FACULTY OF PUBLIC HEALTH

Faculty of Public Health

Career Profiles

A collection of career profiles from a range of public health specialists

Complied by Specialty Registrar Committee of the Faculty of Public Health
2nd Edition - June 2016

Introduction

Welcome to the second '*Career Profiles'* document produced by the Faculty of Public Health Specialty Registrars Committee (FPH SRC). Thank you to all who have taken the time to contribute to this document; senior public health colleagues for reflecting on their careers to date and providing valuable advice, and the regional SRC representatives who nominated senior colleagues and collated profiles.

This document aims to capture a small selection of career stories from senior public health colleagues working in a broad range of roles across the UK, in all devolved nations and including Defence Medical Services, dental public health and academia. Each profile offers a unique perspective and astute reflection – I have thoroughly enjoyed reading them all.

The first *Career Profiles* document was compiled in 2013 as part of the on-going SRC workforce development and planning workstream. It aimed to be a reference for those in, or interested in, public heath training to *inspire, inform, connect,* and reflect the broad training career profiles of senior public health colleagues.

This second collection of *Career Profiles* continues the same theme and aims to reflect senior roles across the current public health landscape and health and care system. Enactment of the Health and Social Care Act 2012 saw many changes for public health in England including the transition from the NHS to local government and the creation of Public Health England. This took effect after publication of the first *Career Profiles* document.

To make this document as useful a resource as possible, ideas and feedback were gathered from public health trainees through an online survey and small group discussions in one training region during August and September 2015.

For ease of navigation, the *Career Profiles* in this document have been grouped into broad public health domains. As many roles span several areas these groupings are not intended to be a definitive description of the scope of practice of any senior colleague. In addition, please be mindful that there are public health roles not captured here.

…If you are reading this document as a senior colleague in public health and would like to contribute a profile for a future third edition, please do get in touch with the SRC via the FPH at any time…

Claire Currie, on behalf of the Specialty Registrars Committee, June 2016.

Contents

An overview of specialty training in public health

In the UK, responsibility for health is devolved to each nation. There are differences in how public health fits into each of these four health systems and how public health training is delivered within these structures. This section provides an overview of public health training in each of the four nations. Although not covered here, there are also opportunities to undertake specialty training in public health as part of the Defence Medical Service, through dental public health or by pursuing an academic public health training route.

ENGLAND

Enactment of the Health and Social Care (H&SC) Act 2012 saw many changes for public health in England including the transition from the NHS to local government and the creation of Public Health England (PHE) and Health and Wellbeing Boards.

The population of England is approximately 53 million. Funding is allocated from the Department of Health to PHE (an executive agency of the Department of Health) and onto local authorities. PHE brought together public health specialists from more than 70 organisations into a single public health service. There are eight local centres, plus an integrated region and centre for London, and four regions (north of England, south of England, Midlands and east of England, and London). Section 7A of the H&SC Act 2012 specifies public health functions (screening and immunisation programmes) are to be exercised by PHE teams embedded into NHS England Area Teams. There are approximately 150 upper tier and unitary local authorities. Directors of Public Health lead local authority public health teams and are a statutory role. There are prescribed mandatory functions for local authority public health teams.

Public health specialty training recruitment is undertaken nationally and successful applicants are allocated to one of the ten training regions in England (some regions have 'zones' within their region). Training is generally five years, the first year of which usually involves studying for a Masters in Public Health (MPH). In some circumstances, training may be four years for those who already hold this qualification upon entry to training. Recently, entry at ST3 level has been opened in some areas which require prior achievement of the Part A FPH membership examination. Completion of training requires achievement of Part A and Part B FPH membership examinations as well as satisfactory achievement of the FPH curriculum competencies - a new curriculum is being implemented in 2016.

Usually a trainee's first placement is in a local authority with the health protection component completed with Public Health England. Once Part A and an on-call assessment have been passed, trainees are expected to take part in the health protection on-call rota. Later in training there are opportunities to undertake placements in range of settings, including various PHE settings, placements are being developed with acute trusts in many areas and 'national treasure' placements are also available. Trainees can choose to follow the specialist health protection or field epidemiology training routes.

WALES

The population of Wales is just over 3 million. Funding is allocated from Welsh Government directly to Public Health Wales (PHW) the national organisation responsible for public health and the Local Health Boards (LHBs) directly to run services. PHW has a central team to deal with finance, communications and high level national initiatives.

In Wales there is no purchaser-provider split. The LHBs are responsible for planning and running the health services. The Director of Public Health for each LHB sits on the Executive team for the LHB and therefore has a wide ranging role.

Local public health teams are all employed directly by PHW but report to the Director of Public Health (employed by the LHB).

In general, the first year of public health specialty training in Wales involves studying for a MPH and preparing for Part A. The rest of the training involves a variety of placements to meet the required competencies. PH trainees in Wales join the on call rota once Part A is passed; internal training is complete and the internal assessment is passed. The skills learned in Wales are highly transferrable to other locations.

SCOTLAND

Although Scotland has a relatively small population of almost five and a half million it covers nearly a third of the total land mass of the UK. The geography of Scotland varies from the major urban centres, which are predominantly in the central belt, to the vast expanses of remote and rural areas and islands.

NHS Scotland consists of 14 regional NHS Boards from NHS Greater Glasgow and Clyde to the small island board of NHS Orkney. There are also special NHS Boards and other national bodies, such as Health Protection Scotland, which all provide a range of specialist and national services to support the regional boards. Funding is allocated from Scottish Government to NHS boards who are responsible for the delivery of healthcare services and the protection and improvement of their population's health.

The Public Health function in Scotland is based within the NHS. In Scotland, the specialist public health function is largely located within Public Health Departments based in Health Boards. Therefore, those that work towards health promotion, health protection and improving services work collectively, and in close collaboration with partners such as Local Authorities and the Voluntary Sector through processes such as the Community Planning Partnership, to improve population health. The co-location of the domains of public health is seen as a key strength of public health delivery in Scotland as it allows staff to work across and between the domains, encourages sharing of expertise and experience, promotes resilience and effective local capacity and enables coordination across a range of different services. The Director of Public Health is an Executive Director of their respective NHS Board and also sits on the Community Planning Partnership Board.

The first year of training is commonly spent undertaking a MPH. There are a number of academic public health units in Scotland which have links to the training scheme and to local boards and can offer attachments for registrars. Specialty Registrars tend to spend the early part of their training within their host board before gaining experience at a national level by undertaking placements with Scottish Government or Health Scotland for example. Registrars are encouraged to spend time in both an urban and a rural health board during their training. Registrars support their local on-call function following the completion of three months whole time equivalent experience in Health Protection and an assessment of competence by the appropriate Attachment Supervisor. In Scotland, possession of the Part A examination is not required prior to being on the on-call rota.

Scotland shares many of the public health challenges facing the rest of the UK although the remote and rural setting for a significant proportion of the population provides additional challenges, and also opportunities, for supporting population health and wellbeing. The skills gained in Scotland are highly transferable to other locations.

NORTHERN IRELAND

The population of Northern Ireland is approximately 2 million. Recruitment to the training programme is locally coordinated by the Northern Ireland Medical and Dental Training Agency (NIMDTA).

Most training is undertaken within the Public Health Agency (PHA), the regional body responsible for public health in Northern Ireland. Phase 1 begins with a two month PHA induction which focuses on the development of Health Protection skills, including on call competencies. Health protection duties, including on-call cover and work in the Health Protection Duty Room, are undertaken throughout the five year programme, in contrast to many other programmes in the UK. Induction is followed by academic training and completion of the Masters in Public Health (MPH) at the Centre for Public Health, Queens University, Belfast (QUB). After successful completion of the Masters course and Part A exam trainees return to the PHA for the second year of their programme. This involves a three month attachment to the health protection service with exposure to acute response in the Health Protection Duty Room, dealing with cases and situations, and involvement in strategic heath protection work. In the rest of this year, trainees are assigned to projects in health improvement, commissioning or health service development work. Within Phase 2, trainees are exposed again to the three domains of Public Health practice. The FPH Part B exam is usually undertaken in the second or third year of training. The later stages of training involve adoption of leadership roles and the completion of higher competencies, with the aim of competency completion 6 months prior to CCT. In the final 6 months of training leadership roles with significant responsibility are undertaken in preparation for adoption of a consultants post.

Approved training bodies in Northern Ireland include PHA, the Department of Health, Social Services and Public Safety (DHSSPS), the Centre for Public Health which included the N. Ireland Cancer Registry, QUB, and the Institute of Public Health in Ireland. Work with local Health and Social Care (HSC) Trusts or the Regulatory and Quality Improvement Authority (RQIA) may also be undertaken.

Career profiles: Academia

Helen Elsey

Yoryos (Georgios) Lyratzopoulos

See profiles in other sections:

Rachel Isba

Anna Gavin

Sophie Coronini-Cronberg

Helen Elsey

Role	Lecturer in Global Public Health
Organisation	University of Leeds
Main area of work:	Global public health research and teaching (BSc, MSc and PhDs) – Research interests on global urban health – with a particular focus on i) interventions in urban slums ii) nature based interventions and iii) inclusion of urban poor in surveys and response. Further areas in low income countries include TB in relation to tobacco cessation and psychosocial support (MDR-TB).
Completed training scheme in	Yorkshire and Humber July 2009 to March 2014
E-mail address	h.elsey@leeds.ac.uk

What did you do before starting your career in public health?

