

GUIDANCE FOR WORKPLACE ASSESSORS

VERSION 1.3

Feedback on this document is welcome. Please email comments@fph.org.uk

Your feedback will be most effective if you suggest specific changes or additions to the text, or indicate areas where more guidance is needed.

This version gives guidance on the 121 core learning outcomes. Guidance on the optional special interest learning outcomes will follow later.

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BASICS

Know the standard

This guide is written to help you judge whether your trainee has achieved the learning outcomes set out in the Faculty's syllabus. You will need to take note of the phase of training specified for each outcome – the issues and projects during which the learning outcomes are achieved will be simple during Phase 1 but of greater weight and complexity in Phase 3.

Know the trainee

If you do not have direct knowledge of the trainee, you must acquire it from others. For example the trainee may have been working with a project supervisor – contact the supervisor to acquire the evidence you need to make your judgement.

Use evidence

Don't be an impressionist! All judgements must be based on evidence. Evidence may take the form of a document, direct witness or testimony from others.

Give feedback

Always give feedback. If the trainee has not achieved a learning outcome you must explain in what ways he or she has fallen short. A basic system is:

Ask the trainee what went well

Ask the trainee what could have gone better

Explain specifically what else is needed, or what should be done differently, to achieve the outcome

Confirm that the trainee understands what needs to be done.

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

Learning outcome 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.

For this Phase 1 learning outcome, the assessor will seek evidence that:

- The trainee is aware of
 - Mortality
 - Hospital episode
 - Cancer registry data
 - Communicable disease data
 for the local population.
- The trainee can compare each source with, for example, data for neighbouring areas or the national population. Since this learning outcome is 'awareness' the trainee may present data from for example a public health director's annual report.
- The trainee can present standardised mortality, admission or registration data.
- The trainee can present data showing geographical variation – again this might be from a local public health report or similar.

Learning outcome 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

For this Phase 2 learning outcome, the assessor will seek evidence that:

- The trainee has written a definition of the needs which are being assessed
- The trainee has written a definition of the relevant population
- The method used to assess need has been documented in sufficient detail that someone else could replicate the work done. The method may be quantitative (using numerical data) or qualitative (using textual information for example from documents or focus group reports).
- The work has included personal contact with both professionals (e.g. relevant consultants in the relevant specialty) and patients (or their representatives).
- The recommendations flow clearly from the assessment of need and address the health need. The recommendations should include proposals for prevention as well as treatment.

Learning outcome 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

For this Phase 3 learning outcome, the assessor will seek evidence that:

- The trainee has used mortality, hospital episode, primary care, communicable disease and registry data. Communicable disease data includes laboratory reports, notifications and enhanced surveillance data.
- The trainee has analysed the data – this implies activities such as inspecting trends, looking for spatial variation, standardisation where needed, statistical tests and so on.
- ‘Ad hoc’ analysis is carried out in response to a specific query or concern. ‘Systematic health surveillance’ is the regular, exploratory analysis of routinely collected data with no prior hypothesis. Such analysis is however executed out in accord with a pre-specified plan or protocol.

Learning outcome 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

For this Phase 3 learning outcome, the assessor will seek evidence that:

- The trainee has analysed data relevant to
 - Health status
 - Health inequalities
 - Determinants of health
- As with learning outcome 1.3, ‘analysed’ implies activities such as inspecting trends, looking for spatial variation, standardisation where needed, statistical tests and so on.
- The trainee has presented evidence and justification placing the findings in order of importance as regards public health action.

Learning outcome 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

For this Phase 3 learning outcome, the assessor will seek evidence that:

- The trainee has ‘used’ the specified data. Evidence of ‘use’ is that the trainee has incorporated information from these sources in a document or presentation, indicating the strengths and weaknesses of the data used, and added value by interpreting the results / consequences / possible actions or further analysis needed

Learning outcome 1.6

Use qualitative and ad hoc or local survey data.

