(s)
   - Other (please specify)

9. During the WAPHOT program, I met with my mentor (select ONE option):
   - Not at all
   - 1-3 times
   - 4-7 times
   - 8-11 times
   - 12 or more times

10. Which of the following benefits (if any) did you derive from your mentoring relationship? (select all that apply)
    - Advice on balancing work and personal life
    - Assistance with acquiring resources/opportunities (e.g. grants, job interviews)
    - Assistance in setting career goals
    - Broadening of professional networks
    - Improved networking skills
    - Opportunities to collaborate on external projects
    - Expert knowledge/ advice on work-related projects
    - Exposure to new and different perspectives
    - Improved communication skills
    - Improved analytical skills
    - A greater passion for a career in public health
    - Interest in new or different areas of public health
    - Improved confidence
    - Increased motivation
    - Advice on ethical issues related to work
    - Other (specify)
    - I did not gain any benefits

11. How would you rate the overall quality of the mentoring you received from your mentor?
    - Very low
    - Low
    - Average
    - High
    - Very High

12. Do you have any recommendations for ways to improve WAPHOTP in the future? ____

Appendix C: End of Program survey for WAPHOTP 2021-22 mentors

1. How many years of experience do you have working in public health?
   - Less than 5 years
   - 5-9 years
   - 10-14 years
   - 15 or more years

2. To what extent did you feel valued as a mentor in the Program?
   - Not at all
   - Very little
   - Somewhat
   - To a great extent

If 'not at all' or 'very little', please explain: ____

3. To what extent did the mentoring experience in this Program meet your expectations?
   - Not at all
   - Very little
   - Somewhat
   - To a great extent

   If 'not at all' or 'very little', please explain: ____

4. To what extent do you foresee yourself maintaining an informal mentoring relationship with your mentee after the Program?
   - Not at all
   - Very little
   - Somewhat
   - To a great extent

If 'not at all' or 'very little', please explain: ____

5. To what extent do feel that your participation in the Program as a mentor was a worthwhile use of your time?
   - Not at all
   - Very little
   - Somewhat
   - To a great extent

If 'not at all' or 'very little', please explain: ____

6. How likely are you to participate in WAPHOTP as a mentor in the future?
   - Very likely
   - Likely
   - Unsure
   - Unlikely
   - Very unlikely

If 'unlikely' or 'very unlikely', please explain: ____

7. What advice would you give to mentor-mentee pairs in future iterations of the Program?

8. What recommendations would you make to improve the mentoring aspect of the Program?

Appendix D: End of Program survey for WAPHOTP trainees' line managers

1. Please select your organisation type:
   - WA Health (Royal St)
   - WA Country Health Service
   - A metropolitan Health Service Provider
   - Child and Adolescent Health Service

2. What is your role in the organisation?
   - Senior Manager or Executive
   - Manager
   - Other___________________________

3. How did you come to learn about the WAPHOT Program?
   - Email
   - From a colleague
   - From a staff member interested in enrolling in the Program as a trainee
   - Other __________________________

4. Why did you decide to support a WAPHOT Program trainee? (select all that apply)
   - I liked the content of proposed Program
   - I anticipated benefits for my staff/work area/organisation
   - I want to increase job satisfaction and/or retention of staff
   - I have benefited personally from mentoring in my career
   - I see value in mentoring
   - Other____

5. Did your trainee complete the Program?
   - Yes
   - No
   - Unsure

   If no, how much of the 8 month Program did the trainee complete?

   - o Less than 25% of the Program
   - o 25%-50% of the Program
   - o More than 50% of the Program

6. How would you describe the impact on your work area or organisation *to enable* the trainee to participate?
   - No impact
   - Little impact
   - Some impact
   - Significant impact

7. Was the level of impact consistent with your expectations of the Program?
   - Yes – the impact was as expected

- No – there was more impact than expected
- No – there was less impact than expected

8. Were there benefits for your work area or organisation *as a result of* the trainee participating in the Program?
   - No significant benefit
   - Very little benefit
   - Some benefit
   - Significant benefit

9. Were these benefits (if any) consistent with your expectations of the Program?
   - Yes
   - No
   - Not applicable

10. Describe the *most significant change* as a result of the staff member participating in the Program (this can be related to the staff member, your work area or your organisation)
    ____
    ____
    ____

11. What were the Program's strengths?

12. What were the Program's weaknesses?

13. Would you recommend the Program to other staff?
    - Yes
    - No

14. Would you support a Program trainee in future?
    - Yes
    - No
      - If no, please explain why ____

15. How satisfied with the Program are you overall?
    - Very satisfied
    - Satisfied
    - Unsatisfied
    - Very unsatisfied

16. Do you have any suggestions for how the Program could be enhanced?

____

Appendix E: Post-session feedback form

Session date: ______________________

Session title: ________________________

To what extent do you agree with the following statements:

	Not at all	Very little	Somewhat	To a great extent
It was clear how the session related back to the WAPHOTP competencies				
The session was well organised				
The session was engaging				
The session taught me something I did not know before				
The session was useful for my work				
The session enhanced my understanding of public health				

I am a (select one):

- ○ WAPHOTP trainee
- ○ AFPHM advanced trainee

Appendix F: End of Program interview guide for trainees

1. Thinking back, what motivated you to want to participate in the Program?
2. With respect to each of these motivations, did the Program meet your expectations? If so, how? If not, why not? *(Ensure all motivations are addressed)*
3. What did you personally find most worthwhile about the Program, and why?
4. If you could change any aspect of the Program, what would it be and why?
5. Can you tell me about your experience with your mentor? What impact, if any, did the mentoring component of the Program have on you?
6. Can you tell me about your placement visit? What impact, if any, did it have on you?
7. What is your perception of the presentations? Which were most useful for you, and why? Which were the least useful for you, and why?
8. Can you describe any way in which your participation in the Program may have changed your understand of, or approach to, public health?
9. Has anything else changed for you as a result of your participation in the Program? If so, please explain.

