*Rough Guide to*

*Placements*

*2018*

*Rachel Bath and Constance Wou, 2016*

*Grace Norman, 2017*

*Liz Marchant, 2018 (PGCert section)*

*Nicola Ainsworth, 2018*

*The information in this guide is correct as of Aug 2018*

**Table of Contents**

[**1. Local authority placements** 4](#_Toc536694045)

[1.1 Bedford Borough Council and Central Bedfordshire Council Public Health 4](#_Toc536694046)

[1.2 Cambridgeshire County Council 6](#_Toc536694047)

[1.3 Essex County Council 7](#_Toc536694048)

[1.4 Hertfordshire County Council 9](#_Toc536694049)

[1.5 Luton Borough Council 12](#_Toc536694050)

[1.6 Norfolk County Council 13](#_Toc536694051)

[1.7 Peterborough County Council 15](#_Toc536694052)

[1.8 Suffolk County Council 16](#_Toc536694053)

[1.9 Thurrock Unitary Council 19](#_Toc536694054)

[1.10 Southend Borough Council 21](#_Toc536694055)

[**2. Clinical Commissioning Group (CCG) placements** 23](#_Toc536694056)

[2.1 Bedfordshire CCG 23](#_Toc536694057)

[2.2 Cambridgeshire and Peterborough CCG 25](#_Toc536694058)

[**3. Academic placements** 26](#_Toc536694059)

[3.1 CLAHRC East of England 26](#_Toc536694060)

[3.2 MRC Epidemiology Unit, University of Cambridge 27](#_Toc536694061)

[3.3 University of East Anglia 29](#_Toc536694062)

[**4. Public Health England (PHE)** 31](#_Toc536694063)

[4.1 Health Protection: Harlow 31](#_Toc536694064)

[4.2 Health Protection: Thetford 33](#_Toc536694065)

[4.3 Health and Wellbeing Team: Cambridge 34](#_Toc536694066)

[4.4 National Cancer Registration Service, Eastern office (profile last updated 2015) 36](#_Toc536694067)

[4.5 PHE Field Epidemiology Service East (formerly Eastern Field Epidemiology Unit) 37](#_Toc536694068)

[4.6 National Congenital Anomaly and Rare Disease Registration Service, Eastern office (profile last updated 2018) 39](#_Toc536694069)

[**5. NHS England** 41](#_Toc536694070)

[5.1 NHS England Anglia Area Screening and Immunisations Team 41](#_Toc536694071)

[5.2 Essex Screening and Immunisations Team 42](#_Toc536694072)

[**6. Providers** 46](#_Toc536694073)

[6. 1 Princess Alexandra Hospital NHS Trust 46](#_Toc536694074)

[6.2 South Essex Partnership University NHS Foundation Trust 47](#_Toc536694075)

[6.3 West Suffolk NHS Foundation Trust 48](#_Toc536694076)

[**7. Other placement opportunities in the East of England** 51](#_Toc536694077)

[7.1 Office of the Police and Crime Commissioner, Cambridgeshire and Peterborough 51](#_Toc536694078)

[**8. National Treasures** 53](#_Toc536694079)

[8.1 Behavioural Insights Team, Department of Health 53](#_Toc536694080)

[8.2 Department for International Development 55](#_Toc536694081)

[8.3 Foundation for Genomics and Population Health (PHG Foundation) 57](#_Toc536694082)

[8.4 Public Health England, National Knowledge and Intelligence division 58](#_Toc536694083)

[8.5 Nuffield Trust 60](#_Toc536694084)

[10. Higher specialist training and fellowships 63](#_Toc536694085)

[10.1 Health protection specialist training programme 63](#_Toc536694086)

[10.2 Field epidemiology training programme fellowship 63](#_Toc536694087)

[11. Further education courses 63](#_Toc536694088)

# **1. Local authority placements**

## 1.1 Bedford Borough Council and Central Bedfordshire Council Public Health

|  |
| --- |
| **Address** |
| Bedford Borough Council: Borough Hall, Cauldwell Street, Bedford, MK42 9AP[www.bedford.gov.uk](http://www.bedford.gov.uk)Central Bedfordshire Council: Priory House, Monks Walk, Chicksands, Shefford, SG17 5TQ[www.centralbedfordshire.gov.uk](http://www.centralbedfordshire.gov.uk)  |
| **Demography**  |
| **Bedford Borough:**Unitary Authority (Lib Dem elected Mayor with Liberal/Labour Executive)Portfolio Holder for Public Health: Cllr Louise Jackson (Lab)c.166,000 population (ONS 2015- mid year pop)HWB Strategy: *https://www.bedford.gov.uk/health\_and\_social\_care/health\_and\_wellbeing\_board.aspx*JSNA: *https://www.bedford.gov.uk/health\_and\_social\_care/bedford\_borough\_jsna.aspx***Central Bedfordshire:**Unitary Authority (Conservative majority, ‘strong leader’ model)Executive Member for Health: Cllr Maurice Jones (Con)c.277,000 population (2016 mid year population)HWB Strategy: [*http://www.centralbedfordshire.gov.uk/health-social-care/public-health/health-wellbeing-board/overview.aspx*](http://www.centralbedfordshire.gov.uk/health-social-care/public-health/health-wellbeing-board/overview.aspx) JSNA: [*https://www.jsna.centralbedfordshire.gov.uk/*](https://www.jsna.centralbedfordshire.gov.uk/) Most recent annual DPH Report: [*http://centralbeds.moderngov.co.uk/documents/s51843/Annual%20Director%20of%20Public%20Health%20Report%20-%20Appendix%20A.pdf*](http://centralbeds.moderngov.co.uk/documents/s51843/Annual%20Director%20of%20Public%20Health%20Report%20-%20Appendix%20A.pdf) |
| **Public health team**  |
| Single DPH across Bedford Borough (BB), Central Bedfordshire (CB) (and Milton Keynes Council). Bedford Borough and Central Bedfordshire team c. 60 staff including Bedford Borough and Central Bedfordshire specific teams, and a shared ‘core team’ providing public health evidence and intelligence, health protection, NCMP and some commissioning/business support.Single Senior Management Team for BB and CB comprising of the DPH and four Assistant Directors (Consultants in PH). Some services are commissioned on behalf of both authorities by one, e.g. sexual health and weight management services are commissioned by BB; healthy child programme and substance misuse services by CB.  |
| **Clinical supervisors**  |
| **Name** | **Email** | **Key projects/interests** |
| Muriel Scott | Muriel.scott@bedford.gov.uk | DPH |
| Celia Shohet | Celia.shohet@centralbedfordshire.gov.uk | AD for Central Beds |
| Ian Brown | Ian.Brown@bedford.gov.uk | AD for Bedford Borough |
| **Recent registrars (last 2 years)**  |
| Name  | Stage of training  | Year of placement  | Key projects  |
| Marimba Carr | ST1/2 | 2018-2019 | **ST1/2 (possible projects- tbc)*** Mental Health Needs Assessment
* Deputy for improving outcomes for children and young people workstream
* Evidence review for CVD prevention
* Increasing uptake of pre-school boosters
 |
| Megan Gingell | ST2 | 2017-2019 | **ST1 (MPhil)*** Influenza Press Releases- chronic medical conditions, pregnant women and children and carers
* Patient engagement events as part of the BBC/CBC Influenza campaign
* Baseline trends and targets for 17 indicators for the Children and Young People’s service reprocurement at Bedford Borough Council
* Water Fluoridation section for Central Bedfordshire Council website

**ST2 (TBC)*** Veterans and Armed Forces Needs Assessments (ongoing from ST1)
* Primary Care clusters within STP- synthesising data
 |
| Hasna Dulfeker | ST1 | 2016-2016 | ST1 (part time)* Evaluation of LTBI screening in Bedfordshire
* JSNA- Early Access to Antenatal care
 |
| James McGowan | ST2 | 2016-17 | * STP KPIs/dashboard development
* Evaluation of lifestyle hubs (BB and CBC)
* DPH report on homelessness and health (x 3 local authorities)
* Learning disability health needs assessment
 |
| Vicky Head | ST5 |  |  |
| **Useful information re location, parking, etc**  |
| Bedford Borough’s Borough Hall is situated on the river, a 10 minute walk from the town centre. Registrars are eligible for free parking permits through the policy for “work experience placements, student placements and volunteers”. It is also a short walk from the railway station.Central Bedfordshire’s Priory House has permit parking. Registrars are eligible for free permits. The office is difficult to access by public transport. Laptops are provided to registrars at Bedford Borough and Central Bedfordshire, generally during induction period which allow remote access working. Central Bedfordshire uses a ‘hot desk’ system, and Bedford Borough has allocated desk space. Both BB and CB have on site cafes with a card machine.  |

## 1.2 Cambridgeshire County Council

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| **Address** |
| Shire Hall, Castle St, Cambridge CB3 0AP[www.cambridgeshire.gov.uk](http://www.cambridgeshire.gov.uk)0345 045 5200 |
| **Demography**  |
| The population of Cambridgeshire is approximately 635,000.Cambridgeshire is a relatively affluent county, but significant pockets of deprivation exist across the area, most notably in Fenland, north Huntingdon and north of Cambridge City. Life expectancy for both males and females is significantly higher in Cambridgeshire when compared to England. However, life expectancy is 6.8 years lower for men and 5.0 years lower for women in the most deprived areas of Cambridgeshire than in the least deprived areas. |
| **Public health team**  |
| Liz Robin (DPH) is DPH for both Cambridgeshire County Council and Peterborough City Council. Within the public health team, the public health intelligence team and the joint commissioning unit are joint teams across the two councils, and all members of staff are likely to work across both councils to some extent.  |
| **Clinical supervisors**  |
| Name  |  Email   |  Key projects/interests  |
| Kirsteen Watson  | name.surname@cambridgeshire.gov.uk  | Public Health Consultant (currently on leave) |
| Raj Lakshman  | Public Health Consultant (Children and maternity, clinical prioritisation)  |
| Linda Sheridan  | Public Health Consultant (Health protection, emergency planning)  |
| Angelique Mavrodaris  | Public Health Consultant, Older People |
| Liz Robin | Director of Public Health  |
| Val Thomas | Public Health Consultant (Health Improvement, joint commissioning unit) |
| **Recent registrars (last 2 years)**  |
| Name  | Stage of training  | Year of placement  | Key projects  |
| Sandra James | ST2 | 2014-2017(mat leave 2015-16) | * Sexual Health Needs Assessment
* Special educational need and disability needs assessment
* EHC in pharmacies
 |
| Sara Dunling-Hall | ST3 | August 2013 - July 2017 (mat leave 2015-2016) | * Violence Against Women and Girls (Domestic Abuse and Sexual Violence) Needs Assessment
* CCG Business case for Tier 3 Weight Management services
* Let’s Get Moving Physical Activity Programme
* Daily Mile initiative across Cambridgeshire and Peterborough Schools
 |
| Sarah Weir | ST1 | August 2016 to February 2018 | * Review of literature on delivering perinatal mental health services to support bid for funding to improve services
* Supporting the review of clinical policies, particularly surgical threshold policies for the CCG
 |
| Katie Johnson  | ST5 | August 2016 to present  | * Acting up to cover consultant maternity leave, inc. lead for older people
* Pharmaceutical needs assessments
* Public health and district councils strategy
* Health improvement communications (press releases, written material, radio)
* Evaluation of community engagement programme
 |
| **Useful information re location, parking, etc**  |
| Registrars are based at Shire Hall. No parking is available and the use of city Park & Ride service is advisable.  |

##  1.3 Essex County Council

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| --- |
| **Address** |
| Essex County Council, County Hall, Market Road, Chelmsford, CM1 1QHhttp://www.essex.gov.uk/Health-Social-Care/Health/Pages/Our-Services.aspx |
| **Demography**  |
| Essex County Council covers the majority of the historic county of Essex with the exception of Southend and Thurrock which are separate unitary councils. The council serves a population of around 1.6 million making it one of the largest local authorities in England. It works with five CCGs and there are four major hospital trusts in the geographic area.  |
| **Public health team**  |
| The Public Health Team in Essex is small with a DPH, 3 consultants (1 on secondment currently) and 5 heads of service. The consultants cover the 5 CCG areas and hold key area portfolios. The support team are currently situated in other teams within the council e.g. Commissioning Support, policy, evidence and intelligence etc.   |
| **Clinical supervisors**  |
| **Name** | **Email** | **Key projects/interests** |
| Maggie Pacini, CPH | Maggie.pacini@essex.gov.uk | Teaching and educationFalls preventionPH economicsCCG liaison |
| Danny Showell, CPH | Danny.showell@essex.gov.uk | Health protectionCCG liaison |
| Krishna Ramkhelawon, CPH (on secondment) | Krishna.ramkhelawon2@essex.gov.uk | FinanceCCG liaison |
| Mike Gogarty, DPH | Mike.gogarty@essex.gov.uk |  |
| **Recent registrars (last 2 years)**  |
| **Name** | **Stage of training** | **Year of placement** | **Key projects** |
| Constance Wou | ST3 | 2018 (7 months) | West Essex CCG * IFR panels, second opinion hearing
* Back injection service restriction
* Triple inhaler formulary application
* Project evaluating sustainability plan
 |
| Arrthi Pangayatselvan  | ST2 | 2017-2018 | Homeless Health Needs Assessment (ST1)Contribution to Self Harm Management Toolkit development (ST1)Qualitative analysis of hospital never events (ST2) |
| Grace Norman | ST1-3 | 2016-17 | * CCG work:
	+ IFR panels,
	+ Implementing MyCOPD
	+ Implementing Stop Before the Op (Lite)
	+ Cost minimisation economic analysis of different methods of contraception
* Substance misuse strategy & implementation (ST3)
* Substance misuse JSNA (ST1/2)
* Novel psychoactive substances research in prisons (ST1)
 |
| Molly Thomas-Meyer | ST2 | 2014-2018 | * Maternity services scoping HNA (ST1)
* Cervical screening technical briefing and public oriented FAQ for screening and imms team, Essex (ST2)
* Smoking in pregnancy HNA (ST2)
* Travellers HNA (ST2/3)
* Audit Hep B vaccinations in children born to Hep B positive mothers (ST1/2/3 -- Essex Screening and Imms team)
 |
| Mhairi Galbraith |  ST1 | 2015-2016  | * JSNA for Health and Wellbeing Board (ST1)
 |
| Gregory Lewis | ST1 | 2015-2016  | * County-wide Joint Strategic Needs Assessment (ST1)
 |
| Jonathan Fok | ST1-ST3 |  | * Homeless JSNA and Maternity Capacity Review (ST1/ST2)
* Falls prevention media work (ST3)
* 100 day challenge for West Essex CCG (altering service delivery for diabetes care) (ST3)
* IFR audit and re-drafting of the IFR TOR and IFR policy. (ST3)
 |
| Ian Diley | ST3-ST4 |  | * Development of Social Prescribing system for Mid Essex (ST3/4),
* Development of Commissioning Academy Public Health course at Essex CC (ST3/4),
* Audit of inpatient falls support services in Mid Essex (ST3/4)
* Development and lead for communications plan re social prescribing (ST3/4)
 |
| **Useful information re location, parking, etc**  |
| This is a good placement due to the small numbers of staff: meaning as a registrar you are likely to get to do projects of some complexity and depth, and things which will actually be used! It is also a placement where the political and financial realities for PH are very apparent, and is a good learning ground for experiencing life at the coal face.Maggie Pacini in particularly tends to look after all the registrars and their movements within the Essex placement, and is very good at involving and making sure that each registrar’s needs are addressed and that suitable projects are found. The main negative aspect is the ‘hot desk’ model of working, which means the PH team are often not around every day, and there is no PH area in which to ‘soak up’ information and learning opportunities. It requires the registrar to be proactive about finding work. Each Monday there is a PH team meeting where registrars are expected to attend, and where you are most likely to find out what is going on, and to contribute. DPH, Mike Gogarty is very supportive of registrar involvement, and very keen to get the team working together so it’s easy to speak up and contribute. However because of severe economic cuts the PH resources such as a library etc are non-existent, and again a very self-reliant model of working is necessary to get the most out of the placement. There are good opportunities for CCG working, Consultants usually spend a day a week at their nominated CCG and registrars work at the CCG(s) that their Clinical Supervisor is assigned to for part of the week. Additionally there are good opportunities to work with and from other local organisations. These include organisations such as NHS foundation trusts, Healthwatch Essex and the EoE Screening and Immunisation Team.  |

