Editorial

UK public health research centres of excellence

Academic public health, and public health research, has had a hard time in the UK in the last few years. Following the disappearance of Regional responsive mode research funding in 2001, researchers in public health and health services research faced either the daunting prospect of applying to the MRC or waiting for a commissioned project to be offered that fitted, even if only broadly, with the subject they wanted to undertake research into. The Faculty of Public Health survey of the specialist public health workforce in 2005 showed that the numbers in academic public health had declined by 53.3% since 2003.1 The large bulk of this fall was accounted for by reduced numbers of specialist registrars in academic training slots, and this was backed up by data from the Council of Heads of Medical Schools. This point was acknowledged by both Modernising Medical Careers and the UK Clinical Research Collaboration (UKCRC), in their 2006 recommendations leading to the introduction of Walport Fellowships, intended to solve the problems of training academics in medical specialties.2 These fellowships, however, have had only limited success in Public Health. Public Health has now been a multi-disciplinary specialty for some years, and Walport Fellowships are not applicable to registrars coming from a background other than medicine. Also, Public Health, traditionally, has been a late-entry specialty, and the combination of new medical training pathways, and the fact that the Walport path has to be selected prior to entering a specialty, means that many prospective applicants have had no exposure to the different areas of Public Health while the opportunity to enter academic public health is open to them. The announcement by UKCRC in January 2008 that £20M was to be put into the setting up of a number of Public Health Research Centres of Excellence across the UK was therefore welcomed. The list of funders of this initiative is impressive, and includes many organizations previously thought of as purely clinically orientated. The extension of these institutions into funding of public health research is very welcome indeed.

The brief for those wishing to apply specified three priority areas for research; diet and nutrition, physical activity, and alcohol, tobacco and drugs. The choice of these three areas suggested to many that this initiative was concerned solely with changing behaviour in individuals and, in the context of UK health policy over the last two decades, this would not be surprising. Placing the responsibility for health upon the individual removes from a government the necessity to provide things that really might have an effect on health, like affordable housing and public transport, and allows it to spend money instead on expensive IT systems that allow digital X-rays to be sent to GPs who have never been trained to read them, and ID cards. Thankfully, neither UKCRC nor the five successful centres have seen it that way, and all five have managed to incorporate their remit elements of investigation into the social and macro-economic issues that affect behaviour and public health. Neither have they forgotten their role in capacity building and training the researchers of the future. Also included in the portfolio of these centres is work with practitioners and policy makers. This will go some way to alleviating the gap, perceived by many, between those ‘on the front line’ in public health, and those in academic centres.

However, to balance the optimism we should exercise a little cynicism. Should ‘training the researchers of the future’ be re-phrased ‘training some of the researchers of the future’? It would be easy for governments to think that their job, in terms of training public health academics, was now done. But, even taking into account the social and economic perspectives that underlie obesity and alcohol and drug misuse, the gamut of academic public health is nowhere near covered. What about the aetiological epidemiology of diseases not specified in this package, or health services research, or communicable diseases, or the environment in general and its effects on health? It is clear that not all training will take place in these centres of public health excellence, and provision for training academics in other areas needs to be made. Also, working with policy makers is one thing, but policy makers always have the option to decide how much they wish to heed the messages that they are given. We are well enough used to ‘policy-based evidence’ to be aware of that.3

So what’s the verdict? Overall, this must be a welcome initiative in terms of public health research and the next generation of researchers. But it is not everything that is needed. Public Health is a broad specialty, and there are many researchers and young would-be Public Health academics who will not fit into the subject areas of these centres. Other areas of public health researches need to be funded, and the
existence of these centres may induce some complacency in those with a responsibility to fund them. But perhaps I should end with the message of a BMA conference to discuss ‘Delivering Academic Medicine’, following a speech by Mark Walport about the way forward:

‘Be pleased, sing for these changes and then they will happen and they will improve; grumble about them, and the politicians will use it as an excuse to put the money into something else. So act as if your cup’s half full, even if it doesn’t seem that way.’

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References


