Societal doctors already exist

In Anand Bhopal's discussion (March, 2015)¹ of health inequalities, social determinants of health, and advocacy for social change in health care in the 21st century, we were disappointed to see little recognition of the branch of medicine that epitomises "societal doctors"¹: public health.

As public health physicians in the UK, we receive 5 years of specialist training to combine our medical knowledge with skills to tackle issues that transcend clinical care. Our curriculum stipulates competencies in advocacy, influencing, identifying inequalities, and communicating effectively with decision makers, among many others.² For example, registrars spend substantial time working in local government in recognition of the multisectoral nature of ill health. Indeed, we were surprised to learn that "the extent to which doctors should address these social factors is an ongoing debate"1: that debate has long been over for public health physicians.

There is clearly a big appetite among young doctors to become "societal doctors". Public health is consistently one of the most competitive specialties in the UK, with 8.8 applicants per training place in 2014.³ To effectively tackle non-medical causes of disease, we suggest increasing the prominence and content of public health training in undergraduate and postgraduate curricula across all medical specialties, as well as expanding the number of training places and consultant posts available in public health. These changes would increase the public health capability of the medical profession and truly change the attitude of the 21st century doctor.

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