Training Policy:
Public Health Medicine
Specialty Training Programme

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"The science and art of preventing disease, prolonging life and promoting health through organised efforts of society."

(Sir Donald Acheson, 1988)

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Glossary

An extensive seven page glossary of terms relevant to public health training is provided in the Faculty of Public Health Training Curriculum. This brief glossary is provided for ease of reference to a subset of key terms and to contextualise some other terms to Northern Ireland, where this is considered beneficial.

Academic Supervisor	Educational Supervisor based in the academic unit. Provides supervison, support and advice to the trainee on academic issues including preparation for FPH examinations, publications and other research projects.
ARCP	**Annual Review of Competence Progression.** Process for assessing and confirming the progress of Specialty Registrars. 'Progress' means the continued acquisition of public health learning outcomes throughout training. Evidence for this is demonstrated by the passing of FPH examinations and successful in-work and real-time assessments of competencies. The ARCP panel provides a formal process which uses the evidence gathered by the trainees relating to their progress. It is normally undertaken annually for all trainees and it enables the trainee, the Postgraduate Dean and employers to document that competencies required are being gained an appropriate rate and through appropriate experience. All assessments must be consistent with the requirements laid out in 'A Guide to Specialty Training in the UK'- The Gold Guide
CBD	**Case Based Discussion.** Discussion between trainee and educational or project supervisor which forms one element of evidence towards certain learning outcomes. It is akin to case based discussions that occur in clinical practice.
CCT	**Certificate of Completion of Training.** It is awarded by GMC (or the UK Public Health Register for non-medical trainees) upon receipt of evidence of satisfactory completion of training from the ARCP panel and Faculty Adviser.

DOPS	**Direct Observation of Practical Skills** Observation of the trainee by educational or project supervisor in prearranged or planned scenarios, for instance, participating in a meeting, chairing a meeting, interacting whilst on-call or making a presentation. Outcomes from this type of assessment contribute to achievement of learning outcomes.
Educational Supervisor	A trainer with overall responsibility for planning, co-ordinating and supervising the training of a trainee. Each trainee is allocated an individual educational supervisor, who usually remains the same for a phase of training.
Faculty Adviser	The person with responsibility, on behalf of the Faculty of Public Health, for promoting and maintaining high standards of professional competence and practice in public health within each NHS region or UK country. On behalf of the postgraduate dean, sits on trainee appointment panels and ARCP panels, completes and maintains ARCP forms, and advises on CCT dates in the light of retrospective recognition of training. On behalf of the Faculty, provides advice to those who are interested in pursuing a career in public health, assesses the suitability of training locations, and facilitates external Faculty visits to review the training programme.
GMC	**General Medical Council.** The GMC is the statutory body responsible for regulating the medical profession in the United Kingdom. Its purpose is to *'Protect, promote and maintain the health and safety of the community by ensuring proper standards in the practice of medicine.'*
Learning Agreement *Synonym:* Educational Agreement	Agreement between a trainee and their nominated educational supervisor on the trainees work programme for the next 6 or 12 months.
Learning Outcomes	Training objectives defined as part of the curriculum. These define what the trainee will know, understand, describe, recognise, be aware of, and be able to do at the end of the training programme.
NIMDTA	The **Northern Ireland Medical & Dental Training Agency** is responsible for funding, managing and supporting postgraduate medical and dental education with the Northern Ireland Deanery.

Project Supervisor	Person registered on either the GMC Specialist Register for Public Health or on UK Public Health Register who supervises a trainee for one or more individual projects.
RITA	Record of In-Service Training Assessment. Annual review process for Specialist Registrars. Relates to trainees appointed prior to August 2007.
Specialist Registrar (SpR)	Trainee appointed **before** August 2007.
Specialty Registrar (StR)	Trainee appointed **after** August 2007.
Training Programme	A structured period of training designed to culminate in the award of a CCT. It is managed by the programme director.
TPD	**Training Programme Director.** The person within the deanery responsible for managing the training programme in public health. Also acts as a co-ordinator and communicator between trainees, the postgraduate dean, the local Specialty Training Committee, the Faculty of Public Health, and the personnel (human resources) department in the organisation(s) that employ trainees.
UK Public Health Register	The UK Public Health Register is an independent multidisciplinary register which ensures that only competent specialist public health professionals are registered and that high standards of practice are maintained.
'Written Report'	A written document that provides evidence towards the achievement of learning outcomes. Examples of 'written reports' include - a health needs assessment, a presentation to a group, a literature review, data analysis output including standardisation etc.

1. Introduction

1.1. This document sets out the Policy for Specialty Training in Public Health in Northern Ireland for the period 2010-2013. The policy reflects changes in the structure of Health and Social Care organisations in Northern Ireland and changes to the Training Curriculum since the Training Policy was last updated in 2004. The Training Policy is designed to ensure that we have public health specialists trained to the highest possible standards and in line with the requirements of the Faculty of Public Health (FPH) and the GMC. The policy incorporates decisions that flow from the training discussion at the 'Training the Trainers' event held in May 2010.

1.2. At the time of writing efforts are continuing to secure funding for specialty training in public health for individuals from disciplines other than medicine. Therefore this policy is written to accomodate training for trainees from both medical and non-medical backgrounds.

1.3. This document should be read in conjunction with the latest version of the FPH Training Curriculum and with reference to the various regional policies pertaining to post-graduate training from the Northern Ireland Medical and Dental Training Agency (NIMDTA).

1.4. Some existing trainees (specialist registrars) in the training programme are following the 2004 Training Curriculum, while more recently recruited trainees (specialty registrars) are following the curriculum introduced in 2007 to meet the requirements of the GMC.

1.5. For convenience the term **trainee** will be used throughout this document to cover both *specialist registrars* and *specialty registrars*.

1.6. The Training Programme in Northern Ireland also provides training to those Foundation Year 2 doctors who rotate into public health for a four month attachment.

1.7. Some junior doctors organise a taster module in public health, which typically will last one week, in order to gain some exposure to public health as a specialty.

2. Background

2.1. What is public health?

Public Health has been defined as *"the science and art of preventing disease, prolonging life and promoting health through organised efforts of society"*.

2.2. Public health specialists work in three overlapping domains of practice:

2.2.1. Health improvement

- Inequalities
- Education
- Housing
- Employment
- Family/community
- Lifestyles
- Surveillance and monitoring of specific diseases and risk factors

2.2.2. Improving services

- Clinical effectiveness
- Efficiency
- Service planning
- Audit and evaluation
- Clinical governance
- Equity
- Establishment and quality assurance of new and existing screening programmes

2.2.3. Health Protection

- Infectious diseases
- Chemicals and poisons
- Radiation
- Emergency response
- Environmental health hazards

2.3. Key Areas of Public Health Practice

In addition to the '*Ethical Management of Self and Professionalism'* the FPH's **learning outcomes framework** recognises nine key areas of public health practice.

Key Area 1: Surveillance and assessment of the population's health and well-being.

Key Area 2: Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services.

Key Area 3: Policy and strategy development and implementation.

Key Area 4: Strategic leadership and collaborative working for health.

Key Area 5: Health improvement.

Key Area 6: Health protection.

Key Area 7: Health and social service quality.

Key Area 8: Public health intelligence.

Key Area 9: Academic public health.

2.4. Aim of training

To equip trainees with the appropriate training to obtain a consultant or equivalent post in public health and thereafter to practice competently and to a high level in the field of public health and in accordance with the referenced 'key areas'.

2.4.1. Objectives

2.4.1.1. To provide up to five years training in public health;

2.4.1.2. To support trainees in the acquisition of Membership of the Faculty of Public Health by examination;

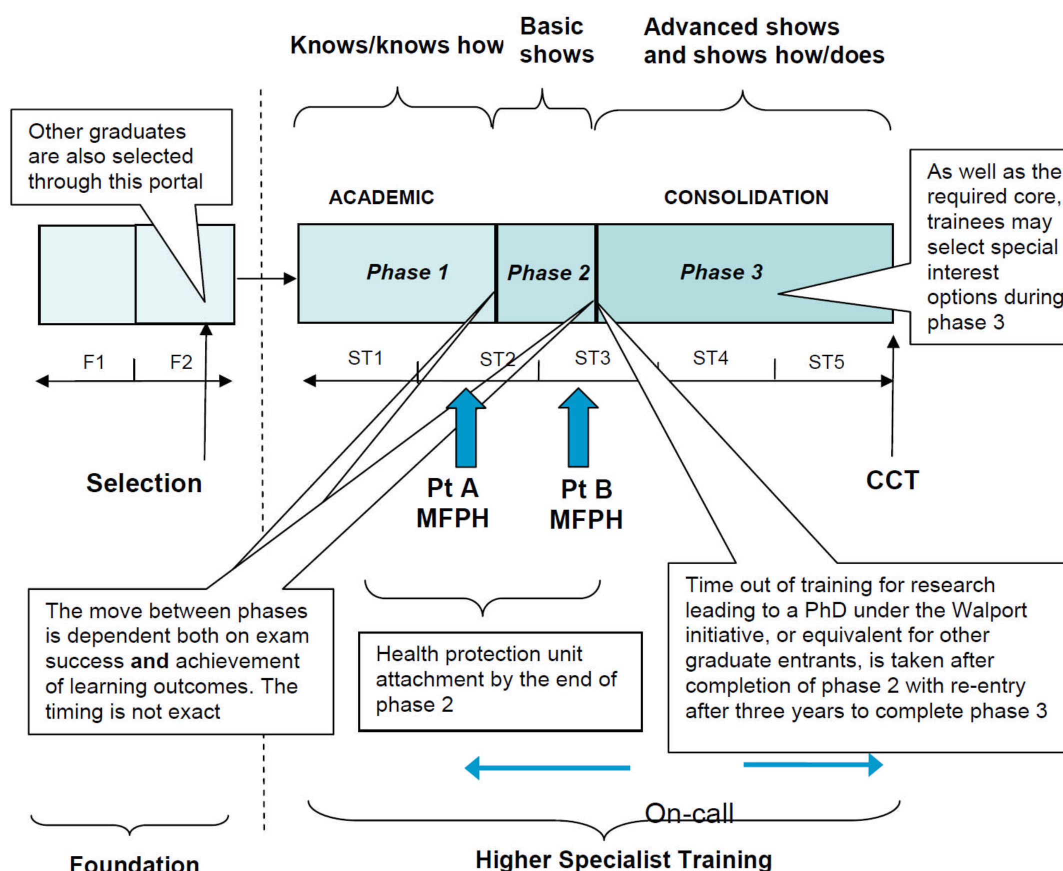
2.4.1.3. To provide suitable projects and experiences to enable the trainee to achieve the required learning outcomes (see Appendix 1);

2.4.1.4. To enable the trainee to identify and develop areas of special interest and expertise;

2.4.1.5. To ensure all trainees achieve registration as public health specialists on either the General Medical Council's (GMC) Specialist Register or the UK Public Health Register.

