PUBLIC HEALTH SPECIALTY TRAINING PROGRAMME IN HAMPSHIRE AND THE ISLE OF WIGHT - WESSEX DEANERY

FOR APPLICANTS COMING FROM A MEDICAL BACKGROUND

This is a 4 - 5 year training programme designed to support training for the award of a Certificate of Completion of Training in Public Health. It is open to doctors who are starting at year one of Specialty Training and who can demonstrate the essential competences to enter this level of training. Details of essential competences and qualifications are detailed in the MMC person specification for Public Health at ST1 which is available from www.mmc.nhs.uk and the Faculty of Public Health website, www.fph.org.uk. The recruitment process is shared with other Deaneries using a nationally organised process.

CURRICULUM

The public health curriculum covers nine broad competency areas that relate to the three domains of public health practice - health protection, health improvement and service quality. The key competency areas are:

Key Area 1: Surveillance and assessment of the population's health and wellbeing
Key Area 2: Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services
Key Area 3: Policy and strategy development and implementation
Key Area 4: Strategic leadership and collaborative working for health
Key Area 5: Health Improvement
Key Area 6: Health Protection
Key Area 7: Health and Social Service Quality
Key Area 8: Public Health Intelligence
Key Area 9: Academic Public Health

Each key area consists of a number of learning outcomes (please click here to view the full list Public Health Learning outcomes).

Training Overview

Training is divided into three phases, which represent increasing levels of depth and complexity. Learning outcomes are identified for each phase. Some of the learning outcomes are assessed by examination and others are judged using various forms of assessment in the workplace.

Successful completion of Phase 1 is marked by the achievement of the workplace based learning outcomes identified for that stage and success at passing the Part A exam of the Faculty of Public Health. Part A’s primary aim is to assess the knowledge of the candidate.

Successful completion of Phase 2 is marked by the achievement of the workplace based learning outcomes identified for that stage and success at passing the Part B exam of the Faculty of Public
Health. The primary aim of the Part B exam is to assess the ability of the candidate to put knowledge into practice in real world scenarios.

Completion of training is at the end of the 4 – 5 years and when the learning outcomes for Phase 3 have been achieved.

Progress through training is assessed regularly through the Annual Review of Competency Progression (ARCP).

Registrars currently usually spend a period of between a 2 – 3 years divided between two Primary Care Trusts (see below). The rest of their time is in locations suited to gaining competencies and experience particularly relevant to their career direction. Placements abroad, if relevant to a trainee’s career aspirations, are supported.

Supervision of an individual's training is provided by an Educational Supervisor and specific pieces of work overseen by a Project Supervisor.

**Support for Training and Study**

Unless trainees have already gained the fundamental knowledge required for public health e.g. through a Masters in Public Health, they will be fully funded on a MSc in Public Health course, which extends their time in training from four to five years.

In addition to funding a MSc in Public Health, further tuition is organised by the Academic Co-ordinator to support trainees in both the knowledge and techniques required by the Part A exam. The academic co-ordinator will also encourage and support publications in peer reviewed journals and organise academic placements for those who wish this.

Support is also provided for the Part B exam, which tests the practical application of knowledge.

Registrars meet regularly once a month and organise training that they have defined they need and they run a journal club.

Further training is provided on specific topics and there is a particular emphasis on personal and leadership development. Registrars are also able attend other courses and conferences relevant to their learning needs.

The Deanery is committed to developing postgraduate training programmes as laid down by GMC, Colleges and Faculties and by COPMED - the Postgraduate Deans Network. At local level, lead educators work with the Programme Director in supervising these programmes. Minimum standards of education agreed by all training locations within the rotation. Trainees are expected to take part in these programmes (including audit) and to attend meetings with their nominated educational supervisor.

All posts within the training programme are recognised for postgraduate training by the General Medical Council (GMC) in accordance with their standards for training.

Study leave is granted in accordance with Deanery/Trust policy and are subject to the maintenance of the service.

**LOCAL PROVISION OF TRAINING**

The current reorganisation of the NHS will affect the locations in which training is provided in the future, so the following information about the training programme will change. What will not change, however, are the standards that will be applied for training. So, although the sites in which training takes place will change, the content and quality will not.
The programme is currently based in training locations in Hampshire and the Isle of Wight including:

<table>
<thead>
<tr>
<th>Training Base</th>
<th>LOCATION</th>
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<tbody>
<tr>
<td>Portsmouth Primary Care Trust</td>
<td>Portsmouth</td>
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<tr>
<td>Hampshire Primary Care Trust</td>
<td>Eastleigh</td>
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<td>Southampton Primary Care Trust</td>
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<tr>
<td>Isle of Wight Primary Care Trust</td>
<td>Isle of Wight</td>
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<tr>
<td>Health Protection Unit</td>
<td>Whiteley, Fareham</td>
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<tr>
<td>Academic Public Health Department</td>
<td>Southampton</td>
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<tr>
<td>NIHR Evaluations Trials and Studies Co-ordinating Centre</td>
<td>Southampton</td>
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Placements of special interest elsewhere are encouraged towards the end of training, especially if these support a career choice.