For this Phase 3 learning outcome, the assessor will seek evidence that:

- The trainee has 'used' the specified data. Evidence of 'use' is that the trainee has incorporated information from these sources in a document or presentation, indicating the strengths and weaknesses of the data used, and added value by interpreting the results / consequences / possible actions or further analysis needed

Learning outcome 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

For this Phase 3 learning outcome, the assessor will seek evidence that:

- The trainee has written a definition of the needs which are being assessed
- The trainee has written a definition of the relevant population
- The method used to assess need has been documented in sufficient detail that someone else could replicate the work done.
- The work has included personal contact with both professionals (e.g. relevant consultants in the relevant specialty) and patients (or their representatives).
- The work takes account of relevant guidance and policy documents of government and other national organisations
- The recommendations flow clearly from the assessment of need and address the health need. The recommendations should include proposals for prevention as well as treatment.
- In demonstrating that the work has been considered at a 'high level' the key point is that the work is substantial enough not to be considered only by the trainee's immediate supervisor.

Learning outcome 1.8

Undertake an assessment of the health impact of a policy or project for a defined and demonstrate that this work has been considered at a high level in a relevant organisation

For this Phase 3 learning outcome, the assessor will seek evidence that:

- The trainee has clearly defined the relevant policy or project
- The trainee has clearly defined the relevant population
- Positive and negative impacts have been considered
- Physical and mental health have been considered
- Numerical estimates have been made where appropriate
- Uncertainties surrounding any estimates have been clearly documented and discussed
- The source of evidence for any estimates is documented
- In demonstrating that the work has been considered at a 'high level' the key point is that the work is substantial enough not to be considered only by the trainee's immediate supervisor.

Learning outcome 1.9

Quantify inequalities and inequities within and between populations in valid ways which make sense to the relevant audience or commissioner.

The assessor will seek evidence that this Phase 3 learning outcome has been achieved. The simplest way to do this will be to ask a member of the target audience whether the trainee's presentation (written or verbal) of inequalities and inequities made sense.

Key Area 2: Surveillance and assessment of the population's health and well-being

Learning outcome 2.1

Generate an appropriate question in order to assess the evidence

The assessor will seek evidence in Phases 1, 2 and 3 that:

- The trainee has generated an appropriate question. 'Appropriate' means relevant but answerable. Thus 'Does public health work?' is not answerable. 'Can immunisation eradicate some communicable diseases?' is answerable, at least partially.

Learning outcome 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

The assessor will seek evidence in Phases 1, 2 and 3 that:

- The trainee has 'used' the specified data. Evidence of 'use' is that the trainee has incorporated information from these sources in a document or presentation, indicating the strengths and weaknesses of the data used.

'Formal research' means published in the peer reviewed literature or in a formal publication from a reputable scientific organisation such as a university, Royal College or equivalent. 'Other sources' includes documents from other organisations not included as 'formal research'.

'Non health' might include evidence from fields such as physics and chemistry, psychology and social sciences, politics, ethics and so on.

Learning outcome 2.3

Make use of others in finding and retrieving evidence (e.g. librarians, information specialists)

Self evident the assessor will seek evidence in Phases 1, 2 and 3 that this learning outcome has been achieved.

Learning outcome 2.4

Define a literature search strategy with appropriate inclusion and exclusion criteria to find relevant evidence to answer a question

This is self evident but note that the question answered will be of different weight in Phases 1, 2, and 3.

'Weight' is defined in the Glossary to the Faculty's curriculum as follows:

- Phase 1: a simple issue signed off by a single manager
- Phase 2: an intermediate issue that might be signed off by a sub-committee or committee
- Phase 3: a substantive issue signed off at Board level.

Learning outcome 2.5

Clearly document methods used in finding and retrieving evidence

Self evident.

