Sudeep Chand is an ST5 working in the Global Health Team at the Department of Health, and was recently seconded to WHO. "I had been doing some work on the international response to..."
Dual accreditation with another specialty is not yet possible, but it is under discussion. If you would like to maintain patient contact throughout your career, it is probably best to specialise first, then enter public health training.

Examinations

Part A of the membership examinations for the Faculty of Public Health is usually taken after about 18 months of training. It has an extensive syllabus, including epidemiology, statistics, management, and critical appraisal.

Part B is usually taken about six to nine months after part A. It is an objective structured clinical exam-type examination, with stations covering a range of common public health scenarios.

After passing both, you are officially a member of the Faculty of Public Health.

Life as a trainee

Life as a public health trainee is very different to being on the wards. Firstly, there is little or no patient contact. Moreover, you are often the only medic on the public health team. Although you will be using your medical knowledge and clinical experience every day, you will also be rapidly developing your skills of communication, negotiation, and strategic thinking.

Jennifer Hall is an ST3 in London and entered public health after her foundation programme. "Although I did enjoy my clinical years I felt like most of the time I was 'fire fighting' and that I would be able to make a much bigger difference working upstream in public health."

She enjoys the opportunities open to public health trainees, "Being given responsibility for project areas and the chance to lead groups is an opportunity seldom afforded to junior doctors of my level in hospitals. Also it's great to be involved with topical issues such as swine flu."

There are downsides to the training, however. "The lack of clinical contact is an obvious disadvantage," says Dr Hall. "Job satisfaction can be a long time coming rather than the immediate satisfaction of curing someone. There is also a considerable pay cut owing to being unbanded, although for many people this is offset by the reduction in working hours. Having to explain to everyone exactly what you do is also a little frustrating" (box 2).

Box 2: Likely responses from your colleagues to your career plans

- "What's that?"
- "Why?"
- "What a waste"
- "Can't handle patients, eh?"
- "You're going to spend your life on statistics?"

Possible responses to your colleagues

- "And do you know where the Tamiflu stockpile is?"
- "When's your next week of nights?"
- "That's true—the World Health Organization's special representative to the Pacific Islands doesn't really compare to Colchester General"

Life as a consultant

When training is completed, a vast range of job options is available. For example, you could be a consultant in communicable diseases, an associate director of public health in a primary care trust, or a consultant at the Department of Health. The choice really depends on your interests and skills.

There are currently plans to expand the public health workforce, so there should be more consultant posts available in the future. Public health is more vulnerable to cuts and reorganisations than other consultant posts, however, and most consultants expect to change jobs several times during their career.

Like Anya is a newly qualified consultant and works in a large primary care trust. "I enjoy the variety of my job—no two days are ever the same," he says. "One day I might be dealing with a local outbreak, and another I might be presenting to school heads on increasing physical activity in schools." He feels the main challenges of public health are "the long time scales for completing projects and observing outcomes, which requires continued motivation. You may sometimes be pushing a minority view and that requires commitment."

Professor Martin McKee works at the London School of Hygiene and Tropical Medicine and was a medical registrar before making the decision to train in public health. "I was seeing patients in my outpatient clinic in Belfast with scurvy and beri-beri," he says. "Although I knew almost nothing about public health, the importance of tackling the social determinants of disease was all too apparent. I was also increasingly dissatisfied with how we organised our work in hospitals, and I recognised that I needed new skills I was unlikely to acquire where I was."

He is pleased with his career choice. "Firstly, it embraces so many different issues. Secondly, I have the satisfaction of knowing that we do make a difference, with our work cited in recent European Union legislation on public health. And finally, although I admit that the novelty has long worn off, my job has allowed me to visit about 80 countries."

How do I get into public health?

If you recognise yourself anywhere in this article, there are a few ways to explore public health as a career choice. Look at the websites in box 3. Read the Oxford Handbook of Public Health Practice—this is concise and a handy introduction to many topics. If you have the opportunity, arrange a placement at a local public health organisation.

Box 3: Find out more

- Faculty of Public Health—[Link](http://www.fphm.org.uk)
- Health Protection Agency—[Link](http://www.hpa.org.uk)
- Department of Health—[Link](http://www.dh.gov.uk)
- World Health Organization—[Link](http://www.who.int)
Health Knowledge—[Link] (http://www.healthknowledge.org.uk)

Jennifer Hall agrees. “Public health has been a very competitive specialty over the past few years,” she says. “My main piece of advice would be to organise some sort of taster at your local primary care trust, as this will not only show your interest but also help you to see what it is really like to work in public health. Even if you are working in a hospital, there are things you can do that are related to public health; for example, I did an audit on meticillin resistant Staphylococcus aureus (MRSA).

I think that demonstrating an interest and being proactive are things that the assessors really look for—I applied straight from foundation year two with no formal public health experience and they accepted me.”

Most importantly, be persistent. Public health is not pushed as a possible career choice for junior doctors, but it is definitely one of the most rewarding and fascinating specialties. Be prepared to look at the bigger picture—it will be worth it.

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Kate Mandeville
academic clinical fellow in public health
University College London
kate.mandeville@doctors.org.uk
(mailto:kate.mandeville@doctors.org.uk)

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- Half of public health professionals have considered quitting in past three years

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Revalidation in public health: a positive journey

Public health doctors think they lack influencing skills for work in councils