



PUBLIC HEALTH TRAINING

Specialise in the bigger picture and help make the world a better place



FACULTY OF
PUBLIC HEALTH





Edward Jenner
1796

Jenner tested anecdotal evidence that those who had been exposed to the mild disease of Cowpox never suffered from the more virulent Smallpox. He inoculated an eight-year-old boy with pus from a Cowpox pustule and subsequently showed he had developed immunity to Smallpox.

VACCINATION

From the President

“This booklet shows you many ways in which you can have a real impact on the health and lives of whole populations and the environments in which they live, and how Specialty Training in Public Health will help you get there. It won’t tell you everything, but it will start you thinking, answer some common questions and give you advice on where you can find further information.

What is special about public health and public health leaders? We believe in making the world a better place and being champions for those who find it hard to be heard. We want to help people live longer and healthier lives, as free as possible from disability. Where disability is unavoidable we seek to advocate for better services and a satisfying role for all our citizens. In the context of global warming, we also believe in a health improvement and protection for future generations and for a healthier planet.

We use evidence, intelligence and the power of persuasion to convince; we work collaboratively with everyone who can make a contribution; we find and use resources creatively; we influence

national policy; and we actively change practice.

My public health career has been based mainly in local service public health as a director of public health in Sandwell in the West Midlands of England. However, being locally based did not prevent me from thinking globally, entertaining public health students and policy makers from four continents and in turn teaching and working in the European union, in the Balkans, in Cambodia and Gaza. I have long nurtured an interest in violence prevention and conflict resolution and served for many years in community safety partnership. I’ve seen action in communicable disease control and overseen major improvements in childhood infections, coronary heart disease rates, life expectancy and reducing teenage pregnancy. Where will your career take you?”



John Middleton, President of the Faculty of Public Health

Public Health challenges in the 21st century

There are 4.5 million households in fuel poverty in the UK. By taking action on fuel poverty and cold homes, the health system can improve health, save lives, and reduce the burden on the health system.

UK Health Forum, 2014

Today around nine-million adults drink at levels that pose some risk to their health with 2.2 million drinking at higher-risk of harm.

PHE 2014

Air pollution presents a complex public health problem overlapping with noise pollution, social isolation, climate change, and requires partnership working with environmental scientists, town planners, consumer protection agencies and requiring fiscal, legislative and regulatory answers as well as individual educational and clinical interventions.

FPH, 2016

There are about 10 million adults who smoke cigarettes in Great Britain – this is about a sixth of the total UK population. Two-thirds of smokers start before age 18.

ASH 2015

There are significant potential health risks related to hotter summer conditions as well as other risks that may place an additional burden on the NHS.

The UK Climate Change Risk Assessment Evidence Report 2012

Air pollution plays a role in many of the major health challenges of our day. Air pollution has been linked to cancer, asthma, stroke and heart disease, diabetes, obesity, and changes linked to dementia.

RCP/RCPC, 2016



Edwin Chadwick 1842

Chadwick's *The Sanitary Conditions of the Labouring Population* (1842) argued for a direct link between poor living conditions, disease and life expectancy. It helped to persuade Parliament to pass the 1848 Public Health Act, which established a Central Board of Health.

