

## Real-life story - Daniel Flecknoe

Daniel is a specialty registrar in public health in the East Midlands, with a background in A&E nursing, trauma & orthopaedics and humanitarian aid work.

### Daniel Flecknoe

#### Specialty registrar in public health

##### Employer or university

Public Health England

##### Salary range

£35k-£45k

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#### How I got into the role

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I am a great advocate of the 'Do whatever grabs you at the time' school of career planning. Some people find success in progressing towards a long-term career goal which is ten or twenty years away, and good for them if they do. However, I had no idea that the job I do now even existed ten years ago, and some of the professional experiences that I am most grateful for were opportunities I took at pretty short notice. As someone very wise once said to me, "If you keep your gaze fixed on the horizon then you may miss the shiny thing out of the corner of your eye".

I drifted into nurse training after doing an undergraduate philosophy degree which I really loved, but which didn't seem to lead anywhere vocationally. I didn't know whether or not I wanted to be a nurse, I just knew that I didn't want a desk job. I gravitated strongly towards A&E nursing during my training, because I loved the unpredictability and the challenge of it. My heroes have always been people who seem to be able to cope in any situation, and if I was going to become more like that (I reasoned), then A&E seemed like

a pretty good place to practise. At the same time, I really liked the idea of working overseas, and thought that A&E would also be a good preparation for that.

I did ten years in A&E (staff nurse; senior staff nurse; clinical charge nurse), and found the experience testing but very rewarding. The teamwork is what I miss the most about it, because going through traumatic and challenging experiences together really bonds you with your co-workers. I got very interested in the reasons that people came to A&E, and I saw that many of these were problems that should either have been prevented or else dealt with in a more planned and appropriate setting. I specialised in trauma and domestic violence, and gained some experience of audits and service improvement work. I also took advantage of the skills and experience I was developing to work overseas. I did some ship-board medicine, and worked as an expedition medic in South East Asia. I also worked as a nurse, and later as a medical team leader, for Médecins Sans Frontières (MSF) in Darfur.

My experience with MSF really opened my eyes to the wider determinants of health. In Darfur I helped to run a health centre for a population of about 50,000 people displaced by war, in the context of very limited resources and ongoing violence by government forces and rebel groups. It gave me an invaluable outside perspective on the NHS, and the things that both positively and negatively affect population health in this country. When I came back to the UK I immediately enrolled on a part-time public health MSc programme at King's College London. It was during my Master's that I first heard about the non-medical application route for becoming a public health registrar, and thought it might be a good idea.

## **What I do**

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Public health specialty training is fairly competitive, and non-medical applicants make up about half of those taken on each year. During the selection process it is important to be able to demonstrate a commitment to public health and basic competence in a variety of skills relevant to the field (communication, problem solving, management and research).

I currently work at Public Health England in Nottingham. I take on projects across the spectrum of public health, including health improvement, health protection and health care public health. I have worked on Ebola airport screening, researched for reports on prison health and participated in major incident exercises for chemical, biological and radioactive threats. I have also conducted literature reviews on hepatitis, liver disease and violence prevention, and I teach medical student and junior doctors when I have time.

## **The best bits and challenges**

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Public health is a wide field which overlaps with psychology, sociology, law, communications, media, economics, [epidemiology](#) [1] and a whole range of other fascinating areas of study. The training programme is fantastic, because as well as giving you the opportunity to experience a lot of different sorts of public health work, you also have a certain freedom to pursue your personal interests, so long as you can demonstrate that you are achieving the required competencies. Consequently, I have been able to set up projects for myself (with my supervisor's involvement) on topics which I am deeply personally motivated by, such as suicide prevention. I get to contribute to improve the health of the public, follow my own interests and advance myself professionally. It's a win-win-win!

## **Life outside work**

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Being a specialty registrar in public health generally allows for a good work-life balance. Most of my work is nine to five, Monday to Friday, although I also do regular out-of-hours health protection on-call shifts as part of my role. Nottingham is a city with lots to explore!

## **Career plans and top tips for others**

### **Expand / collapse**

I am about half-way through the training programme right now, and still undecided about which area of public health I want to specialise in when I become a consultant.

Do what interests you most. Getting out of bed on a Monday morning can be a real struggle sometimes, but much less so if you have something interesting, rewarding and challenging to get out of it for.

## **Links**

[1] <https://www.healthcareers.nhs.uk/glossary#Epidemiology>