**TRAINING LOCATIONS**

**Hampshire Primary Care Trust**
NHS Hampshire
Headquarters
Omega House
112 Southampton Road
Eastleigh, Hants SO50 5PB
Telephone: 0238 062 7444


As the largest PCT in England, with a strong newly appointed Executive team, NHS Hampshire offers unique opportunities as a training location and is well positioned to embrace the opportunities presented by the NHS White Paper and associated reforms.

NHS Hampshire currently sits within NHS South Central Strategic Health Authority and serves a population of approximately 1.3 million covering an area of around 1,428 square mile (3,700 square km) consisting of a mixture of rural, semi rural and urban geography.

Overall health outcomes in Hampshire are good compared to regional and national outcomes. However, there are some areas of high deprivation and health inequality, which are most marked in the Havant, Gosport and Rushmoor districts. One of the key challenges facing Hampshire is the changing demography, with a projected rise of nearly 15% in the population over 65 years, by 2012. Cardiovascular disease and cancer are the key causes of premature death within the NHS Hampshire area. Smoking remains a major cause of morbidity. Rising rates of obesity, sexually transmitted infections and alcohol related harm in both young people and adults create challenges that can only be addressed through effective partnership working and targeting of interventions and services.

NHS Hampshire works closely with GP commissioners through 15 existing Practice Based Commissioning (PBC) localities which are grouped into three areas and is actively supporting the evolvement of GP Consortia.

NHS Hampshire is also coterminous with Hampshire County Council boundaries which provide increased opportunities for effective joint planning, commissioning and delivery of services. This offers registrars who come to Hampshire, a unique opportunity to experience a two tier county and district local authority system working at County level and closely via Local Strategic Partnerships with 11 district
councils: Basingstoke and Deane, Hart, East Hampshire, Havant, Fareham, Gosport, New Forest, Eastleigh, Test Valley and Winchester (refer to map below).

The Public Health (PH) Directorate

NHS Hampshire’s PH Directorate (see team structure), led by Dr Ruth Milton, Director of Public Health, delivers 11 key functions on behalf of NHS Hampshire:

- Provide public health leadership across Hampshire
- Prevent disease and effects of disease to improve health and minimise avoidable use of services
- Identify and address inequalities through partnership working
- Represent NHS Hampshire
- Address disasters and emergencies
- Combat infectious diseases
- Support commissioning of health and social care services through use of public health skills
- Support minimal commissioning of less effective medicines and interventions through use of public health skills
- Surveillance of the population and health trends to identify emerging issues
- Lead commissioning for NHS Hampshire for children and young people
- Provide a training location for the Deanery Public Health Specialist training scheme

NHS Hampshire is able to offer Public Health Specialist registrars a wide range of different learning experiences and project work, appropriate to individual need. Particular areas for experience could include:

- Strategic planning and partnership working at both county and district levels
- Surveillance and health needs assessment, including joint needs assessment with social services
- Commissioning, development and performance management of public health programmes to support health improvement, screening and health protection
- Strategic planning and joint commissioning around care groups
- Health service commissioning, including clinical effectiveness, service review/redesign, priority setting/decision making and service development
- Planning, response and preparedness for major incidents, including pandemic flu
There is a strong commitment to specialist, practitioner and wider public health workforce training and continuing professional development within the Directorate. NHS Hampshire is able to provide office, IT and other support facilities to accommodate the practical learning experience of a number of specialist registrars. Registrars would also have the usual access to ELP sessions, CPD and other professional development programmes provided by the training scheme as well as participating in the Hampshire and Isle of Wight Public Health Network.

**Some examples of recent Public Health registrar projects include:**

- A health needs assessment for the Nepali in Rushmoor
- A service evaluation of the older people’s mental health service in Andover
- Contributions to the annual public health report
- Rapid evidence assessments as part of the NCR (Non Contractual Referral) process
- Bowel cancer screening engagement
- Flood risk plan for Hayling island

Feedback from registrars has also emphasised the support provided by Consultants and via peer learning, the breadth of opportunities available and the quality of project supervision and educational support which is enhanced by medical and non medical Consultants with a range of backgrounds and specialist experience. On a practical level, the location of NHS Hampshire directly across the road from Eastleigh railway station means NHS Hampshire is very accessible by public transport.

**ISLE OF WIGHT PCT**

IOW NHS Primary Care Trust  
St Mary’s Hospital  
Parkhurst Road  
Newport  
Isle of Wight  
PO30 5TG


The PCT is co-terminus with the local authority. The Island has a high proportion of elderly residents and high levels of deprivation dispersed across a largely rural community. There are 3 prisons and there is an in-patient facility within one of these. Popular as a holiday destination, its population swells in the summer months and the area provides particular planning and logistical challenges.

The PCT incorporates all healthcare services on the Island (commissioning, public health, acute hospital, mental health, primary care and ambulance services) and hence offers an unrivalled training opportunity.

The public health team within the PCT is comprised of

- Director of Public Health and Chief Medical Advisor
- Health Improvements and Inequalities Team
- Health Promotion Manager
- Public health and health promotion staff covering smoking cessation, sexual health, physical activity, nutrition, health intelligence.