**SANITISATION/
PUBLIC HEALTH
ACT**

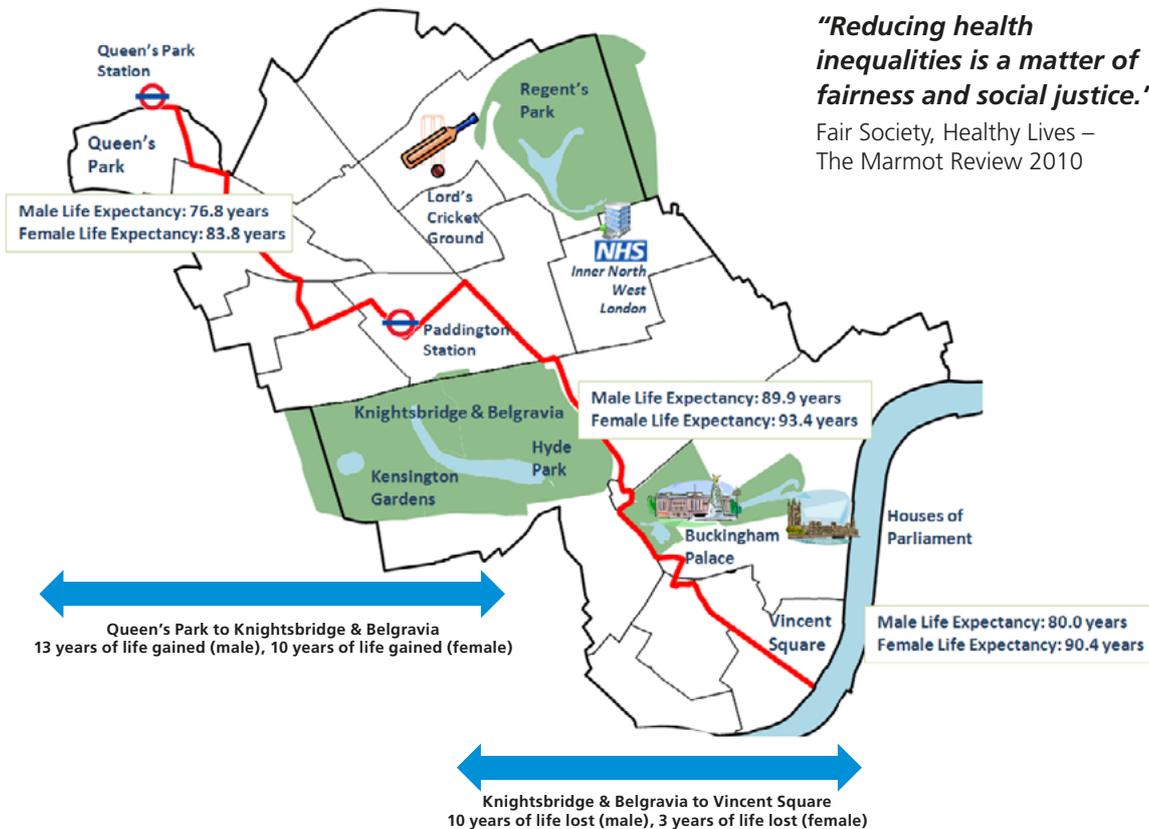


**John Snow
1854**

During a Cholera outbreak in London's Soho district, Snow plotted cases of the disease on a map and identified a water pump in Broad Street as the source. When the handle of the pump was removed, cases of Cholera began to diminish. Snow is considered a founder of epidemiology.

Life expectancy in Westminster

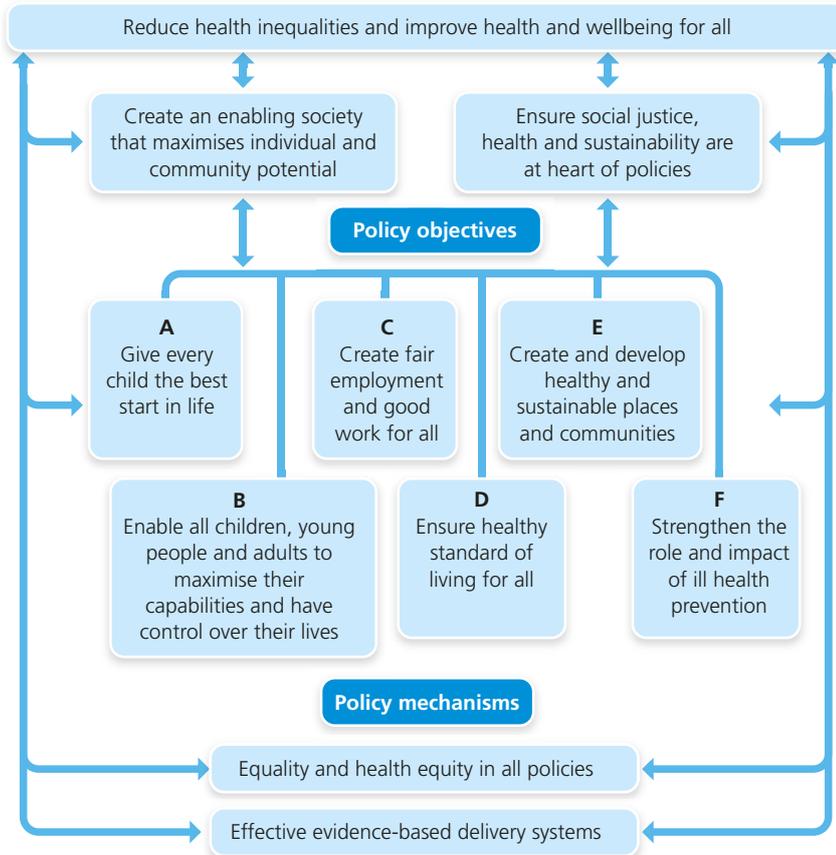
A journey on the No. 36 bus from Queen's Park to Vincent Square