## 1.4 Hertfordshire County Council

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| **Address** |
| Hertfordshire County Council, County Hall, Pegs Lane, Hertford SG13 8DQ<https://www.hertfordshire.gov.uk/services/health-in-herts/health-in-herts.aspx> |
| **Demography**  |
| There were 1, 116 000 people living in Hertfordshire according to the 2011 census.It is estimated that the population of Hertfordshire will increase by 11% between 2012-21 which is higher than the projected increase in England (9%). Hertfordshire is split into 10 district areas. There are 2 CCGs (Herts Valley CCG and East and North Herts CCG). Although Hertfordshire consistently performs above the average for England in terms of health and wellbeing and life expectancy indicators, significant inequalities exist across the county between districts.  |
| **Public health team**  |
| Jim McManus is the DPH, Joel Bonnet is the Deputy Director. They oversee all strands of work:Prevention and healthcare public health,Children and young people,Health improvement and mental health – includes a health psychologist in training, tobacco control team,Consultant support to the 2 CCGs ,Health protection, drugs & alcohol, sexual health,Evidence and intelligence – with a team of 6There is a project management approach to public health work with a team of 6 project managers.  |
| **Clinical supervisors**  |
| **Name** | **Email** | **Key projects/interests** |
| Joel Bonnet | Joel.bonnet@hertfordshire.gov.uk | Deputy Director, Health Intelligence |
| Linda Mercy (also ES) | Linda.mercy@hertfordshire.gov.uk | Prevention, Training and Healthcare Public Health |
| David Conrad | David.conrad@hertfordshire.gov.uk | Evidence and Intelligence |
| Sue Matthews | Sue.matthews@hertfordshire.gov.uk | Children and young people |
| Piers Simey | Piers.simey@hertfordshire.gov.uk | Health Improvement and Mental Health |
| Miranda Sutters (mat leave) | miranda.sutters@hertfordshire.gov.uk | CCG |
| **Recent registrars (last 2 years)**  |
| **Name** | **ST level** | **Years of placement** | **Key projects** |
| Kathryn Faulkner | 1-2 | 2016 | * Stroke JSNA (ST1)
* Workplace health service spec (ST1)
* Drug related deaths (ST2)
* Community Engagement for latent TB screening (ST2)
 |
| Elizabeth Elliott |  2 |  2014-2017 | * School nursing (ST1)
* Young carers’ literature review (ST1)
* Domestic Violence review (ST1)
* Cancer JSNA (ST1)
* Suicide audit (ST2)
* Diabetic retinopathy equality audit (ST2)
* Urgent care centre recommissioning proposal (ST2)
* IFR for liposuction for lipoedema (ST2)
 |
| Ahmed Razavi | 1-2 | 2015-2018 | * JSNA of musculoskeletal disorders in Hertfordshire (ST1)
* Modelling the impact of prevention on disease burden in Hertfordshire (ST1)
* Health and Housing Cost Calculator (ST2)
* Self-management hub (ST2)
* Procurement of school nursing / health visiting contract (ST2-3)
* Health in All Policies Strategy (ST3)
* Priorities Forum - Tubal Surgery (ST3)
 |
| Nicola Ainsworth | 1-2 | 2016-present | * Stop smoking medication guidance (ST1)
* Hertfordshire stop smoking services annual report 2015/16 (ST1)
* Promoting physical activity in over 65s (ST1)
* Provision of nalmefene – options appraisal (ST2)
* JSNA looked after children (ST2)
 |
| Constance Wou | 1-3 | 2015-2018 | * JSNA of musculoskeletal disorders in Hertfordshire (ST1)
* Literature review of minor ailment pharmacy services (ST1)
* Updating JSNA of healthy weight and physical activity (ST1)
* Modelling the impact of prevention on disease burden in Hertfordshire (ST1)
* Self-management strategy (ST2)
* Mapping of child weight management services (ST2)
* JSNA for healthy weight (ST3)
* Evaluation for children’s weight management service (ST3)
* Implementation of Fitness for Surgery policy (ST3)
* Implementation of workplace health service (ST3)
* Priorities forum service restrictions (ST3)
 |
| Harriet Edmonson |  |  |  |
| Gabi Woolf |  |  |  |
| Oliver Mytton | 4-5 | 2017- present | * Whole systems approaches to obesity (ST4/5)
* Healthy streets (ST4/5)
* 20mph limits (ST4/5)
* Supporting Health Select Committee scrutinizing the government’s childhood obesity plan (ST4/5)
 |
| Sugha Murugesu | 1 | 2018-present | - Oral Health JSNA (ST1)- ESWT for Orthopaedic Indications Policy IFR (ST1)- Letchworth and Baldock HNA (ST1)- Late HIV Diagnosis (ST1) |
| **Useful information re location, parking, etc**  |
| Registrars and consultants are generally based at County Hall in Hertford, but some of the public health team is also based in Farnham House, in Stevenage. Hot desking in both locations. Remote desktop access is also available. There is free parking available in both locations. There are reasonably sized canteens on both sites. There are other potential lunch options in Hertford town centre, which is a 10 min walk from County Hall. |

## 1.5 Luton Borough Council

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| --- |
| **Address** |
| Town Hall, Upper George Street, Luton, LU1 2BQ |
| **Demography**  |
| Luton is a vibrant, exciting town to live and work. Luton is home to circa 213,000 people forming a mix of communities speaking as many as 122 languages and dialects. Luton has a highly dense population and has high levels of deprivation, similar to many London Boroughs. Situated 30 miles north of London, the town has excellent road, rail and airport connections. Luton is a unity authority, has one CCG and one main hospital provider (Luton & Dunstable).  |
| **Public health team**  |
| The public health team in Luton is part of the Public Health, Commissioning and Procurement Department. The directorate covers Public Health, Commissioning (joint children’s and adults) and community wellbeing (Heritage, and leisure as well as community investment). The department is led by the Director of Public Health Commissioning and Procurement, with 3 service directors, 2 of which are consultants in public health. All are based in one office in the town centre council offices. Luton’s Public Health team works closely with the CCG and across the council. The public health team is very much part of the council and the council prides itself on being a “public health council”. There are also good working relationship with both the CCG and Luton & Dunstable Hospital with opportunities to undertake audits and pathway redesign etc.  |
| **Clinical supervisors** |
| **Name** | **Email**  | **Phone number** |
| Stephen Gunther | Stephen.gunther@luton.gov.uk  | 01582 548450 |
| **Recent registrars (last 2 years)** |
| **Name** | **Email**  |
| Sally Cartwright  | sally.cartwright@nhs.net |
| **Examples of recent projects** |
| * Leading a children and young people’s mental health needs assessment and subsequent strategy development
* leading the development of a children’s A&E attendances action plan
* leading a BCG catch up programme
* leading self care projects
* supported employment service review and options appraisal
 |
| **Useful information re location, parking, etc** |
| No onsite parking. Local parking is at a range of different sites. Many staff use a local temple, costing £50 per month. Street parking is a ten minute walk away. Luton is well served by rail and major roads. Luton Borough Council works agile with a hot desk policy. There are changing and shower facilities available at the Town Hall. Being located in the town centre there are a range of shops and local amenities available right outside the office. The CCG is a five minute walk from the PH office and Luton and Dunstable Hospital a 15 minute bike ride or 10 minute drive.  |

## 1.6 Norfolk County Council

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| --- |
| **Address** |
| County Hall, Martineau Lane, Norwich, Norfolk, NR1 2DH<https://www.norfolk.gov.uk/care-support-and-health/health-and-wellbeing>  |
| **Demography**  |
| Norfolk has a population of 859,400, it is a largely rural county with only 40% of the county’s population living in four major built up areas: Norwich, Great Yarmouth, Kings Lynn and Thetford.The health of people in Norfolk is generally better than the England average. Many indicators, including life expectancy, deaths due to smoking and early deaths caused by cancer, heart disease and stroke are all better than the England average. However, there are inequalities, by location, gender, deprivation and ethnicity, which must be prioritised.  |
| **Public health team**  |
| Norfolk Public Health team has over 50 employees based at County Hall. The department is part of the Directorate for Community And Environmental services, under the Communities Committee.The Director of Public Health (DPH) is supported by two deputy DPH’s and an Assistant Director. The DDPHs lead Public Health services (supported by three Consultants in Public Health) this includes children, young people and NHS Commissioning. The DDPH for Health Protection and Health Improvement covers vulnerable people, health improvement, and community safety. The Assistant Director / Head of Public Health Delivery and Performance leads performance, commissioning and from Spring 2017 Emergency Planning and Resilience for the Council. The Norfolk Public Health strategy 2016-2020 involves:**Promoting Health improvement:** healthy living and healthy placesJoint working with district councils to address wider determinants of healthRolling out workplace health offer to reduce sickness absence and improve productivityAddressing obesity and access to health checksRoad safety**Protecting Health** Delivery of drug and alcohol recovery services in the community and reducing smokingTaking a multi-agency approach to mental health, domestic abuse and substance misuseCommunity SafetyEmergency planning and resilience**Providing Services**High quality healthy child programme and sexual health servicesSTP: strategic support to NHS commissioners**Partnership working**Leading the Health & Wellbeing Board and JSNADeveloping a single, fit for purpose approach to information and analysis across teams at the council |
| **Clinical supervisors**  |
| **Name** | **Email** | **Key projects/interests** |
| Suzanne Meredith | suzanne.meredith@norfolk.gov.uk |  |
| **Recent registrars (last 2 years)**  |
| **Name** | **Stage of training** | **Year of placement** | **Key projects** |
| Tara Berger Gillam |  |  |  |
| Sarah James |  |  |  |
| Sarah Gentry (ACF) | ST3 | August 2017-Present | * All age autism needs assessment and engagement exercise
* Embedding planning for extreme weather events associated with climate change
* Safe sleep campaign and Child Death Overview Panel
* Evaluation of arts and theatre activities for improving mental wellbeing and reducing mental health stigma
* Health needs assessment for unaccompanied asylum seeking children
 |
|  Martin Seymour | ST5 | 2015-March 2017 | * Young carers health needs assessment
* Substance misuse health needs assessment and supporting the substance misuse service redesign
* Planning and health (working with local authority planning officers)
* Clinical pathways (spinal pain)
* Connecting arts and health
* Health improvement programme with active Norfolk
* Social prescribing
 |
| Rachel Bath | ST1 | 2015-July 2017 | * Sleep safe campaign including Baby boxes
* Oral Health action plan for Norfolk
* Late HIV diagnosis in Norfolk
* Child Death Overview Panel
* TB Needs Assessment
* Child deaths due to septicemia, meningitis and sepsis
* MPhil in Public Health – Cambridge University
 |
| **Useful information re location, parking, etc**  |
| County Hall is very accessible by foot (15 mins) or on bike (10 mins) from Norwich train station, bus station and Norwich city centre.Parking at County Hall can be challenging – you require a permit which can take time to be granted. The council also has a “two no parking day” policy for anyone issued with a permit, these days are issued at random and you will need to find other ways to get to work. |

## 1.7 Peterborough County Council

(Last updated 2016)

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| **Address** |
| Peterborough City Council, Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY |
| **Demography**  |
| Peterborough City Council is a unitary authority serving a population of 196,640 at (mid 2015). Peterborough has a young population with a higher than average number of children and young people and is also one of the fastest growing cities in the UK. The city is ethnically diverse, with 29.1% of residents not self-identifying as White English/Welsh/Scottish/ Northern Irish/British. There are socio-economic inequalities within the local authority area, with areas of significant deprivation close to central Peterborough.For more information see <https://www.peterborough.gov.uk/healthcare/public-health/JSNA/> In Nov 2016 seven councils across Cambridegshire and Peterborough voted to to approve a devolution deal. By confirming the deal, councillors agreed for their council to become a constituent member of the Combined Authority for Cambridgeshire and Peterborough. The authority is led by the elected Mayor for Cambridgeshire and Peterborough.On Friday 5 May 2017 James Palmer was elected the [Mayor of Cambridgeshire and Peterborough](https://www.eastcambs.gov.uk/elections-voting/cambridgeshire-peterborough-mayor-election-live-results) |
| **Public health team** |
| The Public Health Team works across the county with a shared Director of Public Health for Peterborough City Council and Cambridgeshire County Council. There are 3 full time Consultants in addition to the DPH with another 4 working part time. There is a knowledge and intelligence team comprising 8 members. Both areas are served by Cambridgeshire and Peterborough CCG.  |
| **Clinical supervisors** |
| Name | Email  | Key projects/interests |
| Dr Liz Robin | Liz.robin@peterborough.gov.uk | Director of Public Health |
| **Recent registrars (last 2 years)** |
| Name | Stage of training | Year of placement | Key projects |
| Jess Stokes | ST5 | 2016 | Developing CVD Strategy, Review of Family Nurse Partnership, CVD lead for Cambridgeshire and Peterborough STP, Healthy Peterborough Campaign, Deputising for DPH |
| Katie Johnson | ST5 | 2017 |  |
| Ben Brown | ST4/5 | 2018 | Peterborough Integration Area ProjectNaturally Healthy Project |
| **Useful information re location, parking, etc** |
| Sand Martin Hse is located in the centre of Peterborough and is a 10 minute walk from Peterborough Train Station. Parking is available in a number of pay and display car parks, the cheapest being £3 per day |