The team works with a wider network of staff involved in public health and commissioning both in the PCT and the local authority, and has close links with the public health teams in Portsmouth City, Southampton City and Hampshire PCTs. Various partnership groups take formal planning agendas forward.
The public health department's commitment to training is high. The Island setting lends itself to project work for a more experienced trainee rather than someone just beginning training and a series of projects that need to be undertaken have been identified by the DPH. There are opportunities for academic work through an association with the London School of Economics. The Director of Public Health is part of a research group where the main interest is in developing multi-criteria decision support and analysis within healthcare to support commissioning for health gain and increased quality of care. A researcher is working with the PCT to develop priority setting and decision conferencing. There are, therefore, opportunities for exploring the application and use of cost-effectiveness analysis, disease modelling techniques for achieving consensus across broad audiences and policy makers from diverse backgrounds, and the ethical dilemmas raised within economic methodologies. There is the potential for trainees to access academic seminars across a very wide range of economics, sociology and political sciences, which attract a very high calibre of speakers and audience participants.

Particular opportunities for training experience include

- Epidemiology projects, including offender health needs assessment
- Health Equity Audits
- Commissioning for lifestyle and health improvement programmes
- Health protection and emergency planning experience
- Developing pathways of care across primary and secondary care
- Oral public health
- Prison health
- Priority setting within commissioning
- Provider development, clinical management and leadership
- An Island population

PORTSMOUTH CITY TEACHING PCT

Trust Headquarters
St James' Hospital
Locksway Road
Milton
Portsmouth
PO4 8LD
Tel: 023 92834595

http://www.portsmouthcitypct.nhs.uk/

Portsmouth City has a total resident population of 196,212 in 2009, living in 14 electoral wards. It is the most densely populated Local Authority outside of London and 4 of its 14 wards have the highest level of deprivation in England, with one of the wards being the most deprived in South Central. The population is young but ageing, and is increasing, in part due to an increasing birth rate. There are higher than average proportions of children and young adults. Over a third of the population is under 24 years of age.

The number of people from Black and Minority Ethnic groups living in Portsmouth has increased from 5.3% in 2001 to 9.2% in 2007. The largest group is South Asian, accounting for 2.4% of the overall population. Except for the Chinese population, the age structure of BME groups is younger than the general population, with more children and less people of retirement age.

Life expectancy and overall health is poorer in Portsmouth City as a whole compared to other areas in South Central, although the position is improving. Life expectancy at birth has historically been lower for both men and woman; however women’s life expectancy has increased to above the national average at
81.9%, with men still lower at 76.7%. The figures demonstrate a slow but steady improvement. Reflecting this difference in life expectancy, Portsmouth has set itself 2 targets:

- To raise male life expectancy to a level equal to or exceeding that of England and Wales, by 2015
- To maintain female life expectancy at a level equal to or exceeding that of England and Wales, by 2015

However health inequalities within the City remains a significant challenge with there being an eight year difference in life expectancy between the most disadvantaged ward (73.9 years) and the most affluent (80.7 years) within Portsmouth. When comparing Portsmouth's overall life expectancy with that of the rest of England, over two thirds of this gap is attributable to heart disease, cancer and stroke. Major contributors to these diseases are smoking, obesity and alcohol: These are key public health challenges for Portsmouth.

Portsmouth’s Local Area Agreement 2008-11 describes its vision for Portsmouth as: ‘the premier waterfront city, with an unrivalled maritime heritage- a great place to live, work and visit’. One of its 10 priorities is to ‘encourage and enable healthy choices for all and provide appropriate access to health care and support’. Action on smoking, obesity, alcohol, and oral health are priority areas for the LAA.

Poor general health is strongly correlated with poverty and low educational achievement. The 2001 census data indicates that Portsmouth has 17.4 % of the population reporting limiting long term illness, 4.6% of the population were economically inactive due to permanent sickness or disability, and 27.9% of the population aged 16-74 had no qualifications.

The average number of decayed, missing or filled teeth in children is above the national target. The number of older people supported in their own home is low compared to the national average. Teenage pregnancy rates are higher than the national and regional average.

- Major Killers - Cardiovascular disease is responsible for more deaths than any other disease and Cancers are responsible for most years of life lost in Portsmouth
- Risk Factors to be tackled to improve health - Smoking – an estimated 31% of the population smoke. This is higher than the national average (24%), Obesity, Poor nutrition – 34% of men and 45% of women eat 5 or more portions of fruit and vegetables a day, Alcohol misuse - there are significantly more alcohol related hospital stays than the national average.
- Wider determinants of health to be tackled - Poverty, Poor housing, Low levels of educational achievement

NHS Portsmouth’s Public Health function has close links with Portsmouth City Council (PCC). The Director of Public Health (Dr Paul Edmondson-Jones) is jointly appointed with PCC, and works closely with the Head of Health, Housing and Social Care and PCCs Health Improvement & Development Team. Joint appointments between the two teams further promote close collaboration. The DPH is chair of the Local Strategic Partnership and of the Health & Social Well-being Partnership Board, Vice Chair of the Safer Portsmouth Partnership (formed by a merger between the Drug Action Team and the Crime & Disorder Reduction Partnership) and a member of the Housing Partnership and the Sports Alliance Partnership.