2.5. Training Pathway

Public Health training usually lasts five years, full-time. Part-time training is proportionately longer. The five years usually includes one year (full or part-time) on an academic course, and 48 months in specialty training posts.



3. Training in Public Health in Northern Ireland

3.1. Agreement with NIMDTA

3.1.1. The Training Programme in Northern Ireland is delivered by the Public Health Agency on behalf of NIMDTA.

3.2. Recruitment to the Training Programme

3.2.1. Recruitment to the scheme is by competitive interview.

3.2.2. The recruitment process is lead by NIMDTA (recruitment materials are typically advertised in the local press and on the HSC Recruit website[1]).

3.2.3. Eligibility criteria for entry onto the training scheme are set by the Faculty of Public Health and are provided at Appendix 3.

3.3. Structure of the Local Programme

3.3.1. The training programme is tailored to the needs of individual trainees but as a guide the following outlines what a typical programme would encompass for an individual trainee.

- The first 3 years:
    - Trainees join the scheme in August of the year in which they have been recruited. They are allocated an initial training base at one of the Public Health Agency's four office locations.
    - After the initial induction to the programme and dedicated health protection induction (see Appendix 4) the trainee will join the MSc in Public Health course at QUB or other equivalent course.
    - On completion of the MSc course the trainee will usually return to their initial training base.
    - During the second year they will undertake a dedicated 3 month health protection attachment with the PHA's Health Protection Service.
    - The trainee will be allocated a training location for their third year of training at the first meeting of the Public Health Training Committee following the ARCP panel meeting which usually takes place in May.
- 2 years in one of the other local offices of the Public Health Agency
    - The trainee should be allocated a training location on an annual basis that ensures they are exposed to learning

[1] http://www.hscrecruit.com

opportunities in a variety of settings while at the same time recognising the need to have some continuity to enable completion of longer term projects.

- o The final two years on the training scheme may include time spent in other approved training locations or on an optional secondment. Secondments can be arranged elsewhere in the UK or Republic of Ireland or potentially at an internationally approved location.

3.3.2. Any trainee joining the scheme who already has an equivalent qualification to the MSc in Public Health may spend less time in training, with the initial training placement being shortened by one year, provided the necessary learning outcomes can be evidenced.

3.3.3. Available training locations are detailed in Appendix 5. To ensure appropriate mentoring from a more experienced trainee no Phase 1 trainee should be placed at a training location in which they would be the sole trainee. Ideally this should also apply to Phase 2 trainees.

3.4. Trainee Responsibilities

3.4.1. The success of training depends as much on trainees as on supervisors and training opportunities.

3.4.2. Trainees should adhere to the requirements laid out in the FPH document *Good Public Health Practice* which describes the professional behaviours and values which underpin public health practice.

3.4.3. Trainees should be prepared to:

- Accept responsibility for the service work which has been delegated.
- Develop their own interests and expertise within one or more fields of the practice of public health and identify their own learning needs and seek out training / learning opportunities.
- Establish a relationship of honesty and trust with their educational supervisor where frank criticism and comment becomes possible. Ensure that the educational supervisor is fully aware of relevant previous experience and skills and make known at an early stage any problems which may impede the attainment of training objectives.
- Co-operate in the various forms of performance assessment and evaluation, and be willing to accept guidance arising from this.
- Keep up-to-date with recent developments in the specialty, including attendance at postgraduate meetings and regular reading of relevant journals and periodicals.

3.4.4. **Faculty Enrolment**
Trainees are required to enrol with the Faculty of Public Health (FPH) within three months of starting their training. Enrolment is a different process to FPH membership.

3.4.5. **Arrangements for going out of programme (OOP)**
Any trainee seeking approval to go out of programme for research should be in Phase 3 of training programme and follow the process detailed in Section 8 of this policy.

3.5. Supervisor Role and Responsibilities

3.5.1. Each trainee will have an educational supervisor allocated to them. During Phase 1 of the training programme the educational supervisor will normally be a member of staff from the academic unit.

3.5.2. Whenever possible trainees in Phase 2 will be assigned an educational supervisor who is a Part B examiner to facilitate preparation for the Part B examination.

3.5.3. In Northern Ireland every senior public health practitioner who is on either the GMC Specialist Register or on the UK Public Health Register is eligible to be a project supervisor, subject to the approval of the Training Programme Director / Faculty adviser and attendance at the annual Training the Trainers Event within the previous two years.

3.5.4. The complement of educational supervisors is selected from the list of project supervisors in such a way as to ensure representation of all domains of practice, those with experience as faculty examiners and the full breadth of work areas. There will be up to six educational supervisors at any one time. One educational supervisor will be allocated to cover phase 1 trainees, two educational supervisors will be allocated to cover phase 2 trainees and three educational supervisors will cover phase 3 trainees.

3.5.5. The roles and responsibilities of each type of supervisor/trainer are defined by the Faculty of Public Health and are reproduced at Appendix 6.

3.5.6. Trainer development is addressed in Section 9.

3.6. Supervision Arrangements

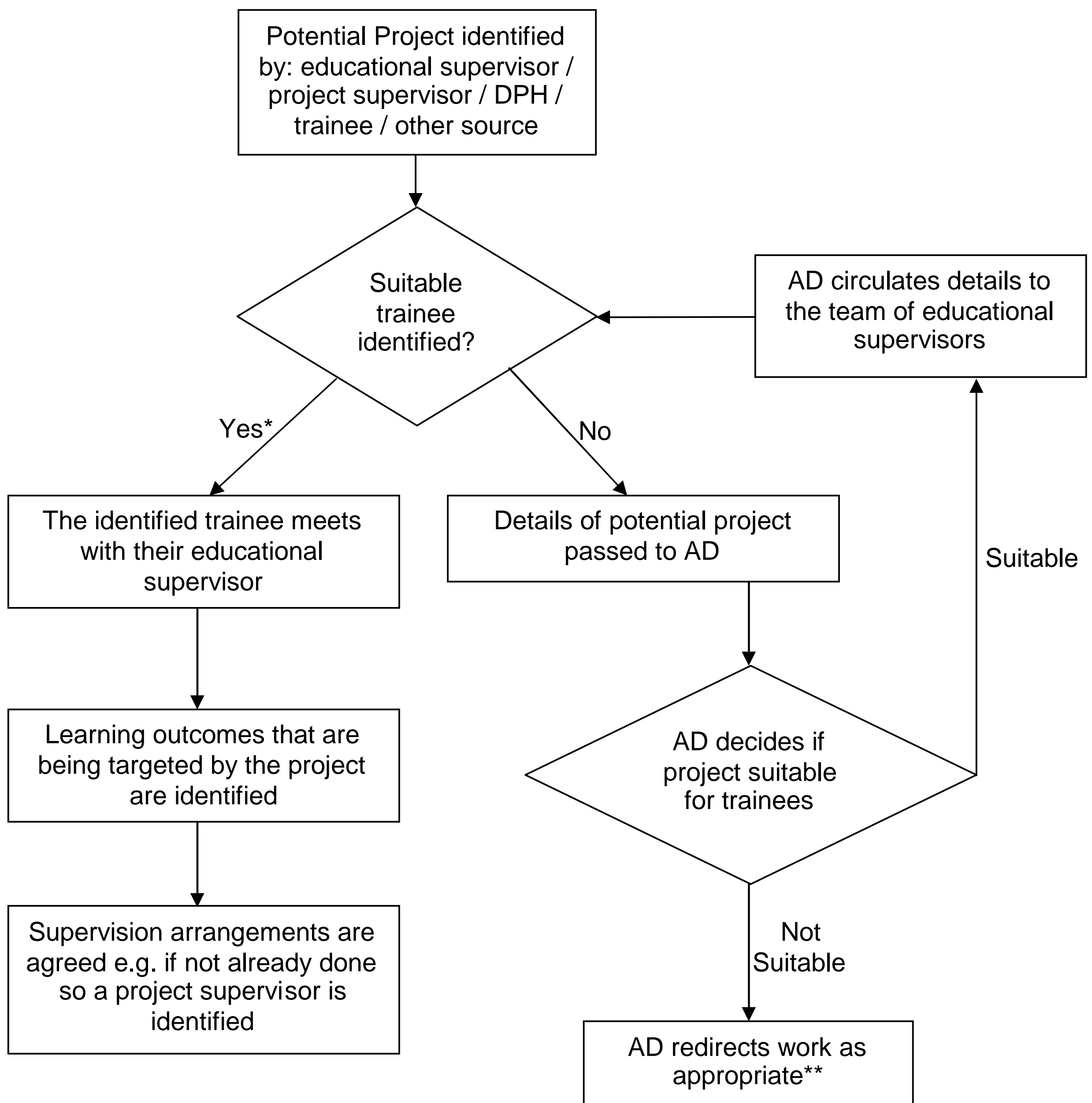
3.6.1. Each domain of practice is represented by an Educational Supervisor. Additionally there is also an academic Educational Supervisor. Each Educational Supervisor will usually be responsible for one or two trainees.

