FPH Projects Scheme Form

Project proposal

If a registrar has already been identified please complete the fields under "Registrar Details" and then complete the remaining fields. If this is a project for a registrar who needs to be identified via the TPDs (training programme directors) please leave these fields blank. This completed form should be submitted to educ@fph.org.uk for assessment.

Registrars wishing to apply for this project should email the following to educ@fph.org.uk

- 1) Expression of Interest
- 2) Up to date CV
- 3) An email from their TPD stating support for their application

Applications will only be considered once all these documents are received.

Name	Steve Maddern
Contact details; email and phone number	<u>steve.maddern@wiltshire.gov.uk</u> 01225 716791 M 07979701346
Date	25.05.2018

Registrar Details (Only complete where a Registrar has been identified)

Registrar name; email and phone number	
Name of registrar's GMC/FPH approved training location as base	
Base location Educational Supervisor name and workplace	
Name of base location TPD	

Project Details

Time period for the project
(when and how many days per
week)

One year; 1 day per week

Title and Brief Description of Project

Towards a culture of health: some background observations and a framework to guide this project

Over a hundred years of practical experience and research has shown that change at all levels – individual, family, community, society, globally – occurs at an often bewildering and uncontrollable pace. As a result, public health interventions are almost invariably retrospective and, as they usually meet with resistance, are difficult to implement.

To take a couple of examples: after immense efforts the clean Air 1956 was passed and we seemed to have won the war against air pollution, yet, wood burning stoves and diesel cars (to name a couple of causes) threaten to reverse our achievements. After a long battle to eliminate tobacco smoke from indoor places we are now confronted with e-cigarette vapours including their particulates, and these, possibly surprisingly, being supported from a number of public health quarters. Our culture does not foster preemption and precautionary principle.

The call here is for a change in mind set – instead of health being an afterthought, it becomes the first thought. This call is also for more harmony of views to replace the current combative approach which leads to costly, slow action e.g. Scotland's minimum alcohol unit pricing policy. If there were a deeply ingrained culture of health in Scotland the Scotlish Whisky Association would not have dared to take legal action – it would have been publicly denounced, which, surprisingly, did not happen.

The question is how do we move to a culture of health? This project aims to set the foundation for answering this question.

The project will include discussions within the Health Improvement Committee, a scoping review, consultations with individuals and the preparation of papers for discussion at workshop like meetings to develop ideas and proposals for action. Ultimately, these ideas and proposals will be published, firstly as a discussion paper, and in due course as a manuscript for an academic journal. The ideas will also be presented at public health and related conferences. We will seek funding to support the project. The UK-based Health Foundation has already expressed interest and we know that the Robert Wood Johnson Foundation in the US has a major project on this topic and is looking for international partners. The UK Health Forum is likely to be interested in working alongside HIC. Table A sets out a framework for analysis of the issues. This project is to work, in particular, on

	the final column of the table i.e. how do we achieve the desired	
	state to be found in a society embracing the culture of health.	
Please state the main learning outcomes from the PH curriculum.	Key Area 1 Use of public health intelligence to survey and assess a population's health and wellbeing — 1.1, 1.5, Key Area 2 Assessing the evidence of effectiveness of interventions, programmes and services intended to improve the health or wellbeing of individuals or populations — 2.1, 2.3, 2.4, Key Area 3 Policy and Strategy development and implementation — 3.2, 3.3, 3.4, 3.5, Key Area 4 Strategic leadership and collaborative working for health — 4.1, 4.2, 4.5, 4.8. Key Area 5 Health Improvement, Determinants of Health, and Health Communication — 5.2 Key Area 8 Academic public Health — 8.3, 8.5, 8.8	
Likely competencies that will be addressed	1 Undertaking a scoping review of the topic, both in relation to the methods and the outcomes, so becoming an expert on the culture of health 2 The organisation of discussions, both with some key informants on a one-to-one basis, and in a special meeting called to discuss	
	the issues	
	3 The preparation of a paper for discussion at the above meetings and, in due course, for publication in an academic journal	
	4 The preparation of papers and proposals for funding of the project.	
Who will be the Activity Supervisor and what experience do they have of public health and public health training?	Steve Maddern - Steve is a public health consultant at Wiltshire Council and is responsible for the strategic delivery of service and programmes designed to influence behaviour change and improve population health and wellbeing. Steve has worked in a range of roles in public health across the last 12 years and qualified as an education supervisor in 2017. Steve has MPH, achieved consultancy by portfolio route and has a wealth of practical experience in the public health field.	

Will there be
accommodation/travel costs
associated with this project? If
so who would be expected to
cover this cost?
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Mostly working at their 'home' base.

Please describe how the project will work in practice covering relevant elements of the checklist below

This project can be undertaken by a StR working 1 day per week, mainly working remotely / home based. There will be a requirement for the registrar to attend minimal meetings at the FPH in London but can utilise teleconferencing; email will be the primary means of communication between registrar / project supervisor and overall educational supervisor. Face to face meetings between registrar / supervisor maybe facilitated, pending on location.

The project brief has a clear objective, which is to understand the culture of health in the UK and how to drive the agenda forward. There are clearly established learning outcomes in place for this project as stated above, and have clearly defined the PH competencies. The initial time line for the project is 12-18 months, although timescales are negotiable. The StR will be expected to spend a minimum of one day per week working on this project. There is no base location defined (as the role will be remote / home working). The StR will be expected to attend HIC meetings as appropriate either in person or via teleconference. The StR will be expected to be competent / confident to one-to-one or small group discussions to explore the agenda and the StR should be committed to presenting their findings to small groups / conferences as appropriate. This work may not directly complement existing work that is being undertaken at their base location, but this is dependent on the background of the successful candidate. Those with experience or interest in health improvement at a population level should find the overall project objectives complementary to widening their knowledge around health culture

Activity Projects learning checklist

(Note- this is a guide only and other criteria may be used for specific projects or training locations) Please record if you think you have met the following criteria and if not please provide details about why the criteria will not be met.

Criteria	
The base location (Only complete were Registrar has been identified)	·

Will the Registrar have a GMC approved training location as their base?		
Has the Registrar completed the Part B OSPHE exam?		
Will the Registrar have a named Educational Supervisor in this training location who is prepared to continue as ES during the FPH project?		
Has the TPD for the Registrar seen and approved the project?		
Will the base location Educational Supervisor see the project and agree that it meets a learning need for the Registrar?		
The project based training location		
Is there an Activity supervisor who has had appropriate training and development and is working towards / fulfilled the GMC standards for trainers?	Yes	
Is it clear how will the Activity supervisor and base location Educational Supervisor communicate about the Registrars progress?	Yes	
Will accommodation be appropriate for the Registrar?	N/A	
The project		
Does the project brief describe clear learning outcomes?	Yes	
Have the Public Health competencies been clearly identified?	Yes	
How long will the project last?	1yr	
How many days per week will this require in the project location?	Occasional	
How many days per week will this project require in the base location?	1 day p/w	
Does the project complement existing work the registrar is undertaking at their base location?		
Has the project been advertised via the TPDs? If not please explain any mitigating circumstances:	Yes	