Portsmouth continues to attract national funding for a wide variety of health-related programmes including Health Trainers, the Teenage Health Demonstration Project and the recently-announced Healthy Communities Programme, which aims to tackle obesity through a combination of nutrition and physical activity-related projects. All of Portsmouth’s pharmacies are actively engaged in promoting healthier lifestyles and have recently opened the first healthy living pharmacy.

In NHS Portsmouth the trainees will be based in the Public Health & Primary Care Directorate. This directorate is responsible for all primary care issues and all commissioning of the staying healthy, maternity, children and mental health strategic programme groups. It also provides public health support to the other strategic programme groups including planned care and unscheduled care which are led by
the Directorate of Strategy and System Reform. The directorate leads on medicines management, public health information and quality in commissioning. The directorate has more than 80 members of staff, and is headed by a senior management team which includes the 3 Public Health Consultants who are involved in training.

Public health trainees have allocated a room for use and this contains a small library of public health textbooks. The room is also available for GP trainees and F2 doctors and the intention is that there should be cross fertilisation of experience. Public health trainees have dedicated IT and secretarial support comparable to the rest of the department. They are encouraged (and expected) to play a full role in all PCT work and activities.

SOUTHAMPTON CITY PCT

Oakley Road
Southampton
SO16 4GX
Tel No: 023 8029 6904

http://www.southamptonhealth.nhs.uk/

The Primary Care Trust is co-terminus with the local authority, Southampton City Council (SCC) which is a unitary authority. It serves 249,000 people who are registered with GP practices in the City. The central City area has a large population of young adults, mainly due to the high numbers of university and college students living in this part of the City. There are also relatively fewer people living to old age and fewer children. The populations in the west and east of the City are similar, with a slightly higher proportion of adults in their twenties in the west.

The population of Southampton is expected to grow over the next ten years. There are likely to be significant changes to the overall age structure, with 12% fewer children, a large increase in the pre-retirement (55-64 years) age group and more people living into their mid eighties and beyond (9% increase). Ward populations and projections show that over the next five years, despite an overall decline in the numbers of children, there will be a significant increase in the three youngest age bands in central Southampton, including 11% more 0-4 year-olds.

At the time of the 2001 census, 7.6% of the City population was from non-white minority ethnic groups. People from the Indian subcontinent represented by far the largest community at 3.8% and black groups were the second largest at 1.1% The last few years have seen a rapid increase in the number of East Europeans living and working in the city.

The city of Southampton has significant numbers of disadvantaged people. The 2,000 DETR Indices of Deprivation show that the average ward scores are the fourth worst in the South East Region. On the income scale, Southampton is second only to Brighton. Out of the City’s 15 wards, five are among the worst 10% of wards in the Region for employment, six for health deprivation and disability, eight for education training and skills and ten for housing.

The health of people in Southampton is broadly similar to that of the country as a whole. Overall mortality rates, for example, are close to the national average. However, they compare unfavourably with the rest of Hampshire and with the south east of England. There is some evidence that mortality rates are falling less rapidly in the City than in the rest of the former Health Authority area (South West Hampshire). Predictably, poorer health indicators are common in the most deprived wards and are a dominant feature of west Southampton. Compared to the rest of the City, people living in poorer areas have a 27% higher overall death rate and a 47% higher death rate for heart disease and stroke.
Specific health problems include high teenage pregnancy rates, high accident rates and poor dental health in children.

Public Health Team

Current Staffing
The Primary Care Trust has a progressive, multi-disciplinary Public Health team, which is expanding. There is currently a Public Health Director, three public health specialists/consultants, four trainee Specialists, and shared public health commissioning managers who work for the PCT and local authority. A public health information team of three is based in the PCT providing excellent intelligence. The health promotion team is based in the local community trust, and they deliver tobacco control, sexual health, and health trainer programmes.

Although accountable to the PCT, the Public Health Director is a joint appointment with the City Council.

The senior public health team in the PCT is comprised of

- Public Health Director
- PH Specialists/Equality and Diversity lead
- Consultant in Public Health
- Consultant in Public Health
- Consultant in Public Health
- Consultant in dental public health

There is also a 'Health & Wellbeing Strategy Group', which includes colleagues from the City Council, community and voluntary sector. This brings together a range of partners in the city that focus on the public health programme. This function will transform into the statutory health and wellbeing board required by the recent NHS white paper.

Partnership arrangements
The Public Health Director's post is jointly funded by the Southampton City Council (SCC). The PCT team works as part of a health and Well-being Action Group, which coordinates the delivery of the Health and Well-being Action Plan. Representatives are present from the public health team and other parts of the PCT, the City Council, and voluntary sector.

Partnership work in the City is co-ordinated by the Southampton Partnership www.southampton-partnership.com. The health and social care partnership led on the Health and Well-being Strategy for the City and its Community Strategy. This will evolve into the new statutory arrangements, following completion of the public health white paper later in 2010.