## 1.8 Suffolk County Council

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| **Address** |
| Endeavour House, 8 Russell Road, Ipswich, IP1 2BX(Main address and location of Public Health team, however option to work from Bury St Edmunds or Lowestoft) |
| **Demography**  |
| Suffolk is a rural county and has borders with Norfolk to the north, Cambridgeshire to the west and Essex to the south. It has a total population of 738,512 roughly 22% of which is aged 65 or older.Almost 12% (52) of the 441 LSOAs in Suffolk are classified as having nationally high levels of deprivation, being in the top 20% most deprived LSOAs in England. Twenty-one of these LSOAs are in the top 10% most deprived nationally; these are LSOAs exclusively located in either Ipswich or Waveney. Suffolk County Council is the Local Authority. There are 7 districts with borough/district councils. |
| **Public health team**  |
| Public Health has recently been merged with Children & Young People to form a new Directorate of Health, Wellbeing and Children’s Services. Following a restructure in April 2018 there are now more opportunities for registrars to choose their area of interest/priority.Public Health incorporates the following service areas:* Public Health
* Knowledge and Intelligence team
* Localities and Communities
* Suffolk Most Active County
* Libraries, Arts & Museums

The DPH (Abdul Razaq) now reports to Sue Cook, Director of the newly formed directorate. There are now 5 PH consultants and 2 full time programme managers in the population healthcare team. On average 2-5 PH registrars, 1 Sports medicine registrar, and 1 FY2 on PH rotation at a time. Excellent library services provided by a London NHS Trust, but on site there is still a stock of useful books/textbooks, and relevant journals/publications. Large team of analysts provide support (e.g. statistics, maps etc.). For details of JSNA reports, Annual report, HWB strategy etc see the newly redesigned Healthy Suffolk website: [www.healthysuffolk.org.uk](http://www.healthysuffolk.org.uk)  |
| **Clinical supervisors**  |
| **Name** | **Email** | **Key projects/interests** |
| Dr Mashbileg Madraig (Mash) | Mashbileg.madraig@suffolk.gov.uk  | Children & Young People; ES and TPD for Quality  |
| Dr Padmanabhan Badrinath (Badri) | Padmanabhan.badrinath@suffolk.gov.uk  | Healthcare Public Health; lecturer at Cambridge |
| Dr Jeptepkeny Ronoh (Jep) | Jeptepkeny.ronoh@suffolk.gov.uk  | Older people, integrated care, prevention |
| **Recent registrars (last 2 years)**  |
| **Name** | **Stage of training** | **Year of placement** | **Key projects** |
| Eleanor Powers | ST1-3 | 2016-current | * Young People’s Sexual Health, Drugs and Alcohol Needs Assessment (ST1)
* Evaluation of a voluntary family befriending service in Suffolk County (ST1)
* Analysis of characteristics of children attending A&E and using ambulances in Suffolk (ST1)
* JSNA in Young People and Substance Misuse (ST2)
* Options appraisal for Freestyle Libre (ST2)
* Promotion campaign to reduce NAHI (ST2)
 |
| Sarah Gentry (ACF) | ST1 | 2016-August 2017 | * Evaluation of a voluntary family befriending service in Suffolk County (ST1)
* Policy on the boundaries between NHS and private healthcare (ST1)
* Review article on value-based healthcare (ST1)
 |
| Kathryn Faulkner | ST3 | 2016-current | * Implementing the Suffolk Prevention Strategy actions on hypertension and atrial fibrillation (ST3)
* Improving pathway for paediatric asthma in Suffolk (ST3)
 |
| Gregory Lewis (ACF) | ST2 | 2016-current  | * Developing a healthy hospital initiative in Ipswich (ST2)
* Evaluation of a community cardiology service in East Suffolk (ST2)
* Mapping of services for children with emotional and behavioural difficulties in Suffolk (ST2)
* Editor of the State of Children in Suffolk Report (ST2)
 |
| Richard Merrick |  ST2-3 | 2015-current  | * Housing and Health JSNA (ST2-3)
* NHS Health Checks evaluation (ST2)
* Education chapter for Children & Young People’s Needs Assessment (ST2)
* CCG Clinical threshold policies –updates and consultation (ST2)
* NHS Atlas of Variation – reports and analysis for local CCGs (ST1)
* Dementia Health Needs Assessment update – epidemiology (ST1/2)
* Teledermatology – evidence review for service extension (ST1/2)
 |
| Ben Brown | ST1-3 | 2014-2016 | * Children’s health needs assessment (ST2)
* Evaluation of LD Liaison Nursing Service (ST2)
* Organisation of Safer Sleeping Conferences (ST2)
* Evaluation of Adult LD Befriending Service (ST2)
* Children’s Oral Health Project (ST1)
 |
| Vicki Peacey | ST3 | 2016-current | * Suicide prevention strategy
* Children’s incontinence services
 |
| **Useful information re location, parking, etc**  |
| The train station is a 5-10 minute walk – direct trains from London (80 mins), Cambridge (80 mins), Norwich (40 mins).There is a secure staff multi-storey car park next door (although this can fill up). Electric pool cars available to book online.Secure bicycle storage & pool bikes available. Showers available.10 minute walk to town centre (free shuttle bus several times per hour).Free tea and coffee (and milk) at every floor plate.Good onsite canteen and café; no shops immediately nearby. We are based on 2nd floor (Lime block) and use hot desks; have our own SCC laptop, which enables remote working at other council/CCG sites or (ad hoc) home working. A locker should be available to securely store your laptop and any other items. Unlike some councils Suffolk usually has a busy office of public health staff, with most people only WFH one day per week and a friendly, chatty atmosphere.  |

## 1.9 Thurrock Unitary Council

|  |
| --- |
| **Address** |
| New Road, Grays, RM17 6SL |
| **Demography**  |
| Thurrock lies on the River Thames, just to the east of London. With over 18 miles of riverfront, it covers an area of 64 square miles with more than half defined as Green Belt.  Thurrock has a population of 165,000 residents. The area is undergoing a major programme of regeneration which is bringing many opportunities for public health, including influencing the environment and place. Thurrock Unitary Council has the added advantage of being co-terminus with Thurrock CCG and links between the Public Health team, council and CCG colleagues are strong, with good relationships built between them. There is a large proportion of young people living in Thurrock, with a growing population of elderly residents. Thurrock’s most deprived areas include Tilbury and Purfleet. There are currently some challenges with primary care provision in these areas as well as across Thurrock as a whole. One of the other concerning PH issues in Thurrock is the increasing tide of obesity both in children and adults; over a third of Year 6 children are overweight or obese and this figure increases to 70% in adults.  |
| **Public health team and council** |
| * Thurrock’s PH team has grown in recent years with about 25 members of staff in the team. This is very encouraging for the specialty as we have seen trends of the reverse happening in neighbouring councils.
* Thurrock has only one unitary council and one CCG, which makes it easier and quicker to get things done. However, the CCG are facing considerable financial challenges and GP recruitment across Thurrock is difficult.
* There are frequent PH team meetings where there is an opportunity for staff development and registrars will be encouraged to get involved in developing the team. We have PH practitioners, a registrar, 3 public health graduate trainees and an apprentice in the team, which makes it an excellent environment for learning and development.
* There are weekly Public Health Leadership Team (PHLT) meetings where registrars automatically become members and have an opportunity to help shape the direction of our work streams as well as to take advice from senior colleagues on their projects.
* The Council is led by the Conservative party.
 |
| **Clinical supervisors** |
| Name | Email  | Phone number |
| Maggie Pacini | Maggie.pacini@essex.gov.uk | Mobile: 07921397122 |
| Ian Wake | iwake@thurrock.gov.uk | Mobile: 07742602261 |
| **Recent registrars** |
| Funmi Worrell | fworrell@thurrock.gov.uk |
| Tim Elwell-Sutton | telwell-sutton@thurrock.gov.uk |
| Andrea Clement | aclement@thurrock.gov.uk |
| **Examples of recent projects** |
| * There has been much work done by public health to inform the development of Integrated Healthy Living Centres (IHLCs), bringing health and social care services closer to the communities that need them.
* Writing the Health and Wellbeing Strategy and gaining agreement from various partners for the direction of travel for the PH team as well as council and CCG colleagues from 2016-2021.
* Creating an Accountable Care Partnership (Organisation) within the Tilbury Locality between the council, CCG, various providers and key stakeholders.
* Writing a Joint Strategic Needs Assessment product for Mental Health
* Working with the CCG to develop a cancer action plan and implement the recommendations of a cancer deep dive in order to improve cancer services from prevention, screening, diagnosis and referral through to treatment and increasing cancer survival rates
* Working with the CCG by using public health modelled data to “find the missing thousands” of patients in Thurrock who have not been diagnosed with hypertension, depression and various other Long-Term Conditions
* Working with social care colleagues to screen for depression in those aged 65+ with a heart condition
* Redesign and re-procurement of 0-19 services
* Redesign and re-procurement of sexual health services
* Redesign and re-procurement of healthy lifestyle services (stop smoking, healthy weight, NHS Health checks)
* Supporting a refresh of our tobacco control strategy by working with the local acute trust and CCG to improve smoking quit rates
* Working with third sector colleagues (Health Watch and CVS) to remain informed on the views of the public
 |
| **Useful information re location, parking, etc** |
| * **Office style.** PH registrars hot desk with the rest of the PH team, in the same area as social care colleagues. Lockers are available for personal items. There are fixed land lines in hot desk areas which automatically change as you log in from desk to desk.
* **Rail travel.** The Council is based on New Road, 5 mins walk from Grays rail station, a 25min train journey from London’s Fenchurch Street.
* **Parking** is available in the multi storey in Grays Shopping Centre nearby (£5 a day or £60 per month).
* **Other.** The council building has its own café and the building is based in Grays town centre where there are numerous eateries, a shopping centre and a large Morrisons.
 |

## 1.10 Southend Borough Council

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| **Address** |
| Civic Centre, Victoria Avenue, SS2 6ER |
| **Demography**  |
| <https://fingertips.phe.org.uk/profile/health-profiles/area-search-results/E06000033?place_name=Southend-on-Sea&search_type=parent-area>  |
| **Public health team and council** |
| * Southend Brough Council has just started working towards Southend 2050. The work which was undertaken in 2018 has led to the development of 23 outcomes based around 5 themes (Pride and Joy, Safe and Well, Active and Involved, Opportunity and Prosperity, Smart and Connected) these outcomes will shape the work of the Council over the next five years and it is expected that there will be big changes in the way the council works with a large focus on integration. This presents lots of opportunities for Registrars requiring KA10 outcomes.
* Southend Public Health Team comprises a DPH, Consultant in Public Health, Public Health Principle, 3 HIPAS and a practitioner responsible for the Public Health Responsibility Deal
* Health Checks, Stop Smoking Service, School Nurses and shortly Health Visitors are all in-house so also sit with the team
* The Drug and Alcohol Commissioning Team sit within Adult Social Care but share the same office space with Public Health as well
* Due to it being a small team everyone works quite autonomously on their own individual work plans and is very busy, as a registrar you need to be proactive to integrate yourself into the team.
* Southend would be a fantastic placement or a registrar towards the end of ST3 and ST4 and 5. You are considered to be a senior member of the Public Health Team, attend the bi-weekly DMT and expected to represent Public Health at key meetings. The work you undertake is part of the Public Health workplan for the year rather than silo projects.
* There has been an interim DPH in post for almost a year and it is currently not clear what is happening with the post so I would definitely recommend discussing this Ian or Krishna as part of a pre-placement discussion.
 |
| **Clinical supervisors** |
| Name | Email  | Phone number |
| Krishna Ramkhelawon | KrishnaRamkhelawon@southend.gov.uk |  |
| Ian Diley | IanDiley@southend.gov.uk |  |
| **Recent registrars** |
| Rachel Bath | r.bath@nhs.net |
| **Examples of recent projects** |
| * Evaluation of Southend Tobacco Control Strategy
* Leading the development of a Tackling Harmful Behaviours Strategy
* Implementation of Cardiff Model working with Southend Hospital, Community Safety, Police and Ambulance Services to reduce assaults in Southend
* Locality work – implementation of a “big idea” between Health and Social Care in the West Locality of Southend and process and impact evaluation
* Falls Prevention work
* Sitting on the Violence and Vulnerability Data Dashboard Group and attending Responsible Authority meetings
 |
| **Useful information re location, parking, etc** |
| * **Office style.** PH registrars hot desk with the rest of the PH team. Lockers are available for personal items. There are fixed land lines in hot desk areas which automatically change as you log in from desk to desk.
* **Rail travel.** The Council is based Victoria Road and Southend Victoria train station is a 5 minute walk away with trains coming in from London Liverpool Street or Shenfield if you are coming from locations other than London.
* **Parking** is available but you are required to pay for it.
* **Other.** The council building has its own café and canteen and you can walk into Southend town centre within 10 minutes.
 |

# **2. Clinical Commissioning Group (CCG) placements**

## 2.1 Bedfordshire CCG

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| **Address** |
| Capability House, Silsoe**,** Bedfordshire**,** MK45 4HREmail: enquiries@bedfordshireccg.nhs.uk Telephone: 01525 864430[www.bedfordshireccg.nhs.uk](http://www.bedfordshireccg.nhs.uk)  |
| **Demography**  |
| BCCG serves the populations of Bedford Borough and Central Bedfordshire unitary authorities – please refer to their combined placement profile for further info.The CCG is divided into five locality groups. Main providers are Bedford Hospital Trust and Luton & Dunstable NHS FT and the mental health provider is East London NHS FT. Hot issues:In May 2015, BCCG reported that it has recorded a deficit of £45m for the previous financial year - 2014/15. Following this announcement, NHS England placed BCCG under Legal Directions.The STP includes Bedford Hospital, Milton Keynes and Luton and Dunstable Acute trusts, as well as the relevant LA and CCGs. There was a review of the clinical and financial viability of Bedford Hospital and Milton Keynes Hospital, which has now become part of the STP discussion. |
| **Public health team**  |
| Please refer to Bedford Borough and Central Bedfordshire councils placement profile  |
| **Clinical supervisors**  |
| **Name** | **Email** | **Key projects/interests** |
| Sanhita Chakrabarti (works across from local authority and then moved to BCCG as Clinical Lead for Children) | TBC | Child health; women’s health |
| Kiran Loi (works across from Local authority) | kiran.loi@bedford.gov.uk |  |
| **Recent registrars (last 2 years)**  |
| Name  | Stage of training  | Year of placement  | Key projects  |
| Emmeline Watkins |  ST4 | 2016  | * 111/00H reprocurement and health inequalities impact assessment
* Formative evaluation of the Caring Together pilot of integrated working
* VBEC formal consultation
* Implementation of systems approach to address paediatric asthma which resulted in a 20% decrease in admissions.
* 17/18 strategic planning
 |
| Helena Jopling | ST3/ST4 | 2015-2016 | Priority Lead for "Right Care in the Right Place" programme;* identified £1.5m savings opportunities
* revised Individual Funding process and implementation of existing commissioning policies
* further disinvestment in low priority treatments
* re-specified integrated COPD service and community diabetes service

