Attachments in public health for physicians

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ABSTRACT — Hospital-based specialist registrars in Nottingham are offered six month secondments in public health medicine. These attachments give clinicians valuable skills in public health and an opportunity to influence the development of local health service provision. Other skills gained are an understanding of the balance between health promotion and disease treatment; the management of limited resources; an appreciation of the effects of social deprivation; the chairing and preparing of committee meetings; and contact tracing of communicable diseases. We strongly recommend the experience gained from working in a lively public health department.

In Nottingham the Director of Public Health and the Postgraduate Dean currently offer secondments in public health medicine to local hospital-based specialist registrars. These attachments last six months and their purpose is to enrich specialist training for both hospital-based clinicians and those in public health, rather than to turn clinicians into public health physicians. In this article we discuss our personal experiences of this successful scheme, concentrating on the aspects of public health medicine that contribute to the training of clinical registrars, as well as the benefits to departments of public health.

What did we learn from public health?

As with all specialties, public health requires core skills which trainees must learn. Many are generic skills that any hospital clinician would find useful and that many trainees will later value at consultant level (Table 1).

Departments of public health are usually based within health authorities and have a broad overview of the organisation of the NHS. This is in contrast to the narrower 'patient-based' focus of clinical medicine. We learnt about key strategic issues in public health: the balance between health promotion and disease treatment (preventing people falling into the river, rather than rescuing them downstream); managing limited resources (the rationing debate); and the effect of social deprivation on health (the poorest have the worst health but use the health service least').

### Table 1. Examples of core skills that can be developed through a public health attachment.

| Skill                              | Examples of its use                                      |
|-----------------------------------|---------------------------------------------------------|
| Information                       | Demographic projections used to develop a case for a new endocrinology consultant |
| Epidemiology                      | Data on deaths and cases of tuberculosis used in writing a local strategy for tuberculosis |
| Communicable disease control and environmental health | Involvement in contact tracing for cases of meningitis and tuberculosis |
| Health needs assessment           | Population projections used to assess the viability of new Ear, Nose & Throat/ Ophthalmology facilities |
| Effectiveness and outcome assessment and audit | Literature review on the effectiveness of stents in the management of malignant superior vena caval obstruction and an audit of local use of stents |
| NHS organisation                 | Working with new Primary Care Groups in developing community-based smoking cessation services |
| Management skills                 | Knowledge of the funding structure of the NHS in setting up services |
| Health education and health promotion | Forming and chairing a working group for Home Care Service for chronic obstructive pulmonary disease |
| Technical aspects of public health | Developing a new smoking cessation service for Nottingham |

In the absence of clinical commitments, the style of work in public health is different, there being many meetings and committees. We were initially sceptical of the 'agenda and minutes' culture, but soon appreciated the value of preparing, contributing to, and later chairing committees.

We learnt the importance of information skills in public health, particularly in setting up new services; for example, using hospital admissions data to plan a 'Home Care Service' for patients with chronic obstructive pulmonary disease.

We also took part in the public health on-call rota. This primarily involved dealing with the control of communicable diseases, especially contact tracing cases of meningococcal meningitis and tuberculosis. In this role we advised health professionals and provided information and treatment for the patients' relatives and contacts.

Finally, in marked contrast to clinical medicine, public

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health trainees are given sufficient and protected study time (we used this time to continue our research). Such a model would be the envy of many clinical trainees.

**What did public health learn from us?**

Our time in public health was a chance to share our knowledge and to influence local health service provision. As we had continuing clinical contact, we could advise on the impact of proposed changes on hospital practice. Our specialist knowledge was valuable, stimulating new work and contributing to ongoing projects.

**Practicalities**

Many directors of public health are now offering attachments in their departments to clinical specialist registrars. Whilst this experience is valuable, the time will not count towards a Certificate of Completion of Specialist Training. To get the most from an attachment, any plans should be discussed in advance with an educational supervisor, programme director and director of public health. A training programme of projects and objectives should then be developed with a public health supervisor, which is flexible enough to allow for other work that may arise. One should not expect to revolutionise the NHS, but with enthusiasm and application a surprising amount can be achieved.

**What is the future for public health attachments?**

We strongly recommend undertaking an attachment in public health. Many people were sceptical about the value of our attachments. However, through them, we gained valuable new skills and have built lasting links and better understanding between clinical medicine and public health. The next logical step would be to develop public health/service development sessions for consultants.

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**Key Points**

- In Nottingham the Director of Public Health and the Postgraduate Dean offer attachments in public health for hospital-based specialist registrars
- Working in public health gives clinicians a strategic overview of how the NHS works
- Public health attachments are an opportunity for clinicians to learn public health skills (many of which are generic and of value to any clinician) and to influence local health service provision
- Departments of public health gain from the specialist knowledge and enthusiasm of clinical trainees
- Public health attachments improve understanding between clinical medicine and public health, and we strongly recommend them.

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**Reference**

1. Acheson D. *Independent inquiry into inequalities in health*. London: The Stationery Office, 1998.

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