Training and CPD arrangements
The Primary Care Trust is committed to the training of public health specialists and Specialist Registrars in Public Health Medicine, and Public Health Specialist Trainees from the Hampshire and IOW Training Scheme in Public Health Medicine. There are currently four specialist registrars attached to the team. There are also links to the General practitioner vocational training scheme, with GP registrars attached to the department one day per week and a new GP fellowship in post 2 days per week.

A local CPD programme is run quarterly to support the development needs of local public health specialists, many of whom have moved into new organisations and roles. A Public Health Development Programme has been in place for several years to promote, organise and support education, training and development for the public health workforce www.phdevelopmenthiow.org.uk. There are excellent links to local academic groups, including the Wessex Institute for Health Research and Development www.wihrd.soton.ac.uk and the South East Public Health Observatory www.sepho.org.uk.
Public Health Training

Trainees have access to the usual support arrangements – training sessions with other trainees, CPD and the Professional Development Programme. The department has a small library of public health textbooks and the medical library of the teaching hospital is close by.

Individual projects will depend on the particular needs of a trainee. The PCT provides general training and offers the following particular areas for experience:

- Urban health issues
- Inequalities in health
- Health Action Zone
- Health Cities approaches
- Community development
- Health information
- Collaborative working for health

PUBLIC HEALTH SCIENCES AND MEDICAL STATISTICS

Public Health Sciences and Medical Statistics
University of Southampton
C floor
South Academic Block
Southampton General Hospital
Southampton
SO166YD

The academic Public Health department of the University of Southampton (Public Health Sciences and Medical Statistics-PHSMS) is a very active research and training group based at the Southampton University Healthcare Trust, with around 30 staff. It incorporates the University Medical Statistics group and the South Central Research Design Service which provides research advice and support to all NHS professionals. It is part of Southampton Clinical Research Institute which also includes the two NIHR funded Biomedical Research Units (Respiratory and Nutrition), the Southampton Clinical Trials Unit, Wellcome Trust Clinical Research Facility and Southampton University Hospital Trust Research and Development department.

The current research interests are in health and health care needs of vulnerable groups including people in the criminal justice system, the epidemiology of liver disease and renal disease, lifestyle related harms including alcohol and obesity, evaluating need and demand for health care, and RCTs in cancer. However the group collaborates with a range of clinicians using multiple methods including RCTs, systematic reviews, modelling (simulation and multi-level), cohort studies and qualitative approaches. The group has a track record of obtaining grant funding, peer reviewed publications and successfully supervising MD/PhD students. There are currently 2MD and 3 PhD students supervised by the group.

There are strong links with Primary Care and with clinical departments in secondary care (e.g. Hepatology, Cancer, General Surgery, Renal Medicine, and Metabolic Medicine). In addition PHSMS is leading an initiative to bring together across the University those researchers and departments interested in Population Health, with a recent population health conference being successful in sharing current research, ideas and skills, strengthening and fostering future collaborations with departments in the University, for example Social Statistics, Geography; Psychology. There are close links with external groups (e.g.University College London, Imperial College London, London School of Hygiene and Tropical Medicine.
PHSMS organises and largely delivers the Public Health component of the undergraduate Bachelor of Medicine programme, the research methods module for the Bachelor of Medical Science, and delivers a wide variety of postgraduate training to MScs (including the epidemiology module on the MSc in Public Health practice run by the Faculty of Health Sciences, F2 and PhD students.

There are opportunities for PH trainees to undertake a prolonged attachment suitable for an MD/PhD, and/or to gain teaching experience or to have shorter attachments with the aim of conducting a shorter piece of research and obtaining a publication(s) and conference presentations. Prior contact is needed to identify a trainees’ interests and to plan an appropriate research project.

Trainees can be seconded to the Public Health Nutrition group, which is interested in links between nutrition and health or to the MRC Epidemiology Resource Centre which has a major research interest in the developmental origins of adult disease and in musculoskeletal problems.

NIHR EVALUATIONS TRIALS AND STUDIES CO-ORDINATING CENTRE (NETSCC)

Wessex Institute, University of Southampton
Alpha House
Enterprise Road
Southampton Science Park
Chilworth
Southampton
SO16 7NS

Tel: +44 (0)23 8059 5586

NETSCC has now been recognised as a Public Health National Treasure.

It runs a number of national research programmes on behalf of the National Institute for Health Research, the Medical Research Council and the Department of Health. The programmes run from here are needs-led and science-added, that is the programmes respond to the identified needs of a customer – normally the NHS – and ensure that the highest quality work is commissioned in order to answer research questions identified by that customer as the most important.

Currently it runs

- The NIHR Health Technology Assessment Programme (www.hta.ac.uk)
- The Efficacy, Mechanism and Evaluation Programme (www.eme.ac.uk)
- The NIHR Service Delivery and Organisation Programme (www.sdo.nihr.ac.uk)
- The NIHR Health Services Research Programme (www.hsr.nihr.ac.uk)
- The NIHR Public Health Research Programme (www.phr.nihr.ac.uk)

In addition, we have two internal directorates concerned with cross cutting issues which may affect more than one of these programmes, and an internal programme of ‘Research on research’, aimed at learning from our large portfolio of commissioned research projects (ranging from evidence synthesis to large clinical trials), in order to both deliver academic outputs and improve the programmes that we run.