3.6.2. Trainees will meet with their Educational Supervisor on a monthly basis to review progress and where appropriate sign off ARCP learning outcomes.

3.6.3. **Learning Agreements**

A learning agreement will be agreed between the trainee and educational supervisor at the start of each attachment or in August/February each year to cover the upcoming 6 to 12 month period. The learning agreement will usually cover a full year.

3.7. Process for Allocation of Projects/Work to Trainees



* The project should be appropriate to the trainee's phase of training and ideally enable them to target outstanding ARCP learning outcomes.
** It is anticipated that this would be an exceptional situation.

AD: Assistant Director of Public Health (Service Development and Screening).
Project: Not all work is project based. In this flowchart 'project' is used as shorthand for all types of work trainees undertake.

3.8. Facilities required by trainee at their training location

- Desk
- Filing space
- Telephone (landline and mobile/BlackBerry)
- Computer (ideally laptop PC with internet access and remote access capability).
- Secretarial support

3.9. Assessment

3.9.1. There are two main aspects to the assessment of training.

These are:

3.9.1.1. **Assessing competence to do the job**
Responsibility for this lies with the Faculty of Public Health (FPH) and is achieved by:

- assessing specific knowledge (through the Part A examination)
- assessing the ability successfully to apply knowledge to carry out the functions of public health - 'shows how' competence (through the Part B examination) and in work assessment by public health accredited trainers.

3.9.1.2. **Assessing satisfactory progress in the training programme**
Responsibility for this lies with employing deaneries and is achieved through:

- an annual review of the progress that trainees are making in achieving relevant learning outcomes as part of the ARCP / RITA process (see Appendix 1 for the list of learning outcomes that are to be achieved).

3.10. Revalidation

3.10.1. The Postgraduate Dean is the responsible officer for all doctors in training within the Northern Ireland deanery.

3.10.2. Within the lifetime of this training policy revalidation arrangements will be put in place to comply with all requirements of the GMC. The arrangements will form an appendix to this policy.

3.11. Annual Review

3.11.1. The ARCP/RITA Panel usually meets in May. Trainees will be notified in advance by NIMDTA and should submit their evidence in advance for consideration by the panel.

3.11.2. ARCP/RITA Panel Membership

- Training Programme Director
- Faculty Adviser

- Academic Representative
- Chair of Training Committee
- External Assessor
- Lay Member
- Representative of Deanery
- Health Protection Specialist
- Public Health Agency Representative

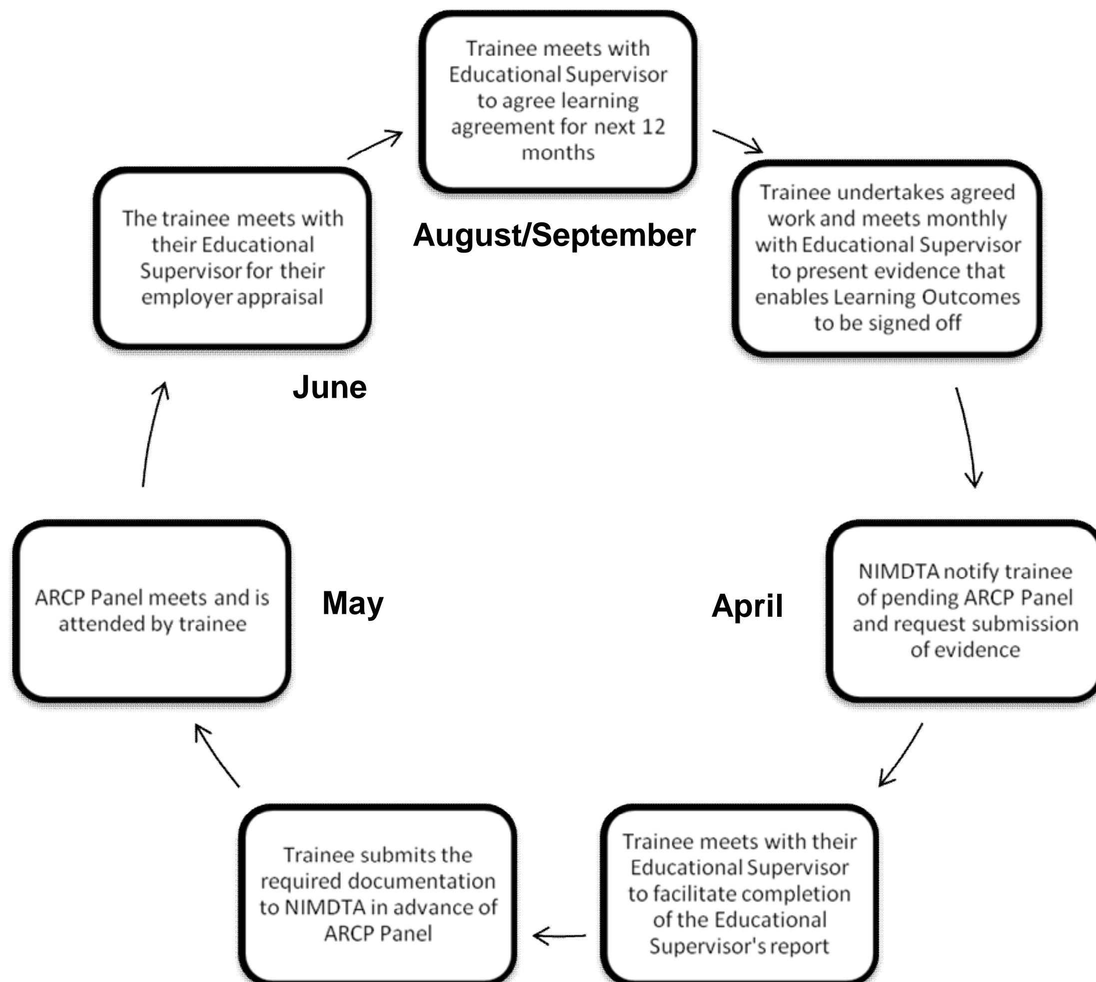


Figure 1: Training Year Cycle - for a trainee progressing at the expected rate

3.12. Remediation

3.12.1. A trainee who progresses normally through the public health programme would expect to complete specialty public health training within five years (whole time equivalent). However, some trainees may progress more slowly and may require targeted support.

3.12.2. Remediation is tailored to the individual and to the particular milestone or learning outcome causing difficulty.

3.12.3. Principles are:

- early identification of specific difficulties and particular needs, as determined by educational supervisor through objective assessment / discussion;
- the provision of focused support to address identified needs;
- regular monitoring and feedback to "avoid surprises";
- appropriate evidence of progress which supports all decisions taken.

3.12.4. Remediation should be tailor-made to the particular needs of the trainee and will be under the overall direction of the Training Programme Director (TPD). The educational supervisor will be pivotal in targeting remediation.

3.12.5. Assessments are carefully and fully integrated and problems may be identified at any time in training. There are also specific checkpoints at which the need for remediation may be identified. These include examinations, regular work based assessments and RITA/ARCP.

3.13. Requirements for CCT

Appendix 7 details the criteria that have been agreed between the FPH and the General Medical Council (GMC) for the award of the Certificate of Completion of Training (CCT) in public health.

4. Learning Portfolio

4.1. The FPH e-portfolio system is an online tool that has been developed to enable trainees to store evidence contributing to their progress in training. The e-portfolio is available at https://portfolio.fph.org.uk/. However at the time of writing some technical issues with the e-porfolio have not been fully resolved.

4.2. Public health trainees in Northern Ireland will continue to maintain their own portfolio until such time as the outstanding issues with the e-portfolio have been resolved enabling its widespread adoption. Advice on maintaining a learning portfolio is available from the FPH website[2] and from senior trainees.

5. On-call Arrangements

5.1. Following the completion of a dedicated Induction Programme in Health Protection (see Appendix 4) trainees will be included in the regional first on-call rota.

5.2. The first on-call will, at all times, have access to an on-call consultant in health protection.

5.3. The level of on-call commitment should be consistent with both the New Deal for Junior Doctors and with the European Working Time Directive.

5.4. The banding supplement for trainees on medical terms and conditions will be determined by the twice yearly monitoring periods.

5.5. The on-call arrangements may be revised subject to FPH guidance.

5.6. Due process will be followed in relation to any required changes to on-call arrangements. For example, negotiation with the British Medical Association.

[2] http://www.fph.org.uk/training_e-portfolio

6. Study Leave Arrangements

6.1. Trainees entering public health training usually spend the first year of the training programme attending a Masters level course in public health in order to provide them with a sound foundation in the knowledge-base of public health practice. Since September 2008 a course leading to an MSc in Public Health has been available at the Queen's University of Belfast.

6.2. Within the regional Deanery Public Health is part of the School of Medicine.

6.3. In common with other specialties applications for study leave are now processed by the NIMDTA. Study leave guidelines[3] and application forms[4] for study leave are available from the NIMDTA website.