Devised long-term conditions work plan for 2016/17;* improving outcomes in cardiology, asthma, COPD and diabetes care using a programme budgeting approach

Assistant Director-level contribution to Strategy and System Redesign team, including;* analysis of pressures from non-elective admissions
* member of partnership groups with local authorities
* regular contribution to senior management work plan
* staff development
* in-house public health expertise and advisory role
 |
| **Useful information re location, parking, etc** |
| Location is Wrest Park Enterprise Centre in rural Bedfordshire<http://www.wrestparkenterprise.co.uk/>Parking on site is free. The site is poorly served by public transport.Good café in the building and nice grounds for exercise. |

## 2.2 Cambridgeshire and Peterborough CCG

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| --- |
| **Address** |
| Lockton House, Clarendon Road, Cambridge, CB2 8FHhttp://www.cambridgeshireandpeterboroughccg.nhs.uk |
| **Demography**  |
| Cambridgeshire is broadly affluent, though there are pockets of deprivation particularly in Fenland, north Cambridge and Huntingdon. Peterborough has much more widespread deprivation, with large Pakistani and Eastern European communities. Health outcomes are generally good, with some exceptions, but health services are overstretched and underfunded. Focus of projects likely to be on either the CCG’s clinical priority areas or on projects to reduce system-wide costs.  |
| **Public health team**  |
| Fiona Head leads the small Improving Outcomes team and is the only clinical supervisor. May only be capacity for a single registrar. Likely to be opportunities to work autonomously and an expectation that you will scope much of your own work. Environment is fast paced. Links to Cambridgeshire County Council PH Team and potentially to Peterborough City Council. Best suited to a confident / relatively senior registrar.  |
| **Clinical supervisors**  |
| **Name** | **Email** | **Key projects/interests** |
| Fiona Head | Fiona.head@nhs.net | * Recently led the system-wide System Transformation Programme
* Substantive role is head of the CCG’s Improving Outcomes team
* Experienced and supportive consultant with interest in registrar education
 |
| **Recent registrars (last 2 years)**  |
| **Name** | **Stage of training** | **Year(s) of placement** | **Key projects** |
| Vicky Head | ST3 | 12-months @ 0.6 WTE. 2014/15 | * Contribution to major System Transformation Programme.
* Contributed to development of a model for forecasting acute activity and developed a method to forecast the impact of rising obesity on future activity.
 |
| Jess Stokes | ST5 | Full time. 2015/16 | * Contribution to major System Transformation Programme.
 |
| **Useful information re location, parking, etc**  |
| Close to Cambridge railway station and with good bus links to city centre. No free parking on site. Bike parking and shower available. Co-op and Costa 2 minutes’ walk.  |

# **3. Academic placements**

## 3.1 CLAHRC East of England

(Last updated before 2016)

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| **Address** |
| http://www.clahrc-eoe.nihr.ac.uk/ |
| **Demography**  |
| The CLAHRC collaboration encompasses some thirty-six organisations, with research hubs in the Universities of Cambridge, Hertfordshire and East Anglia  |
| **Department structure**  |
| Cross-cutting elements of the collaboration include researching the best ways to involve patients and the public in health research, health economics and patient safety where we enjoy a strong partnership with the Eastern Academic Health Science Network. Our research themes are:* dementia, frailty and end-of-life care
* enduring disability and disadvantage
* patient safety
* health economics
* patient and public involvement
* innovation and evaluation
 |
| **Eligibility /suitability criteria** |
| Post part B |
| **Clinical supervisors** |
| Name | Email  | Key projects/interests |
| Carol Brayne | Cb105@medschl.cam.ac.uk | Dementia, academic public health. |
| Christine Hill | Cmh86@medschl.cam.ac.uk | Health policy, public health leadership |
| **Recent registrars (last 2 years)** |
| **Name** | **Stage of training** | **Year of placement** | **Key projects** |
| No recent registrars |
| **Useful information re location, parking, etc** |
|  Attachment would be based at Douglas House, Trumpington Road or the Institute of Public Health, Forvie Site. Parking is available at both sites.  |

## 3.2 MRC Epidemiology Unit, University of Cambridge

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| --- |
| **Address** |
| Institute of Metabolic Science, Level 3, Box 285, Addenbrooke’s Hospital, Hills Road, Cambridge CB2 0QQWebsite http://www.mrc-epid.cam.ac.uk/ |
| **Background of placement** |
| The research of the MRC Epidemiology Unit is aimed at understanding the aetiology of obesity, type 2 diabetes and related metabolic diseases and translating that epidemiological knowledge into preventive action. Using a national and international network of studies, the Unit has a major focus on the genetic and developmental origins of these conditions, with a particular focus on studying gene-lifestyle interactions. This work is aided by the location of the Unit in the Institute of Metabolic Science in Cambridge. Its programmes in nutritional and physical activity epidemiology include methodological and aetiological studies. The Unit’s research on the translation of epidemiology into prevention includes work at the individual and the societal level. The Unit is part of the Institute of Public Health and leads the Centre for Diet and Activity Research (CEDAR : www.cedar.iph.cam.ac.uk) a UKCRC Centre of Public Health Research Excellence. This provides a unique training opportunity in interdisciplinary public health research spanning epidemiology, public health, health economics and health geography, aimed at changing population level behaviour. The projects are not predetermined, but subject to discussion and negotiation with potential supervisors. For an idea of the sorts of research/public health areas we might engage with please visit our Unit’s website (www.mrc-epid.cam.ac.uk) Broadly speaking we will have opportunities for the following types of work. * Developing understanding of research methods involving descriptive and analytical epidemiology, population-based intervention studies and evidence synthesis;
* Analysis and communication of scientific observations;
* Understanding how to translate observational findings into preventive action;
* Translation across the research policy interface;
* Supervision in writing up of papers for publication.
 |
| **Department Structure** |
| The Unit is organised around 8 core MRC –funded programmes and an additional 5 programmes in dietary public health and modelling in CEDAR and global public health research, with the new Global Diear and Activity Research group headed by Prof. Nigel Unwin. |
| **Eligibility/Suitability Criteria** |
| Post part A and B |
| **Clinical supervisors** |
| **Name** | **Email**  | **Phone number** |
| Professor Nick Wareham | Nick.wareham@mrc-epid.cam.ac.uk | 01223 330315 |
| Dr Nita Forouhi | Nita.forouhi@mrc-epid.cam.ac.uk | 01223 769145 |
| Dr David Ogilvie | David.ogilvie@mrc-epid.cam.ac.uk | 01223 769197 |
| Professor Martin White | Martin.white@mrc-epid.cam.ac.uk | 01223 330315 |
| Professor Nigel Unwin | Nigel.unwin@mrc-epid.cam.ac.uk | 01223 330315 |
| Dr Claudia Langenberg | Claudia.langenberg@mrc-epid.cam.ac.uk | 01223 330315 |
| Dr Raj Lakshman | Rajalakshmi.Lakshman@mrc-epid.cam.ac.uk | 01223 330315 |
| **Recent registrars (last 2 years)** |
| **Name** | **Stage of training** | **Year of placement** | **Key Projects** |
| Eleanor Turner-Moss | ST1-3 | 2016-Present | Work with the Global Diet and Activity Research group. |
| Ahmed Razavi | ST2-3 | 2016-2018 | Trends in cardiovascular disease and diabetes mortality in the Caribbean and possible explanatory correlates.General work with Prof. Nigel Unwin examining global health and non-communicable diseases. |
| Constance Wou | ST2-3 | 2016-2018 | Various pieces of work with Prof Wareham - scoping exercise on international diet and nutrition survey data, contributing to case study of a move to a value based care model for prostate cancer patients, report on epidemiology of diabetes in Singapore, cost of prevention and treatment of diabetes in developing and developed countries (with Prof Unwin). |
| Oliver Mytton | Post part B | 2013-Present | Undertaking PhD aimed at improving our understanding of how the built and social environment influences walking and cycling, and how this affects health. Currently an Academic Clinical Lecturer at the MRC Epidemiology Unit. |
| Claudia Langenberg | Post part B | 2016 | Projects in molecular and genetic epidemiology on National Treasure placement. |
| **Useful information re location, parking, etc** |
| See http://www.mrc-epid.cam.ac.uk/contact/find-us/ |

## 3.3 University of East Anglia

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| **Address** |
| Norwich Medical School, Chancellor’s Drive, Norwich, NR4 7TJWebsite of organisation: [www.uea.ac.uk](http://www.uea.ac.uk)  |
| **Demography**  |
| Not relevant |
| **Department structure**  |
| UEA undertakes both national UK research (N. Steel) and international PH research (M. Bachmann, P. Hunter). UEA provides support for many local evaluations including drugs related work, and most recently work with Norfolk and Suffolk Constabulary. |
| **Eligibility /suitability criteria** |
| Post Part A or Academic Clinical Fellow |
| **Clinical supervisors** |
| Name | Email  | Key projects/interests |
| Prof Nick Steel | n.steel@uea.ac.uk | Prof Nick Steel is interested in quality of care and primary care <https://www.uea.ac.uk/medicine/people/profile/n-steel> |
| Prof Max Bachmann | m.bachmann@uea.ac.uk | Prof Max Bachmann undertakes South African research looking at HIV and TB<https://www.uea.ac.uk/medicine/people/profile/m-bachmann> |
| Prof Paul Hunter | Paul.hunter@uea.ac.uk | Prof. Paul Hunter is a Professor of Health Protection and honorary Consultant Medical Microbiologist. He undertakes health protection research, focused on waterborne disease<https://www.uea.ac.uk/medicine/people/profile/paul-hunter> |
| Prof Veena Rodrigues | v.rodrigues@uea.ac.uk | Prof Veena Rodrigues is interested in educator development and mentoring and technology enhanced learning. <https://www.uea.ac.uk/medicine/people/profile/v-rodrigues>  |
| **Recent registrars (last 2 years)** |
| **Name** | **Stage of training** | **Year of placement** | **Key projects** |
| John Ford | ST3 (OOPR) | 2014 to present | Undertaking a PhD looking at access to primary care for deprived older people<https://www.uea.ac.uk/medicine/people/profile/john-ford>  |
| Sarah Gentry | ST1-2 | 2016 to present | Evaluation of Norfolk and Suffolk NHS Foundation Trust smoke-free policyQuantitative analysis of survey data on e-cigarettes for smoking relapse preventionMixed-methods systematic review on e-cigarettes for vulnerable groupsQualitative systematic review on smoking cessation for people who misuse substancesRegular teaching including taking over from John Ford as co-lead for the year 1 Research Methods module for 2018-19  |
| Gregory Lewis | ST2 | 2016 to present | Assessment of diagnostic accuracy of HbA1c and FPG in assessment of ‘prediabetes’Use of new instruments in the English Longitudinal Study of Aging regarding health behaviour |
| Tara Berger-Gillam | ST2 | 2016 to present | Master’s in Public Health –London School of Hygiene and Tropical MedicineWomen’s attitudes towards NRT in pregnancy: a qualitative systematic review |
| Sarah James | ST2 |  |  |
| **Useful information re location, parking, etc** |
| Matching registrar’s interests with supervisor is key. Therefore if you are interested in a placement get in touch early with Nick Steel to discuss what’s going on.Contact Karen Milton for public health specific teaching opportunities (k.milton@uea.ac.uk )Parking ok as long as you have a permit.Pleasant 20-30 mins cycle from train station (along river, through cathedral close, down colgate and then follow google maps cycle route up the avenues).No. 25 bus goes from train station to UEA but quite slow |

# **4. Public Health England (PHE)**

More information about the placements at PHE East of England can be found in the *“Public Health Specialty Training Prospectus”.*

## 4.1 Health Protection: Harlow

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| --- |
| **Address** |
| Goodman House, Station Approach, Harlow CM20 2ET |
| **Clinical supervisors** |
| Name | Email  |  |
| Smita Kapadia | smita.kapadia@phe.gov.uk |  |
| Sally Millership | sally.millership@phe.gov.uk |  |
| David Irwin | david.irwin@phe.gov.uk |  |
| Sultan Salimee | sultan.salimee@phe.gov.uk |  |
| Amelia Cummins | amelia.cummins@phe.gov.uk |  |
| Victor Aiyedun | victor.aiyedun@phe.gov.uk |  |
| Deepti Kumar | deepti.kumar@phe.gov.uk |  |
| **Recent registrars** |
| **Name** | **Email**  |
| Ahmed Razavi | ahmed.razavi@nhs.net |
| Constance Wou | c.wou@nhs.net |
| Ben Brown | ben.brown@nhs.net |
| Richard Merrick | richardmerrick@nhs.net |
| Jonathan Fok | j.fok@nhs.net |
| **Demography**  |
| One of two offices for the Health Protection Team within the East of England (Thetford is the other). |
| **Examples of recent projects** |
| The bulk of time in Health Protection is taken in being on the ‘acute desk.’ This involves receiving enquiries from fellow health professionals and dealing with health protection issues such as notifiable diseases, managing outbreaks and monitoring emergency situations such as fires and chemical incidents. If you are on your first health protection placement learning how to manage these situations will be the key to your placement, with perhaps one or two non-acute projects such as the ones listed below:* Antenatal Hepatitis B Audit
* Investigation into vaccination rates in Thurrock
* Audit into the management of invasive Group A Streptococcus
* Audit into the management of measles
 |
| **Good points** |
| * Friendly and approachable team
* Everyone is willing to teach
* Fun and lively atmosphere within the office
 |
| **Other considerations** |
| * Very different from any other public health placement in that much of the work is reactive rather than proactive
* Make sure you tick off all the learning outcomes for Health Protection that you can, you may not do health protection again
* If you do not have a clinical background or familiarity with most of the notifiable disease, the initial learning curve may be steep. Regardless of previous knowledge though, everyone should learn to rely on the Standard Operating Procedures folder which describes what information to gather and how to manage cases in detail.
 |
| **Useful information re location, parking, etc** |
| * There is parking on site but it is first come first serve. There is also free parking about a 10 minute walk away or you can park in the train station car park at a cost.
* The train station (Harlow Town) is a 2 minute walk away and may be your best option if you have good transport links from your home.
* Sainsbury’s is a 10-15 min walk away for lunch or there is a small cafe at the train station.
 |

