Dr Andrew Old

Andrew began his medical training with a clear desire to become a surgeon: his grandfather was a surgeon and he was the inspiration for the young medical student. However by year two of his training, "*I saw what surgeons did, and decided this wasn't for me. I was still committed to clinical medicine, and started thinking of becoming a General physician of some sort.*" During years three and four of his training Andrew was exposed to the Public Health curriculum and found it interesting, so he decided to look for something with those elements. He enjoyed his GP attachments, and his clinical placement in GP work, but throughout the first and second post-graduate year he found himself looking for something beyond this.

As he progressed through his training, he had worked with many senior colleagues who seemed disillusioned with the system, seeing the same diseases over and over again during 30 years of clinical practice. Many expressed the feeling that they were spending their working life in *a 'hamster wheel'* dealing with the same illnesses every day and not really making any difference.

"I decided I didn't want to get to 60 and look back and feel I didn't make a difference."

Andrew spent a little time with the CETU unit, doing a range of projects, including designing an education programme for overseas trained doctors, and Project Management of a common room space for RMOs.

He then decided he would apply for the Public Health Medicine training programme. He initially planned to dual train in General Practice and Public Health Medicine, but the system did not allow this. So at that point he made the decision to enter the four year Public Health training programme, and become a non clinical specialist.

Andrew makes the point that he is not amongst those who leave clinical practice because they don't enjoy it, he has always enjoyed dealing with patients; it was more "*an 'idealistic' decision – the system was broken, and I could be more useful working to make it more effective. There is a trade off*, he notes, *that you lose the everyday validation of your efforts, and the satisfaction of providing care; public health projects can take months or years to deliver progress and satisfaction."*

The training in Public Health Medicine required four years – a two year Masters of Public Health degree, and then 2 years of supervised Registrar placements. There is a huge spectrum of opportunity available for these specialists, from working as a Medical Officer of Health, to roles planning health services, working for the Ministry of Social Development on improving access to income, or housing, Emergency Response Management, Health Promotion and service development.

Andrew's interest is at the *"sharp end, where we interface with health care, how the system is set up, to deliver the right care to the right people in the right place."* Currently his work is around a locality approach, which involves chunking a city like Auckland into localities, looking at the health needs of those localities and targeting services accordingly. It also involves working better with partners such as the Council and the Ministry of Social Development. By working for a District Health Board he likes the challenge of a *"horribly complex"* system, the "*ability to design* **and** *implement,"* and to work

closely with others that implement change. He notes that *"the closer you get to government, the less free you are to do this."*

Andrew considers some of the core skills from his medical training as highly valuable. He notes that Medical School teaches "*an awful lot of detail,*" much of which is no longer useful for his discipline. However what it does well is teach *"a way of thinking, an approach to problem solving – how to synthesise information from a variety of sources; apply critical thinking and logic – all this is very applicable to a much wider range of work."*

Andrew considers the process of thinking through quality improvement systems is very similar to the first principles of clinical medicine – *"it's a 5 step process of defining the problem, measuring the current state, analysing that data, implementing improvements, and evaluating these*."

Andrew's current role is that of Medical Advisor– Service Integration & Improvement, at the Auckland District Health Board. He likes the interactions with community in this role, being able to spend time talking to people "*this is what I have always enjoyed – rather than the technical side of medicine, like handling scalpels."* He finds his greatest satisfaction in being part of long term change:

"*Working in the hope of doing something useful, something that will pay dividends for the future."*