6.4. Study leave should be approved by the trainee's educational supervisor. The training programme expects to maintain financial support for study leave. The trainee and educational supervisor should seek to identify any required training at their initial planning meeting, when drawing up the learning agreement. However it is recognised that courses may come up at relatively short notice and some flexibility is required.

6.5. The study leave year runs from 1 August to 31 July. Specialty registrars are entitled to up to a maximum of 30 days in a year.

7. Less than Full-Time Training

7.1. The purpose of less than full-time (LTFT) training is to retain within the health service trainees who might otherwise leave because they are unable to train on a full-time basis. NIMDTA has recently updated the regional policy on LTFT training[5].

7.2. The following flowchart outlines the process for application and approval for LTFT training.

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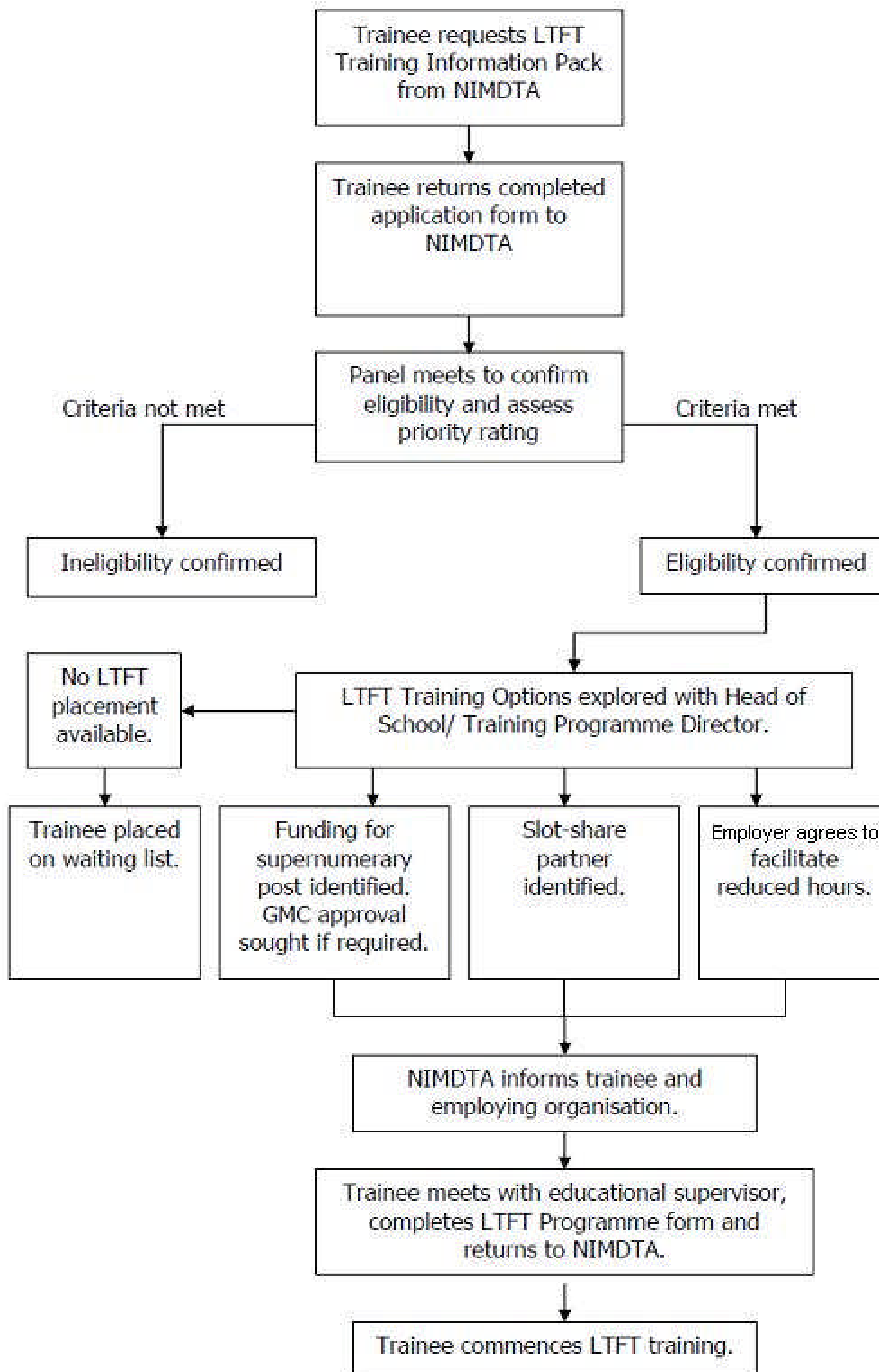
[3] http://www.nimdta.gov.uk/downloads/hospital_medicine/specialty_training/08_updated_induction_docs/08_study_leave_guidelines_141108.pdf

[4] http://www.nimdta.gov.uk/downloads/application_for_study_leave_aug2010.pdf

[5] http://www.nimdta.gov.uk/downloads/publications/policies/ltft_training_policy__sept_10v3.pdf

Application and Approval Process – LTFT Training



8. OOP (Taking Time Out of Programme)

8.1. Trainees considering a period of Out of Programme Training, Research, Experience or Career Breaks (OOPT/R/E/C) should discuss their plans with their Training Programme Director and the Head of the School of Medicine before proceeding with an application. The Deanery recommends this should happen at least 12 to 18 months in advance of the date of planned OOP.

8.2. All periods of OOP must have prospective approval from the GMC (for medical trainees), the FPH and the Deanery if any of the time spent OOP is to count towards the award of CCT. Initially the trainee should seek approval from their Training Programme Director. If the Training Programme Director approves the application for OOP the approval of the Post-graduate Dean needs to be obtained prior to seeking approval from the FPH and GMC.

8.3. An application form and detailed guidance on OOP is available from the NIMDTA website[6].

9. Application for SpRs/StRs to Act Up as Consultants

9.1. Trainees who are within one year of their anticipated CCT are eligible to 'Act Up' as consultants, to a maximum period of three months.

9.2. Before 'Acting Up' trainees must obtain formal approval from the Postgraduate Dean. The mechanism to request approval is to complete an application form available from the NIMDTA website[6].

9.3. Applications should reach the Deanery **a minimum of four weeks** prior to the proposed start date fo the 'Acting Up' arrangement.

9.4. Time spent acting up may be recognised towards a training programme leading to the award of a CCT. Recognition of the period of 'Acting Up' is subject to conditions set by the FPH.

9.5. When in post, the term 'acting up' and not 'locum' must be applied.

9.6. Trainees will retain their National Training Number during the period of acting up.

9.7. Trainees who are post CCT will not be eligible to 'Act Up' but will be expected to take up the post as Locum Consultant. Upon taking a Locum Consultant post the trainee will be asked to resign their National Training Number.

9.8. Fuller details on the application process are available from the NIMDTA.

[6] http://www.nimdta.gov.uk

10. Trainer Development

10.1. Training the Trainer Days

10.1.1. This annual event is typically held in the Spring each year. Attendance is required for all those who wish to function as project or educational supervisors. An active list of project supervisors will be maintained by the Training Programme Director.

10.1.2. Throughout the year, additional training and support is available to the smaller number of project supervisors who are also educational supervisors.

10.2. FPH Examiners

10.2.1. It is the intention to always have at least two local project or educational supervisors who are Part B examiners.

11. Placements for those not on the Training Scheme

11.1. Specialty Registrars from other Specialties

11.1.1. Specialty registrars from other specialties may be able to arrange a 6 month placement to the Public Health Agency.

11.1.2. Such a placement will provide exposure to the breadth of the specialty and will provide the opportunity to undertake a significant project.

11.2. Foundation Year 2 Placements

11.2.1. The Foundation Year 2 rotation includes the option of a four month attachment to public health.

11.2.2. The FY2 rotation will provide experience in health protection and the opportunity to become involved in one or two other public health projects. Additionally it will provide a useful insight into the workings of the Health & Social Care system in Northern Ireland.

11.2.3. Each FY2 on rotation to public health will be assigned a supervising consultant and a phase 3 trainee to act as mentor. The assignment of a phase 3 trainee is considered mutually beneficial to both trainees. The FY2 trainee will have a formalised relationship with a senior trainee which will help ensure they have a fuller appreciation of training in public health by the end of their attachment. Additionally the phase 3 trainee will benefit from the opportunity to mentor a junior colleague.

11.2.4. Those who are unsuccessful in gaining the Year 2 placement can consider organising a 'taster week'.

11.3. Taster Week

11.3.1. Doctors in Foundation Year 2 who are interested in learning more about the specialty should speak to the Training Programme Director about the possibility of undertaking a taster week in public health.