The core of a typical attachment would involve being attached to one of these programmes, where the trainee would contribute to identifying and refining research priorities through literature review and discussion with appropriate experts. In the course of a year’s attachment, a trainee would be able to see the initial topics worked on be commissioned as significant pieces of research. Additional activity would
be arranged according to the trainees needs and interests. Previous trainees have contributed to setting up new research programmes, done work aimed at minimising redundancy of clinical trials, worked on European collaboration in Health Technology Assessment, and published research as part of our research programme.

At the end of the attachment, trainees should have gained an insight into the process of evidence generation, and the workings of research management.

The exact learning outcomes achieved will depend on the work taken while on attachment with us. The list below is suggestive, not exhaustive.

**Learning outcomes**

Trainees are eligible for placement at NETSCC after successful completion of the Part B exam of the Faculty of Public Health and they will be addressing Phase 3 Learning Outcomes in the curriculum. The list in the table below shows the main ones that may be addressed during the placement.

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<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.7</td>
<td>Undertake a health needs assessment for a defined population for a specific purpose and demonstrate that this work has been considered at a high level in a relevant organisation</td>
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<tr>
<td>2.1</td>
<td>Generate an appropriate question in order to assess the evidence</td>
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<td>2.2</td>
<td>Use health and non-health evidence from formal research and other sources to answer a defined question, taking into account relative strengths and weaknesses of evidence used</td>
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<td>2.3</td>
<td>Make use of others in finding and retrieving evidence (e.g. librarians, information specialists)</td>
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<td>2.4</td>
<td>Define a literature search strategy with appropriate inclusion and exclusion criteria to find relevant evidence to answer a question</td>
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<td>2.5</td>
<td>Clearly document methods used in finding and retrieving evidence</td>
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<td>2.6</td>
<td>Filter and refine searches to select appropriate evidence, incorporating the hierarchy of evidence</td>
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<td>2.7</td>
<td>Use an appropriate framework to critically appraise evidence</td>
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<td>2.9</td>
<td>Provide options for decision makers</td>
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<td>2.10</td>
<td>Communicate recommendations orally and in writing in order to influence decisions</td>
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<td>2.7</td>
<td>Assess an individual funding request using sound legal and ethical principles</td>
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<td>2.14</td>
<td>Lead an exercise in horizon scanning for new technologies and treatments which informs planning decisions</td>
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<td>8.6</td>
<td>Present and communicate population health intelligence in effective ways in order to develop local and national policy</td>
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<td>8.9</td>
<td>Make a major contribution to systematic collecting, collating and interpreting of intelligence to inform the commissioning of health care and public health activities.</td>
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<tr>
<td>9.2</td>
<td>Formulate a specific public health research question</td>
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<td>9.3</td>
<td>Interpret a meta-analysis</td>
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<td>9.4</td>
<td>Define appropriate outcome measures and data requirements for specific research proposals, both quantitative and qualitative</td>
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<td>9.5</td>
<td>Identify the resource implications of varied research strategies</td>
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<td>9.9</td>
<td>Identify research needs based on patient/population needs and in collaboration with relevant partners</td>
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| 9.10   | Work within the principles of good research governance where
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<tr>
<td>9.12</td>
<td>Contribute to the education and training of other staff, medical students and colleagues.</td>
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<td>9.17</td>
<td>Advise on the relative strengths and limitations of different research methods to address a specific public health research question</td>
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<tr>
<td>9.18</td>
<td>Design, undertake and analyse an original research project(s)</td>
</tr>
<tr>
<td>9.19</td>
<td>Conduct a systematic review on a defined research question</td>
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<tr>
<td>9.20</td>
<td>Present an accepted research paper at a national public health scientific meeting</td>
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<tr>
<td>9.21</td>
<td>Prepare and submit a research paper to a reputable peer reviewed journal</td>
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**South Central Specialised Commissioning Group**

112 Southampton Road  
Eastleigh  
SO50 5PB  
023 80 627598

The South Central Specialised Commissioning Group (SCG) is responsible for commissioning specialised services for approximately four million people who live in Berkshire, Buckinghamshire, Hampshire, the Isle of Wight and Oxfordshire. It was formed in April 2007 and, as a non-statutory organisation, is hosted by Hampshire PCT. It is based in the Hampshire PCT offices at Omega House in Eastleigh.

The Specialised Services Commissioning team is based at Omega House in Eastleigh. It commissions a range of services on behalf of the South Central PCTs, the principal of which are:

- Assisted conception
- Bariatric surgery
- Neonatal intensive care
- Specialised paediatric services
- Neurosurgery
- High and medium secure mental health services
- Haemophilia service
- Renal replacement services
- Specialised burns centres
- Spinal injuries centres
- Cystic fibrosis services
- Cleft lip and palate services
- Blood and bone marrow transplant services

A placement with the Specialised Commissioning Team would particularly valuable for a trainee interested in evidence based commissioning and issues to do with resource allocation. Public health and clinical support to the Team is provided by the SCG Medical Advisor, who is trained as an educational supervisor.