10 years in community development and HIV/AIDS in sub Saharan Africa with NGOs and government. MSc in Public Health at Liverpool School of Tropical Medicine. PhD on community health in regeneration areas in the UK and public health research at University of Southampton

Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for a senior role?***
NHS Kirklees	Understanding of the NHS and analysis of routine data
West Yorks HPU	Understanding of TB in the UK context and skills/competencies for going on call
NHS Leeds	Deepening understanding of commissioning; combining routine data sets, using behaviour change techniques in PH interventions
University of Leeds and University of York	Encouragement and freedom to develop and conduct my own research Being given the opportunity by my education supervisor to taking on a PI role, leading and managing all aspects (and staff) of a research project
HERD, Nepal	Understanding of donor and government interactions, building multi-sectoral teams and collaborating with senior decision makers to develop policy – helped me to appreciate the value of PH training. Supporting and mentoring more junior staff Leading research projects from start to finish, dealing with all methodological, logistical and 'political' issues working with donors.

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
Specialist/Lecturer at UoL	Developing programmes of research that can have a real impact on public health in low income countries. Working with talented and committed public health researchers from low income countries who bring new and vital perspectives. Working on innovative areas that could provide multiple social and PH benefits e.g. nature based interventions, and seeing interest growing in these areas due to our work.	Keeping focused on what is important as a PH academic – i.e. learning to prioritise writing papers and proposals, when bombarded with more 'urgent' issues with shorter deadlines.

What do you wish you had more of in training or what do you wish you had learnt?

Given my ambition to focus on academic public health, I wish I had had more training and emphasis on writing for publication. I feel that it is only now, 2 years after my CCT that I have the confidence and efficiency needed to produce high quality papers.

Where do you hope your career will have taken you five years' from now?

My ambition is to be managing a programme of research on urban health that is truly global – developing and testing public health interventions to reduce inequities in urban areas in high income and low income countries. My hope is that this programme of research will enable me to build and strengthen links with health research organisations in the global south, drawing on and learning from the perspectives and initiatives of researchers grounded in these country contexts. A pre-requisite for such a programme is the development of methods to evaluate and synthesise evidence of effectiveness and mechanisms underpinning complex public health interventions. Developing such methods is an area of great interest to me and real value to public health researchers and specialists globally.

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

Spend time in an academic institution doing research and teaching to make sure this really is an area you want to work in – it's not for everyone. If you are sure academic public health is for you, then work on your academic CV. If you don't have one already, do a PhD as an OOPE; focus on your publications; explore options for teaching qualifications e.g. the Higher Education Academy; get any methods training you can e.g. epi/stats, systematic reviews, qualitative etc. Make connections and identify who you want to work with, then see if you can get a placement working with them. PH training provides the ideal opportunity for building an academic career, but you need to take the initiative, think strategically and don't be put off by the fact that many of the training learning outcomes appear not to be in academic public health – almost all the LO's can be ticked in an academic environment, it just requires some creative thinking.

Yoryos (Georgios) Lyratzopoulos

Role Reader in Cancer Epidemiology
Organisation UCL
Main area of work Academia
Completed training scheme in Northwest region, Jun 2004
E-mail address y.lyratzopoulos@ucl.ac.uk

What did you do before starting your career in public health?

Working in general internal medicine sub-specialties as a trainee hospital doctor

Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for a senior role?***
Wigan and Bolton Health Authority 1999-2001	Health authority work, commissioning, clinical leadership and engagement, time management.
Stockport NHS Trust Clinical Effectiveness Unit	Clinical audit, care quality and safety, healthcare public health
University of Manchester Evidence for Population Health	Academic public health, research

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
Specialised Services Commissioning, EoE 2004-2007	-Brokering interactions and a better understanding between managers and clinicians. -Advocating the introduction of new services / interventions / technologies. -Training junior colleagues.	-Travel across the East of England region. -Organisational changes (2006 NHS reorganisation).
Consultant Clinical Adviser, NICE Interventional Procedures Programme, NICE 2006-11 (part-time)	-Helping to appraise / make sense of uncertain evidence and emerging literature on new technologies. -Great professional peers both within NICE and in NICE committees.	-Decision-making in the face of uncertain evidence. -Translating committee decisions into lay language (however, this was also very satisfying).
Academic public health consultant (Senior Research Associate or Reader), 2007 onwards	-Autonomy to decide on the direction of your research. -Training and helping junior academics.	-Reliance on short-term funding cycles (for self and projects) for substantive lengths of this period. -Multiple rejections, from which I have learned a lot.

What do you wish you had more of in training or what do you wish you had learnt?

More training in medical statistics theory and computational skills (e.g. in STATA or other programming and database management languages).

Where do you hope your career will have taken you five years' from now?

I hope to have produced a broader body of policy-relevant research on predictors of timely / untimely diagnosis of cancer in symptomatic patients, and to have conducted further research to describe and explain person-level and organisational variation in cancer outcomes and patient experience.

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

- Convert your project work into empirical or perspectives (or review) papers
- Engage as much as possible with colleagues from different disciplines and backgrounds
- Decide what you want to achieve in public health early and stick to your plan
- The only things that matter in any profession are the quality of the work and the respect and esteem one gets from their peers – all else follows effortlessly.

Career profiles: Dental Public Health

Kamini Shah

Kamini Shah

Role	Consultant in Dental Public Health
Organisation	Public Health England
Main area of work	Dental Public Health
Completed training scheme in	South Yorkshire 2005
E-mail address	Kamini.shah@phe.gov.uk

What did you do before starting your career in public health?

I worked in clinical dentistry for six years before becoming an SPR in dental public health. My clinical training provided me with experience in working in a primary care setting (general dental practice, and specialised services) and working in secondary care (district general hospital and Cardiff university dental hospital)

Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for a consultant role?***
Rotherham PCT	This is where I started my training and returned in year 3. This was a bit of a baptism of fire and a huge leap of faith…….I had made a choice to stop clinical practice (where in the surgery I was king of my castle) to working in team in a much more collaborative way and where I did not have a decision making role. So I guess this first year I learnt how to work with people not on them (in a dentistry sense!!). This required quite an adjustment.
Sheffield PCT	This placement was in year 2 and my final year. This period consolidated my learning and I was given autonomy to develop and lead projects from inception to completion. I developed and refined my management and leadership skills.
Department of Health project	In my final year I was given the fantastic opportunity to work with the Department of Health to recruit dentists from Poland to work in Rotherham dental practices. I went to Poland on a recruitment drive and then supported the dentists recruited to integrate into the local dental community both in a professional and social context. This opportunity was the highlight of my training.

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
Strategic Lead for Oral Health in Tees PCTs Professional clinical lead from Local Authorities in Tees Valley	1. Being able to lead and influence the oral health agenda and make a difference to young children's health. 2. Being able to demonstrate reductions in dental decay rates associated with public health programmes	Tees has some of the highest levels of dental decay rates across the country. Bidding for resources to start dental public health programmes has been challenging but rewarding
Specialist clinical support to NHS England commissioners	Ability to review and reform commissioning care pathways to improve patient experience and outcomes	Gaining consensus between multiple commissioning partners in a fragmented system
Educational Supervisor	Working with SPRs brings a breath of fresh air into the working environment. It keeps everything fresh and almost as if you are doing it for the first time as you see it through the eyes of another person.	I started training very early in my Consultant career and have made lots of mistakes along the way……It is challenging being a trainer, manager, mentor, and coach all in one! I have to admit that experience is the best

		teacher. I felt that when I first started training, I was so focused on the technical aspects of the job and getting that right that I must have seemed like a robot with no heart!
Speciality examiner	Having the insight into the examination process to be able to guide my SpRs through the process.	The biggest challenge is when candidates do not pass and struggle in the exam….
Chair of clinical groups	Contributing to improving the quality of dental services through a peer led approach	Managing clinicians expectations

What do you wish you had more of in training or what do you wish you had learnt?

Management training: how to effectively lead a team

Personal effectiveness training: effective negotiation skills, learning to understand before expecting to be understood.

Where do you hope your career will have taken you five years' from now?

Undertaking more national work

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

Get a good solid foundation in clinical practice before joining the training programme. I feel the following quote is very apt for our speciality:

"You never really understand a person until you consider things from his point of view - until you climb into his skin and walk around in it.", To Kill a Mockingbird, by Harper Lee

Experiencing dental practice from a number of different perspectives will give you the experience you will require to advise both commissioners and be a senior clinical lead.