Appendix G: End of Program interview guide for mentors

1. Thinking back, what motivated you to want to participate in the Program?

2. With respect to each of these motivations, did the Program meet your expectations? If so, how? If not, why not? *(Ensure all motivations are addressed)*

3. Have you previously performed a mentoring role and, if so, how did the Program mentoring experience compare to your previous experiences?

4. What kinds of mentoring activities/discussions did you engage in with your Program mentee?

5. What do you think your mentee has learnt from you?

6. What do you think your mentee has learnt from the Program generally?

7. What, if anything, have you learned as a mentor in the Program?

Appendix H: End of Program interview guide for line managers

1. Please tell us a little about your organisation and its role in public health

2. Thinking back, what was your main motivation for supporting a trainee to participate in the Program?

3. In relation to this motivation, did the Program meet your expectations? If so, how? If not, why not?

4. What was required of you and your organisation to enable a staff member to participate in the Program?

5. How manageable were these requirements? What was challenging (if anything)?

6. If you could change any aspect of the Program, what would it be and why?

7. How adequate was the level of communication from Program staff?

8. Describe the benefits and impact (if any) for your work area or your organisation of supporting a Program trainee?

9. How sustainable are these impacts?

10. What is your overall perception of the Program?

11. Would you support a staff member to participate in a future Program? If yes, why? If not, why not?

12. Has anything else changed for you or your organisation as a result of supporting a Program trainee? If so, please explain.

Appendix I: End of Program interview guide for placement hosts

1. Please tell me about your organisation.
2. Please tell me about what you know about the Program and its goals.
3. How and why did your organisation come to be involved in the Program?
4. Please tell me about what students did on your placement, and why you chose those activities.
5. Was it clear to your organisation what the Program required of you? If not, please provide details.
6. Did the Program meet your expectations? Why/how?
7. Could you please describe any challenges you experienced with the Program?
8. Could you please describe any changes you would recommend to the placement aspect of the Program? *If necessary, prompt as to length of placement, communication, support provided.*
9. Would you participate in the Program in the future? If yes, why? If not, why not?

Appendix J: End of Program interview guide for Program staff

1. Please tell me about your role in the Program.
2. How supported do you feel in your role in terms of being able to meet the aims of the Program?
3. What do you perceive to be the key elements for success of the current and/or future Program?
4. What is your perception of the main barriers to the optimal success of the Program both now, and in terms of its future sustainability?
5. Did you make any changes to the Program between 2021 and 2022 and, if so, what were the reasons for those changes?
6. Could you describe anything you think might be missing from the current Program? What would be needed to introduce these elements into future iterations of the Program?

Appendix K: WAPHOTP post-session feedback form

Session no	Mean (range)					
	Statement 1 (Related to WAPHOTP competencies)	Statement 2 (Well organised)	Statement 3 (Engaging)	Statement 4 (Taught me something)	Statement 5 (Useful for my work)	Statement 6 (Enhanced public health understanding)
1	3.7 (3,4)	3.5 (2,4)	3.7 (3,4)	3.5 (2,4)	3.7 (3,4)	3.8 (3,4)
2	3.2 (2,4)	2.3 (1,4)	2.8 (2,4)	3.5 (2,4)	2.7 (2,4)	2.8 (2,4)
3	3.6 (3,4)	3.6 (3,4)	3.3 (2,4)	3 (1,4)	3.5 (3,4)	3.1 (1,4)
4	3.7 (3,4)	4 (4)	3.1 (2,4)	3.6 (3,4)	3.1 (2,4)	3.6 (3,4)
5	4 (4)	4 (4)	4 (4)	3.8 (3,4)	3.5 (3,4)	4 (4)
6	3.8 (3,4)	4 (4)	4 (4)	4 (4)	3.8 (3,4)	3.6 (3,4)
7	3.6 (3,4)	2.4 (2,3)	3.4 (3,4)	2.8 (2,4)	2.8 (2,4)	3 (2,4)
8	3.7 (3,4)	4 (4)	3.5 (3,4)	3.7 (3,4)	3 (3)	3.5 (3,4)
9	4 (4)	3.7 (3,4)	4 (4)	3.7 (3,4)	4 (4)	4 (4)
10	3.6 (3,4)	4 (4)	4 (4)	4 (4)	3.3 (3,4)	4 (4)
11	3.5 (3,4)	4 (4)	4 (4)	2.5 (2,3)	3 (2,4)	3.5 (3,4)
12	4 (4)	4 (4)	4 (4)	4 (4)	3 (3)	4 (4)

Not at all=1; Very little=2; Somewhat=3 and Great extent=4

Session titles		Number of feedback forms received
Session 1	Introduction to Aboriginal health placements (July)	9
Session 2	Clinical Audits	8
Session 3	Introduction to Aboriginal health placements (August)	8
Session 4	Health economics	8
Session 5	SHBBVP Quarterly Forum & SiREN Symposium Reflection	7
Session 6	Bunbury fieldtrip	6
Session 7	Media and health communications	5
Session 8	Neglected tropical diseases	4
Session 9	Refugee Health	4
Session 10	Mental health as a public health priority	3
Session 11	Harm Reduction for STIs and BBVs	2
Session 12	Food-borne outbreaks	1

Question, "To what extent do you agree with the following statements"	
Statement 1	It was clear how the session related back to the WAPHOTP competencies
Statement 2	The session was well organised
Statement 3	The session was engaging
Statement 4	The session taught me something I did not know before
Statement 5	The session was useful for my work
Statement 6	The session enhanced my understanding of public health