**HAMPShIRE & ISLE OF WIGHT HEALTH PROTECTION UNIT**

Unit 8
a) Structure, functions and facilities of Department

The establishment of the HPA in 2004 provided an integrated approach to the delivery of health protection functions at national, regional and local levels, including expertise in specialist areas of health protection practice.

The Health Protection Service of the HPA delivers frontline response to the prevention and control of infections, the adverse health effects of hazardous chemicals, radiation and major emergencies. This is currently delivered through 25 Health Protection Units (HPUs) across the country, with epidemiological support provided at regional and national levels. HPU’s are the ‘bedrock’ of the Agency’s activities, providing operational support and specialist advice to the NHS, local authorities and other agencies, and by contributing actively to policy making and implementation with these partners. The Service is moving towards coherent and consistent national provision that will standardise current good practice, with emphasis on health outcomes within a service framework, which complements NHS and other HPA developments.

The Hampshire and the Isle of Wight Health Protection Unit (HIOW HPU) serves the counties of Hampshire and the Isle of Wight. The Unit relates to four Primary Care Trusts (PCT), 5 acute hospital trusts, 15 Local Authorities and one port health authority (see Table below). The HPU serves a population of about 1.84 million. The HPU serves the southern part of the South Central Strategic Health Authority (SHA).

<table>
<thead>
<tr>
<th>Local authorities</th>
<th>Hospitals</th>
<th>Primary care Trusts</th>
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</thead>
<tbody>
<tr>
<td>Basingstoke and Deane</td>
<td>North Hampshire Hospitals</td>
<td>Southampton City PCT</td>
</tr>
<tr>
<td>Borough Council</td>
<td>Eastleigh and Winchester</td>
<td>Portsmouth PCT</td>
</tr>
<tr>
<td>East Hampshire District</td>
<td>Hampshire Healthcare Trust</td>
<td></td>
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<tr>
<td>Council</td>
<td></td>
<td></td>
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<tr>
<td>Eastleigh Borough Council</td>
<td>Portsmouth Hospital Trust</td>
<td>Isle of Wight PCT</td>
</tr>
<tr>
<td>Fareham Borough Council</td>
<td>Southampton University Healthcare Trust</td>
<td>Hampshire PCT</td>
</tr>
<tr>
<td>Gosport Borough Council</td>
<td>Isle of Wight Hospitals</td>
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<tr>
<td>Hart District Council</td>
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<td>Havant Borough Council</td>
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<td>New Forest District Council</td>
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<td>Rushmoor Borough Council</td>
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<td>Test Valley Borough Council</td>
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<tr>
<td>Winchester City Council</td>
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<tr>
<td>Port of Southampton</td>
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<tr>
<td>Hampshire County Council</td>
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<tr>
<td>Southampton City Council</td>
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<tr>
<td>Portsmouth City Council</td>
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<tr>
<td>Isle of Wight County Council</td>
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</tbody>
</table>

The HPU provides leadership, advice and operational support on health protection matters to local health care organisations, local authorities and other public service bodies. The HPU is responsible for the surveillance, investigation, prevention and control of communicable disease and non-infectious
environmental hazards and the health aspects of emergency planning. The HPU works closely with HPA regional and national services.

The detailed role of the HPU is defined in various joint service agreements between the Unit and its stakeholders. The main office of the HPU is at Whiteley.

Trainees on attachment have a desk in the main office and have access to the usual infrastructure needed for a training placement (desk, phone, computer etc.). The HPU local teams, working with the PCT and their partners, provide the necessary specialist expertise to deliver or support health protection functions at the local level and also act as a gateway to specialist services of the HPA, e.g. radiological and chemical advice.

b) Training programme

Training is organised around the particular needs of the individuals and based on the recommendations of the Faculty. Training is provided by four CCDCs/Consultants in health Protection, which includes the Init Director as the coordinating lead for specialist public health training.

The three months general training for health protection is provided through a placement at the Health Protection Unit in Whiteley. This well organised Unit provides a wide range of experience in health protection including port health. Training is also provided for those who wish to specialise in health protection.

Trainees at the Health Protection Unit are normally expected to have passed the Part A examination. Trainees usually join the on-call rota after they have done their three month attachment. Out Of Hours services in HIOW comprise a two tier rota including a first tier of comprising largely of HPU health protection practitioner staff and an ‘expert’ tier of HPU CCDCs/Consultants in Health Protection. Trainees provide a supernumerary tier. Trainees join the rota when they have the necessary competencies. They would be supported on the rota by a first on-call tier which in turn would be supported by the expert HPA tier.

At the start of training, the trainee completes a two-week induction programme during which they will spend a day with a local authority environmental health department, the port health service and the health protection laboratory.

Further training is modelled on the Training in Health Protection guidance and the competency needs of the individual trainee.

Emergency planning is well developed within Hampshire with multi-agency training organized annually.

c) Continuing Education

There are well resourced medical libraries nearby at the Teaching Hospital in Southampton. Trainees will be able to join the journal club run by the Southampton City PCT. Trainees would attend the ELP sessions as a matter of course and have the same support as trainees in other sites.

d) Audit and CPD

As in other sites, trainees can attend the CPD training events organised by the HPU and wider Public Health Network. Audit projects can be included as part of a placement with the Unit.