11.4. Work Experience

11.4.1. It may be possible to facilitate occasional work experience placements for those in secondary education.

11.4.2. Work experience placements tend to occur in January or February each year.

Appendix 1: 2007 Curriculum Learning Outcomes

Ethical management of self		
	Learning Outcome	**Target Training Phase**
EMS 1	Recognise and work within the limits of professional competence including working within the limits of personal clinical competence when dealing with individual patients	All
EMS 2	Be willing to consult colleagues	All
EMS 3	Keep clear, accurate and contemporaneous records including clinical record as necessary	All
EMS 4	Keep colleagues well informed when working in partnership including referring appropriate clinical issues	All
EMS 5	Establish and maintain trust by listening to and respecting others' views including giving patients and others the information they need in a way they can understand	All
EMS 6	Treat others with courtesy	All
EMS 7	Respect the rights of the public/ patients to be involved in choices	All
EMS 8	Treat information about patients as confidential. If in exceptional circumstances you feel you should pass on information without a patient or an individual's consent, or against their wishes, you should follow agreed guidance on confidentiality and be prepared to justify your decision	All
EMS 9	Treat colleagues fairly and maintain the public's trust through avoidance of unfounded criticism	All
EMS 10	Respect skills and contributions of colleagues and maintain professional relationships and effective communication in multi disciplinary teams	All
EMS 11	Be readily accessible to the public and colleagues when on duty including arranging suitable cover	All
EMS 12	Pay regard to efficiency while not discriminating against individuals/populations	All
EMS 13	Keep knowledge and skills up to date, including regular audit, appraisal and reflective learning	All
EMS 14	Practise safely including assuring professional indemnity, safeguarding the public from others' unsafe practice, adhering to safe management practice through maintenance and development of an environment and culture that improves health, safety and security	All
EMS 15	Deal with complaints fairly and co-operate with enquiries into practice	All
EMS 16	Demonstrate probity in professional and personal practice	All
EMS 17	Seek and follow advice where health concerns may affect practice	All
EMS 18	Work within a value system appropriate to public health advocacy	All

Key Area 1: Surveillance and assessment of the population's health and well-being		
	Learning Outcome	**Target Training Phase**
1.1	Show awareness of available data to describe the health status and determinants of a local population and compare with other populations using appropriate statistical and standardisation techniques and identify localities or groups with poor health	1
1.2	Undertake a brief health needs assessment for a defined population for a specific purpose using appropriate qualitative or quantitative methods and make recommendations for action	2
1.3	Use a range of methods of assessing morbidity and burden of disease within and between populations, both as ad hoc analysis and as part of systematic health surveillance.	3
1.4	Analyse data of populations in specific geographical areas and in particular groups of people in order to assess health status, health inequalities, determinants and different needs to support prioritisation of action.	3
1.5	Use a range of routine information sources and surveillance systems including, as a minimum, mortality, hospital admission, census, primary care, communicable disease, cancer registry, reproductive and sexual health data, and government surveys to support public health activity	3
1.6	Use qualitative and ad hoc or local survey data	3
1.7	Undertake a health needs assessment for a defined population for a specific purpose and demonstrate that this work has been considered at a high level in a relevant organisation	3
1.8	Undertake an assessment of the health impact of a policy or project for a defined population and demonstrate that this work has been considered at a high level in a relevant organisation	3
1.9	Quantify inequalities and inequities within and between populations in valid ways which make sense to the relevant audience/commissioner.	3

Key Area 2: Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services		
	Learning Outcome	**Target Training Phase**
2.1	Generate an appropriate question in order to assess the evidence	1, 2 & 3
2.2	Use health and non-health evidence from formal research and other sources to answer a defined question, taking into account relative strengths and weaknesses of evidence used	1, 2 & 3
2.3	Make use of others in finding and retrieving evidence (e.g. librarians, information specialists)	1, 2 & 3

2.4	Define a literature search strategy with appropriate inclusion and exclusion criteria to find relevant evidence to answer a question	1, 2 & 3
2.5	Clearly document methods used in finding and retrieving evidence	1, 2 & 3
2.6	Filter and refine searches to select appropriate evidence, incorporating the hierarchy of evidence	1, 2 & 3
2.7	Use an appropriate framework to critically appraise evidence	1, 2 & 3
2.8	Formulate a balanced, evidence-based recommendation explaining key public health concepts using appropriate reasoning, judgement and analytic skills in a public health setting	1, 2 & 3
2.9	Provide options for decision makers	1, 2 & 3
2.10	Communicate recommendations orally and in writing in order to influence decisions	1, 2 & 3
2.11	Find, retrieve, select and assimilate sufficient appropriate evidence to answer a question in a short space of time (ie within hours)	2
2.12	Understand the need for and be able to undertake a rapid appraisal of evidence (ie within minutes/hours not days)	3
2.13	Undertake scoring of the quality of at least one quantitative and one qualitative study and its design	1
2.14	Use an appropriate framework to critically appraise each of the following types of study: ecological, qualitative, aetiological, interventional, and economic.	1
2.15	Assess the evidence for proposed or existing screening programmes, using established criteria	1
2.16	Rapidly ascertain key public health information from a range of documents (eg briefings, policies, news reports) and use it appropriately and in relation to wider public health knowledge to communicate key public health information orally	2
2.17	Work with others to generate consensus where there is conflicting evidence or an evidence gap	2
2.18	Use evidence-based recommendations to influence decisions	3
2.19	Incorporate relevant legal and ethical frameworks into assessment of evidence	3
2.20	Demonstrate a proactive approach to identifying issues where a review of evidence is likely to make a difference	3

Key Area 3: Policy and strategy development and implementation		
	Learning Outcome	**Target Training Phase**
3.1	Display awareness of current national public health policies	1 & 3
3.2	Recognise the need for policy work to address problems	1 & 3
3.3	Identify the key issues which must be addressed when developing policy options	1 & 3
3.4	Propose evidence-based policy options for solving problems and develop appropriate strategy	1 or 2 & 3
3.5	Collate and interpret information and advice from clinical/ other colleagues to inform policy or strategy	1 or 2 & 3
3.6	Make appropriate changes to policy and/or strategy proposals in response to discussion with stakeholders	1 & 3
3.7	Develop a strategy, based on personal identification of a desired future state, to deliver change from a present unsatisfactory position.	3
3.8	Develop a plan to secure the resources required to implement a strategy successfully	3
3.9	Overcome problems that arise when implementing a plan or strategy	3
3.10	Analyse the process and outcomes of policy implementation	3

Key Area 4: Strategic leadership and collaborative working for health		
	Learning Outcome	**Target Training Phase**
4.1	Demonstrate insight into own leadership style and personality type and preferences in different circumstances	2
4.2	Display critical self-appraisal and reflective practice	2
4.3	Use effective and appropriate leadership styles in different settings and organisational cultures taking account of the differences between elected and appointed roles	3
4.4	Develop a vision and communicate that effectively to other key stakeholders	3
4.5	Demonstrate appropriate presentation communication skills, including descriptions of complex issues, in typical public health settings	2
4.6	Communicate the concept of risk in terms of health/ financial/ reputational and political risk	2
4.7	Demonstrate appropriate listening communication skills in a typical public health setting	2
4.8	Manage a project to successful completion within available resources and timescales	3

4.9	Demonstrates effective team working in a variety of settings	2
4.10	Demonstrates an understanding of how to use different methods of financial management	3
4.11	Guide and support staff, monitor work, receive, give constructive feedback and develop staff	3
4.12	Balance the needs of the individual, the team and the task	3
4.13	Analyse appropriately a situation or project and identify the steps required to achieve change	2
4.14	Display leadership within a team and a multi-agency setting	3
4.15	Handle uncertainty, the unexpected, challenge and moderate levels of conflict in an appropriate and sensitive manner including communicating effectively in a potentially hostile or emotive situation.	2
4.16	Handle major levels of conflict in an appropriate and sensitive manner	3
4.17	Negotiate and influence in a multi-agency arena	3
4.18	Identify and engage relevant stakeholders for a project to improve public health	2
4.19	Work in partnership with other agencies on problems of high complexity	3
4.20	Work collaboratively with the media to communicate effectively with the public	2

Key Area 5: Health Improvement		
	Learning Outcome	**Target Training Phase**
5.1	Debate the relative importance of individual and society decisions for health and ethical issues relating to health improvement	1
5.2	Debate the theory of community development and action	1
5.3	Debate the strengths and weaknesses of a variety of health improvement interventions directed at large populations including social marketing	1
5.4	Assess and communicate the need for health improvement in a defined community, presenting a case for action/inaction in response to the presenting health problem	2
5.5	Develop and implement a plan to address a health improvement need in a defined community making clear the theoretical base for a proposal and developing a business case for an activity	3
5.6	Evaluate a health improvement intervention, defending outcomes and methods chosen, identifying strengths and limitations of intervention, communicating findings and making recommendations	3
5.7	Influence a community development project or action demonstrating understanding of relationships with the community and community development staff including issues of power and politics	3
5.8	Apply the theoretical models of behaviour change for the general population and high risk/ hard to reach groups	3

5.9	Influence professional groups outside public health in giving advice to and making brief interventions with patients/clients on health behaviour issues.	3
5.10	Play an active role in engaging the public in solving their own health problems	3
	Optional Special Interest Learning Outcomes	
5.11	Contribute to formulation of policy/ legislation having a bearing on population health at a national or regional level (as appropriate to the country).	3
5.12	Apply understanding of a range of organisations and their different cultures and perspectives to bring about effective health improvement activity	3
5.13	Lead or make a significant contribution to a major public health media campaign demonstrating an understanding of appropriate theory and applications of social marketing and mass communication	3

Key Area 6: Health protection

	Learning Outcome	Target Training Phase
6.1	Identify known or potential health effects associated with a particular hazard relevant to health protection which is common in a population	1
6.2	Characterise the hazard identified, both quantitatively and qualitatively	2
6.3	Assess the degree of risk associated with exposure to a hazard commonly found in a population	2
6.4	Integrate hazard identification, characterisation and assessment into an estimate of the adverse events likely to occur in a population, based on a hazard commonly found in that population	2
6.5	Be able to complete a risk assessment for a hazard not commonly found in a population, drawing on external expertise as appropriate	3
6.6	Describe complex issues clearly to individuals, groups and communities	2
6.7	Meet the educational requirements for commencing supervised on call. Particular standards to be reached before commencing on call are identified in a separate document	2
6.8	Meet the educational requirements for undertaking on-call as a generic consultant in public health (operating within limits of own professional competence and with the advice of a medical consultant who specialises in health protection available at all times)	3
6.9	Ask appropriate questions to recognise a problem when presented with a health protection challenge	2
6.10	Interpret the answer received and recognise the need to ask for relevant advice where appropriate	2
6.11	Identify and confirm the risks and possible exposures	2
6.12	Describe the organisation of infection control and apply effective and appropriate procedures and policies to reduce risk	2

