

Tips for GP trainees working in public health

Public health is a specialty in which few of us have practical experience. It's generally poorly covered at medical school but believe me, there's more to this stuff than statistics and John Snow's pump handle.

Until 2013, the typical GP placement would involve working in the primary care trust (PCT), primarily in the Department of Public Health, and working within the local Health Protection Unit (HPU) covering disease outbreak response work and their on-call service. Under the reforms of the Health and Social Care Act of 2012 both agencies will no longer exist.

From April 2013 public health placements are with Public Health England (PHE), encompassing the work formerly conducted with the Health Protection Agency and some of the work of the former PCT. This could be in the national PHE office or with the regional PHE units. Your involvement with the assessment and planning of population health will be within the Local Government Association (LGA), that is local authority. Here you will have a chance to work with the commissioning support service (CSS) and the health and wellbeing board (HWB) on health needs assessments and strategic planning of local health care. A summary of the new public health system and its organisations is available on the PHE (<https://www.gov.uk/government/organisations/public-health-england>) and local.gov (www.local.gov.uk/health) websites.

Working in the local government authority (formerly PCT and Department of Public Health)

Your managerial, fact-finding, and analytical skills will be utilised here. You will be involved in the planning and provision of the myriad health services for your local area. This is where the slow burn of long-term healthcare provision is stoked.

1. Local authorities can be opaque when it

comes to finding out who does what. Read a copy of the department structure and obtain a telephone list. Make friends with the personal assistant to one of the public health consultants, they know everything, and introduce yourself to all of the team members.

2. Befriend the departmental statistician/data analyst. Make an attempt at analysis but remember that this is not medical school: these calculations determine service provision! An online textbook of statistics for public health is available at HealthKnowledge.¹
3. The departmental annual report may seem dry, but it will provide you with a guide to local priorities, spending areas, and recent achievements. Read it in your first week with a strong coffee to hand.
4. If you're writing an exceptional circumstances panel report (used to decide if a patient should receive a particular treatment when they don't meet the local criteria), limit the document to 6 pages including references, and be focused. Panel members have many cases to consider and rely on your report for important decisions. Be aware that NICE's cost-effectiveness threshold is £30 000 per QALY (quality adjusted life year) gained.
5. If you are preparing a media statement, ensure your consultant has proofread it before you send it to the communications department. This will hopefully avoid red faces on the *News at Ten*.
6. Different reports often follow specific formats; always look at similar reports so you know what's expected.
7. You may suffer culture shock on first working in project management (PM). Don't be intimidated by project-management speak and the abundance of acronyms. Try to pick up some PM skills; it will help your CV in a world of GP commissioning!

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REFERENCE

1. HealthKnowledge. www.healthknowledge.org.uk/public-health-textbook (accessed 8 Aug 2013).

8. When in doubt, always ask a public health senior for help or advice. Along with GPs and paediatricians they are the friendliest of specialties.
9. Beware the rush of offers for projects and reports when you start as the department's fresh blood; don't just say yes. Find out first if it's achievable within your placement period and agree a timeline.

Working in the PHE unit (formerly Health Protection Unit [HPU])

Your clinical knowledge will come to the fore here, where the majority of your work will involve taking phone calls from GPs and other health professionals. Most calls relate to notifiable diseases, disease outbreaks, or health hazards in your area.

10. Before your first on-call, familiarise yourself with the local software, your local HPU on-call pack, and the PHE/Health Protection Agency website (www.hpa.org.uk). Do a practice phone call with a colleague.
11. Know how to use the phone. It sounds stupid but your callers will not thank you for accidentally cutting them off when you think you're putting them on hold.
12. When you take a call, always start by recording the caller's name, address, phone number, and job title before launching into the reason for the call. You will regret it if you haven't and you later need to retrieve information from them. Most units have a proforma, use it.
13. Revise the clinical presentation and health protection approach to common calls such as seasonal flu, measles, mumps, meningitis, tuberculosis, enteric fevers, diarrhoea and/or vomiting outbreaks in institutions such as schools and nursing homes, and PVL *Staphylococcus aureus*. Also remind yourself of the notifiable diseases.
14. Revise childhood immunisations before your first on-call, and always refer to *The Green Book* (www.gov.uk/government/organisations/public-health-england/

series/immunisation-against-infectious-disease-the-green-book) for queries.

15. When investigating your first outbreak ensure you have a clear plan for data collection (questionnaire), data analysis (software such as STATA, usually χ^2 test), and reporting. Ask your consultant to show you an example report.
16. Get on with the environmental health officers. They're invaluable colleagues on the ground during illness outbreaks.
17. Know the difference between seasonal flu and swine flu. Be prepared to answer questions about the vaccines and who should be receiving them. Policy changes as flu trends evolve; the onus is on you to keep updated.
18. You will often be speaking with tuberculosis nurses. Appreciate that they have a difficult job, so time your phone calls accordingly (that is, not every day!).
19. When you have to complete long trawling questionnaires over the phone with a patient (such as in cases of listeria or PVL *Staph. aureus*) be patient with the patient; remember they're unwell.
20. When a GP calls you, remember that you will be one yourself one day. They may not always have all the information you require, and they will often not manage to call you back. Be realistic.
21. Remember: it's ok to say you'll call back if you don't know the answer. GPs and practice nurses may have the patient there in front of them and may pressure you, but it is better to give the right information after a delay rather than the wrong information immediately.

Provenance

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