

PUBLIC HEALTH PLACEMENT ARTICLE

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“Public health” as a topic elicits blank stares from fellow junior doctors, but when I told my consultants I was planning a career in public health one of them said, ‘Ah, you’re interested in power!’

At medical school public health is presented as a ludicrously dry option: the mind bending abstract statistics and epidemiological studies, or as an easy add on to the communication skills -- how to encourage someone to stop smoking, eat more vegetables and lose weight. Understandably it’s easy to see why junior doctors miss the point, and it’s only when they move up the ladder and start organising and planning services and clinics do they start to work with public health doctors in a more meaningful way, and see just where the specialty’s influence lies.

As an F2, I elected to do a public health job as one of my rotations, mainly because I knew so little about it, and thought it would make an interesting change from the other purely hospital-based options.

What I got was more than I bargained for. Once out of the busy wards and daily lists of bloods, forms and scribbling in the notes, I found time and space on my public health rotation to really think about medicine and what it could achieve. And beyond just thinking about it, I got to actively participate in how it should be planned and organised in my local area. If you were one of the people who blithely said in your medical school interview, ‘I want to help people’, you might find, as I learned, that public health is the ideal way to do it: albeit on a population-wide scale.

Public health is most easily understood as ‘medicine behind the scenes’, which is probably why few people, including most doctors, know much about it. Yet, as a whole it’s probably fair to say that since Snow realised a local water pump was the cause of a cholera outbreak in 1854, public health has affected every single person in this country from cradle to grave. From managing and investigating outbreaks, to informing commissioners on designing health care services in hospitals or the community, to vaccination programmes and preventative health initiatives: public covers a huge range of health related activities, all with the general aim of making sure they are effective, patient friendly, patient accessible and the best use of a limited budget. I guarantee the hospital you work in right now is largely made up of services designed and commissioned by people including public health doctors. On that point you may think, why did they get it wrong? Well, no one is perfect and we can’t always convince the money-men, but the plus of public health is that it has a strong voice in local health care, and will always respond and change to the needs of

the population – working to get things right so that everyone gets access to suitable healthcare.

However, no matter what your eventual specialty is likely to be I would recommend a public health placement in your Foundation training for two main reasons. Firstly, you will have ample opportunity to brush up on your skills that all doctors are encouraged to have now: literature reviews, presentations, paper appraisals, report writing and analysis. For the first time in two years have time to think about the research work and audits you need to do, which makes the whole experience much more meaningful than simply desperately rifling through some notes at the end of a busy ward day, to cobble together the audit your registrar has foisted on you. And secondly, you can actively boost your career and CV. One colleague was able to focus many of her projects on paediatric issues which is where she wants to specialise. As a result she now knows many local clinicians, and the local Director of Children's Services, who will be helpful contacts as she moves up her career ladder. Another F2 plans to be a GP, and his projects focused on primary care, which he felt gave him a greater understanding of the new CCG world where GPs will have to be much more clued in about how services work, and their value for money.

On my own public health rotation I worked on a number of projects: needs assessments on topics as varied as epilepsy and sexual health, a couple of audits and a case review. My work involved designing assessments and data collection, talking to patients and their carers, clinicians and health service managers. I got practice in analysing data, and getting to grips with Excel graphs, and developing writing skills from health promotion leaflets for hospital visitors, to reports varying from one page to forty. All of this required problem solving skills, teamwork, structuring my time, and continually thinking how my work would be most useful to the specific groups reading my conclusions. Now I look back on it, I can't believe how much I packed into a few months.

And you don't do it alone. Public health consultants, and their registrars are usually much more available than your average senior doctor, and may well be working on the projects with you: so there is always a point of contact for advice, support and help. I had weekly meetings with my consultant where we discussed how my work was progressing, and any other matters concerning me: I had some tutorials in statistics which helped clear much of the fog lingering in my brain since undergraduate days.

But I also found that for the first time in my medical career I was able to direct my own work, trust my own judgement, and that my work was seriously evaluated and seen as a real contribution to the overall picture. Interestingly, I ended up doing presentations where some of my previous consultants were present, and afterwards I had a discussion with one about some of my ideas for the redesign of an outpatient diabetic clinic.

In addition, there were many courses on offer that we could do. A RCGP Substance Misuse Programme and smoking cessation training courses were just two: all useful on the CV. We also did one to two weeks at the local health protection unit, which will provide some clinical contact, and also where you meet the public health doctors who deal with the epidemic investigation and containment planning.

Once a month we had regional training days, where we attended small group lectures, gave presentations on our work and did critical appraisal practice with the other public health F2s in the deanery. It helped with further context, background, and terminology within the specialty, and it was useful to see what other F2s were doing. Plus the presentation opportunities helped tick off all the e-portfolio requirements.

Public health's main difference from other specialities is the lack of direct clinical care. It certainly is the other major adjustment for a junior doctor, but I found there are two ways to look at it: for one thing, some public health doctors do still deal with people directly via epidemics and outbreaks in the health protection unit, while others find the loss of one to one interaction is outweighed by the reward of helping the community as a whole, which will often show better results than treating just one person at a time. Canvassing the opinions of my fellow F2s, all of whom were planning CT, paediatric or GP training afterwards, everyone felt their public health rotation had been useful and a welcome change, and they felt energised to return to clinical work as better doctors with a more complete and varied training skillset.

There is no denying that many F2s find their public health placement a huge leap from their other jobs. Instead of day-to-day ward based jobs, you will work on long-term projects. This requires a complete readjustment of pace and the ability to break down big tasks into manageable blocks. However because you will have a large say in what your projects are, it's easy to sustain interest and enthusiasm throughout.

In addition, since I work part time, I found that public health was much more family friendly. Because you set your own pace, it is helpful when I needed to get away in time to get to the child-minder, and I could work at home if I had no meetings.

Whether you look at your public health placement as an ideal opportunity to brush up your CV, flex parts of your brain you haven't needed for a while in clinical medicine, or as a breather away from the hospital grind and a chance to see the bigger picture – I would highly recommend choosing this specialty during your Foundation training.

You will get a chance to understand how the healthcare system works, and seeing when it doesn't, and why decisions are made. And even as a junior doctor you can have a real impact on people from all walks of life: keeping them well in the community and improving the services if they are admitted to hospital. From the high adrenalin of outbreaks to the minutiae of service design and commissioning, public health has many facets, and an area of interest for every doctor. After your rotation, you might even, like me, come to regard it as your chosen specialty.