MAIN CONDITIONS OF SERVICE

The posts are whole-time but trainees may also apply to work part time. Appointments are subject to:
1. The Terms and Conditions of Service (TCS) for Hospital Medical and Dental Staff (England and Wales)
2. Satisfactory registration with the General Medical Council
3. Medical Fitness – You may be required to undergo a medical examination and chest x-ray. Potential applicants should be aware of the Department of Health and GMC/GDC requirements with regards to HIV/AIDS and Hepatitis viruses. Candidates must be immune to Hepatitis B. You will be required to provide, in advance of appointment, evidence of immunity or have a local blood test (as deemed necessary by the Occupational Health Department)
4. Right to work in the UK
5. Criminal Records Check/POCA check carried out by the Trust Medical HR department.
6. Pre-employment checks carried out by the Trust Medical HR department.

**Hours**

The working hours for junior doctors in training are now 48-hours (or 52-hours if working on a derogated rota) averaged over 26 weeks (six months). Doctors in training also have an individual right to opt-out if they choose to do so, but they cannot opt-out of rest break and statutory 11 hour break between shifts or compensatory rest and leave requirements. However, the contracts for doctors in training make clear that overall hours must not exceed 56 hours in a week (New Deal Contract requirements) across all their employments and any locum work they do.

http://www.nhsemployers.org/PlanningYourWorkforce/MedicalWorkforce/EWTD/Pages/EWTD.aspx

**Pay**

You should be paid monthly at the rates set out in the national terms and conditions of service for hospital medical and dental staff and doctors in public health medicine and the community health service (England and Wales), “the TCS”, as amended from time to time. The payscales are reviewed annually.

Current rates of pay may be viewed at http://www.nhsemployers.org/PayAndContracts/Pay%20circulars/Pages/PayCircularsMedicalandDental.aspx

Part-time posts will be paid pro-rata.

Depending upon the working pattern and hours of duty you are contracted to undertake by the employer you should be paid a monthly additional pay supplement at the rates set out in paragraph 22 of the TCS. The current payscales may be viewed on the NHS Employers website. The pay supplement is not reckonable for NHS pension purposes. The pay supplement will be determined by the employer and should be made clear in their offer of employment and subject to monitoring

**Pension**

You will be entitled to join or continue as a member of the NHS Pension Scheme, subject to its terms and rules, which may be amended from time to time.

**Annual leave**

Your entitlement to annual leave will be five or six weeks per annum depending upon your previous service/incremental point, as set out in paragraphs 205 – 206 of the TCS.

The TCS may be viewed at http://www.nhsemployers.org/PayAndContracts/JuniorDoctorsDentistsGPReg/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx

**Sick pay**
Entitlements are outlined in paragraphs 255-240 of the TCS.

**Notice**

You will be required to give your employer and entitled to receive from them notice in accordance with paragraphs 195 – 196 of the TCS.

**Study leave**

The employer is expected to offer study leave in accordance with paragraphs 250 – 254 of the TCS. Local policy and procedure will be explained at your induction.

**Travel expenses**

The employer is expected to offer travel expenses in accordance with paragraphs 277 – 308 of the TCS for journeys incurred in performing your duties. Local policy and procedure will be explained at induction.

**Subsistence expenses**

The employer is expected to offer subsistence expenses in accordance with paragraph 311 of the TCS. Local policy and procedure will be explained at induction.

**Relocation expenses**

The employer will have a local policy for relocation expenses based on paragraphs 314 – 315 of the TCS and national guidance at [http://www.nhsemployers.org/PayAndContracts/JuniorDoctorsDentistsGPReg/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx](http://www.nhsemployers.org/PayAndContracts/JuniorDoctorsDentistsGPReg/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx)

You are advised to check eligibility and confirm any entitlement with the employer before incurring any expenditure. In addition to local policy there is Deanery guidance which can be viewed on [www.wessexdeanery.nhs.uk](http://www.wessexdeanery.nhs.uk)

**Pre-employment checks**

All NHS employers are required to undertake pre-employment checks. The employer will confirm their local arrangements expected to be in line with national guidance at [http://www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/Pages/Employment-checks.aspx](http://www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/Pages/Employment-checks.aspx)

**Professional registration**

It will be a requirement of employment that you have professional registration with the GMC for the duration of your employment.

**Health and safety**

All employers have a duty to protect their workers from harm. You will be advised by the employer of local policies and procedures intended to protect your health and safety and to comply with these.

**Disciplinary and grievance procedures**

The employer will have local policies and procedures for dealing with any disciplinary concerns or grievances you may have. They will advise you how to access these, not later than eight weeks after commencement of employment.
**Educational supervisor**

The employer will confirm your supervisor on commencement.

**General information**

The Deanery’s management of Specialty Training programmes, including issues such as taking time out of programme and dealing with concerns or complaints, is available at [www.wessexdeanery.nhs.uk](http://www.wessexdeanery.nhs.uk) and in the national ‘Gold guide’ to Specialty Training at [http://www.mmc.nhs.uk/specialty_training_2010/gold_guide.aspx](http://www.mmc.nhs.uk/specialty_training_2010/gold_guide.aspx)