## 4.2 Health Protection: Thetford

|  |
| --- |
| **Address** |
| Thetford Healthy Living CentreCroxton RoadThetford, IP24 1JD |
| **Clinical supervisors** |
| **Name** | **Email**  |  |
| Bernadette Nazareth | Bernadette.Nazareth@phe.gov.uk | (due to retire 2018) |
| Hamid Mahgoub | hamid.mahgoub@phe.gov.uk |  |
| David Edwards | david.s.edwards@phe.gov.uk |  |
| **Recent registrars** |
| **Name** | **Email**  |
| James McGowan | james.mcgowan@mail.harvard.edu |
| Sarah Weir | sarah.weir1@nhs.net |
| Sandra James | sjames1@nhs.net |
| Sarah Gentry | sarah.gentry@doctors.org.uk |
| **Demography**  |
| * N/a
* Regional health protection service for East of England.
 |
| **Examples of recent projects** |
| * Hep A audit.
* Evaluation of acute service core curriculum.
* Organising workshops and scenarios to test a memorandum of understanding between organisations.
* Participating in emergency planning exercises.
* Around 50-60% of HPT placement is acute desk/reactive work, including investigation and management of outbreaks and situations.
 |
| **Good points** |
| * Smaller office than Harlow may mean more 1:1 training opportunities.
 |
| **Other considerations** |
| * Usually only one registrar on placement at a time.
 |
| **Useful information re location, parking, etc** |
| * Easy parking.
* About 45 mins from Cambridge.
* 25 minutes by train from Norwich.
 |

## 4.3 Health and Wellbeing Team: Cambridge

|  |
| --- |
| **Address** |
| Public Health England - East of EnglandWest WingVictoria HouseCapital Park, FulbournCambridge, CB21 5XA |
| **Clinical supervisors** |
| **Name** | **Email**  |  |
| Barbara Paterson | barbara.paterson@phe.gov.uk |  |
| **Recent registrars** |
| **Name** | **Email**  |
| Ben Brown | ben.brown@nhs.net |
|  |  |
| **Demography**  |
| The health and wellbeing team are part of the East of England PHE Centre and so cover the whole Eastern region.  |
| **Examples of recent projects** |
| * Survey of Commissioner/Provider arrangements to reduce drug related deaths
* Mapping of Making Every Contact Count (MECC) provision across NHS providers and local authorities
* Development of Centre sustainable development strategy
* Scoping needs assessment of mental health problems of young people claiming employment support allowance
* Focus Group - NaTHNac website
* Involvement with Healthy New Towns and Nationally Significant Infrastructure Project work
 |
| **Good points** |
| * Access to a depth of expertise on key PH issues e.g. obesity, physical activity, built environment, smoking, drugs, sexual health.
* National/regional perspective on key PH issues.
* Access to a wide range of regional/ national and locality leads for health improvement work.
* Potential for cross working with other Directorates/teams (e.g. health protection, health care public health, LKIS).
* The potential to work with localities (i.e. local authorities) on some projects.
* Friendly and approachable team
* Forward thinking and strategic view
* Nice building set in lovely grounds.
 |
| **Other considerations** |
| * Limited potential to get involved in locality based/service level projects
 |
| **Useful information re location, parking, etc** |
| * Free parking on site.
* Access via bus is possible from train/bus station
* Approx. 15-20 min cycle from train station
 |

## 4.4 National Cancer Registration Service, Eastern office (profile last updated 2015)

|  |
| --- |
| **Address** |
| Unit C, Magog Court, Shelford Bottom, Hinton Way, Cambridge, CB22 3AD |
| **Clinical supervisors** |
| **Name** | **Email**  |  |
| Sarah Stevens | Sarah.stevens@phe.gov.uk |  |
| **Recent registrars** |
| **Name** | **Email**  |
| Andrea Clement(Author) | Andrea.clement@nhs.net |
| Anne Swift | Anne.swift2@nhs.net |
| **Demography**  |
| National service (England); of which there are 8 regional centres. |
| **Examples of recent projects** |
| * Mesothelioma Compensation Claims project in which the aim is to establish a system within the NCRS that enables expedited receipt of pathology records and imaging reports for mesothelioma patients.
* Facilitation of data transfer and analysis of electronic prescriptions for cancer patients.
* Development of a web-based access portal for brain tumour patients to view their cancer registry records
 |
| **Good points** |
| * Opportunity to lead on national level work
* Opportunity to work closely with other professionals e.g. data analysts, IT developers etc
* Great opportunity to learn about technical aspects of data flows and presentation (to the public or to other professionals)
* Very forward-thinking work environment; considerably different culture compared to usual public sector placements
 |
| **Other considerations** |
| * Only registrar in the service base
* Sarah is the only PH consultant but happy for registrars to access other consultants eg at PHE centre for Part B practice etc
* You need to be confident in directing your own project and understanding what you will have to do to achieve your aims (e.g. identifying networks and stakeholders who can make things happen) – suggest this is most suitable for senior trainees
 |
| **Useful information re location, parking, etc** |
| * Plenty of free parking at Magog Court
* Across the road from Babraham Park and Ride for access to Addenbrookes/Central Cambridge
* Hot desking arrangements
* Some travel required to PHE offices in Waterloo for meetings – access can be arranged for hot desking at Waterloo.
 |

## 4.5 PHE Field Epidemiology Service East (formerly Eastern Field Epidemiology Unit)

|  |
| --- |
| **Address** |
| PHE, Institute of Public Health, Forvie Site, Robinson Way, Cambridge, CB2 0SRhttp://www.cambridgeshireandpeterboroughccg.nhs.uk |
| **Demography**  |
| East of England service, part of PHE National Infections Service, therefore covers large and diverse population.  |
| **Background of placement**  |
| The Field Epidemiology Service (FES) conducts surveillance; leads incident and outbreak investigation and control activities; uses health intelligence to improve health protection outcomes and reduce inequalities; and applies of epidemiological methods to inform public health policy & action. The East of England FES team is based at the Institute of Public Health, part of the University of Cambridge and on the Addenbrookes Hospital site. The FES team collectively has a wealth of experience in infectious disease surveillance and outbreak investigation and control, and includes national lead scientists in sexual health and TB. The team is actively engaged with a wide range of stakeholders including CCGs and local authorities and works closely with colleagues in Health Protection Teams to meet a broad range of stakeholder needs. The team has particularly strong links with the University; microbiologists and infection control teams and infection professionals within NHS Trusts. The FES team also collaborates with international organisations and is currently undertaking a diphtheria surveillance appraisal for the World Health Organisation. One Consultant Epidemiologist works half time internationally, supporting capacity building in surveillance in Nigeria on behalf of PHE. The team is also engaged in development of environmental epidemiology nationally. The team contributes to teaching and training at the University and is co-located with epidemiological researchers. We believe that the diversity of opportunity afforded by this placement is exceptional and we are certain we can support public health registrars to take opportunities that both meet their training needs and career interests. |
| **Clinical supervisors**  |
| **Name** | **Email** | **Key projects/interests** |
| Mark Reacher | mark.reacher@phe.gov.uk | * Consultant Epidemiologist with the team since 2004;
* Interests include: surveillance of infectious diseases, outbreak investigation, enteric viral infections, cryptosporidiosis, antibiotic resistance, immunisation, health impacts of flooding, malaria and epidemiology training
 |
| James Elston  | james.elston@phe.gov.uk | * Consultant Epidemiologist
* 50% global health working on surveillance strengthening in Nigeria on behalf of PHE
* Interests include global health, infectious disease surveillance, outbreak investigation and education
 |
| **Recent registrars (last 2 years)**  |
| **Name** | **Stage of training** | **Year(s) of placement** | **Key projects** |
| Vicky Head | ST3/4 | 9-months @ 0.6 WTE. 2016 | * Regional audit of coverage of the neonatal hepatitis B immunisation programme
* EU/EEA diphtheria diagnostics gap analysis
* Look back of national endoscopy washer disinfector incident
 |
| Rebecca Hams | ST4 | Jan - Sept 2017 @0.8wte | * Various projects around environmental epidemiology
* Using market segmentation tools to understand differences in choice of flu immunisation provider
* Supporting FES objectives including ad hoc outbreak investigations
 |
| **Useful information re location, parking, etc**  |
| On the Addenbrooke’s site so well served with buses and facilities. Free parking on site is available by a permit system subject to permit availability (limited numbers) |

## 4.6 National Congenital Anomaly and Rare Disease Registration Service, Eastern office (profile last updated 2018)

|  |
| --- |
| **Address** |
| Victoria House, Capital Park, Cambridge |
| **Clinical supervisors** |
| **Name** | **Email** |  |
| Sarah Stevens | Sarah.stevens@phe.gov.uk | Mat leave until Feb 2019 - contact Vicki Peacey in the meantime |
| **Recent registrars** |
| **Name** | **Email** |
| Vicki Peacey(Author) | vicki.peacey@nhs.net |
|  |  |
| **Demography** |
| National service (England); of which there are 8 regional centres. |
| **Examples of recent projects** |
| * Improving quality of data and outputs across NCARDRS
* Using congenital anomaly data and routine data sources to estimate prevalence of some rare diseases
 |
| **Good points** |
| * Responsibility and leadership
* Involvement at senior level
* A relatively new service with huge opportunities for development and improvement. Lots of work to do!
* A really knowledgeable, dedicated and motivated staff body
 |
| **Other considerations** |
| * Only registrar in the service base although likely to be be others within other local PHE teams in the building
* Sarah is the only PH consultant but happy for registrars to access other consultants eg at PHE centre for Part B practice etc
* You need to be confident in directing your own project and understanding what you will have to do to achieve your aims (e.g. identifying networks and stakeholders who can make things happen) – suggest this is most suitable for senior trainees
* Content of the work may be personally difficult for some people - data on serious / fatal fetal anomalies, termination of pregnancy, post mortems, extremely unpleasant rare diseases
* This is a very technical and data-heavy role (although there is more to it than just that)
* Working from home is not possible if you are using patient level data
* Team is very spread out geographically and works well through skype and email but this can be a disadvantage when you are new and trying to establish working relationships
 |
| **Useful information re location, parking, etc** |
| * Parking slightly contentious but is possible about 3 min from the office
* Hot desking arrangements for registrar
* Some travel required to PHE offices in Waterloo for meetings – access can be arranged for hot desking at Waterloo. Other travel to other offices (Birmingham / Bristol / Manchester / Newcastle) may be necessary
* I really like this role but it is probably not for everyone as it has some difficult aspects - please get in touch for a chat if you think you might be interested.
 |

# **5. NHS England**

## 5.1 NHS England Anglia Area Screening and Immunisations Team

(Last updated 2014)

|  |
| --- |
| **Address** |
| West Wing, Victoria House, Capital Business Park, Fulbourn, Cambridgeshire, CB21 5XA |
| **Demography**  |
| 8 CCGs: Cambridgeshire and Peterborough, Ipswich and East Suffolk, West Suffolk, Norwich, West Norfolk, South Norfolk, Great Yarmouth and Waveney, North Norfolk. 4 Local Authorities: Cambridgeshire County Council, Peterborough City Council, Norfolk County Council, Suffolk County Council. 8 Acute Trusts: Cambridge University Hospital, Peterborough and Stamford Hospital, Hinchingbrooke, Ipswich Hospital, West Suffolk Hospital, Norfolk and Norwich Hospital, Queen Elizabeth Hospital- Kings Lynn, James Paget Hospital. Population ONS Projections 2016: 2,483,000 |
| **Department structure**  |
| **Team:**1 Screening and Imms Lead 2 Screening and Imms Managers4.4 WTE Screening and Immunisation Coordinators. 1 Business support officer |
| **Eligibility /suitability criteria** |
| Would consider pre-part A trainees with some experience |
| **Clinical supervisors** |
| **Name** | **Email**  | **Key projects/interests** |
| Dr Bonny Rodrigues | brodrigues@nhs.net | To be confirmed, but mainly regarding improving coverage and uptake; reducing inequalities; quality assurance including incident management; risk management; governance and accountability (including management information systems) |
| **Recent registrars (last 2 years)** |
| **Name** | **Stage of training** | **Year of placement** | **Key projects** |
| Katie Johnson | 2nd Year | 2014 | MMR EvaluationCervical Screening CoverageScreening and Immunisations in Prisons |
| **Useful information re location, parking, etc** |
| Located on outskirts of Cambridge, there Is a good bus service. A large supermarket within short walking distance. Parking onsite available for staff.  |

## 5.2 Essex Screening and Immunisations Team

(Last updated 2018)

|  |
| --- |
| **Address** |
| Swift House, Hedgerows Business Park, Colchester Road, Chelmsford, CM2 5PF.Website of organisation:<https://www.england.nhs.uk/mids-east/><https://www.gov.uk/government/organisations/public-health-england> |
| **Demography**  |
| Registered population: 1.83m people.Area: 3,670km2.County city: Chelmsford.Local authorities: three top-tier local authorities – Essex County Council; Southend-on-Sea Borough Council (UA) and Thurrock Council (UA).Local health and social care architecture.  |
| **Department structure**  |
| Essex Screening and Immunisation Team is employed by Public Health England and embedded into NHS England. The Essex and East Anglia Screening and Immunisation Teams are part of NHS England – Midlands and East (East) DCO Team. Although these are still two distinct teams, we work closely together and have some joint working.The structure chart covers the whole Public Health Commissioning Team, which incorporates two Screening and Immunisation Teams. The Public Health Commissioning Team is responsible for commissioning some of the services covered by the Section 7a agreement, as well as Secondary Dental Care:* Screening programmes: adult and young people; antenatal and newborn; cancer
* Immunisation programmes
* Child health information systems
* Secondary dental