6.13	Advise on and co-ordinate public health action required in the light of existing local & national policies and guidelines	2 or 3
6.14	Describe the general principles of emergency planning and managing a major incident	2
6.15	Participate in and make a significant contribution to the investigation of an incident/outbreak including preparation of final report	2 or 3
	Optional Special Interest Learning Outcomes	
6.16	Integrate different types of data, using complex data sets, or collection of ad hoc data to draw appropriate conclusions for disease control, environmental and chemical hazards control and health improvement	3
6.17	Lead or take a major role in the investigation and management of a significant incident, to include an outbreak, non infectious disease incident and a look back	3
6.18	Evaluate the management of an outbreak or incident	3
6.19	Evaluate a health protection service improvement	3
6.20	Apply heath protection principles to services relevant to health protection in particular settings and in high risk groups (eg. prisons, with asylum seekers, in dental health, port health)	3
6.21	Undertake a complex health protection health needs assessment	3
6.22	Understand and apply the theoretical models of behaviour change, in the context of health protection for the general population and high risk/ hard to reach groups	3
6.23	Develop and test/audit a multi agency incident control plan	3
6.24	Establish or evaluate and quality assure a specific health protection surveillance system, including reporting and early warning, to meet a specified need for a defined population.	3
6.25	Lead or make a substantial contribution to the implementation of a health protection policy or campaign	3
6.26	Show appropriate judgement on the basis of potentially incomplete/conflicting clinical information	3
6.27	Identify and intervene when a clinical risk to the health of the public is identified	3
6.28	Generate hypotheses for health protection problems and test them in appropriate epidemiological studies	3

Key Area 7: Health and social service quality		
	Learning Outcome	**Target Training Phase**
7.1	Evaluate and audit services to assure and improve quality.	2 or 3
7.2	Design and implement data collection for a defined service question and integrates data outputs with other routinely available and relevant data	2 or 3
7.3	Critically appraise a business case or cost/budget assessment for a new service development or configuration from either a provider or commissioner perspective	3
7.4	Conduct a health economic or cost/budget assessment in response to a clinical priority setting question to inform commissioning	3
7.5	Contribute to a project using techniques of resource mapping and economic appraisal of resource redeployment, such as programme budgeting and marginal analysis	3
7.6	Prepare and present a service specification document which will lead to service development to a relevant committee or management group within the organisation	3
7.7	Assess an individual funding request using sound legal and ethical principles	3
7.8	Monitor and appraise the impact of screening or other similar disease prevention programme	3
7.9	Develop policy on cost-effective commissioning of new procedures or treatment taking into account exceptional care and legal guidelines	3
7.10	Apply the results of a healthcare needs assessment for a relevant local population or community leading to service development	3
7.11	Establish links with existing professional networks or set up new professional groups to direct changes in service configurations across and within different organisations and health/social care settings	3
7.12	Identify and deal with uncertainty in service change decision making processes	3
	Optional Special Interest Learning Outcomes	
7.13	Model and project the impacts of the introduction of new services, technologies and treatments	3
7.14	Lead an exercise in horizon scanning for new technologies and treatments which informs planning decisions	3
7.15	Carry out an appraisal of the quality and outcome of an under-performing care or provider area and report back with recommendations for action to relevant multi-disciplinary management forum	3
7.16	Design and co-ordinate a multi-trust or cross organisation audit or evaluation of a clinical or service area or topic including the development and assessment of guidelines	3
7.17	Set up a service review and leads change management process if needed	3

7.18	Lead the development of outcome measures and standard setting within the context of professional networks and/or commissioning	3
7.19	Take a lead role in setting budgetary programmes and marginal cost analysis in the context of business planning, option appraisal and disinvestment	3
7.20	Prepare a service commissioning policy and associated contractual documentation eg service level agreement, incorporating outcome measures demonstrating rationality in the local and national context	3
7.21	Lead the assessment, project management and investigation of a clinical governance issue eg an adverse event or serious untoward incident or professional regulatory problem within or across provider organisations or within a clinical network demonstrating impact through change	3

Key Area 8: Public health intelligence		
	Learning Outcome	**Target Training Phase**
8.1	Formulate and articulate problems so they can be addressed by using public health intelligence	1
8.2	Organise data, meta-data, information and knowledge (knowledge management including libraries)	1
8.3	Appraise the validity and relevance of data and data systems in order to assess their quality and fitness for purpose	2
8.4	Use data with a full appreciation of the legal and ethical aspects of data collection, manipulation and release (confidentiality, security, privacy and disclosure) in order to balance societal benefit with individual privacy	2
8.5	Present and communicate population health intelligence in effective ways in order to monitor system performance and to improve decisions of colleagues, practitioners and senior decision makers	3
8.6	Present and communicate population health intelligence in effective ways in order to develop local and national policy	3
8.7	Treat information about patients as confidential	1, 2 & 3
8.8	Provide information needed and requested and in a way that can be understood	1, 2 & 3
	Optional Special Interest Learning Outcomes	
8.9	Make a major contribution to systematic collecting, collating and interpreting of intelligence to inform the commissioning of health care and public health activities.	3
8.10	Establish and quality assure a specific surveillance system, including reporting and early warning, to meet a specified need for a defined population.	3
8.11	Lead the delivery and quality assurance of an intelligence unit function	3
8.12	Contribute to strategic leadership and management of a health intelligence function	3

8.13	Make use of novel technologies to collect, generate, synthesise, appraise, analyse, interpret or communicate health intelligence	3

Key Area 9: Academic public health		
	Learning Outcome	**Target Training Phase**
9.1	Apply and interpret appropriate statistical methods	1
9.2	Formulate a specific public health research question	3
9.3	Interpret a meta-analysis	3
9.4	Define appropriate outcome measures and data requirements for specific research proposals, both quantitative and qualitative	3
9.5	Identify the resource implications of varied research strategies	3
9.6	Use one or more research methods to support work undertaken in a service or research setting, disseminating findings appropriately	3
9.7	Identify the potential for misleading findings from different research methods and identify ways to avoid them	1
9.8	Draw appropriate conclusions and make recommendations from others' research	1
9.9	Identify research needs based on patient/population needs and in collaboration with relevant partners	1, 2 & 3
9.10	Work within the principles of good research governance where appropriate	1, 2 & 3
9.11	Help the public to be aware of and understand health issues	3
9.12	Contribute to the education and training of other staff, medical students and colleagues.	3
9.13	Develop skills and attitudes for teaching including appropriate supervision and assessment	3
9.14	Supervise a junior colleague in a one-to-one project mentorship	3
9.15	Conduct a group tutorial	3
9.16	Develop and give a large class lecture	3
9.17	Advise on the relative strengths and limitations of different research methods to address a specific public health research question	3
	Optional Special Interest Learning Outcomes	
9.18	Design, undertake and analyse an original research project(s)	3
9.19	Conduct a systematic review on a defined research question	3
9.20	Present an accepted research paper at a national public health scientific meeting	3
9.21	Prepare and submit a research paper to a reputable peer reviewed journal	3
9.22	Scope research priorities in own area	3

9.23	Critique research proposals for their validity and feasibility	3
9.24	Relate proposed or existing curricula and courses to learning objectives	3
9.25	Participate in developing and teaching courses and related material	3
9.26	Organise the design and delivery of an academic course or lecture series	3
9.27	Supervise others(eg MPH or other aspiring academics) and demonstrate ability to assess and to respond reflectively to being assessed	3
9.28	Engage in leadership roles in curriculum development	3
9.29	Play a role in a teaching committee	3
9.3	Advocate beneficial changes in research funding and administrative arrangements for improving public health	3
9.31	Practice inter-professional and interdisciplinary academic public health	3
9.32	Be a reflective educator, evaluating practice across research, teaching and administration	3
9.33	Communicate complex research issues that can affect health to a variety of audiences	3

Appendix 2: Key Documents for the 2007 Curriculum

A Guide to Postgraduate Specialty Training in the UK. "*The Gold Guide*" UK Health Departments.
2010 version (replaces the first, second and third editions)
http://www.nimdta.gov.uk/downloads/hospital_medicine/specialty_training/gold_guides/gold_guide_2010_fourth_edition_v07.pdf

The following are available from the FPH website (http://www.fph.org.uk):

- *Public Health Training Curriculum 2007*, Faculty of Public Health, 2007.
- *Guidance for Workplace Assessors*, Faculty of Public Health, November 2007.
- *Assessment Blueprint*, Faculty of Public Health, November 2007.
- Part A Matrix
- Guidance to creating and maintaining a Professional Learning Portfolio, Faculty of Public Health
- *E-portfolio Guidance Manual*, Faculty of Public Health, April 2009
- Trainees Quick Guide to e-Portfolio

Appendix 3: Eligibility Criteria for Entering Public Health Training

Public health person specification

To be eligible to apply you must meet all the 'essential', and most of the 'desirable' criteria in the **ST1 public health person specification**.

What general skills do I need to apply?

