

Vision statement: the Surgeon General, Australian Defence Force

It is both a great honour and a great challenge to be appointed as Surgeon General, Australian Defence Force. I would like to thank my predecessor, Air Vice Marshall Bruce Short, for the tremendous work he performed during his 4-year term. This was particularly in the areas of outreach, editorship of *ADF Health*, and medical ethics. His outstanding service to the ADF over more than 40 years was officially recognised with the awarding of an AM in the recent honours list.

The Steven's Review of the Defence Health Service made several recommendations for improving the DHS. One was the appointment of a permanent health officer as Head of the DHS, and Air Vice Marshall Tony Austin has been appointed to that position. I look forward to working with Tony in implementing the other recommendations. This will be a formidable challenge, particularly in a cost-constrained environment. My area of responsibility primarily relates to the Reserve component of the DHS. Under the new guidelines, I will now be in Canberra 2 days each week.

The superb work performed by our health professionals over the past 5 years in places such as Timor, New Guinea, the Solomons, the Middle East Area of Operations and, most recently, in the tsunami relief operations has very favourably raised the profile of the DHS with the leaders of the ADF and our political masters. This may provide a window of opportunity to achieve improvements in the DHS.

Among many problems that need to be addressed, my initial focus will be recruitment, training and retention. We need more health professionals in the DHS to meet the high operational tempo. There needs to be a more coordinated approach taken to recruiting. It needs to accommodate the busy professional lifestyles of our potential recruits. The military training needs to be more relevant and focused. Conditions of service need to be more uniform across all services. We also need to increase our efforts in the recruitment of general practitioners, specialist nurses, pathology technicians and radiographers.

The Regional Triumvirates and the Consultative Groups have not performed to their full potential. This has been due to many factors, including poor administrative support and funding. This support is vital if their potential is to be realised. Their role, particularly in education, recruitment, support of Reserves in the regions, and outreach, needs further clarification.

Financial support to Reservists has improved over the past few years. Nevertheless, there are still problems with the implementation of the Employer Support Program and the Civil Practice Support Allowance. These schemes are not delivering the financial support that our health professionals deserve.

Training and research opportunities now exist through the Centre for Military and Veterans' Health at the University of Queensland. I encourage all members of the DHS to avail themselves of these opportunities.

The military environment is inherently dangerous and we need a greater emphasis on occupational health and safety. This needs to be applied operationally, strategically, as well as in preventive measures and research.

My management style is inclusive not exclusive, so I encourage any members of the DHS to raise their concerns and suggestions for improvement with me. I can be reached on my mobile 0417-210-251, by email at either shirtley@bigpond.com or gaeme.shirtley@defence.gov.au, and my postal address is PO Box 352, Strathfield, NSW 2135.



**Rear Admiral Graeme S Shirtley,
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Surgeon General, Australian Defence Force



Thanks to the reviewers

ADF Health thanks the peer reviewers who contributed comments on the articles submitted for this issue:

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