The Screening and Immunisation Team is responsible for system leadership for the national screening and immunisation programmes. There are opportunities to lead or be involved in projects and pieces of work across all areas of public health practice. |
| **Eligibility /suitability criteria** |
| Suitable for registrars from ST2 (pre or post-Part A) |
| **Clinical supervisors** |
| **Name** | **Email**  | **Key projects/interests** |
| Pam Hall | Pamhall1@nhs.net | Overall lead for Screening and Immunisation. |
| **Recent registrars (last 2 years)** |
| **Name** | **Stage of training** | **Year of placement** | **Key projects** |
| Liz Marchant | ST2/3 | 10/17- 10/18 (1 day per week) | · Commissioning of an HPV vaccination service in GUM and HIV clinics for MSM· Health equity audit of the breast cancer screening programmes· Audit of vaccinations given in maternity· Review of the evidence for antenatal screening for group B streptococcus carriage against the NSC criteria· Ad hoc work including responding to the bowel screening consultation and a patient complaint |
| Rachel Bath | ST3 | 07/17-10/17 full time then 1 day a week since 02/18 | Health equity audit of AAA screening programme Led procurement and evaluation of a flu social media campaignGP survey about call and recall practices for flu vaccinationScoping and planning work for introduction of HPV Primary ScreeningCovering the imms query inboxResponding to complaintsBriefing paper about why we don’t screen for lung cancer |
| Vicki Peacey | ST 2/3 | 7/15 - 2/16 (part-time) | * Pertussis immunisation uptake in pregnant women
* Investigation of serious incidents in screening and immunisations
* Supporting team in general work

Some teaching to colleagues |
| Molly Thomas-Meyer | Phase 1 | 7/15 – 1/16 (not a formal placement) | Related pieces of work re: cervical screening eligibility (briefing papers, response to Parliamentary question and response to patient complaint).* Audit Hep B vaccinations in children born to Hep B positive mothers (ST1/2/3 -- Essex Screening and Imms team & HPT)
 |
| Clare Ebberson | Phase 3 | 3/15 - 6/15 (full-time) | Cold chain audit, LD review re: breast screening, cervical screening ceasing audit, support on implementation of new vaccination programme,  |
| **Useful information re location, parking, etc** |
| (LM) I found this placement to be a very positive experience. The team are friendly and welcoming and although often quite busy and it is a lovely working environment with a team ethic. Dr Pam Hall is an excellent supervisor who has a lot of experience and a real interest in her subject. I found that she was able to take the time to support my work and also my wider learning about screening and immunisations and my exam preparation. Personally I find screening and immunisations to be a very interesting area of public health and that may be why I enjoyed this placement so much. It was a good opportunity to gather experience towards many of the 2015 learning outcomes, particularly the screening learning outcome (2.6) and those around commissioning and incident investigation (section 7). There are also opportunities to work toward learning outcomes around leadership, communication with the public, influencing and negotiating, and working with the media. (RB) I agree with all of the above - SIT placement is a really positive experience with lots of opportunities for personal and general development as well as lots of opportunities for LO sign off. Swift House is on the outskirts of Chelmsford. Close to a large Sainsbury’s. It is a 15 minute bus ride from Chelmsford town centre, and is close to several bus routes. Access to the building and car park requires an entry card, which would be supplied. Car parking is free. |

5.3 Central Midlands South Screening & Immunisations Team

(Last updated before 2016)

|  |
| --- |
| **Address** |
| West Wing, Victoria House, Capital Business Park, Fulbourn, Cambridgeshire, CB21 5XA |
| **Demography**  |
| 8 CCGs: Cambridgeshire and Peterborough, Ipswich and East Suffolk, West Suffolk, Norwich, West Norfolk, South Norfolk, Great Yarmouth and Waveney, North Norfolk. 4 Local Authorities: Cambridgeshire County Council, Peterborough City Council, Norfolk County Council, Suffolk County Council. 8 Acute Trusts: Cambridge University Hospital, Peterborough and Stamford Hospital, Hinchingbrooke, Ipswich Hospital, West Suffolk Hospital, Norfolk and Norwich Hospital, Queen Elizabeth Hospital- Kings Lynn, James Paget Hospital. Population ONS Projections 2016: 2,483,000 |
| **Department structure**  |
| **Team:**1 Screening and Imms Lead 2 Screening and Imms Managers4.4 WTE Screening and Immunisation Coordinators. 1 Business support officer |
| **Eligibility /suitability criteria** |
| Would consider pre-part A trainees with some experience |
| **Clinical supervisors** |
| **Name** | **Email**  | **Key projects/interests** |
| Dr Bonny Rodrigues | brodrigues@nhs.net | To be confirmed, but mainly regarding improving coverage and uptake; reducing inequalities; quality assurance including incident management; risk management; governance and accountability (including management information systems) |
| **Recent registrars (last 2 years)** |
| **Name** | **Stage of training** | **Year of placement** | **Key projects** |
| Katie Johnson | 2nd Year | 2014 | MMR EvaluationCervical Screening CoverageScreening and Immunisations in Prisons |
| **Useful information re location, parking, etc** |
| Located on outskirts of Cambridge, there Is a good bus service. A large supermarket within short walking distance. Parking onsite available for staff.  |

# **6. Providers**

## 6. 1 Princess Alexandra Hospital NHS Trust

|  |
| --- |
| **Address** |
| Princess Alexandra Hospital NHS Trust, Hamstel Rd, Harlow CM20 1QX. www.pah.nhs.uk. |
| **Demography**  |
| The Princess Alexandra Hospital NHS Trust is located in Harlow, Essex and is a 489 bedded District General Hospital providing a range acute and specialist services to a local population of 258,000 people.Approximately 60% of patients come from within West Essex CCG (WECCG) catchment, and the remainder come from East and North Herts CCG (ENHCCG).The health profile of the Trust’s catchment population is varied, deprivation is lower than the England average (appendix 1: map 1) but this masks areas of higher than average levels at both a district and ward level (appendix 1: Map 2). In Harlow, 23.8 % of 0-15 year olds are living in poverty compared to the catchment average of 15.6% (appendix 1: figure 1). In addition, 19.6% older people are living in deprivation compared to 14.6% average across the catchment area and 18% in England. Life expectancy is 7 years lower for men and 4.3 years lower for women in the most deprived areas of the Trust’s catchment area than in the least deprived areas. Inequalities can also be seen at a district and ward level, for example in Broxbourne life expectancy is 8 years lower for men and 9.4 years lower for women in the most deprived areas of the district than in the least deprived areas |
| **Public health team**  |
| There is no public health team or PH Consultant on this placement. However, Maggi Pacini is closely linked as the HCPH consultant for West Essex CCG and it is important to liaise with Maggie whilst on this placement to maintain a PH Consultant link.Marc Davies (Director of Partnerships and Pathways) is likely to be a project supervisor for integrated pathway work (marc.davies@pah.nhs.uk). |
| **Clinical supervisors**  |
| **Name** | **Email** | **Key projects/interests** |
| Andy Morris (CMO) | Andy.morris@pah.nhs.uk | His interests are varied and is enthused by any PH work. |
| **Recent registrars (last 2 years)**  |
| **Name** | **Stage of training** | **Year of placement** | **Key projects** |
| Louise Savory  | ST4 | 2016-2017 | * CQUIN Lead (Staff Health and Wellbeing)
* Implementation of Workplace Health Strategy
* Pathway design for Hysteroscopy work
* Pathway development work for Coeliac Disease Pathway
 |
| Ian Diley | ST4 | 2015-2016 | * Developed and secured the ratification of the Workplace Health Strategy
* Pathway design for Carpal Tunnel Syndrome
* Developed Walk to Work Strategy
* Developed Public Health teaching for FY2 doctors at PAH
 |
| Elizabeth Elliott | ST3 | 2018-2019 | * Development of the clinical strategy
* WOrking on Respiratory Programme in partnership with the CCG
 |
| **Useful information re location, parking, etc**  |
| There is a staff car park on site – generally need to arrive by 9am to secure a spot. A nearby car park is available at aa cost of £51 per month. |

## 6.2 South Essex Partnership University NHS Foundation Trust

(Last updated 2016)

|  |
| --- |
| **Address** |
| The Lodge, The Chase, Wickford, Essex, SS11 7XX [*http://www.sept.nhs.uk/*](http://www.sept.nhs.uk/) |
| **Background of placement** |
| SEPT is a community healthcare provider running services including mental health (community and inpatient) and other community health services. It provides a good opportunity to understand the role of provider services and working in this environment. |
| **Department Structure** |
| Mel is the Public Health Consultant at SEPT, there is not a separate public health team/function, projects undertaken will involve working with a range of staff across the Trust. Projects will depend on Trust priorities but as a provider Trust they hold patient data, so may particularly suit learning outcomes around audit, data analysis etc |
| **Eligibility/Suitability Criteria** |
| * Post part B, usually at ST4/5 level as requires significant amount of independent practice
* Apply through the usual placement panel process and through discussion with the Public Health Consultant at SEPT
 |
| **Clinical supervisors** |
| **Name** | **Email**  | **Phone number** |
| Mel Conway | Mel.conway@sept.nhs.uk | Contact via e-mail |
| **Recent registrars (last 2 years)** |
| **Name** | **Stage of training** | **Year of placement** | **Key Projects** |
| Clare Ebberson | ST4 | 2016 | * Review of the pathway for treatment resistant schizophrenia
* Development and implementation of guidelines for medical devices and equipment
* Falls audit
* Contributing towards service procurement
 |
| **Useful information re location, parking, etc** |
| * Car parking available at the Lodge, travel likely to be required depending on the project as SEPT services are run from a number of locations across South Essex and further afield
* The nearest train station to the lodge is Wickford, there are limited public transport options from the station to the lodge
* This was undertaken as a split placement (0.5WTE), this placement is recommended as a split placement as the Public Health Consultant works less than full time and there is no public health “team” to be based with the rest of the week
 |

## 6.3 West Suffolk NHS Foundation Trust

|  |
| --- |
| **Address** |
| Hardwick Lane, Bury St Edmunds, IP33 2QZ |
| **Clinical supervisors** |
| Name | Email  | Phone number |
| Nick Jenkins | nick.jenkins@wsh.nhs.uk | 01284 713000 |
| Mashbileg Maidrag | mashbileg.maidrag@suffolk.gov.uk  | 01473 260058 |
| Helena Jopling | helena.jopling@nhs.net |  01284 713000 |
| **Recent registrars** |
| Helena Jopling | helena.jopling@nhs.net until Dec 2017 |
| Molly Thomas-Meyer ST3 (current 2018-19) | mthomas-meyer@nhs.netrecent projects:* Burnout amongst senior doctors and strategies for addressing it
* Clinical lead for staff health and wellbeing
* Implementing Getting It Right First Time work with specialty teams
* Community volunteer programme development
 |
| **Demography**  |
| West Suffolk NHS Foundation Trust provides general acute and community services to a catchment population of 275,000 people, across the districts of West Suffolk, East Cambridgeshire and South Norfolk.The population is dispersed across rural communities and small market towns. Life expectancy is high and most health outcomes are good, but inequalities exist with economic deprivation in some areas. The biggest problems are the rural infrastructure and the rapidly aging profile – meeting the health and social care needs of a large elderly population. The political backdrop is majority Conservative with two-tier local government.The trust has adopted a strategic framework with 4 out of 7 ambitions relating to prevention and health improvement<http://www.wsh.nhs.uk/Together/WS-Final-Stragegy-Framework.pdf>WSFT has held the local contract to provide community services since 2015. Along with primary care, mental health and social care, West Suffolk has declared the intention to evolve into an accountable care system covering the West Suffolk CCG geography. <http://www.healthwatchsuffolk.co.uk/neesuffolkstp/> Relationships across the patch are “classy” and WSFT punches above its weight in many aspects: care quality, efficiency, national profile, strategic thinking, innovation and training environment. People **really** like working here: the trust received the highest score in the whole country for staff engagement in the 2016 NHS Staff Survey. |
| **Examples of recent projects** |
| This is a new placement which opened in October 2016.There are opportunities across all domains of public health. Examples of current or potential projects include:**Health improvement*** Lead on staff health and wellbeing and creating a healthy workplace, with a particular focus on mental wellbeing and preventing burnout
* Developing the trust’s role in prevention, building partnerships with the council-commissioned lifestyle services and embedding prevention into clinical pathways
* Implement a plan to embed health coaching across the integrated services and evaluate it
* Lead on sustainable development in a complex £200 million organisation
* Lead on the 2017/19 tobacco and alcohol CQUIN

**Health protection*** Scope and appraise the implementation of PHE guidance on screening for carbapenemase-producing enterobacteriaceae
* Lead the annual flu vaccination campaign
* Manage or investigate any infection prevention and control incident or outbreak e.g. norovirus, HCAI

**Healthcare public health*** Service transformation projects are available across the hospital specialties, at division or service-level, e.g. ‘pre’habilitation for elective surgery, 7-day services, out-of-hospital services, individual clinical pathways such as gynaecology or paediatric long-term conditions
* Quality and safety improvement projects such as investigation of serious incidents, complaints, outlying outcome statistics, learning from deaths