Career profiles: Education and Training

See profiles in other sections:

Christopher Chiswell

Elaine Michel

Career profiles: Healthcare Public Health

Ben Anderson

Christopher Chiswell

Sophie Coronini-Cronberg

Andrew Harkness

Rachel Isba

Anna Middlemiss

Ben Anderson

Role	Deputy Director for Healthcare Public Health
Organisation	Public Health England East Midlands
Main area of work	Healthcare Public Health
Completed training scheme in	Yorkshire and Humber – CCT 2nd January 2012
E-mail address	Ben.anderson@phe.gov.uk

What did you do before starting your career in public health?

After gaining a degree in Genetics and learning lab based work wasn't for me I briefly considered a career in teaching before following my love of sport into the Health and Fitness Industry. After a post-grad diploma in Sport Management during which I focused on Exercise Referral Programmes I joined the NHS in Bradford and (without knowing it at that point) began a career in Public Health. After gaining a Health Promotion PgDip I became aware of Public Health training and finally knew the career I wanted. I took a sideways move into a commissioning role in Chesterfield PCT delivering the National Service Framework for Older People's commitment of Integrated Falls Services to broaden my experience and move away from physical activity, whilst focusing on applying for PH training, finally securing a place on the Yorkshire and Humber programme in 2007.

Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for a consultant role?***
Barnsley PCT	This placement filled a number of gaps for me, focusing me on healthcare public health and developing an understanding of providers through projects on Hepatitis C and Sexual Health among others.
South Yorkshire Health Protection Unit	This placement covered all of the HP competencies as well as giving me to opportunity to lead on a school based outbreak and to get involved with the 2007 floods response.
Health Inequalities National Support Team, DH	Working on this national team allowed me to observe a number of local systems and their responses to health inequalities. I took part in 4 HINST visits, and worked to collect a database of best practice examples. Whilst on this placement I was also invited to attend a number of Marmot Review meetings during the development of the UK report Healthy Lives, Healthy people
School of Health and Related Research, University of Sheffield	This gave me the opportunity to consider a career in academic Public Health, get involved in some research projects, and develop my teaching (MPH and Medicine degrees) and curriculum development skills. I took on a module lead role for an MPH module, and also undertook a Postgrad Certificate in Learning and Teaching.
NHS Sheffield	During this final placement I was able to take on broader projects and develop a mini portfolio, covering Childhood Imms, NCMP, obesity, physical activity and food. This developed into the opportunity to take on the role of Director of the Sheffield Let's Change 4 Life programme working with a range of NHS, LA and 3rd sector partners in the city and also to act up to consultant level for 3 months.

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
Locum Consultant in Public Health (Child and Maternal Health), North Lincolnshire PCT	Being a small team, I got to take on a wide range of responsibilities, including working on the transition plans for the move to the Local Authority. Developing a good working relationship with the CYPS team in the LA and joint strategic aims was helpful.	As a small team we had to prioritise our efforts, and sometimes felt spread too thinly across a range of key areas. We also had to work through issues around the commissioner provider split, with the PH team involved in the direct provision of health trainers and breastfeeding peer support.

Consultant in Public Health (Child and Maternal Health), Derby City Council	From taking on a team that had little direction, I was able to develop and embed a clear strategy for Child and Maternal Public Health, and to gain sign up to this not just from my team, but a wide range of partners too. I was also able to lead the team through the transfer into the local authority, developing good relationships with the CYPS team, and some shared programmes of work.	The transfer to the local authority created challenges for me as the Child and Maternal PH lead, as we were nominally sat within the Adults Directorate of the council. I also felt that we spent too much time focused on the contracting and commissioning of the £14m PH ring fence services and didn't have a clear strategy to influence the wider £1bn spend within the city. I felt that we managed to gain this influence within CYPS, but not across the wider council.
Centre Consultant in Healthcare Public Health, Public Health England East Midlands	After two and a half years focussed on CYP this role offered a new portfolio to develop. Key successes were getting Public Health embedded within the NHSE CCG Assurance process and getting feedback from LA PH colleagues that this had opened doors for them, getting public health topics onto the agenda of the Quality Surveillance Groups, developing a HCPH Community of Practice and working on a number of reports with the Clinical Senate, including chairing a report on prevention. Also, bringing together the Health Improvement and Healthcare Public Health work within the centre has been a great success.	The key challenge of this role has been capacity, with just one Consultant in HCPH in the centre to cover the whole of the East Midlands. This means that I can't commit to providing all of the PH input to NHSE that is required, and don't have the time to spend developing all the relationships required to push forward the PH agenda. Working in the PHE Centre also brings tensions between delivering PHE's national objectives, and supporting local partners with their objectives.
Deputy Director for Healthcare Public Health, PHE East Midlands	As above, with additional responsibilities brought in with respect to Place Based leadership, a role that is still in development, with me taking on a role as the place link for Derbyshire County. I have also started to develop direct links with NHS Providers, agreeing to develop some projects with the Acute Trusts and to use these to develop opportunities for PH Registrars to continue to gain HCPH experience.	In the DD role the capacity issues are greater, with the role requiring additional corporate leadership and line management, and taking on responsibility for the Screening and Immunisation Teams in the East Midlands (currently under review) and the PH Health and Justice lead. The challenge will be to develop additional functional delivery capacity through collaboration and joint working across the HCPH Community and involving more Registrars in the work.

What do you wish you had more of in training or what do you wish you had learnt?

I still feel that it was a privilege to go through PH training, and that the opportunities for experience, development and learning were amazing. If anything could have been different I think I would have liked to take on more of a portfolio of work earlier to develop the consultant level skills of prioritising and balancing a broad workload.

Where do you hope your career will have taken you five years' from now?

Part of my reason for taking the HCPH role within PHE was to broaden my experience beyond child and maternal health, as I want to gain a breadth of experience to support my progress into a Director level post in future.

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

Devolution and the push towards greater integration of health and social care mean that all Registrars should be ensuring that they have solid foundations in Healthcare Public Health and a good understanding of the NHS and its structures and systems. For those who want to pursue a role with a specific HCPH focus I would advise the following:-

- Gain experience of pathway redesign work within the NHS
- Support the development or review of business cases for health services
- Develop a solid understanding of clinical quality and governance
- Develop an understanding of NHS finance and payment mechanisms
- Develop a good understanding of health economics and value, and experience of their use in prioritisation
- Get involved in supporting IFR processes and supporting evidence reviews and decision making
- Understand the structures of the NHS and commissioning and provider organisations and consider the opportunities for Public Health influence across the system

Christopher Chiswell

Role	Consultant in Public Health Medicine, & Deputy TPD Public Health West Midlands
Organisation	Birmingham Children's Hospital NHS FT
Main area of work	Acute Provider Trust
Completed training scheme in	West Midlands, June 2013
E-mail address	Christopher.chiswell@bch.nhs.uk

What did you do before starting your career in public health?

Medical doctor, through prototype F1/F2 and Anaesthetics

Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for a senior role?***
Primary Care Trust	Full range of projects across domains. Got to lead on two major topic areas including pandemic flu, and built experience through these. Also took on some reconfiguration work across several PCTs, which built my collaboration skills.
Specialised Commissioning	Detailed understanding of the process of NHS commissioning, as well as skills in evidence review and service specification design. Given opportunities to represent commissioner externally, again building evidence around areas of consultant behaviours
University	Exposure to teaching, and chances to be involved at curriculum development at undergraduate and postgraduate level. Refined skills to be able to confidently handle and implement decisions based on evidence.

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
Current role	Working in a values driven organisation that does things a little bit differently, and embraces population approaches.	Working as a solo consultant in an organisation (needing to maintain networks of practice), and it being a new role requiring me to build new relationships and establish my responsibilities

What do you wish you had more of in training or what do you wish you had learnt?

With hindsight, once I had completed my masters and part A, I would have upped the pace of seeking new challenges and experiences more quickly. It is easy to settle into familiar areas during year 2 of the scheme, and the new curriculum really does require that you set yourself a good pace. After a period of study leave and learning, you can temporarily forget that you are a senior employee, and that you need to make sure you are consistently delivering and engaging at this appropriate level.

Where do you hope your career will have taken you five years' from now?

I plan to still be working within the NHS, although I hope that the changes in structure, both at my organisation and across the NHS will mean I have more opportunities to be working collaboratively across organisations, and particularly along the early years pathway. I hope to continue building my systems leadership skills, and remaining as a trainer and part of the training programme director team, continuing to develop education skills.

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

There are only a limited number of roles within provider organisations, although there is increasing interest. I would be careful in assuming that roles will be available, but if you are interested, look at ways that you can build relationships with a neighbouring organisation, perhaps through secondments etc. Remember as well that there may be roles you are suited to that don't have 'PH consultant' in the title, and you will have to be flexible if you want an NHS based career.

Sophie Coronini-Cronberg

Role	Consultant in Public Health, Head of Clinical & Cost Effectiveness
Organisation	Bupa
Main area of work	As above. I am also an Hon. Research Fellow at Imperial College, London (and have been since April 2012)
Completed training scheme in	London, August 2013
E-mail address	s.coronini-cronberg@imperial.ac.uk

What did you do before starting your career in public health?