- An understanding of, and commitment to, public health and its application
- At least 36 months' post-degree work experience in an area relevant to public health practice including academic work, attaining Agenda for Change Band 6 or above, or equivalent, in this work.
- Good verbal and written communication skills – the ability to listen, present, facilitate and negotiate effectively, and to adapt language usage appropriately to the setting
- Good team working and leadership skills – working in multidisciplinary, non-hierarchical structures and in a collaborative manner
- A broad, strategic outlook and vision, and the ability to manage change
- Research and critical appraisal skills, with a good understanding of epidemiology and statistics
- Self-reliance and self-motivation
- The ability to prioritise, plan and work on your own initiative
- A desire to keep learning
- Good IT skills

Further entry requirements

For doctors:

- Full GMC registration
- Completion of a Foundation Year 2 programme, or the equivalent competencies. (For those who are not applying from Foundation programmes, it has been agreed during transition to MMC that 12 months in educationally approved SHO posts can be considered equivalent to completing Foundation Year 2.)
- Entrants with a longer period of clinical or other postgraduate experience are welcome.
- Need to be fully registered with the GMC at the time of appointment and hold a licence to practise

For those from other backgrounds:*

- Either a good first degree (minimum 2:1) in a subject relevant to public health, or a higher degree (i.e. Masters or PhD). Relevant degrees could include any of the health sciences, such as clinical psychology

and pharmacology, or other subject areas where the relevance can be shown – e.g. environmental science or a health professional qualification e.g. nursing.

- At least 36 months' post-degree work experience in an area relevant to public health practice including academic work, attaining Agenda for Change Band 6 or above, or equivalent, in this work.
- Applicants with more than 60m experience at Agenda for Change Band 8(a) or above may find that the training route is not the most appropriate and should discuss this further with their local Deanery Head of School'. For those who have already held senior public health positions for a number of years there may be other registration routes available and this should be discussed with the UKPHR office.
- Experience of the management of healthcare services, or work that has provided insight into the challenges of accessing health services would be beneficial.

* If you are applying as a medical candidate you will have followed the Foundation Programme curriculum (or equivalent). Other graduate / professional applicants are expected to be able prove that they have the equivalent competence at this level. You should refer to the **Foundation Programme curriculum** to identify detailed competence expected of a medical applicant. Clearly clinical competence is not expected and basic clinical skills required for public health training (such as history taking and medical microbiology) will be incorporated into the run through training programme.

Appendix 4: Health Protection Induction Programme

Historically in Northern Ireland, trainees have all been medically qualified. Legacy Health Boards did not require trainees to have passed Part A before going on call. Rather, trainees were entered into the rota when assessed as competent to do so by the CCDC and DPH.

A similar approach will continue for medically qualified trainees. Medical trainees will already have been used to being on call and working within their competence in their careers to date. On call enquiries are reasonably predictable and consultant supervision is readily to hand.

The aim of the induction process is to ensure the trainee meets the *demonstration of minimum standard* requirements of Annex A to Health Protection Training for generalists in public health, including Educational Requirements for on-call[7]. The exception to this is that the Northern Ireland Training Programme will not require trainees with a medical background to have attained Part A MFPH prior to being on call. Rather, trainees will be required to have passed an assessment of competence, taken at the end of their induction programme.

Trainees with a non-medical background will be required to have passed Part A and to have passed the assessment of competence on completion of the induction programme, however.

For medically qualified trainees, induction will be completed during the typical 6 week period between joining the service and commencing an academic course. For trainees with a non-medical background, induction will occur on completion of the academic year.

Week 1

- HP and public health
- Introduction to people and roles
- HP rota and professional responsibilities of on call
- Introduction to key principles: major ID and non-ID hazards, modes of transmission, incubation periods, screening
- Introduction to HP logbook
- Working of duty room
- Introduction to national and regional guidance and plans, and the Communicable Disease Control Handbook (Hawker et al, 2005)
- Introduction to websites: HPA, DH, CDC, DHSSPS, WHO, PHA/CDSC
- Tutorial from experienced peer

[7] http://www.fph.org.uk/uploads/FPH%20on-call%20HP_training_generalist.pdf

Week 2-3
Tutorials:

- On call procedures (advice and support; roles and responsibilities for chemoprophylaxis; handover and feedback)
- Outbreaks and incidents (general principles including role of others, outbreak plan, chemical incident plan and emergency response arrangements)
- Specific disease/scenario tutorials to include introductory epidemiology, surveillance arrangements, likely on call scenarios, national guidelines, and when specialist HP contact is advised:
    - Meningococcal disease
    - VTEC
    - GI disease
    - Water incidents (ID, non-ID)
    - Needlestick exposures
    - Immunisation/vaccine preventable diseases (MMR diseases, HIB, pertussis)
    - Nursing homes (duty room protocols)
    - Hospitals and HCAI
    - HP zone and information systems

Visits:

- Northern Ireland Public Health Laboratory

Weeks 4-6
Supervised duty room experience.

A formal assessment of on-call competence will be made at the end of the induction period.

Appendix 5: Training Locations & Secondments

Approved Training Locations

Public Health Agency

- Northern Office, County Hall, Ballymena
- Eastern Office, Linenhall Street, Belfast
- Southern Office, Tower Hill, Armagh
- Western Office, Gransha Park, Londonderry

Department of Health, Social Services and Public Safety

Academic Unit, Queen's University, Belfast

Northern Ireland Cancer Registry

Institute of Public Health

- IPH
- Ireland & Northern Ireland's Population Health Observatory (INIsPHO)

The Communicable Disease Surveillance Centre (NI) and the Health Promotion Agency both previously provided approved training locations for public health training in Northern Ireland. Both of these organisations are now part of the Public Health Agency.

Potential Secondment Locations

The Regulation and Quality Improvement Authority (RQIA)
9th Floor Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Health Protection Agency (England)

CDC, Atlanta (USA)

European Programme for Interventional Epidemiology Training (EPIET)

World Health Organisation

Additionally it may be possible to undertake projects of work in one of the Health & Social Care Trusts in Northern Ireland.

Appendix 6: Faculty Guidance on Supervisor Roles

Supervisors

Training is based partly on an apprenticeship model of learning and teaching - with delegation of routine work, and partly on an academic model, including the study of particular problems under supervision.

Since the learning of skills is by experience, supervisors play a key role, and the ultimate success of the programme rests on their ability to delegate appropriate work and give suitable guidance.

Types of supervisor

Faculty of Public Health (FPH) guidance requires that an educational supervisor is appointed to each trainee with responsibility for planning, co-ordinating and supervising training.

Each trainee must also have regular access to a named academic tutor.

The educational supervisor may co-ordinate the work of other designated project or attachment supervisors as the trainee rotates through a variety of training experiences, e.g. attachments to different training bases.

Selection and training of supervisors

The NI Public Health Training Committee, including the Faculty Adviser, will identify and designate educational supervisors. The monitoring process for educational supervisors will be through appraisal with the employer.

Competent public health specialists do not automatically have the knowledge, skills and attitudes necessary to train well. Supervisors require initial and continuing education to develop their training competence.

Supervisors are expected to get a minimum amount of training each year as part of their CPD requirements. Since training may well be an essential aspect of work as a consultant, supervisor development should begin at trainee level.

Training the trainer (TTT) courses are run regionally by the training programme. Please contact your programme administrator, deanery, or Training Programme Director for details of TTT courses in your region.

Educational supervisor

Minimum FPH requirements for being an educational supervisor

A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational

progress during a training placement or series of placements. The educational supervisor is responsible for the trainee's educational agreement.

Educational supervisors will normally:

- Have had 2 years' experience in a consultant or equivalent post.
- Have passed the MFPH examination or recognised equivalent and be on the Specialist Register or UK Public Health Register (UKPHR).
- Have attended a core supervisor development module.
- Attend CPD events related to supervisor skills each year and a supervisor refresher course every 4-5 years.
- Be committed to providing high quality training and supervision.
- Meet the Faculty's CPD requirement each year.
- Participate in and contribute to audit of training.
- Meet the demands put on them as a supervisor by the requirements of the CCT programme and the RITA assessment/annual review process.

Supervisors should show a commitment to training by:

- Being readily accessible to the trainees for whom they have been appointed supervisor. Regularly attending educational and supervisor development events and Faculty and Regional training conferences.
- Assessing the learning needs of trainees attached to them on an individual basis and drawing up a realistic and achievable learning plan with them.
- Using a written framework for training with regular review and constructive feedback. Being able and willing to identify and ensure delegation of appropriate tasks and responsibilities to the Trainee.
- Facilitating learning opportunities not available locally to ensure exposure to the full range of required competencies.

Education supervisors' responsibilities for newly appointed trainees

On appointment of a trainee, the educational supervisor should:

- Ensure that all the personnel matters and arrangements are in hand and that all the required facilities (e.g. desk, telephone etc.) are available before the individual arrives.
- Introduce the trainee to other trainees and ensure that one of them is able to act as a 'buddy'; introduce the trainee to other members of the department.
- Confirm allocation of and introduce the trainee's academic tutor and encourage regular contact with them.
- Arrange an appropriate induction programme including communicable disease control (CDC) training.
- Ensure adequate briefing of the organisation/department in which the trainee is to work.
- Assess the trainee's previous experience and relate this to future responsibilities and work so that it builds on their existing skills.

- Agree an initial programme of work and review it regularly and as frequently as required.
- Assign short term work appropriate to the trainee's current level of knowledge and skills and ensure this fits in with the induction programme and encourages the new trainee to feel part of the team.
- Encourage, support and offer the trainee constructive feedback.
- Review progress initially weekly - the minimum should be 1 hour of protected time but there should also be frequent informal contact.
- Facilitate first attachments to other colleagues in consultation with the Trainee and other supervisors.
- Facilitate and arrange CDC attachment to enable the trainee to start on-call responsibility.