“Reducing health inequalities is a matter of fairness and social justice.”

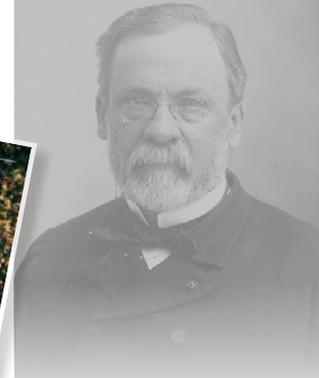
Fair Society, Healthy Lives –
The Marmot Review 2010

Marmot recommends action across the life course



“Disadvantage starts before birth and accumulates throughout life”

The Marmot Review 2010



Louis Pasteur 1880s

Pasteur is regarded as one of the founders of germ theory and bacteriology. He demonstrated that the growth of micro-organisms already present in beer, wine and milk led to them spoiling, and that heating the liquid to kill bacteria could prevent this. In 1855, inspired by Jenner's work, Pasteur treated a boy mauled by a rabid dog by injecting him with increasingly virulent rabies germs from rabbits.

CONTROL OF DISEASE SPREAD



Vaccination in the 20th century

In 1940, the threat of a Diphtheria epidemic led the Ministry of Health to advise mass immunisation of children, so that by the time the NHS was introduced in 1948, it was an uncommon disease. In 1959 a global programme to eradicate Smallpox began and was certified as successful on 9 December 1979. After the licensing of Poliomyelitis vaccines from 1955, cases of the disease reduced dramatically, so that by 2011 there were just 650 worldwide.

PREVENTION

What it means to work in Public Health

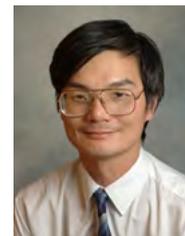


"The opportunity to make a difference to communities rather than individuals, at local, national and international levels."

Professor Mala Rao, Professor of Epidemiology and Public Health at Imperial College

"Public Health is about doing what is right for society in a world of expediency. Sometimes it is about negotiation and compromise, sometimes it is about advocacy and standing up for your principles."

Dr Ronald Hsu, Senior Teaching Fellow in Epidemiology and Public Health, University of Leicester



"Adopt a facilitative approach to build awareness and leadership of the health and wellbeing agenda at all levels. At Wigan, we have a saying 'make every contact between the public and organisations count' – reflecting the very real ethos of collaborative working."

Dr Kate Ardern, Executive Director of Public Health for the Borough of Wigan

"As Director of Public Health, my regular reports on the health of the population have influenced service development and resource allocation to tackle health inequalities. I love working in public health. It is stimulating and motivating to work with others in a range of agencies including education services, housing associations, social work services, police and criminal justice to improve health and promote social justice."

Dr Linda De Caestecker, Director of Public Health, NHS Greater Glasgow and Clyde



How the training scheme makes a difference



"As a hospital doctor, I enjoyed working with individual patients - but I wanted to do more for more people. After only a few weeks as a public health trainee, I knew this was the specialty for me: problem solving where it really matters to improve outcomes for thousands more people than I ever could have helped as a hands-on clinician."