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Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for a senior role?***
NHS Hounslow	All the 'bread and butter' early public health training. Elements that particularly stand out for me, where successful relationship building and joint – or at least co-working – with the local authority, consultants at the local acute trust etc.
Health Protection Agency, Colindale	I probably use this part of my training least, though during my time at Bupa I have, for example, prepared briefings on Ebola and supported business continuity planning scenarios e.g. pandemic flu. However, these tend to be ad hoc activities.
Imperial College NHS Trust (St Mary's Hospital), Paddington	The challenge of delivering multi-stakeholder projects, particularly at a time of huge uncertainty for the clinical staff. Like many trusts at the time, the NHS reforms were having a large impact of staff and therefore morale. Probably the main thing I learned was that sometimes you need to put your own goals aside and adapt to changing circumstances. During my time there, I also utilised the academic link with Imperial College to forge a relationship with the Department of Primary Care and Public Health, and to undertake research projects. I was subsequently made a Hon. Research Fellow and continue to do academic public health research.
The King's Fund	How to bridge the gap between 'pure' academic research and that which is useful to help inform health policy, but is much quicker than traditional studies.
Bupa	How to produce good public health work without relying on using the vocabulary we are all so familiar with. It's certainly been the best training in plain English! Instead, I've had to focus on demonstrating the outcomes my team and I can achieve – regardless of what we call them. The pace here is also much faster than what I was used to, so you certainly learn to prioritise and keep focussed.

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
As above	I am able to shape Bupa's understanding of healthcare public health, as I'm one of the first consultants to work in the medical directorate.	Many colleagues are not aware of what public health is, or can do. So, my job is a lot of 'showing by doing': I can't rely on a general recognition of 'public health can help with that'. I hope, though, that my team and I are beginning to change hearts and minds!

What do you wish you had more of in training or what do you wish you had learnt?

I don't think this is new: a greater emphasis on management (inc. managing staff) skills would be helpful. As a new consultant you tend to be plunged in to the deep end. Active budgetary control would also have been helpful, though I appreciate is hard to do given placements are comparatively short.

Where do you hope your career will have taken you five years' from now?

I have – and continue to – learn a tremendous amount at Bupa: I don't think a role in the NHS would have given me such international exposure. Bupa has also invested heavily in me as a leader – both with formal training and development opportunities, but also giving me the opportunity to lead and grow my team. Nevertheless, within five years, I'd like to be back in the NHS – or public sector – as the scale of the opportunity to make change happen, and improve health is unprecedented in the NHS. I'd also like to expand my work on measuring and ensuring we derive value from health spending: health economics is a special interest of mine, and I still think it's (wrongly) a bit of a Cinderella discipline in public health circles.

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

Healthcare public health is emerging from the shadows and, in my opinion, a growth area. You certainly need to be interested in it and be prepared to work in perhaps non- or less-traditional public health settings, such as acute trusts or, as in my case, in the private sector. You also need to be very open and willing to demonstrate to colleagues and your organisation what public health can bring: many, though interested, have not necessarily worked closely with public health colleagues before. As with any part of public health you think you may be interested in pursuing a career in, make the most of your training placements to get experience, whether it's a CCG, academic department, think tank, or a completely new opportunity...

Matthew Day

Role Consultant in public health specialised commissioning
Organisation Public Health England
Main area of work Healthcare Public Health
Completed training scheme in Yorkshire
E-mail address matt.day@phe.gov.uk

What did you do before starting your career in public health?

Cancer epidemiology

Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for a senior role?***
Specialised commissioning	Systems leadership, clinical leadership and engagement Exposure to service change, regional and national conflict, politics, and conflict
Academic public health	Academic rigour, working with NICE on policy guidance, teaching and seminars. Important to develop publications and reflective public health practice
International OOPE – Australia	Sun, sea, and Systems leadership in a different country setting! Innovative approaches to healthcare public health, working with aboriginal communities and most importantly, building trust across a very fragmented system….perfect experience for the current health and care system in England.

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
Current role	Interface and impact on local and national healthcare policy Direct impact on decisions which affect directly patients Working across all domains of public health at local and national level	High profile politically at local and national level Multiple stakeholders to please or not to please! Challenging ethical considerations

What do you wish you had more of in training or what do you wish you had learnt?

Possibly more reflective practice. Overall excellent training experience, with international experience to consolidate experience.

Where do you hope your career will have taken you five years' from now?

…to applying public health systems leadership in the joined-up promised land outlined in the NHS 5-Year Forward View!

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

Make sure you get some healthcare public health experience
Make sure you do things outside of your comfort zone

Andrew Harkness

Role	Consultant in Public Health
Organisation	Sandwell and West Birmingham CCG
Main area of work	Healthcare Public Health
Completed training scheme in	West Midlands – September 2014
E-mail address	aharkness@nhs.net

What did you do before starting your career in public health?

Pharmaceutical advisor in PCT. Reported to DPH and had acquired PH responsibilities.

Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for a senior role?***
Stoke PCT / Council	First placement. Undertook my MPH and completed Part A and Part B prior to leaving. Provided basic PH skills.
HPA Staffs	Gained skills and knowledge relating to HP. Got the opportunity to lead on defined pieces of work and play role in specific outbreaks / investigations.
Horizon Scanning Centre	Classed as my academic placement. Lead on a couple of pieces of work.
Specialised commissioning	My placement here was at a significant time of change. I contributed to a number of work programmes that were operating at national level, including policy development and CQUIN development. This placement offered me more opportunity to take the lead on work and demonstrate my abilities.
Screening and Immunisation – NHSE BSBC AT	The purpose of this placement was to lead on defined areas. I took on the supervision of staff, responsibility for particular areas of work across the AT geography and was allowed to undertake an acting up role.
Walsall Council	I completed a five month locum consultant role prior to returning to the training scheme for my final month. I took on responsibility for defined areas of work and managed a particularly challenging team.

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
SWBCCG (existing)	How people value my input	Being the only PH person in the organisation. Lack of support. Expectation to cover all areas.

What do you wish you had more of in training or what do you wish you had learnt?

The election in 2010 and the subsequent reorganisation of health and social care created a substantial disruption to training and the opportunities available. However, new opportunities also occurred as a result. The largest impact was probably that trainers were often distracted with change management and what was happening with their own role. This meant that less time was spent supervising and/or supporting training.

Where do you hope your career will have taken you five years' from now?

I would like to remain in the NHS. Whether my role remains defined as CPH I don't know but am not overly concerned. I am looking to progress in to an executive position in the next couple of years. I will look to maintain my CPH skills and knowledge and use them effectively whatever role I end up doing.

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

It is incredibly challenging and very fast paced. Influence is key. Ability to apply public health practice in a practical way is vital.

Rachel Isba

Role Consultant in Paediatric Public Health Medicine and Senior Clinical Lecturer

Organisation North Manchester General Hospital, Pennine Acute Hospitals NHS Trust and Liverpool School of Tropical Medicine

Main area of work Provider Trust
I am based in an emergency department where I work on paediatric public health and also see paediatric patients.
I also have an academic appointment where I work on evidence synthesis and healthcare education.

Completed training scheme in North West, 2015

E-mail address rachel.isba@nhs.net

What did you do before starting your career in public health?

I completed a year of a degree in psychology and physiology before changing to medicine and starting again at the beginning. I took intercalated degrees in physiology (BA) and the immunology of infectious diseases (MSc and DLSHTM) during my undergraduate medical training and spent my summer holidays working in research and clinical settings in low and middle income countries.

My pre-registration house officer year was in paediatrics, general surgery, and general medicine and then I completed 18 months of paediatric training before continuing my training part-time, to enable me to complete a full-time PhD in medical education. I survived Modernising Medical Careers (MMC) and went back into full time paediatric training towards the end of my PhD. Part way through my first year back in full-time training I decided that I wanted to combine paediatrics with public health, so I applied to the public health training scheme. During my public health training I maintained an "out of hours" paediatric emergency medicine contract with a local NHS trust.

Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for a consultant role?***
Public health posts with Tameside and Glossop PCT, North Lancashire PCT, then the Health Protection Agency, and finally Lancashire County Council.	Resilience, developed as a result of the ever-shifting public health landscape within which I was training!
Lancaster Medical School, Lancaster University	I was appointed Director of Assessment at the same time as becoming a Clinical Lecturer, at the start of my ST2 year. This provided me with tremendous leadership and management experience early on in my public health training and was invaluable during my transition to consultant.
Liverpool School of Tropical Medicine	This placement offered me a truly global perspective on public health and I found that my work with the Cochrane Infectious Diseases Group exposed me to international work at a really important stage in my training. Again, this was really valuable during my transition to consultant as I had already had exposure to high-level decision making and collaboration. This placement also taught me to be much more analytical than any other part of my training had.

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
Consultant in paediatric public health medicine.	Getting to work with a single patient or family in my clinical work whilst also working to try and improve the	The biggest challenge as I approached my consultant post was that the type of job I wanted didn't exist (yet).

	health and wellbeing of the entire paediatric population in my area. I think that maintaining a clinical specialty has enabled me to be a more responsive public health doctor and vice versa.	The biggest on-going challenge is that there is so much that could be done – working at the "front door" really exposes you on a daily basis to the needs of the local population.

