

Public Health Workforce Consultation
Department of Health
Room 102
Richmond House
79 Whitehall
London
SW1A 2NS

Chair
Professor Tony Weetman
MD DSc FRCP FMedSci

Executive Director
Dr Katie Petty-Saphon

Friday 29 June 2012

Dear Sir/Madam,

We are writing in response to the consultation '*Healthy Lives, Healthy People: Towards a workforce strategy for the public health system*' to present the views of the Medical Schools Council and to highlight a joint piece of work between the Medical Schools Council and Academy of Medical Sciences.

The Medical Schools Council represents the interests and ambitions of UK medical schools as they relate to the generation of national health, wealth and knowledge through biomedical research and the profession of medicine. In training the public health doctors of the future and employing many of those involved in public health work, medical schools have a key contribution to make in shaping the future public health workforce. To support and build the public health workforce, we would emphasise the following key points:

- The three distinct components of public health (health promotion/improvement, health protection and health services). All three share the common feature of bringing a population perspective to bear on their area.
- There is a need to link academic public health research with public health practice. Ensuring that interventions are evidence-based, and use innovative and rigorous research, is crucial to achieve the necessary outcomes. This has not always happened in the past and requires a workforce with strong academic connections.
- Dually qualified doctors who can work across the interface between clinical practice and public health practice are required.
- New multidisciplinary teams should form the core of the future public health workforce. The relevant composition of these teams will depend on which of the three areas of public health is involved but might include psychologists with expertise in behaviour change, economists, epidemiologists, geneticists, policy experts, public health doctors and others.
- To support the future supply of public health doctors, public health must continue to be an integrated part of the undergraduate medical curriculum.
- The process of recruiting graduates into careers in public health should be started early. While it is important that flexibility in the training pathway is maintained, it is essential that graduates are given early exposure to the option of a public health career to provide sufficient supply.
- With the move of staff contracts to Local Authorities, it will be important to ensure that NHS funds are provided to support the payment of clinical excellence awards to public health medical staff.
- It is essential that the commitment to fully involved public health in Academic Health Science Networks is delivered.

The Medical Schools Council is working closely with the Academy of Medical Sciences to pursue joint work on capacity building in public health, particularly focusing on the academic public health workforce. Plans for this activity are beginning to take shape and we feel that this will provide a valuable contribution to forming a public health workforce ready to meet the commitment to improve population health and wellbeing.

Please do not hesitate to contact us if you wish to discuss this work or the issues highlighted above in greater detail.

Yours faithfully,



Professor Tony Weetman
Chair, Medical Schools Council
CC: Duncan Selbie, Public Health England