**Health intelligence*** The trust has Global Digital Exemplar status
	+ <https://www.england.nhs.uk/digitaltechnology/info-revolution/exemplars/>
	+ with a £10 million award to fully digitise the trust, develop a population health management approach and lead the field in connected, technologically-enabled healthcare. This is a hugely exciting project, creating a fully integrated patient record across all health and social care partners, with all the inherent opportunities for risk stratification, patient-led care, targeting interventions and proper measurement and evaluation of outcomes. This programme will be critical to the success of the area’s evolution into an accountable care system.
* The trust is also creating a comprehensive clinical informatics function, using a really sophisticated approach to health data to inform and report on service quality and improvement at the service, division and organisational level.
 |
| **Good points** |
| The Chief Executive, Prof Stephen Dunn, has a background in policy and strategy with DH and the Eastern region SHA/NHSE<https://uk.linkedin.com/in/stephen-dunn-b4612721> Steve was the sponsor for the placement and is a huge advocate for population health principles and values being integral to the organisation’s future.The medical director, Nick Jenkins, who is the clinical supervisor for the placement, has totally embraced the role public health can play in an acute trust and sees the registrar post as a core part of his delivery team.<https://www.linkedin.com/in/nick-jenkins-9a482544/> The whole executive team is open-minded, innovative and engaged in the strategic direction. The organisation is small enough that the hierarchy is fairly flat and the prevailing leadership style is democratic. Relationships are well developed between clinicians and managers. Without exception colleagues have been welcoming and interested in the PH placement and keen to understand what PH can offer. Staff tend to move to Bury and stay put, so there is good organisational memory and continuity in leadership and frontline staff alike.The potential for PH expertise to add value is massive, and as a novel resource in the trust there is considerable freedom in what to tackle and how (obviously subject to organisational relevance and effectiveness!) The PH registrar has access to the whole organisation including colleagues in IT, communications, information, finance, general management and transformation. The medical director’s team is small so you have limited dedicated resource but can work in a matrix style into any appropriate department.Work with high business value could be found to meet pretty much any learning outcome in the PH curriculum. Proper media experience is available including radio work and writing for news publications. There is a refreshing Just-Do-It attitude - if something is evidence-based and a good idea, the expectation is it will be implemented. The pace with which decisions are made is an absolute delight.There is an excellent education centre on-site with a comprehensive library service. Corporate training courses are available to PH registrars; examples include financial management, writing business cases, managing mental health in the workplace, project management, health coaching. The arms-length supervision from Suffolk County Council works well; registrars are welcome to spend e.g. a day a month with the council team to network with registrar peers, build relationships with the rest of the team, attend CPD events and align projects with county-wide initiatives. SCC also provides a good health intelligence and evidence service which can offer help with literature searches, data analysis and data presentation.There are plentiful opportunities to teach:* the hospital hosts the Cambridge Graduate Course with ~20 graduate medics in each year
* foundation doctors have a rolling programme of lunchtime seminars
* the West Suffolk GP training programme
* a large number of nursing and allied health professionals are also trained on-site.
 |
| **Other considerations** |
| The placement could be tailored to suit a registrar at any stage post-part B. There are two registrar posts available at a time. As the only PH specialists on-site, registrars needs to be able to work independently and be proactive, but a more supported induction and closer supervision of projects would be possible for registrars not familiar with the acute setting.Public health consultant posts are relatively uncommon in acute trusts; there are perhaps 25 nationwide and the same again in community or mental health trusts. With increasing pressure on finances, quality and bed stock and the need to evolve new models of care quickly, there is a strong business case for more CPH appointments in providers and these settings should be considered a growth area for employment over the next 5 years. |
| **Useful information re location, parking, etc** |
| * **Office style.** PH registrars are integrated into the corporate senior management team, who are based in a new purpose-built office building at the rear of the hospital site. There is a fixed desk with a docking station for laptop. Remote access to the IT system facilitates agile working, although it is the norm for staff to work in the office rather than from home.
* **Rail travel.** The hospital site is 2 miles’ safe walk or comfortable cycle from Bury St Edmunds rail station, which is served by hourly trains on the Cambridge-Ipswich line.
* **Parking** is available on site for a charge of £30 per month (reductions for part-time hours), or for free at Bury Rugby Club, with a shuttle bus to the site or a safe 1 mile walk. There are six electric car charging points. There is covered cycle parking (super secure option available for a one-off charge of £25. There are good shower and changing facilities with lockers.
* **Food.** There is a staff restaurant offering 4 hot main courses, sandwiches, salad & jacket potatoes every lunchtime, with breakfast, hot and cold snacks and hot drinks available throughout the day. The catering team have received a Suffolk County Council Eat Out Eat Well healthy food award and a Soil Association bronze award for sustainable food. Meat is all sourced locally, eggs are free-range and everything is cooked fresh on-site every day. The cheese scones are legendary.
 |

# **7. Other placement opportunities in the East of England**

## 7.1 Office of the Police and Crime Commissioner, Cambridgeshire and Peterborough

|  |
| --- |
| **Address** |
| Office of the Police and Crime Commissioner, Cambridgeshire and PeterboroughCambridgeshire Constabulary Headquarters, Hinchingbrooke Park, Huntingdon, Cambridgeshire, PE29 6NP<http://www.cambridgeshire-pcc.gov.uk/>  |
| **Background of placement**  |
| We are in the unique position in Eastern Region of having a previous Director of Public Health as the Chief Executive of Cambridgeshire’s Office of the Police and Crime Commissioner.Police and Crime Commissioners are responsible for driving effectiveness and efficiency in policing and increasingly across the wider community safety and criminal justice system. Their work to reduce re-offending and ensure the safety victims, brings them into contact with often the most vulnerable in society. If you want to experience implementing public health in the wider public sector system and using system leadership to tackle social exclusion, this is the placement for you.  |
| **Department**  |
| The directly elected Police and Crime Commissioner and his deputy are supported by a Chief Executive and four directors covering, engagement, performance and policy, partnership working and commissioning, and finance. <http://www.cambridgeshire-pcc.gov.uk/transparency/the-office-of-the-police-and-crime-commissioner-staffing/> |
| **Eligibility /suitability criteria** |
| * Suitable for a solo senior registrar (post part B). OPCC happy to host more than one registrar (including junior if senior registrar present)
* Lots of system leadership opportunities as well as close working with a political leader.
 |
| **Clinical supervisors** |
| **Name** | **Email**  | **Key projects/interests** |
| Dorothy Gregson | dorothy.gregson@cambs.pnn.police.uk  | Social inclusion and community cohesion, reduction re-offending, meeting the needs of victims focusing on the most vulnerable, e.g. modern day slavery, domestic abuse, driving efficiency through collaboration and improved partnership working  |
| **Recent registrars (last 2 years)** |
| Emmeline Watkins | Nov 2016 - PresentST4/5 | * Development, commissioning and implementation of Offending Prevention and Management Strategic Needs Assessment - with a focus on wider aspects such as housing, employment and education, drugs and alcohol and mental health
* Involvement in devolution and combined authority
* Social Value Act
 |
| **Useful information re location, parking, etc** |
| Based in Police HQ, Huntingdon with easy access by car and public transport. Police CanteenFriendly, small team.  |

# **8. National Treasures**

A full list of the National Treasure placements is available at:

<http://www.fph.org.uk/national_treasures_placements#placements>

## 8.1 Behavioural Insights Team, Department of Health

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| **Address** |
| Richmond House, 79 Whitehall, London, SW1A 2NS[*http://www.fph.org.uk/national\_treasures\_placements*](http://www.fph.org.uk/national_treasures_placements) |
| **Background of placement** |
| Working on behavioural insights in healthcare services. See national treasure website for up to date details. |
| **Department Structure** |
| * Small team (currently 3 members, all working less than full time on behavioural insights, one of whom is based in Leeds) within Science, Research and Evidence Directorate
* There is also a small behavioural insight team based within PHE
 |
| **Eligibility/Suitability Criteria** |
| * Post part B
* There is a national application process as part of the national treasure placements (application form and interview). Application round usually annual in Spring, advertised through public health registrar yahoo group, TPDs etc. Would recommend contacting the team directly if interested for details of application / other opportunities (up to date contact details available on national treasure site above)
* This is an out of programme placement and have to apply for Health Education England Out of Programme approval as well as approval via placement panel as usual
* Nb. On call duties cannot be undertaken while on this placement as it is out of programme
 |
| **Clinical supervisors** |
| **Name** | **Email**  | **Phone number** |
| Please see national treasure website above for up to date details |
| **Recent registrars (last 2 years)** |
| **Name** | **Stage of training** | **Year of placement** | **Key Projects** |
| Clare Ebberson | ST4 | 2016 | * Setting up, implementing and evaluating behavioural insights trials with partners including Public Health England, NHS England and NHS Improvement. Current trials include hospital food, online GP services and emergency care improvement programme work
* Providing advice to policy makers about how behavioural insight can be included in policy
* Building capacity in behavioural insight within the Department of Health
 |
| **Useful information re location, parking, etc** |
| * This placement is not eligible for travel expenses to London (can claim usual business expenses but not travel to placement)
* In addition to project work, range of shadowing opportunities available to self-organise e.g. health select committees, meetings with Deputy Chief Medical Officer etc. Range of “policy certificate” sessions and science seminars etc can be attended
 |

## 8.2 Department for International Development

(Last updated 2015)

|  |
| --- |
| **Address** |
| 22 Whitehall, London OR Abercrobmie House, Eaglesham Road, Glasgow G75 8EA <https://www.gov.uk/government/organisations/department-for-international-development>  |
| **Background of placement** |
| This is a National Treasure place which has been running for many years. You work as a ‘health adviser’ within the Department. It is a highly challenging and rewarding placement suitable for senior registrars who want experience of working at near-consultant level. You will be given lots of responsibility and have to cope with a very fast pace of work. DFID has excellent health advisers, a number of whom are former registrars. There’s a chance to make a real contribution to improving health in developing countries as well as influencing policy at national and international level. It also allows you to move on from discrete project work to taking on a portfolio of responsibility.Placements are advertised once per year and usually sent round the national mailing list. Registrars are chosen through an application and competitive interview process. Experience of working overseas in developing countries is desirable but not usually mandatory.Placements are usually in offered in one of two divisions: Policy Division or Research and Evidence Division and can be in either of DFID’s UK offices (London or Glasgow).Working in Policy Division includes a range of work areas: * policy development: looking strategically at how DFID can be most effective in improving health in developing countries. This includes influencing policy within the Department, across Departments and with multi-national organisations (e.g. WHO).
* programme design and management: DFID commissions a range of high value health programmes which need to be managed and evaluated;
* Parliamentary work: advice and briefings to ministers, drafting answers to Parliamentary and public questions put to Ministers.

Working in research and evidence division is an area which I have less experience of but involves commissioning research organisations and collaborations to produce new evidence on what works in Global Health as well as providing up-to-date evidence for use across the organisation. |
| **Department Structure** |
| The Department is run by 3 ministers (Secretary of State, Minister of State and Parliamentary Under Secretary of State). The head Civil Servant in the Permanent Secretary. There are several divisions but those which deal with health are: Policy Division, Research and Evidence Division, and Global Funds Department. Within Policy Division registrars are usually placed in one of two teams: Health Systems Team or Sexual and Reproductive Health Rights Team. |
| **Eligibility/Suitability Criteria** |
| Post Part-B |
| **Clinical supervisors** |
| Name | Email  | Phone number |
| Chris Lewis | chris-lewis@dfid.gov.uk  |  |
| **Recent registrars (last 2 years)** |
| **Name** | **Stage of training** | **Year of placement** | **Key Projects** |
| Tim Elwell-Sutton | ST5 | 2014/15 | Human Resources for Health Policy LeadHealth Partnership Scheme lead adviserGlobal Health Workforce Alliance board member. |
| **Useful information re location, parking, etc** |
| Most likely location is central London but office space there is tight so if you are willing to work in Glasgow it might help your application.It’s worth thinking about the financial consequences of this placement: travel costs to London are high and may not be reimbursed by the programme; you are unlikely to get a London weighting for your salary; you will probably have to come off the on call rota. |

## 8.3 Foundation for Genomics and Population Health (PHG Foundation)

(awaiting update)

|  |
| --- |
| **Address** |
| PHG Foundation, 2 Worts Causeway, Cambridge, CB1 8RN |
| **Clinical supervisors** |
| **Name** | **Email**  | **Phone number** |
| Mark Kroese  | mark.kroese@phgfoundation.org | 01223 761900 |
| **Recent registrars** |
| **Name** | **Email**  |
| 2015 Charlotte Warren-Gash (author) | c.warren-gash@ucl.ac.uk |
| **Demography**  |
| This is an independent policy think-tank. Results of projects are applicable nationally/ internationally.  |
| **Examples of recent projects** |
| * Published report on modelling outcomes of whole genome sequencing used to screen for high risk breast cancer variants in unselected populations
* Review of evidence for the clinical validity of inclusion of a range of susceptibility genes in colorectal cancer gene panels
* Production of expert opinion pieces on recent genomic advances for the PHG Foundation blog
 |
| **Good points** |
| * Gives an excellent grounding in genomics and frameworks to evaluate use of genomic technologies for population health
* Academically rigorous
* Opportunity to work with people from different backgrounds e.g. ethics, law, economics. policy as well as partners from other organisations e.g. universities, NHS England, charities
* Flexibility to tailor project work around areas of interest and time spent at the organisation
* Opportunities to attend National meetings e.g. the UK Genetic Testing Network and the Joint Committee on Genetics in Medicine
* Potential to publish academic papers
 |
| **Other considerations** |
| * This is most suitable for motivated individuals with a strong interest in genetics/ science who are able to direct their own projects
* Supervisors are happy to consider full-time or part-time placements
 |
| **Useful information re location, parking, etc** |
| * The PHG Foundation is located at Strangeways Research Laboratory which is a 5-10 minute walk from Addenbrooke’s hospital
* The guided bus way connects the hospital to Cambridge train station.
 |

## 8.4 Public Health England, National Knowledge and Intelligence division

(Last updated 2016)

|  |
| --- |
| **Address** |
| Main base for East of England - Public Health England, West Wing, Victoria House, Capital Park, Fulbourn, Cambridge, CB21 5XAAs this is a national placement there are also opportunities to be based in other PHE centres in London, Harlow, Thetford etc The K&I division are an enabling force for the public’s health and produce and interpret information to identify priorities and advocate opportunities for action. Their Vision is to:* provide a forward-looking service, flexible to user needs with an international reputation
* highlight the potential to improve health by focusing on health inequality, healthcare variation and future threats to health
* provide knowledge and intelligence that leads to action locally or nationally
 |
| **Demography** |
| N/A – covers whole country |
| **Department Structure** |
| The Knowledge and Intelligence Divisionemployee approximately 200 people across England and is part of PHEs Chief Knowledge Offices Directorate. The team is divided into 6 functions which fit together and offer different perspectives as follows:* Data science – ensure data quality and governance, consistency in the use of analytic methods and test new approaches to intelligence and knowledge provision
* Epidemiology and surveillance – systematically highlight areas of concern for population health and causes of inequalities (including production of the Public Health Outcomes Framework)
* Risk factors – provide new insight into how risk factors impact on health, including work on how risk factors cluster together.
* Chief economist and health intelligence networks – Advocate the need for and lead work on health economics across the organisation as well as developing health intelligence networks and support workforce development
* Clinical epidemiology – lead and advocate how healthcare services can improve population health, including a particular focus on healthcare variation and value, end of life and liver disease
* Local knowledge and intelligence – ensure that our high profile products are known and used by our key audiences as well as responding to local enquiries
* Business support – create and support the infrastructure that allows delivery
 |
| **Eligibility/Suitability Criteria** |
| Post part B Peter is looking for trainees who wish to develop political, negotiation, influencing or leadership skills and is looking for leadership experience as a bridge to a consultant role. |
| **Clinical supervisors** |
| **Name** | **Email**  | **Phone number** |
| Dr Peter Bradley, Director of Knowledge and Intelligence | Peter.Bradley@phe.gov.uk | 07717 546551 |
| **Recent registrars (last 2 years)** |
| **Name** | **Stage of training** | **Year of placement** | **Key Projects** |
| Ian Diley | ST 4/5 | 2016 | * Development of strategy for non-communicable disease surveillance in England,
* Development of Key Performance Indicator for usage of PHE web resources,
* Analysis of PHOF health equity data for PHE K&I Annual Report
 |
| Stuart Keeble | ST4/5 | 2016 | * Developing a shared vision for a Population Level intelligence hub across the West Midland Combined Authority
* Leading the development of a success measure framework for the K&I division
* Developing a profile for West Midlands describing the link between health, wealth and worklessness
 |
| **Useful information re location, parking, etc** |
| This is extremely flexible placement with opportunities to work on projects across the 6 functions. A lot of the work is undertaken virtually with colleagues across the country e.g. York, Birmingham, Bristol. It can take a little while to adjust to this style of working. As this is a national role, some travel could be anticipated especially to London where some meetings take place. Although this placement is officially a national treasure, the application process is not burdensome (have a discussion with Peter). Peter has capacity for two registrars at any one time. |