What do you wish you had more of in training or what do you wish you had learnt?

More stability in terms of the public health landscape would have been nice!

Where do you hope your career will have taken you five years from now?

Ask me in five years (lots of career paths only make sense when you look back on them)…

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

Don't be afraid to pursue a role even if it doesn't exist yet and keep your experiences as broad as possible.

Anna Middlemiss

Role	Deputy Director of Public Health
Organisation	Wakefield Council
Main area of work	Healthcare Public Health
Completed training scheme in	Yorkshire 2013
E-mail address	amiddlemiss@wakefield.gov.uk

What did you do before starting your career in public health?

Worked in the voluntary sector.

Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for a senior role?***
West Yorkshire Police	Understanding of different styles of leadership. Importance of understanding motivations of different partners when trying to bring about change.
Specialised Commissioning	How decisions are made when partners have conflicting interests. How to understand my own style of leadership and flex when necessary.
Bradford PCT	Experience of healthcare public health and how it is delivered. Influencing and persuading skills.

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
Locum Consultant in Public Health, Wakefield Council	I led on the health and social care integration agenda in this role which was an exciting new area with emerging strategy and evidence. Most satisfying bit was commissioning a large independent evaluation with a sophisticated patient engagement model embedded.	Using evidence in the real world. Marrying the public health way of doing things with what partners require.
Consultant in Public Health, Strategy and Specialist Support Team	Taking on a big new team after a restructure and leading them through a process of identifying purpose, delivery models and priorities.	Never having enough time to give things enough in- depth focus.
Deputy Director of Public Health	Getting to see how things work at a more senior level. Getting to work closely with some really brilliant senior council colleagues that I otherwise wouldn't get as much exposure to.	Knowing what to say and when to say it!

What do you wish you had more of in training or what do you wish you had learnt?

More experience in local authority and better understanding of local government's political systems.

Where do you hope your career will have taken you five years' from now?

I'm very happy where I am!

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

Always be curious! Ask everyone you come across about their jobs, motivations and how things work from their perspective.

Reflect on your leadership abilities and develop your strengths. Have a go and enjoy what you do!

Career profiles: Health Intelligence

Anna Gavin

Gerry McCartney

Carol Tannahill

Anna Gavin

Role	Director, N. Ireland Cancer Registry, Reader, Queen's University Belfast, Consultant in Public Health
Organisation	N. Ireland Cancer Registry
Main area of work	21 years in this post which has 3 main aspects (1) Managing a multidisciplinary team of approx. 20 staff (IT, research, epidemiologists, specialist registration). (2) Academic Research and Teaching in University (3) Working with Health Services to monitor cancer services and improve patients outcomes
Completed training scheme in	N. Ireland, 1989
E-mail address	a.gavin@qub.ac.uk

What did you do before starting your career in public health?

After 3 years enjoyable clinical work I was inspired by a colleague to train in Public Health.

Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for a consultant role?***
London School Hygiene and Tropical Medicine	This MSc course provided a wide training for part 1 membership, covering infectious disease, health economics, Health Services etc. and led to me making many lifelong friends. My MSc project at the London School of Hygiene and Tropical Medicine was evaluation of the old N. Ireland Cancer Registry which kindled my interest and resulted in a peer reviewed publication.
1 week Finnish Cancer Registry as a trainee	A presentation to a visitor from the World Health Organisation in Belfast afforded me the opportunity to attend the Finish Cancer Registry and to attend and present a scientific paper at the International Association of Cancer Registries 1987 meeting. This further increased my interest in Cancer Registration
N. Ireland – General plus Health Promotion	I had brilliant example from trainers and mentors who delegated generously e.g. giving me complete control of a Health Promotion Program including budget and staff. Skills gained included working with media, report and newsletter production, budget planning, staff management and negotiation with external agencies.

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
Health Promotion	Interagency working on HIV awareness, accident prevention, smoking reduction	Working with clinicians in the early days of HIV awareness.
Director – N. Ireland Cancer Registry	Establishing an accurate complete cancer database for N. Ireland now producing Official Statistics, research output and datasets which have resulted in service change and improved patient care. The registry includes population level data on premalignant disease which has proved a valuable resource for research	Ensuring enough resources are available to achieve the role. Dealing with concerns about data security and confidentiality and getting a legislation framework for Cancer Registration in N. Ireland. Dealing with a very busy job of project, staff and budget management, research and teaching within a University

What do you wish you had more of in training or what do you wish you had learnt?

You can never have enough in preparation for managing people! I wish I had done a PhD in Cancer Epidemiology as the Registry is hosted in University and research is a large part of the work. The world of Cancer Registration is small and it is a very supportive international family which promotes learning on the job. Learning languages is a benefit as there are lots of travel opportunities.

Where do you hope your career will have taken you five years' from now?

To establish a similar disease registration services for all chronic diseases.

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

Get a broad training to include cancer epidemiology, managing a team of people, budget planning, report writing, scientific publications, media skills, negotiation skills. Spend some time getting to know the problems and joys of large datasets and data linkages and assuring data confidentiality.

Organise a full time minimum 6 month placement in a Cancer Registry. You will need to be passionate about the role of improving Cancer Services and Outcomes for patients.

There are four Directors of Cancer Registries in the UK who are responsible for the collection, quality assurance, analysis of cancer and premalignant disease in their population. There will be opportunities in this area as some current directors retire.

Gerry McCartney

Role	Consultant in Public Health and Head of the Public Health Observatory
Organisation	NHS Health Scotland
Main area of work	To describe and explain the health and health inequalities trends in Scotland in order to inform policy and practice.
Completed training scheme in	Glasgow, August 2010
E-mail address	gmccartney@nhs.net

What did you do before starting your career in public health?

I was a GP in Paisley.

Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for a consultant role?***
NHS Argyll and Clyde and NHS Greater Glasgow and Clyde	Introduction to territorial board public health duties, the diversity of roles and duties required within boards, health protection training, introduction to evaluation and research, health improvement programme planning and evaluation, needs assessment and health service planning.
Glasgow University and MRC Social and Public Health Sciences Unit	Experience of research and evidence synthesis.
Glasgow Centre for Population Health	Interest, support and collaborators for work on the Scottish mortality phenomena.

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
Leading the Public Health Observatory Division	Knowing that the work is important and has the potential to positively impact on the lives of a large number of people.	Working in a contested area of research where the implications stretch well beyond the health service.

What do you wish you had more of in training or what do you wish you had learnt?

I would have benefited from an attachment within Government to better understand the challenges civil servants face and their interactions with ministers.

Where do you hope your career will have taken you five years' from now?

I don't have any great ambitions beyond my current role.

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

To come and speak to me!

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Carol Tannahill

Role	Director
Organisation	Glasgow Centre for Population Health
Main area of work	Other Population health improvement, health inequalities, urban health
Completed training scheme in	Not applicable
E-mail address	carol.tannahill@glasgow.ac.uk

What did you do before starting your career in public health?

I went into public health immediately after completing my undergraduate degree in Human Sciences. I undertook the Master of Public Health and then a PhD in public health in Glasgow, before briefly working as a post-doc researcher.

Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for future senior roles?***
Evaluation Manager Health Promotion Department Greater Glasgow Health Board	Opportunity to develop the research and evaluation base for health promotion and to strengthen evidence-informed practice within the Department. First experience of managing staff and leading a new team, and of being a member of a corporate management team.
Deputy Director Health Promotion Department Greater Glasgow Health Board	Wider strategic role – incorporating research & evaluation skills alongside public health leadership across a range of topics and settings. Development of skills in planning, resource management and policy development. Deputising for Director in senior management forums and at national events.

What public health roles have you undertaken at senior / consultant level?

Role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
Director of Health Promotion, Greater Glasgow Health Board	Developing health promotion as a core objective within strategic partnerships in the city; building the influence and effectiveness of the Health Promotion Department; and (as an executive Board member) shaping the priorities of the NHS Board towards action on the determinants of population health.	Knowing where best to spend my own time and effort, given the breadth of responsibilities in this role. The value of investing time in building the leadership team was an important lesson. Securing resources for prevention and health promotion, given growing demands on health care, was a considerable challenge then – and is probably even more so now.
Senior Adviser in Health Development, Public Health Institute for Scotland	Contributing to the review and development of public health functions in four different Health Board areas in Scotland, advising on local responses to population health challenges and wider organisational change imperatives.	Working collectively with all of the Scottish DsPH to take forward recommendations from the 1999 *Review of the Public Health Function in Scotland*. There were many challenges involved in agreeing coherent national approaches and a unified voice for public health.
Director Glasgow Centre for Population Health (GCPH)	Building up the Glasgow Centre for Population Health from scratch – particularly, recruiting and supporting a new team of staff with a mix of public health skills. The Centre's reputation has been built on the	The GCPH is a partnership organisation involving academia, the NHS, local and national government. Our role is to undertake research, apply a futures orientation, and contribute to processes of change that will reduce health

	quality of their work, and it's been hugely satisfying seeing that work developing and being used.	inequality. Sustaining the partnership buy-in while undertaking work that challenges established ways of doing things, is a constant challenge.