Dr Diane Gray, Consultant in Public Health, Bedford CCG

"I learned to commission services, to conduct disease outbreak investigations and support evidence-based decision making through the NICE public health topic selection panel.

As a public health adviser for DFID in Nigeria, I apply these skills by designing evidence-based programmes for maternal health, routine immunisation, human resources and family planning. It is my hope that these programmes can make a contribution toward improving the health care provided to poor people in developing countries."

Susan Elder, Public Health Adviser for Department for International Development (DFID) in Nigeria

"When you talk to people for whom this has made a difference, for example mothers who have become breast-feeding peer supporters and students that have progressed into their chosen field of work, it makes it all worthwhile. The exposure I got on the FPH training scheme to different environments has been crucial in achieving my career goals"

Dr Catherine Pritchard, Associate Professor of Public Health University of Nottingham
Honorary Consultant in Public Health NHS Leicester City

"Training in public health has enabled me to do the best I can to improve the health of those most in need. Social justice drives what we do, the art and science of our profession shapes how we do it. With public health moving into local authorities, it's an exciting, challenging, stimulating time and a great opportunity for us to increase our impact."

Dr Jeanelle de Gruchy, Director of Public Health, London Borough of Haringey



Aneurin Bevan 1948

Labour Health Secretary Aneurin Bevan aimed to build a health service paid for out of general taxation, available to all, and free at the point of use. Hospitals would no longer be run by charities and councils but by the Government. Bevan won over GPs by allowing them to run their practices as small businesses, and consultants by allowing them to keep their private practices. The NHS was formally launched in 1948.

**HEALTH SERVICE
PROVISION**



Clean Air Act 1956

The burning of coal in homes and industries caused many UK cities, particularly London, to suffer from thick, yellow, green or black fogs, called “smogs.” A severe smog in London in December 1952 is now thought to have caused as many as 12,000 deaths rather than the 3,000–4,000 estimated at the time. In 1956, Parliament passed the Clean Air Act, which introduced areas where only smokeless fuels could be burned, and caused power stations to be located in rural areas.

SOCIAL IMPROVEMENT

I’m interested in formal training for a public health career – where do I go from here?

What does training mean and what does it lead to?

Specialty training is high-quality training at specialist level in public health. The training scheme provides a wide range of experiences, environments and learning opportunities to practise at specialist level in public health. Upon successful completion of training, you would be eligible for registration as a specialist on one of the Specialist Registers and eligible to apply for consultant and Director of Public Health posts in the UK.

Who is eligible to apply?

Suitably qualified and experienced individuals, whether graduated in medicine or another discipline can apply. The person specification and applicant guide should be read by all applicants before applications are started. These can be found on the Faculty of Public Health website (www.fph.org.uk).

How do I apply?

There is one round of recruitment in November/December of each year. Successful applicants start in August each year. Details are published on the Faculty of Public Health’s website (www.fph.org.uk). The number of vacancies changes each year. There are usually 60–90 places offered.

What is the application process?

Application follows a staged process of initial online application followed by eligibility screening, assessment centre aptitude tests, group sessions and interviews.

How long is the training and what does it comprise?

Five years full-time as a Public Health Specialty Registrar. The length will depend on your previous experience and qualifications. If you have not already done so, you will spend one year in full-time study for an academic qualification (such as a Master's degree in Public Health) to gain the essential knowledge for the discipline. The remaining time is in specific placements where you will undertake work to gain a suite of public health competences.

Is it possible to train less than full time?

Less than full-time training can be applied for with the Deanery either at the point of application for entry into specialty training or at any time once they have been accepted into specialty training. Flexible (part-time) training is possible for those who meet specific criteria. The length of training is proportionately longer.

How will I be assessed during training?

In two ways:

1. Completion of membership examinations set by the Faculty Public Health

To assess specific knowledge, Registrars are required to sit the Faculty of Public Health's Part A examination between one and two years after starting the training programme.

To assess successful application of knowledge, Registrars are required to sit FPH's Part B examination.

2. Demonstration of satisfactory progress in the training programme acquisition of the public health competences in the Curriculum.

Registrars are continuously assessed in the workplace by accredited public health trainers and progress is reviewed annually (Annual Review of Competence Progression (ARCP) process) through the Deaneries.



