About Public Health England

PHE exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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1 Introduction

1.1 This prospectus outlines the specialist public health training that is provided by Greater Manchester Public Health England Centre (GMPHEC) and provides details of what Specialty Registrars in Public Health (StRs) and other prospective trainees can expect when considering an attachment with the PHEC.

1.2 This prospectus should be read in conjunction with the Faculty of Public Health, Public Health Specialty Training Curriculum 2010 and Health Education North West Public Health website.

1.3 Placements can be arranged appropriate for all three phases of Speciality Training. All training outcomes can potentially be addressed across the various departments.

1.4 Shorter term or joint placements with Local Authority can be arranged to address specific learning outcomes where opportunities generally lie within PHE, for example outcomes related to screening.

2 Greater Manchester Public Health England Centre

2.1 GMPHEC was formed in April 2013 in response to the Health & Social Care Act 2012. The headquarters for GMPHEC is located in central Manchester; it is one of fifteen PHE Centers across England and one of five across the north of England.

2.2 GMPHEC provides:

- health and wellbeing expertise to local authorities, the NHS and others to maximise health improvement to the local population;
- high quality health protection services, including the Centre for Radiation, Chemical and Environmental Hazards, and professional support to the screening and immunisation teams within NHS England; and
- health care public health advice to the NHS England Area Team, including specialised and dental commissioning.

2.3 GMPHEC is supported by national directorates, in particular Health & Wellbeing, Health Protection and Knowledge & Intelligence. GMPHEC are the first point of contact for local organisations and public health teams to access national resources and expertise. GMPHEC will also champion the health of local people and ensure that the local perspective is represented at national level in PHE.

2.4 GMPHEC continues to work closely with our partners to support an integrated public health system for Greater Manchester. We have close links with the University of Manchester providing opportunities for public health research and both undergraduate and postgraduate teaching.

2.5 GMPHEC is currently located on the 2nd and 5th floors 3 Piccadilly Place, London Road, Manchester M1 3BN with the Screening and Immunisation Team embedded with the NHS Area Team on the 4th floor and the Cancer registry in separate premises in South Manchester.
Manchester. It is planned that all parts of PHE in Greater Manchester other than the Screening and Immunisation Team will co-locate to the 2nd floor at 3 Piccadilly Place by September 2015.

2.6 GMPHEC has links to other PHECs in the North, with opportunities for regional projects. In addition, there are opportunities for working with national PHE colleagues on a variety of national projects, including national secondments.

2.7 GMPHEC also has strong local links with Local Authorities, acute and community Trusts, CCGs, NHS England Area Teams and many other organisations which encourages partnership working.

3 Educational Supervisors

<table>
<thead>
<tr>
<th>Name</th>
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In addition, specific projects can be undertaken in other topics, including healthcare public health, under the supervision of experienced senior staff.
4 Health Protection

4.1 General

4.1.1 Greater Manchester is a busy Health Protection Team with good links to the 10 Local Authorities. There are many opportunities for StRs to acquire knowledge and skills in the management of cases of illness of public health significance, outbreaks and non-infectious environmental hazards as well as more strategic response to health protection challenges.

4.1.2 There are substantial opportunities for developing teaching and presentation skills including:

4.1.2.1 presenting at journal clubs
4.1.2.2 weekly in-house training sessions
4.1.2.3 incident review meetings
4.1.2.4 joint clinico-epidemiology meetings with the Regional Infectious Diseases Unit at North Manchester General Hospital

4.1.3 Greater Manchester Health Protection Team has an excellent record of trainees publishing in peer review journals and presenting at conferences.

4.2 Short term placements

4.2.1 All trainees in the Public Health StR training scheme are required to undertake a 3 months wte placement in health protection. The purpose of this placement is to meet the health protection relevant outcomes for phase 2 and to prepare the StR for participation in the out-of-hours health protection rota.

4.2.2 Trainees must have passed part A of the Faculty membership examination before starting their health protection placement. If they have not yet passed the examination, they can arrange a date to start a placement conditional upon passing part A.

4.2.3 Full time StRs will work whole time at the Health Protection Team for 3 months. It is not generally acceptable for StRs to undertake joint placements with other training locations during the short term placement unless there are exceptional circumstances. Trainees who are considering this should discuss in advance with Dr Lighton, Lead Trainer at Greater Manchester HP Team.