What do you wish you had more of early in your career or what do you wish you had learnt?

Structured public health training opportunities for non-medics didn't exist when I started out, so my learning has been less systematic and largely 'on the job', drawing on training from non-public health sources, and learning from the skills and approaches of many excellent colleagues. While this has been a good way to learn, and tailored to my roles, I wish there had been a clearer training pathway for non-medics.

Where do you hope your career will have taken you five years' from now?

I've never had a career plan – and don't imagine I'll start now. However, I've learnt a lot about the sorts of roles that I find fulfilling and where I can be most effective, and I want to do what I can to help build understanding and support for the important role to be played by public health in Scotland for the future.

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

It's an extraordinarily interesting career with so many different opportunities. Be clear how and where you can most make a difference. Be seen and be vocal, learn how to make your case, build connections and partnerships, stay true to the principles of public health, be clear about what you stand for, persevere, and seek out the opportunities to be influential.

Career profiles: Health Protection

Kevin Perrett

Peter Sheridan

Kevin Perrett

Role Consultant in Public Health Medicine – Health Protection
Organisation Manchester City Council
Main area of work Health Protection
Completed training scheme in 1997, Trent Regional Training Scheme
E-mail address k.perrett@manchester.gov.uk

What did you do before starting your career in public health?

After medical school, I completed a GP training programme, doing a wide variety of junior hospital doctor posts along the way, and I also worked in psychiatry for over a year. I spent a year working in general practice before starting training in 1991.

Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for a consultant role?***
Registrar, Sheffield Health Authority	This was very much an extended induction in to public health as a specialism really. I have to admit, looking back, that it seemed to take me a long time to really get in to the public health 'mindset'.
Academic secondment, Sheffield University	I did a six month secondment to the university, which was useful in that I realised I didn't want to be an academic. I often think you learn as much from finding out what you *don't* want to do, as you do when you eventually find your niche (particularly for those of us who fit a quite specific niche)
Senior Registrar, Barnsley Health Authority	I found my second public health attachment a lot more fulfilling. Maybe because it was a smaller health authority, or maybe just because I'd matured in professional terms, but I felt much more integral part of the public health team and its work.

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
Consultant in Communicable Disease Control (CCDC)	Big outbreaks are the exciting part of being a CCDC, they can be stressful but you certainly feel you are doing something important.	The operational role of a CCDC is fairly clear, but less so the strategic responsibilities. As a (perhaps not very good) example, if there is a TB outbreak, the CCDC will chair the outbreak meeting, but is it clear exactly what is the CCDC's role is in terms of TB prevention and control?
Senior Medical Officer, Department of Health	Being able to work at a national level can be enormously rewarding. I had a key role in the implementation of the national HPV vaccination programme, amongst other things, and I still feel very proud indeed of that work.	Learning to work in the Civil Service culture is a challenge, and could have gone awry. I was fortunate that my new DH colleagues were very patient and supportive until I learnt the ropes.
Consultant in Public Health Medicine – Health Protection (for a local public health department)	Although I no longer am, I was the Immunisation Coordinator for Manchester and led work that transformed local vaccination rates in children. Making a clearcut improvement to public health outcomes at a population level is, for me, as good as public health practice can get.	Reorganisations, particularly the massive change in 2013, have been difficult, particularly given the continuing financial pressures on local authorities, where I am now based.

What do you wish you had more of in training or what do you wish you had learnt?

As I became a CCDC, I wish I'd specifically trained to be a CCDC(!). At the time, that wasn't required and now, quite rightly it is. Tailor your training for the type of public health career you want to pursue. That's assuming you know what you want to do? I never intended to be a health protection specialist, but in fact it proved to be a great career choice.

Where do you hope your career will have taken you five years' from now?

As I'm now nearly 56, I hope to have retired and be pursuing my many interests outside work! And, although things aren't easy at present, I hope I can do so looking back positively on a nearly 30 year career in public health.

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

A career in health protection means practicing population medicine in a sub-speciality which has, compared to general public health, clearer outcomes. Vaccination coverage goes up or down, the incidence of infectious disease increases or decreases. And you can help change those outcomes.

If you want to do that, make sure you get as much good-quality, tailored, and 'real-life' training as you can. That way you'll be better prepared to make a measurable difference. And you'll be better able to convince an interview panel you're the right person for the job..!

Peter Sheridan

Role	Locum CCDC
Organisation	Public Health England East of England Centre
Main area of work	Health Protection and Medical Performance
Completed training scheme in	North West Thames October 1996
E-mail address	Peter.sheridan@phe.gov.uk

What did you do before starting your career in public health?

General Practitioner Bedford 1981-92

Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for a consultant role?***
Riverside Health Authority (three months) prior to London School of Hygiene and Tropical Medicine MSc	Computing, WordPerfect, Harvard Graphics, report writing, introduction to communicable disease control, working in public health team. Passed part A.
Brent & Harrow Health Authority	Commissioning renal services. Using St Marys Maternity Information System to characterise Brent's high perinatal mortality. Covering CCDC function including several outbreaks. Completion of part 2 submission.
Hertfordshire Health Agency	Managed clinical audit for Hertfordshire Trusts and for North West Thames Communicable Disease Control (subsequently three regions audit). Needs assessment for cardiac services. Orthopaedic review. Review of effectiveness of alcohol treatment services.
Department of Health	Primary care and mental health. Paper for CMO medical group on international medical school curricula.

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
Consultant in Public Health Medicine Enfield & Haringey	Cardiac services review. Calman cancer services review. Priorities Forum, including ceasing funding of homoeopathy. Leading public health audit. Local research Ethics Committee.	Driving change in acute sector and establishment of North London Cancer Network.
Director of Public Health	Establishing a public health department from separate public health and health development teams. Collaborating across north central London teams.	The corporate agenda.
Consultant in Communicable Disease Control (North Central London then North East and Central London)	Establishing relationships with local authority Environmental Health and microbiology and providing excellent case and outbreak investigation. Tuberculosis investigation in several school outbreaks. BBV look back exercises. FPH CPD Adviser for London and Deputy Faculty Adviser.	Merger (takeover) of two health protection units. Subsequent move to Bedfordshire and Hertfordshire.
CCDC Beds and Herts	Blood borne virus lead Hepatitis C strategy implementation. GI lead. Secondment to Colindale during pandemic flu. EoE Specialist Training Committee. HPA Faculty Adviser	Leading national work on guidelines for Hepatitis A and amoebiasis.

	Director of Training and Assistant Registrar. HPA Revalidation Working Group.	
Director Sheridan Public Health Consulting Ltd	Locum LB Newham supporting Newham CCG Case investigation for PHE (medical performance) Locum CCDC East of England Registrar FPH	Latent TB Infection case finding in recent immigrants Challenging. Investigating and reinstating a President who had stood himself down.

What do you wish you had more of in training or what do you wish you had learnt?

Gnothi seauton. Know yourself. Much happier now I am working retired than working as career. Relaxed, work-life balance, trusting others, letting go of control. Short term goals. Being appreciated.

Where do you hope your career will have taken you five years' from now?

I completed a long term locum in April 2016 and did short term locums in NHS Orkney and Gibraltar Health Authority and I am due to attend as a witness at two Employment Tribunals following case investigations. But retirement beckons and I have been selected for an MA programme in Medical Ethics and Law at Keele University. I will continue with suitable assignments as they become available and maintain my licence to practise and Sheridan Public Health Consulting Ltd. But skiing, sailing, holidays, travel and more time with the family are all part of the mix.

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

Not many experienced GPs coming in to specialist public health these days. I have used my GP skills (including District Advisory Board and Chair of Medical Audit Advisory Group) to build a commissioning service development portfolio and also education & training and standards. So a parallel career in FPH helped develop my skills base and credibility. I have taken risks particularly moving out of general practice to a training post and moving from generic DPH to specialist health protection role. I moved from London back to Beds and Herts and have undertaken a national secondment. So my next piece of classical advice must be Carpe diem.

What colour is your parachute? I have always known I could go back to a stethoscope job but have kept myself busy and (hopefully) useful.

Career profiles: Local Authority / Health Improvement

Wendy Burke

Margaret Hannah

Elaine Michel

Ruth Tennant

See profiles in other sections:

Anna Middlemiss (Healthcare Public Health)

Kevin Perrett (Health Protection)

Wendy Burke

Role	Director of Public Health
Organisation	North Tyneside Council
Main area of work	Local Authority
Completed training scheme in	Northern Deanery August 2013
E-mail address	wendy.burke@northtyneside.gov.uk

What did you do before starting your career in public health?

