

LETTER TO THE EDITOR

The fate of non-medics working in public health

EDITOR.—I initially welcomed Holland and Stewart's editorial in which they highlight the importance of public health and encourage the return of "its independent voice".¹ They clearly and succinctly outline the requirements and responsibilities facing public health in the light of new pressures on the population's health. However, I was disappointed in their emphasis on a medical focus, and the lack of concern for those specialised in other disciplines who play a vital part in public health. While I whole heartedly agree that "the role of medically qualified persons is important", Holland and Stewart imply that only medics can communicate authoritatively with the public, policy makers, and practitioners. This is not only insulting but obviously inaccurate. Medics cannot be expected to be experts in all public health disciplines, and that is precisely where the skills of those trained in statistics, epidemiology, sociology, and so on are required. Perpetrating the prejudice against non-medics does not further the cause of public health.

Fortunately not all are so narrow minded. The UK Faculty of Public Health Medicine have considered the possibility of allowing non-medically qualified persons to sit the Part 1 examinations with their medical colleagues and, if successful, become Diplomate Members of the Faculty. For the first time professional accreditation in specialist public health will be possible with due recognition of the necessary and complementary skills. Also, since the writing of Holland and Stewart's editorial, the green paper, *Our Healthier Nation*,² highlighted the influence that the social, cultural, and physical environments have on health—clearly calling for multi-disciplinary skills to reach the set targets. This was reiterated in late February 1998 with the release of the *Chief Medical Officer's Project to Strengthen the public health function in England: A report of emerging findings*,³ in which it states "It is important to acknowledge the different contributions

made by a variety of organisations and professional disciplines, to foster understanding between them, and to enable all to play a full part, up to and including the most senior levels".

I have now worked in public health research, mainly using epidemiological and statistical tools, for five years. I was always interested in health and environmental issues at a level broader than the individual and could not see myself as a clinician, but public health was never discussed as a career option—I stumbled upon it by chance. It was disappointing to discover the extent to which the practice of public health is hampered by professional and sectoral rivalries. The medical profession dominates, while other disciplines are viewed as having a peripheral and supportive role. Hence, public health, as a profession, may be failing to attract talented people who feel their contribution may be undervalued. In addition, those who do enter the profession, may not feel as inclined to stay. I have witnessed a number of brilliant colleagues defect, reluctantly, to consultancy firms or the pharmaceutical industry. This is the only way they can achieve prospects that are equivalent to their clinical colleagues and commensurate with their enthusiasm and ability. While I share Holland and Stewart's concern that unless public health is considered to be a "mainstream, important health activity... its attraction of able medical graduates... would diminish", this concern should be broadened to all able graduates of relevant disciplines.

Holland and Stewart end their editorial by calling for unity to face the challenge of realistic change in public health. I fear that by calling for unity among the medical fraternity, and ostracising others, this challenge may not be met. Many colleagues would be attracted to a Public Health Profession that had a clear career structure, recognised valuable inputs from a variety of skills, facilitated collaboration to achieve common goals, and that set standards to be accredited when achieved. As public health is genuinely multidisciplinary, it cannot achieve its full potential for improving the public's health until all component disciplines are given a fair chance.

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1 Holland WW, Stewart S. Public health: where should we be in 10 years? *J Epidemiol Community Health* 1998;52:278–9.

2 Department of Health. *Our Healthier Nation: A contract for health*. London: The Stationery Office, 1998.

3 Department of Health. *Chief Medical Officer's Project to Strengthen the public health function in England: A report of emerging findings*. London: The Stationery Office, 1998.

Reply

We were interested to read Annie Britton's letter but fear she has placed undue emphasis on one sentence, taken slightly out of context, and invested with a spurious conviction of medical superiority. Within the space constraints of an editorial, it is not possible to expand fully on all issues and we did not attempt to do so.

In our recent book—*Public health: the vision and the challenge*—we do deal with the particular issues of multidisciplinary and team working in much greater detail and state, among other things, that "only if public health physicians accept fully that they must work on equal terms with other qualified health professionals of similar status will it be possible to achieve the crucial development and application of policies that can improve the population's health".¹ We emphasise that there are certain public health roles that only medically qualified practitioners can fulfil—in terms, for example, of the control, surveillance and prevention of both infectious and chronic disease and the assessment, evaluation and planning of clinical care requirements. But we also acknowledge explicitly that practitioners from other related disciplines are crucial to the successful practice of both research and service public health. Only if we can learn to work together in effective teams and achieve equality of training and remuneration will the present unproductive paranoia of who is "boss" be eliminated. If we can achieve this, the nature of the basic qualification will become irrelevant.

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1 Holland WW, Stewart S. *Public health: the vision and the challenge*. London: Nuffield Trust, 1998.