Seat belts 1967

In 1967, it became compulsory for all new cars manufactured in the UK to be fitted with seat belts. In 1983, it became compulsory to wear a seatbelt in the front of a car in the UK. The law reduced fatalities to drivers and front-seat passengers by 20 per cent.



Breast screening 1986

In 1986, the Forrest Report concluded that screening by mammography could lead to prolongation of life for women aged 50 and over. A breast screening programme began in 1988, inviting women in England aged 50–64 for screening once every three years. In 2000, it was announced that the upper age-limit was to be increased from 64 to 70 by 2004. In England, with 75% of women aged 50–70 attending regularly for screening, about 1400 lives are saved annually.

SCREENING

How flexible is the training?

Registrars spend a minimum of one year in a service post and three months' health protection training. They may be required to be on the local health protection on-call rota for part of their training. Beyond this, registrars are encouraged to shape their training placements, in discussion with their supervisors, around their own interests and career aims whilst gaining specific competences. They work with a variety of teams on many different and challenging projects. It is possible to apply for an overseas attachment or work for national organisations as part of the training programme.

Will I receive support during training?

Yes. Each regional training scheme has a Public Health Specialty Training Programme Director with administrative support to co-ordinate each individual's programme. Each registrar is assigned an Educational Supervisor, a senior public health professional responsible for planning, co-ordinating and supervising the training, as well as assessing educational progress during placements.

Additionally, registrars have access to an Academic Supervisor, who provides supervision, support and advice particularly in relation to the MFPH Part A and Part B examinations. Whilst on placements, registrars have Project or Attachment Supervisors.

Registrars will also be encouraged to meet with their peers and are encouraged to join and develop networks.

How easy is it to move around in my career or specialise further?

Public health specialists rarely stay in the same job for the whole of their professional career. Most will move posts depending upon their specific interests and opportunities to extend their experience and expertise.

How can I get more experience now to make sure I am eligible to apply for the training scheme?

Doctors currently in training (foundation or other specialty training) may be able to take advantage of study leave allowances to do a taster week in a local programme. Advice should be sought from your own programme director and then from the programme director for public health. Applicants from other backgrounds might approach a local public health organisation to seek work experience/secondment/shadowing.

Be a public health leader ...

- focus on population health to deliver the greatest benefit
- have a passion to make the world a better place
- champion those who find it hard to be heard
- use evidence and intelligence to convince
- work collaboratively with all stakeholders
- influence policy at the national level
- actively change practice on the ground.

... and help make the world a better place.



Smoking ban

There is a UK-wide smoking ban in place across all enclosed workplaces, including restaurants and pubs selling food. Health Secretary Patricia Hewitt, commented "This is a huge step forward for public health." It is estimated that the NHS saves £380 million a year as a result of this and other public health strategies, such as the ban on tobacco advertising (2002) and the creation of stop-smoking services, which have resulted in fewer people smoking.

**REDUCING
MORTALITY**



2012 Olympic Games

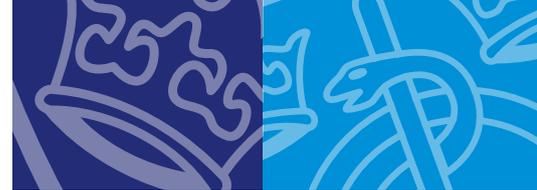
Contribution to public health and sustainability

- Sport
- Economic growth
- Community engagement

HEALTH LEGACY



FACULTY OF
PUBLIC HEALTH



“Public health is not for the faint-hearted. It requires passion, commitment, clear thinking, good judgement, diplomacy, determination – and a sense of humour. It can be exciting, it can be frustrating and results can take months or years to see, but it is never, ever boring. Public health training will give you the tools to change the world.”

Professor Lindsey Davies, President of the Faculty of Public Health 2010–2013

Find out more

The Faculty of Public Health
www.fph.org.uk

PHORCaST
www.phorcast.org.uk

GMC: www.gmc-uk.org

UKPHR: www.publichealthregister.org.uk

*Scan me with
your smartphone*