I began my career in 1986 as a registered nurse, having completed a 4 year undergraduate nursing degree at Abertay University in Dundee. I returned to the North East and worked at Ashington General Hospital as a staff nurse for a short period of time before training as a health visitor in 1988 at Northumbria University. I worked as health visitor in Northumberland before securing my first senior nursing post in the early 90's working for Newcastle Community Health with a remit to work in partnership with the Directors of Nursing across the three acute hospitals in Newcastle. I then moved to Gateshead to lead an award winning innovative integrated nursing team in primary care before taking up a secondment at the Regional Health Authority as nurse prescribing lead. In the late 90s I went on to work as service development lead in North Tyneside Primary Care Group and during this time I completed a Masters degree in Nursing Practice. In early 2000 I was appointed to a public health specialist post within North Tyneside PCT and completed the Masters degree in Public Health at Newcastle University. I applied for Public Health Speciality Training in 2008 and commenced the programme in the Northern Deanery in August 2009. On completion of the programme I was appointed to the Consultant in Public Health post in North Tyneside Council where I became the Acting Director of Public Health from March 2015 and I was then appointed to the substantive DPH post in May 2016.

Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for a consultant role?***
Public health specialist post in North Tyneside prior to undertaking speciality training	Good understanding of public health principles and practices. Experience of leading discreet public health portfolio area. Working with a range of stakeholders, partners and agencies
Placement in the public health team of Government Office North East.	This was my first placement on the training programme with the Regional Director of Public Health as my Educational Supervisor! I gained from working with an extremely charismatic leader with a breadth of public health experience and tremendous reach across the health and care system.
Academic Placement at Institute of Health and Society Newcastle University	I was fortunate to spend a year undertaking an academic public health placement. I carried out a systematic review and worked on a national audit project developing a greater understanding and skill in rigour of academic public health. I developed relationships and networks which have been very helpful.

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
Consultant in Public Health North Tyneside Council	Supported the successful transition of public health into the local authority. Establishing and embedding public health practice and approaches within the local authority. Working with and influencing colleagues across a wide variety of Council in adult social care, children's services, planning, licensing, sport	Working with local politicians and working within a very different culture of local authority.

	and leisure, environment. Developing new relationships with NHs colleagues and the CCG. Reconfiguring services and developing new services to meet the needs of residents. Being offered the opportunity to step into the Director of Public Health role in an 'acting 'capacity.	
Acting Director of Public Health North Tyneside Council	Being part of the senior leadership team influencing and developing the strategic direction for North Tyneside Council. Winning a Royal Society of Public Health award for the work to develop sport and leisure services as a public health asset. Embedding public health into the Local Plan development. Securing organisational commitment to improve health at work and making every contact with residents count. The breadth and range of the work from briefing a Governing Body about the risks to health from urban foxes to writing a policy on fast food takeaways!	The overwhelming sense of responsibility for improving, promoting and protecting the health and wellbeing of the population. The enormity of the financial challenge facing local authorities and reductions to public health allocations. Time – the pace is fast and furious! Public health capacity – the team is small.

What do you wish you had more of in training or what do you wish you had learnt?

I had a very broad based experience in training but it is difficult to cover every area in depth. More healthcare public health experience might have been helpful.

Where do you hope your career will have taken you five years' from now?

To retirement and a substantive Director of Public Health post along the way!

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

Grasp the opportunities that present themselves, be enthusiastic and positive and identify a mentor who can both support and challenge you.

Margaret Hannah

Role	Director of Public Health
Organisation	NHS Fife
Main area of work	Healthcare Public Health
Completed training scheme in	South West Thames Regional Health Authority, 1996
E-mail address	Margaret.hannah@nhs.net

What did you do before starting your career in public health?

I got interested in health inequalities as an undergraduate medical student at Cambridge. Seeing the social gradient in life expectancy for many avoidable causes of premature death amazed me. I wondered why there wasn't a revolution about it. I took advice from Prof Walter Holland, Professor of Community Medicine at St Thomas' Hospital whilst doing my clinical training. He said get qualified, do 18 months medicine post-registration and then apply for a training post. I took a bit more time than this as I went to Hong Kong for 3 years where I worked in a TB hospital and general practice. I then became a research fellow in the Department of Community Medicine at Hong Kong University. On returning to the UK, I did a further 6 months in geriatric medicine before joining the public health training scheme in South West Thames region.

Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for a consultant role?***
Research Fellow, Hong Kong University under Professor Tony Hedley	I learnt a huge amount about statistics and epidemiology. Tony was a real stickler for precision and accuracy in data handling and analysis. He had a good eye for presenting information graphically and coached me through my first scientific conference presentation.
Trainee, Mid-Surrey Health Authority under Dr Linda Durman, DPH	I learnt how to tailor a message to my audience. It wasn't enough to be good at the science, I had also to learn how to engage, communicate and advocate for health causes.
Merton, Sutton and Wandsworth Health Authority under Dr Allyson Pollock	The most important gift I received from Allyson was the ability to write up research findings lucidly and succinctly. Expect your papers to go through 20 or more drafts before they are ready for submission.

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
NHS Fife	I have lived and worked in Fife in Scotland for over 18 years and found it hugely rewarding. I have been able to roam across the full range of public health challenges – health improvement, health protection, health services, screening and also forge important coalitions to raise public health issues in civic society. The first of these was the Healthy Public Policy Network which opened a debate about *"The Possible Scot"*. The second was the Scottish Public Mental Health Alliance which published "*With Health in Mind"* and advocated for a public health approach to mental health challenges.	

	I was part of a five-year collaboration with Glasgow University (Phil Hanlon led the enquiry) which explored the links between Culture and Wellbeing. This culminated in several papers about the *Fifth Wave of Public Health* and a book called "*The Future Public Health".* Since 2003, I have been involved in the International Futures Forum which has opened up my thinking to a whole new set of theory and practice designed to help all of us who are "trying to make a difference in the face of all that stands in the way of making a difference". With IFF support, I have been innovating in healthcare and wrote a book about this called *Humanising Healthcare.*	

What do you wish you had more of in training or what do you wish you had learnt?

As someone who thinks in pictures, I wish I had been able to develop more skills in infographics to present complex public health issues in pictorial ways. I am a great fan of Edward Tufte and Bob Horn who are both great exponents of visual representation and language. It would have been great to have had some of this in my training.

Through IFF, it feels as if I have been learning a whole new curriculum based on a scientific paradigm which has holism, humanism and emergence at its heart. The Fifth Wave of Public Health will need to call on a distinct range of human capacities to address 21st century health challenges. The unintended consequences of modernity are not going to be solved through modernist thinking: it would have been wonderful to have learnt this earlier in my career.

Where do you hope your career will have taken you five years' from now?

I have only recently become Director of Public Health in Fife and don't imagine moving on from this role in five years. But I hope to have made Fife a healthier place and somewhere for people to come and learn about transformative innovation in health. I would also like to have written a follow-up book to The Future Public Health which encapsulates what it takes to work at the cultural level for system change and health gain.

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

On the face of it, I have had the most conventional of roles in public health – staying in one place first as a CPHM and then DPH. But it has been hugely rewarding for the intellectual challenge and inspiring networks that I have been a part of. So my advice is to be true to your inner guidance about the contribution you want to make to the field of public health and don't take anyone else's advice!

Elaine Michel

Role	Director of Public Health
Organisation	Derbyshire County Council
Main area of work	Responsible for all domains of public health delivery and response
Completed training scheme in	Portfolio route, registered with UKPHR in January 2006
E-mail address	elaine.michel@nhs.net

What did you do before starting your career in public health?

I have always worked in public health as an EHO from 1975

Where did you complete placements / junior public health posts and what skills did you gain from them?

Having a wide range of experience across a number of different roles helped me to understand public health from perspectives that are helpful in maintaining a broad knowledge and the diverse and complimentary nature of the role. My progression has been as follows:

Wigan Metropolitan Borough Council Environmental Health Officer
Macclesfield District Council Urban Renewal Officer
Crewe & Nantwich District Council Environmental Health Officer
Career break to care for my children
Tidy Britain Group National Environmental Health Officer, part time
Public health advisor Bootle & Litherland Primary Care Group 3 month project
Public Health Specialist, St Helens PCT
Public Health Partnership Manager, Blackburn with Darwen PCT

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
Hyndburn & Ribble Valley PCT Consultant	We were a very small team so had to be versatile and able to quickly pick up any area of public health and be able to deliver.	Small number of people, challenge of working in a network of 3 PCT's with different visions and values, being responsible for one area that was the most affluent in the NW and the other that was one of the most deprived in the country
Hyndburn & Ribble Valley PCT Interim DPH	Being responsible for all aspects of public health. Great opportunity to develop my own approach and learn new skills at Board level. Writing my first PH Annual Report. Negotiating the Choosing Health budget which strengthened local capacity and delivery e.g. healthy workplaces, teenage pregnancy, investment in physical activity, tobacco control, mental health, poverty which had all been very minimal previously	Lack of experience made it more stressful. Tackling inequalities is an ongoing issue. Relationship management in a 2 tier area. Managing transition to a merged PCT
Tameside & Glossop PCT Deputy Director of Public Health	Working in a dept in which the DPH led on commissioning – led to much closer working with commissioners, being able to influence the wider agenda on health inequalities, making an impact on teenage pregnancy and sexual health by reviewing and redesigning the services, developing a	Having a very small team of 10 people meant having to prioritise constantly. Being responsible for one small area across a county boundary diverted capacity by having to duplicate and work with additional complexity.

	high performing PH intelligence team consisting of people with no previous PH experience, agreeing the first tobacco control plan, having the benefit of the NST for health inequalities, smoking and alcohol visit to support system change, I made good use of SPR's who found it highly satisfying to have a reasonable level of responsibility – they felt supported but with freedom to act	
Tameside & Glossop PCT Interim DPH	Being able to decide on the direction of the whole team. Agreeing a £1m+ investment in a falls pathway. Being able to influence the CCG to focus on LTC's	Being responsible for the transition to local govt was very challenging. Agreeing the financial transfer by unpicking budgets was difficult but enlightening. Lack of clarity around direction of travel of staff was difficult to manage.