Academic tutor

Academic tutors/supervisors should show a commitment to training by:

- Being readily accessible to the trainees for whom they have been appointed supervisor.
- Regularly attending educational and supervisor development events and Faculty and Regional training conferences.
- Assessing the learning needs of trainees attached to them on an individual basis and drawing up a realistic and achievable learning plan with them.
- Using a written framework for training with regular review and constructive feedback.
- Being able and willing to identify and ensure delegation of appropriate tasks and responsibilities to the trainee.
- Facilitating learning opportunities not available locally to ensure exposure to the full range of required competencies.

Responsibilities of the academic tutor/supervisor:

- Providing supervision, support and advice to the trainee on an ongoing basis for the duration of the training programme, particularly in relation to the Part A and Part B MFPH examinations and projects/surveys.
- Meeting with the trainee on appointment and on a quarterly basis and more frequently when necessary.
- Assisting the trainee to identify his/her academic learning needs, develop appropriate strategies and identify resources to meet these needs. This will also include giving advice in relation to specific topics and other work such as publication of material.
- Reviewing the trainee's progress on a regular basis and providing constructive feedback.
- Liaising with educational supervisors, attachment supervisors and the trainee on a regular basis - at least quarterly.
- Participating in local and regional assessment procedures by providing written reports on the trainee's progress and/or attending the assessments, as appropriate.

Attachment or project supervisor

Minimum requirements for being an attachment supervisor or project supervisor:

- Be a consultant in public health or a public health specialist of equivalent experience.
- Be committed to training.
- Be committed to providing high quality training by using a learning contract.
- Provide supervision with regular feedback on work in their related field.
- Be familiar with Faculty requirements and understand the roles and responsibilities involved in training in public health.
- Have some experience in training and supervision of projects.

Supervisors should show a commitment to training by:

- Being readily accessible to the trainees for whom they have been appointed supervisor.
- Regularly attending educational and supervisor development events and Faculty and regional training conferences.
- Assessing the learning needs of trainees attached to them on an individual basis and drawing up a realistic and achievable learning plan with them.
- Using a written framework for training with regular review and constructive feedback.
- Being able and willing to identify and ensure delegation of appropriate tasks and responsibilities to the trainee.
- Facilitating learning opportunities not available locally to ensure exposure to the full range of required competencies.

Responsibilities of attachment supervisors or project supervisors:

- Meeting with trainee and core supervisor in advance of the attachment, discussing the potential learning opportunities available and agreeing the general aims and objectives to be met during the proposed attachment.
- Discussing the trainee's perceived learning needs in relation to the specific attachment and agreeing priorities within these, taking account of other commitments the trainee may have e.g. preparing for the MFPH examinations, teaching commitments etc. It is desirable that the educational supervisor should also have an input at this stage.
- Negotiating a written learning contract with the trainee for that particular attachment which both parties should sign. It is the responsibility of the trainee to draw up the document. The document should also be discussed with the academic tutor and educational supervisor.
- Agreeing and scheduling regular review meetings of sufficient length (approx. 1 hr) in order to monitor and assess progress towards achieving the agreed aims and objectives.

- Ensuring that the trainee is given responsibility for undertaking specific tasks e.g. carrying out a study, preparing and presenting the findings or reports appropriate to his/her level/stage of training and abilities.
- Encouraging, supporting and providing constructive feedback to the trainee on specific tasks.
- Identifying gaps in the trainee's general experience or specific subject areas and also flagging up when certain tasks or activities have ceased to have further meaningful training value. The supervisor and trainee should then discuss the matter with the educational supervisor and agree the action to be taken.
- Conducting a final review of the attachment with the trainee, encouraging and facilitating a two-way feedback on the experience. Both parties should sign a written report summarising the key issues raised during the review of the attachment learning contract aims and objectives. The academic tutor should also have an input to the review process. Copies of the written review which will contribute to the annual assessment of training and appraisal progress process (RITA) assessment should be sent to the educational supervisor, and the co-ordinator of training where appropriate.

Appendix 7: Requirements for CCT

The following criteria have been agreed with the General Medical Council (GMC) for the award of the Certificate of Completion of Training (CCT) in public health:

General Medical Council (GMC) Registration
Full registration as a medical practitioner with the GMC of the United Kingdom throughout the whole period of training. (Not required of StRs from backgrounds other than medicine).

Foundation Programme (or equivalent)
Foundation year 1 (F1) and Foundation year 2 (F2) make up the two year Foundation Programme which all UK medical graduates are required to undertake before progressing to specialty training. These two years effectively replace the pre-registration house officer (PRHO) year and the first year of senior house officer (SHO) training. Foundation doctors are trained and assessed against Postgraduate Education and Training agreed with the GMC. For non medical graduates the minimum entry requirement is a 2:1 in a relevant subject at first degree or relevant professional qualification and a minimum of three years experience in public health related work.

Specialty Training
A minimum of 48 months of satisfactorily completed supervised training in posts approved by the GMC or other competent bodies in the European Economic Area (EEA) after completion of a suitable academic course in public health.
All the training periods for specialty training are given as whole time equivalents, and training which is less than half time (calculated on a weekly basis) will not be counted.
At least 24 months must be in training posts in the United Kingdom (UK). Up to 12 months may be undertaken in prospectively approved training post either in the EEA or outside the EEA.
The training must include at least 3 months in health protection in a service location within the NHS (or equivalent in each country of the UK) or the Defence Medical Services (DMS). Some experience of out of hours on-call is required. A safe on-call assessment will be undertaken before progression to on-call out of hours work.
The training must include at least 12 months in a service location within the NHS (or equivalent in each country of the UK) or the DMS in addition to the 3 months in health protection.
The training must exclude periods of leave of absence in excess of 3 months whole time equivalent (wte) over the whole training period. If absences of lesser duration occur, appropriate efforts must be made to fill resulting gaps in the programme as assessed by the ARCP process. If this is not achieved the CCT date will be modified accordingly.
Satisfactory completion of training must be attested by a completed final ARCP form.

Training time counted for speciality training must not also have been counted as a part of the Foundation Programme (or equivalent).
The training may include:
Either 1 year research if not involving service public health.
Or up to 2 years if it is health services research with service public health involvement.
The training may include up to 3 months in an acting NHS consultant post, prospectively agreed by the relevant Training Programme Director(s) and deaneries. The trainee must be supported by a named Educational Supervisor, retaining their contract and NTN. The training may not include any time spent in locum consultant posts.
The training may include up to 12 months in formal prospectively recognised Locum Appointment - Training posts (LAT) and specialty training fixed term appointments (FTTAs). Exceptionally, this time may be extended if approved by the Education/Faculty Advisers' Committee and postgraduate dean.
For multidisciplinary trainees seeking registration with UKPHR, the training may include up to 24 months spent in supervised training posts in the field of Public Health in the UK or overseas before the trainee enters the Specialty Training programme, if this is recommended by the local Specialty Training Committee and approved by the Education Committee of the Faculty of Public Health (FPH) (so-called 'retrospective recognition' of training).

Membership of the Faculty of Public Health
The StRs must have been admitted to Membership of the FPH of the Royal Colleges of Physicians of the UK in order to be recommended for the award of CCT.

Required documents
FPH recommends the award of CCT to the GMC or the UKPHR when the final assessment form (RITA G/ARCP 6) has been received from the postgraduate dean, and Form 3 from the Faculty Adviser.
Form 3 is a confirmation by the Faculty Adviser that all of the CCT criteria have been met. Final year trainees should be fully familiar with the criteria to ensure that they have been met in every detail. While it is not necessary to be on a training programme at the time of recommendation, it is necessary to be in good standing on the GMC Medical Register and on the FPH Membership rolls.
FPH does not normally know that a final RITA/ARCP has been held or a Form G/ARCP 6 issued until it receives its copy from the dean. When the FPH Education and Training Department has received and reviewed all necessary documents, GMC/UKPHR will be notified that the trainee has been recommended for the award of the CCT.
GMC/UKPHR requires an application form and fee. This form is sent by the FPH Education and Training Department to trainees at the same time that notification goes to GMC/UKPHR.

Appendix 8: Public Health Training Committee Membership

The following list is an indication of the roles to be represented on the committee. Some individuals on the committee may represent more than one role.

- Training Programme Director
- Director of Public Health
- Assistant Director of Public Health: Service Development and Screening
- Faculty Adviser
- Regional CPD co-ordinator
- Post-graduate Dean (may nominate a representative)
- Chief Medical Officer (may nominate a representative)
- Northern Ireland Affairs Committee Representative
- Three Domains of Practice Representatives
  - Health Improvement
  - Health Protection
  - Service Development & Screening
- Academic Representative
- DHSSPS Representative
- Trainee Representative(s)
  - 2007 Curriculum Representative
  - Pre-2007 Curriculum Representative
- Lay Representative

Appendix 9: Checklist in Preparation for a Trainee Joining the Scheme

Task	Person Responsible	Completed
Assign Academic Supervisor	Academic Representative on the Training Committee	❑
Assign Educational Supervisor	Faculty Advisor	❑
Request made for office space • desk, filing etc	Educational Supervisor	❑
Request made for ICT and mobile telephone (BlackBerry)	Educational Supervisor	❑
Enrolment for MSc (if required)	Academic Representative on the Training Committee	❑
Ensure Induction Pack up to date	Training Programme Director	❑
Trainee 'Buddy' identified	Training Programme Director	❑