**Protocol for Public Health Innovative Training Post swaps**

**Introduction**

Public health and primary care medicine are closely intertwined. Many of the health priorities at national and regional levels are derived from research and information received from public health. This training post - job swapping would provide each learner with a unique opportunity to respectively appreciate the opportunities and difficulties in evaluation and implementation of health policies from their national conception to individual patients. The swap will involve each learner spending part of their working week in the other specialty over a 4 month (pro-rata) period.

In the majority of cases, the Public Health Trainee will be none-clinical and be attached to the Training practice of the ST2 GP Registrar who, in turn, will be allocated to a Public Health department. The objectives for each learner are mapped to their specialty curricula (Appendix 1 and 2)

**Selection of GPStRs for Public Health Job Swap**

All GPStRs receive Educational supervision over the 3 years from their final 12 month Trainer. These Trainers are in a unique position to identify GPStRs most likely to benefit from innovative training opportunities.

Nominations would be invited from Educational Supervisors for GPStRs currently in ST1 in May of each year. This would coincide with the Educational Supervision meeting when GPStRs who meet the criteria below could be asked for an expression of interest.

The GP Training practices for ST2 would need to agree to the swap and engage with the Public Health Trainee on how to best use their period of practice attachment e.g. audits/research/engagement with Clinical Commissioning Groups (CCG) etc.

**Selection Criteria**

**Training Practices**

* The training practice at ST2 would need to agree to the swap
* The Final Training practice at ST3 would need to be flexible and support the GPStR when time may occasionally be needed to complete projects initiated during ST2.

**GPStRs**

* Express a desire and motivation for public health attachment
* There are no concerns regarding their ability to complete GP Training for whatever reason
* E-portfolio demonstrates ‘adult’ learning attitudes and is self-motivated
* Understanding that the commitment may continue for the duration of the Training
* Consistently achieves high ratings in clinical supervision and assessments as recorded in their e-portfolios
* Good academic background

**ST2:**

* Out of 10 sessions in a week the GPStR would normally work seven clinical sessions and three Educational (one for debriefings/in house tutorials, one personal learning and development and one attendance an educational day release (EDR). The time would have to be divided 50:50 between Public Health and the GP practice. Flexibility in planning will need to be exercised by all
* Where there are conflicts, for example with the (EDR), the working pattern of the public health posting should take priority to ensure a valid experience.
* Clinical Supervision in the ST2 GP attachment will be shared between the Trainer in the practice and the Public Health Clinical Supervisor.

**At ST3 and above**:

* On a few occasions the practice may need to give special dispensation to enable completion of projects when the GPStR moves to their final GP Attachment

**Appendix 1**

**GP Registrars in Public Health: Learning Outcomes mapped to the GP Curriculum**

* **The GP consultation in practice**
	+ Learning about the physical environment of your practice population, understanding the interrelationship between health and social care, and the tensions that lie between individual patients and the wider needs of the community.
	+ Managing conflicts between personal health needs, evidence based practise and public health responsibilities.
* **The GP in the wider Professional Environment**
	+ To understand the wider health economy
	+ To understand the structure of the local healthcare system and its economic limitations
	+ The variety of ways health care and health promotion can be delivered in the community
	+ The contribution of the private and third sector in healthcare delivery
	+ The importance of involving public and communities in managing health services
	+ To understand the health needs of individual patients
	+ To understand the change across a system of healthcare
	+ To understand the role of the GP in the commissioning of care
	+ Working with professionals and organisations to improve population health outcomes
	+ Health impacts of climate change and its relationship with health inequalities
	+ Service management and service improvement in the local health community
* **Enhancing professional knowledge**
	+ Understanding the health inequalities of healthcare delivery.
	+ Demonstrating awareness that poverty is a common cause of poor health
	+ To understand that Health economic studies and healthcare resources allocation will help to support the recommendations on which treatments are offered
	+ To recognise public health skills are needed in meeting the needs of population health as well as individual health
	+ To be seen as a leader of healthcare provision based on clinical experience
* **Health people: promoting health and preventing disease**
	+ To understand the characteristics of a community which includes socio-economic, ethnicity and health features
	+ Assessing the health needs of the local population and sub groups
	+ Engage in the implementation of locally agreed health programmes
	+ Different perspectives required in managing work and health issues.
	+ To understand the links between health and work, including positive benefits of work on well being
* **Care of people who misuse drugs and alcohol**
	+ Prevention strategies for individuals and communities
	+ Perform a brief intervention
	+ To offer screening