What do you wish you had more of in training or what do you wish you had learnt?

Political dimension of role in local government. Being able to use stories more effectively. Ability to turn data into intelligence. The crucial importance of relationship management. Not over promising. Say what you'll do and do what you say – not always a universal PH trait.

Where do you hope your career will have taken you five years' from now?

I will be taking up the role of TPD for public health in the East Midlands in 2016 at what I think is an important time for the role of consultant.

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

Be curious. Take the opportunity to lead on specific areas so you don't lose your previous experience. Develop a collaborative role with all trainers so you can get opportunities to develop. Be open to all areas of public health. Respect expertise of all.

Ruth Tennant

Role	Director of Public Health
Organisation	Leicester City Council
Main area of work	Local Authority
Completed training scheme in	West Midlands, 2007
E-mail address	Ruth.tennant@leicester.gov.uk

What did you do before starting your career in public health?

I started life working for an MEP on regional policy at the European Parliament and then worked on local government performance at the Audit Commission before a period of time working for the Controller (Chief Executive) as a speech-writer/ policy analyst. I then moved to a public health policy role at the King's Fund's and also worked as a Primary Care Group lay member and then PCT non-executive director. I was on the brink of applying to graduate entry medical school when the West Midlands public health training scheme advertised. I've always combined an interest in politics, health, social justice and inequalities and public health felt like the perfect combination of all of these.

Where did you complete placements / junior public health posts and what skills did you gain from them?

For me, the great value of training was the breadth and variety of skills I got out of it. Once I was through the exam hurdles, I was able to spend quite a lot of time in academic public health. I was lucky to work with some visionary academics at both Warwick Medical School and the Department of Public Health & Epidemiology and developed the Warwick Edinburgh Mental Well-being Scale during training. Academic public health made me ask some hard questions about how we develop, understand, use and sell evidence which I use every day. I also did lots of work around children's mental health and well-being which has instilled in me an enduring sense of the vital importance of universal, early years support.

I was also lucky to have some good trainers in the NHS who gave me scope to take on quite a lot of responsibility early on in training which was good preparation for consultant roles.

What public health roles have you undertaken at senior / consultant level?

Many and various. I've worked in consultant roles in both primary care trusts and local government, including leading on emergency planning, sexual health, smoking, intelligence and various screening programmes. I have been a member of a regional screening QA team and also led the transition of public health from the NHS to local government.

What do you wish you had more of in training or what do you wish you had learnt?

The training programme was great but it felt like a very cloistered and protected role compared with consultant jobs in this day and age. A wider portfolio, a greater level of responsibility, more management earlier on and, perhaps more importantly, being made to think through tackling wicked issues from start to finish would have been good preparation.

Where do you hope your career will have taken you five years' from now?

No idea. Public health is changing fast and will look very different in five years' time to what it does now. The core principles and values will continue to be just as important but I can see many different ways and many different places these could be tackled in the future.

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

Keep your eyes open. Be curious. Think laterally. Look at the world from other people's perspective. Get as much and as wide experience as you can, including managing tough and complex stuff. 90% of public health is about people skills: bring people with you and they will do your job for you. Wear your professional competence lightly but be confident about what you know. Get used to making judgement calls: don't wait to be 100% certain because the world will have moved on. Health isn't the only currency out there: give people the arguments that work in their world.

Career profiles: Policy

Sara Davies

Lucy Saunders

See profiles in other sections:

Peter Sheridan

Ruth Tennant

Sara Davies

Role	Public health consultant, medical adviser Scottish Government
Organisation	Employed by National Services Scotland, work in SG
Main area of work	Technologies Planning Training
Completed training scheme in	Lothian 2004
E-mail address	Sara.davies@gov.scot

What did you do before starting your career in public health?

I did my medical training in Edinburgh, completed 1983, then some time doing a wide ranging own GP training path before going off to work through the aid organisations : VSO Zambia; ODA/DFID Fiji; WHO Zambia with a few other areas in-between and after. I had always been interested in working overseas having had a childhood of birth in Kenya, time in Nepal. My change came with getting fed up of not being able to plan better so staff had salaries, we had the necessary drugs and equipment, systematic inequalities part of the work. Throughout my time abroad, I moved into Ministries of Health type situations and enjoyed the work so the population / planning aspects of public health seemed to fit and it was time to be a consultant in my own country, rather than just in other peoples. A few consultancies since getting to be a UK consultant have helped keep the warmth of a sun a reality.

Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for a consultant role?***
General practice placements Rural Scotland	Fascination in busyness and mixed deprivation of rural areas and how to be many different things
Community paeds north England	Incredible boss who supported through very hard times
Obs and Gynae at direct entry midwifery centre	Skills and scariness of midwives who were not nurses

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
Current role only as came comparatively late into public health	Brilliant colleagues and making changes that affect populations	Timescales and getting puzzles of how work is done together

What do you wish you had more of in training or what do you wish you had learnt?

How to write better – always a problem. Possibly how to do more infectious diseases and outbreaks interestingly enough!

Where do you hope your career will have taken you five years' from now?

Into interesting and useful areas.

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

Have or make friends and trust that with effort, loneliness will pass and in-between times, enjoy the beauty around and try not to be always too busy.

Lucy Saunders

Role	Public Health Specialist in Transport & Public Realm
Organisation	Greater London Authority & Transport for London
Main area of work	Policy
Completed training scheme in	London 2012
E-mail address	lucysaunders@tfl.gov.uk

What did you do before starting your career in public health?

My public health career started when I was aged 18, I worked in Nepal tackling indoor air pollution before going to university. I then did a degree in human Geography which included a module on 'medical geography' and spent a year in NHS management before my first 'proper' public health role at Southwark PCT.

Where did you complete placements / junior public health posts and what skills did you gain from them?

Placement / post	***What did you gain which helped you prepare for a consultant role?***
Greater London Authority	A highly Political working environment, vital for understanding how to effect change on wider determinants of health.
PricewaterhouseCoopers	I learned how to effectively manage consultants and get my money's worth and a good quality product.
World Health Organisation & Department of Health	I learned how central and international government works and added to my professional network.
London School of Hygiene & Tropical Medicine	I built my confidence in my academic skills and learned about what makes academics 'tick' which helps me work in partnership with academics in my consultant role and build the academic skills of colleagues in the transport sector.
London PCTs	I worked in 2 London PCTs over five years and developed a broad range of public health skills and knowledge which I can draw on in the very varied consultant role I now hold.

What public health roles have you undertaken at senior / consultant level?

Consultant role	***What was the most satisfying part of this role?***	***What were / are the biggest challenges in this role?***
Public Health Specialist in Transport & Public Realm	I created this role myself; I have a huge amount of control over what I do and great satisfaction from setting up new projects, policies, and systems.	There is no dedicated public health resource beyond my time, it takes resilience and tenacity to deliver system change in a huge organisation.

What do you wish you had more of in training or what do you wish you had learnt?

I took control of my placements, I set most of them up myself by seeking out the people I wanted to work with or the places I wanted to be. I was satisfied that I had got what I needed out of my training.

Where do you hope your career will have taken you five years' from now?

In five years I hope to have developed a full suite of tried & tested systems and tools for integrating health considerations into transport planning in urban areas: the 'Healthy Streets' approach. I would then like to take this from London to other urban areas.

What advice would you give to current trainees who are interested in pursuing a role similar to yours?

To be credible you need to have a real understanding of the complexities of the transport system, transport & spatial planning. Make your own opportunities to get a full understanding of this field – attend lectures, read transport magazines, get involved in third sector advocacy work, follow discussions on twitter etc.

Further resources

The following resources also offer information and advice on careers and specialty training in public health:

***Career Profiles,* Faculty of Public Health Specialty Registrars Committee (2013)** (First version)
Online document: www.fph.org.uk/uploads/Career%20Profiles%20SRC%20Final.pdf

Introduction to public health course, Faculty of Public Health
Course: http://www.fph.org.uk/an_introduction_to_public_health

'Working in Public Health: An introduction to careers in public health'
Edited by Fiona Sim and Jenny Wright, Routledge (2015) ISBN: 978-0-415-62455-8
Book

'Choosing to train in public health'
Rishma Maini, Sangeeta Rana and Caroline Tomes, Edited by Richard Pinder (2014) The Codex Project, London
ISBN: 978-1-910046-06-7
Book

Health Careers; NHS Health Education England
Online resource: https://www.healthcareers.nhs.uk/explore-roles/public-health