## 8.5 Nuffield Trust

(Last updated 2015)

|  |
| --- |
| **Address** |
| 59 New Cavendish St, London W1G 7LPwww.nuffieldtrust.org.uk/ |
| **Background of placement** |
| The Nuffield Trust aims to improve the quality of health care in the UK by providing evidence-based research and policy analysis and informing and generating debate. Nigel Edwards is the Chief Executive. The Trust is accountable to its Board of Trustees – as at July 2016 Andy McKeon is set to succeed Professor Dame Carol Black as Chair. The role of the Trustees is to set the Nuffield Trust’s overall strategic direction and to ensure this meets the charitable objectives set for the organisation. |
| **Department Structure** |
| The Nuffield Trust is an independent organisation (approx. 45 employees) and has charitable status. It is one of the three high profile health policy think-tanks. As at July 2015 there was a communications team, the administration team, the research team (Director – Martin Bardsley, (although as at July 2016 John Appleby due to start this role), workforce & policy team (Director – Candace Imison). Some work is funded from the Nuffield Trust budget and other work is funded through grant application. |
| **Eligibility/Suitability Criteria** |
| * Post Part B.
* Interest in health policy and the politics of health care, healthcare public health, quantitative and /or qualitative research methods.
* Need to be able to create and take opportunities as well as take ownership of work - there is opportunity to design, make case for and lead own areas of work.
* Must be good communicator able to deliver written reports, give presentations, contribute to Nuffield Trust blog and contribute a public health perspective in meetings, in rapid response to national policy announcements and as part of a multi-disciplinary team.
* Depending on areas of work there may be opportunities to interact with national politicians, engage with senior leaders across the system, give media interviews and prepare work for publication as a Nuffield Trust report or for peer-reviewed journals.
* For additional points see national treasure form available through FPH website.
 |
| **Clinical supervisors** |
| **Name** | **Email**  | **Phone number** |
| Alisha Davies andMartin Bardsley | Use contact details given on national treasure form available through FPH website  |
| **Recent registrars (last 2 years)** |
| **Name** | **Stage of training** | **Year of placement** | **Key Projects** |
| Claire Currie | ST4 | Nov 14 – July 15 | Alcohol-specific activity in hospitals in England Examining quality in up-scaled models of primary careIdentifying good practice in healthcare for frail older peopleEmergency general surgery: challenges and opportunities |
| **Useful information re location, parking, etc** |
| Central London location, just off Marylebone High Street – providing lots of lunch options. On several bus routes. Walking distance to a range of tube stations including Bond Street, Baker Street, Oxford Street and Marylebone train station. Boris bike parking just over the road. |

 8.6 Sustainable Development Unit

Please note that although this is a National Treasure, EoE PH trainees do not need to apply via the usual National Treasure route as it is within the EoE region.

|  |
| --- |
| **Address** |
| Victoria House, Capital Park, Cambridge, CB21 5XB<http://www.sduhealth.org.uk/>  |
| **Experience available**  |
|  The SDU is a national unit based in Cambridge working on behalf of the health and care system inEngland. It was established in April 2008.They support the NHS, public health and social care to embed and promote the three elements of sustainable development - environmental, social and financial.The Unit is jointly funded by, and accountable to, NHS England and Public Health England to ensure that the health and care system fulfils its potential as a leading sustainable and low carbon service.The post holder will lead specific project(s) or work stream(s) which are relevant to their learning needs.Examples might include:* supporting a local strategic planning group or vanguard site to embed sustainable development (SD) into their transformation plans
* advocating with other national teams for SD principles to be included in policy and strategy
* producing a national staff engagement pack to support SD in workplaces and communities and leading its rollout
* overseeing research commissioned by SDU and partners on health co-benefits of sustainability actions.

Registrars also participate in day-to-day unit business, including attending team meetings, network meetings and national events. Opportunities can be created to meet generic learning outcomes such as data analysis, research, working with the media and financial management as suits the registrar’s learning needs.It is also a significant advantage that the unit is hosted by NHS England and located in Victoria Park alongside regional NHSE teams, PHE, HEEoE, NHS Improvement. Registrars who are keen to learn about how other parts of the system work can make contacts. Access to the NHSE intranet is provided. |
| **Eligibility /suitability criteria** |
| Post Part BAn interest in national and international policy and in sustainable development is essential. In-depth knowledge about sustainable development is not essential provided the registrar is willing to learn quickly.Ability to work independently and to handle complexity, uncertainty and challenge is essential, as in an in-depth knowledge of the structure of the health and social care system. The SDU is a national policy unit; the registrar must be comfortable and confident meeting, influencing and networking with senior managers and leaders from national, regional and local organisations.The ability to travel to national and regional events approximately quarterly is desirable.Placements become available every year at the SDU and last 6-12 months. Applications for pro-rated LTFT placements are welcomed – a minimum of 6 months WTE is required at not less than 60%. |
| **Clinical supervisors** |
| **Name** | **Email**  | **Key projects/interests** |
| Dr David Pencheon OBE | David.pencheon@nhs.net | David set up the unit in 2008 and is a national leader in SD. He has a broad PH background including time as a DPH, director of ERPHO and as TPD for the training programme.  |
| **Recent registrars (last 2 years)** |
| **Name** | **Stage of training** | **Year of placement** | **Key projects** |
| Helena Jopling | ST4 | 2016 | My main project has been advocating for Sustainability and Transformation Plans to address clinical, environmental and social sustainability in their footprint as well as financial. This has included direct approaches to STP teams, negotiation and influence with national and regional NHS England teams, working with PHE regional leads, engagement with regional networks of sustainability professionals, support to individuals working on SD for STPs in their organisations.I also worked on the communications for a new publication and have set up a research project on registrars’ and supervisors’ approach to learning outcome 5.7 in the 2015 PH curriculum. |
| **Useful information re location, parking, etc** |
| The unit is based in Victoria House.Transport:* Good cycling facilities – secure covered parking and showers. 30 minutes from Cambridge station, routes along back roads and cycle paths are straightforward.
* Bus route stops immediately outside.
* Free parking available.

There is an on-site café with good healthy hot and cold options, also a coffee van which comes at 9am and a sandwich van which comes at lunchtime. Shared kitchen for making tea and coffee, a fridge and a microwave are available. There is a good staff breakout area.Victoria House sits in beautiful parkland and registrars are encouraged to make use of the grounds for exercise, meetings and to work away from their desk. |

# 10. Higher specialist training and fellowships

## 10.1 Health protection specialist training programme

More information on this can be found here:

<https://heeoe.hee.nhs.uk/sites/default/files/docustore/2015-12-10_heee_hp_training_in_eoe_final_v1_1.pdf>

## 10.2 Field epidemiology training programme fellowship

More information on this can be found here:

<https://www.gov.uk/guidance/field-epidemiology-training-programme-fetp>

# 11. Further education courses

There is also an opportunity to study for a Postgraduate Certificate in Education (PGCE), supported by a Trainee Bursary from Health Education England. More information about applying for the bursary is here:

<https://heeoe.hee.nhs.uk/node/1884>

There are 3 PGCert in Medical Education courses in the East of England region. This document provides some information about each of the courses, some of the strengths and weakness, as well as feedback from registrars who have completed these courses.

**University of Bedfordshire**

|  |  |
| --- | --- |
| Course title and link | PGCert Medical Education (can also continue to PGDip and MA)<https://www.beds.ac.uk/howtoapply/courses/postgraduate/next-year/medical-education>  |
| Fees | £2330 in 2018-19 |
| Duration and start date | 1 year part-timeOctober and February start |
| Location | Putteridge Bury Campus, Luton |
| Course lead | *Unclear* |
| Course Accreditation | Academy of Medical Educators |
| Modules | * Medical Education in Practice
* Plus one further module from Workplace Based Learning or Educational Perspectives
 |
| Delivery | Days attendance (5-6 days per 10 week term) plus online learning |
| Assessment | Reflective report; teaching observation; literature review; individual report; group presentations |
| Positives | * October and February entry
* Cost
* Possibility to continue to PGDip and MA
* Named supervisor who will provide feedback on observed teaching
* More flexible as modular
* More multi-disciplinary than some courses
* Registrars reported good quality of teaching
* Interactive rather than traditional classroom approach
 |
| Negatives | * Travel to Luton
* Does not give you Higher Education Academy fellowship
* Less cohort feeling due to different modules and workshops
* Only 2 modules to choose from
 |
| Other feedback | * One registrar said they didn’t choose this course as nothing about it stood out.
* “Overall I found the course really good – quality of teaching was v. good and course was very interactive rather than a traditional “classroom” approach – each module had a couple of core days – which were short lectures with interactive activities and then you would select a number of workshops for each module – practical days where you learn hints and tips re: teaching – this was exactly what I was looking for at the time.”
* “Modules – module 1 is an overview of how to set a good teaching session e.g. objectives, interactive tasks, etc. and includes observed teaching, you get a choice of second module – I picked one about different educationalists and their techniques/ theories of learning”.
* “Assignments – usually a short and longer written piece for each module – module 1 focuses on reflection, and reflecting on teaching delivered as well as feedback. Beds give you an assessor from the uni to observe you teaching and provide feedback – useful to have this independent feedback. There are also some group presentations that are assessed. I think you have to deliver and reflect on at least 3 teaching sessions for module 1 so worth planning those in. There aren’t any exams".
* “Teaching took place at Beds campus in a lovely old house in the countryside (I can’t now remember the name of the campus) – it’s a taxi journey from Luton station.”
 |

**University of Cambridge**

|  |  |
| --- | --- |
| Course title and link | PGCert in Medical Education (can also continue to PGDip)<https://www.ice.cam.ac.uk/course/postgraduate-certificate-medical-education>  |
| Fees | £3,950 in 2018-19 |
| Duration and start date | 1 year part-timeOctober start |
| Location | Institute of Continuing Education, Madingley Hall, Cambridge |
| Course lead | Dr Jeremy Webb and Dr Clare Morris |
| Course Accreditation | Academy of Medical EducatorsHigher Education Academy |
| Modules | * Core Skills in Medical Education
* Applying Teaching Skills
* The Role of Assessment
 |
| Delivery | 9 full days attendance across the year plus private study |
| Assessment | Reflective diaries; peer review; 2 x summative assignments (4500-5500 words) |
| Positives | * Location
* Dual accreditation
* Possibility to continue to PGDip
* Cambridge degree
* Cohort feeling as together as one group
* Registrars reported good quality of teaching
 |
| Negatives | * Cost
* October entry only
* Not modular so no ability to tailor
* Has been very heavily medically orientated (but may be changing)
 |
| Other feedback | * “I liked the teaching style, mainly because the two course directors, Jeremy Webb and Claire Morris’s styles really suited me.  They are both very reflective and the course is designed around reflective learning and assessment, which I like”.
* “The workload is very manageable; they have designed the course with busy medics in mind so it is very much geared towards you doing your coursework as part of your normal teaching commitments”.
* “Workload is generally manageable with a bit of prep before each session. Assignments included a reflective essay, a lesson plan, and a presentation. Nothing too onerous.”
* “The course is designed for medics though. The difference in course title of ‘medical education’ as opposed to ‘clinical education’ is an important one.  When I did the course all the other students were doctors and all the teaching scenarios and assessments were based on medical training.  It wasn’t difficult to translate the learning into public health contexts - and often I find you can learn more from hearing about something in one context and having to apply it into your own.  But some of the typical prejudice against public health came out from our fellow students and also tutors, which I was surprised by.  I also found the group’s willingness to be challenged on some of the more old fashioned approaches to medical education was limited.”
* “Observed practice opportunities were not formally organised but were arranged between peers. You are assigned a tutor in small groups. You have little formal contact however are there if you need them.”
* “Overall, I would say it is a really good course, and of course you get the benefit of another Cambridge qualification.  Other courses provide a more diverse cohort of fellow students though”.
* “Overall, it was a positive experience. The programme content was very good; there were lots of students with good experience to learn from and very god quality teaching – particularly from Clare Morris.”
 |

**University of East England**

|  |  |
| --- | --- |
| Course title and link | PGCert in Clinical Education (can also continue to PGDip or MSc)<https://www2.uea.ac.uk/study/postgraduate/taught-degree/detail/pg-certificate-clinical-education-part-time>  |
| Fees | £2,500 in 2018-19 |
| Duration and start date | 1 year part-timeOctober start |
| Location | Norwich |
| Course lead | Dr Veena Rodrigues |
| Course Accreditation | Higher Education Academy |
| Modules | Enhancing Teaching and LearningLeading Teaching and Learning |
| Delivery | 9 full days attendance across the year plus private study |
| Assessment | 2 x 4,000 word essays and one summative verbal presentation |
| Positives | * Cost
* Possibility to continue to PGDip and MSc
* Multidisciplinary cohort
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| Negatives | * Travel to Norwich
* October entry only
* Not accredited by Academy of Medical Educators
* Not modular so no ability to tailor
* Has previously had lots of medical students (lack of experience to learn from and viewing it as their “year off”)
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| Other feedback | * “Course is delivered by attendance roughly 5 times per module plus private study and reading. There were around 35 in the class. The group was multidisciplinary which was really good as a non-medic. The group consisted mostly of medical registrars, nurses and intercalating medical students but there were some from other professions too. “
* “It is a mix of lecture and class based discussion. There is also a useful online platform with all course materials. The assignments were 4000 word essays based on reflective practice. They were very good at providing prompt feedback on assignments”.
* “The course covers a lot of theory, perhaps a little too much. It does lack practical tips and observed practice, which are offered in some courses. It is much more about how you present your teaching and bring theory in to your teaching rather than observed. You do really need to teach regularly in order to put your learning in to practice and to reflect for your assignments.”
* “Overall I really enjoyed the course and it has been beneficial to me. The multidisciplinary nature was certainly a strength. The number of medical students was a little frustrating - they lack experience plus could be a little disruptive as some viewed it as more of a year out. The workload between sessions was also pretty high.”

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**Accreditation**

Higher Education Academy:

* Fellowship is increasingly becoming a requirement of University Lecturers probation. Fellowship obtained by completing an accredited course or by portfolio.
* https://www.heacademy.ac.uk/individuals/fellowship

Academy of Medical Educators:

* http://www.medicaleducators.org/Why-join-AoME

Elizabeth Marchant, April 2018

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