4.2.4 Placements for StRs who work part-time will be extended so they have 3 months wte experience.

4.3 Two year placements

4.3.1 Up to two longer term StRs can be accommodated at any one time. Two year placements are advertised across the North West and are subject to competitive interview.

4.3.2 Placements are advertised to all trainees in the North West each year during May/June.

4.3.3 Longer term placements comprise more in-depth experience in all aspects of health
protection than can be obtained in a three month attachment. This will include three months whole time equivalent working with CRCE, opportunities to work with the Field Epidemiology Service based in Liverpool and an attachment to Manchester Public Health Laboratory if appropriate. Trainees will also be expected to maintain wider competencies through project work with other parts of PHE and/or a Local Authority.

4.3.4 Although most StRs applying for a two year placement will have already had a short placement in health protection, this is not an absolute requirement, and consideration will be given to all applicants who have passed part A and who wish to specialise in health protection.

4.4 Ad hoc placements

4.4.1 StRs who are seeking additional health protection experience with a view to a career in health protection but whose personal circumstances mean that a two year placement is not possible can request a shorter placement, eg one year, by direct application to Dr Lorraine Lighton, Lead Trainer.

5 Screening and Immunisation

5.1 The PHE Screening and Immunisation Team is responsible for leading and commissioning the National cancer screening programmes (breast, bowel and cervical), Ante natal and newborn screening programmes, Diabetic eye screening, Abdominal Aortic Aneurysm screening programme, and Immunisation programmes (except travel) for the Greater Manchester population. The team is responsible for the introduction of new programmes, changes to existing programmes and improvements in the quality and outcomes for programmes including the reduction in inequalities on the targeted populations. We offer experience of programme management, quality improvement, commissioning, incident management and governance of programmes, and as the team is embedded in NHSE there is exposure to work in NHSE.

5.2 The Screening and Immunisation team can offer placements of varying length, and the placement could be in conjunction with other PHE work (such as Health care Public Health).

5.3 Contact Dr Graham Wardman (Graham.wardman@nhs.net) for further information or informal discussions.

6 Health Improvement and Healthcare Public Health

6.1 General

6.1.1 The Greater Manchester Public Health England Centre has a small Health Improvement and Healthcare Public Health team of two consultants and four health improvement professionals.

6.1.2 The team works across the ten GM Local Authorities, mainly working with the Public Health
teams, as well as the 12 GM CCGs, NHS England as well as NHS providers across the city region.

6.1.3 The team supports the Public Health system at three levels;

- support to individual Local Authorities/CCGs, providing PH advice, tools, intelligence, analysis and evidence
- Support to GM wide networks, bringing communities of interest together, facilitating spread and use of best practice, developing shared resources etc
- Conduit between national PHE resource and PH in Local Authorities/CCGs, feeding local priorities to shape national PHE endeavors and ensuring best use of PHE developed resources locally

6.2 Training opportunities

6.2.1 Training placements could be offered at any stage of training, but as no trainees have been placed here as yet, in the first instance it might be reasonable to offer placements to post Part A trainees. It may be possible to plan the placement to follow their Health Protection placement. Trainees may also wish to do some work with the Screening and Immunisation team while placed with the HIT/HCPH or vice versa.

6.2.2 One year or more placements would offer best value but timings could be negotiated according to individual need.

6.2.3 There is opportunity for work across the range of competencies, good experience for partnership working and excellent opportunity to tap into national PHE expertise.

6.2.4 HIT/HCPH will work with colleagues in Health Protection to widen the scope of in-house training to include health improvement so that all trainees can participate in the sessions outlined above throughout their training in PHE GMC.

7 Administration

7.1 Facilities

Desk space and access to a laptop and usual office facilities are provided. Personal telephones and laptops are not provided except for StRs on two year health protection placements. Some secretarial support is provided via the Educational Supervisor or linked to relevant case or project work. All StRs are able to access University libraries using their NHS ID. Teleconference and video conference facilities are available.

7.2 HR Arrangements

Usual HR arrangements for StRs will be in place during the attachment. Where required, StRs will have honorary contracts with Public Health England. No additional funding will be available for the attachment.