Learning outcome 2.6

Filter and refine searches to select appropriate evidence, incorporating the hierarchy of evidence

The assessor will seek evidence in Phases 1, 2 and 3 that:

- The trainee has selected, from the mass of potential evidence generated by an initial search, evidence or papers for detailed study. A flowchart is the most likely evidence for this.
- The trainee has used a hierarchy of evidence to judge the validity of the method used to generate the evidence. A typical hierarchy of evidence, based on the proposals of the United States Preventative Services Task Force, is as follows:
 - Grade I Randomised controlled trial or meta-analysis
 - Grade II Case control or cohort studies
 - Grade III Case series, expert consensus
 - Grade IV Case reports

Learning outcome 2.7

Use an appropriate framework to critically appraise evidence

The assessor will seek evidence in Phases 1, 2 and 3 that:

- The trainee used a framework. This evidence is most likely to be a document setting out quality criteria for the evidence, and a scoring sheet for each piece of evidence considered.
- The critical appraisal will also include consideration of how well the evidence applies to the local situation.

Learning outcome 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

This learning outcome is tested in Phase 2 by the MFPH Part B exam. In phase 3, the assessor will seek evidence that:

- The trainee makes recommendations which are soundly based on evidence

Learning outcome 2.9

Provide options for decision makers

This is self evident but note that the decisions will be of different weight in Phases 1, 2, and 3.

Weight is defined in the curriculum as follows:

- Phase 1: a simple issue signed off by a single manager
- Phase 2: an intermediate issue that might be signed off by a sub-committee or committee
- Phase 3: a substantive issue signed off at Board level.

In large organisations such as Government departments or the Health Protection Agency the term 'Board' may need flexible interpretation.

Learning outcome 2.10

Communicate recommendations orally and in writing in order to influence decisions

This is self evident but note that the decisions will be of different weight in Phases 1, 2, and 3.

Weight:

- Phase 1: a simple issue signed off by a single manager
- Phase 2: an intermediate issue that might be signed off by a sub-committee or committee
- Phase 3: a substantive issue signed off at Board level.

'In order to influence decisions' means that the trainee's written document has been read by the team or person with the power to implement the recommendation, and that the trainee has spoken to this team or person. The trainee's recommendations may or may not be accepted.

Learning outcome 2.11

Find, retrieve, select and assimilate sufficient appropriate evidence to answer a question in a short space of time (i.e. within hours)

This Phase 2 learning outcome is self evident.

Learning outcome 2.12

Understand the need for and be able to undertake a rapid appraisal of evidence (i.e. within minutes or hours not days)

This Phase 3 learning outcome is self evident.

Learning outcome 2.13

Undertake scoring of the quality of at least one quantitative and on qualitative study and its design

This Phase 1 learning outcome is self evident. For many trainees this will have been done on an academic course such as a Masters or diploma course. The assessor does however still need evidence that the trainee has achieved this learning outcome.

Learning outcome 2.14

Use an appropriate framework to critically appraise each of the following types of study:

- **Ecological**
- **Qualitative**
- **Aetiological**
- **Interventional and**
- **Economic**

This Phase 1 learning outcome is self evident. For many trainees this will have been done on an academic course such as a Masters or diploma course. The assessor does however still need evidence that the trainee has achieved this learning outcome.

Learning outcome 2.15

Assess the evidence for proposed or existing screening programmes using established criteria.

This Phase 1 learning outcome is self evident. For many trainees this will have been done on an academic course such as a Masters or diploma course. The assessor does however still need evidence that the trainee has achieved this learning outcome.

Learning outcome 2.16

Rapidly ascertain key public health information from a range of documents (e.g. briefings, policies, news reports) and use it appropriately and in relation to wider public health knowledge to communicate key public health information orally.

This Phase 2 learning outcome is tested by the Part B MFPH exam. The assessors will be able to acquire evidence of whether their trainee has met this learning outcome during training and practice for the Part B exam.

Learning outcome 2.17

Work with others to generate consensus where there is conflicting evidence or an evidence gap.

For this Phase 2 learning outcome, the assessor will seek evidence that

- There was previously a conflicting evidence of an evidence gap
- The trainee participated in the process of generating consensus. Evidence for this is most likely to come from testimony of others involved.

Learning outcome 2.18

Use evidence-based recommendations to influence decisions

For this phase 3 learning outcome the assessor will seek evidence that:

- The trainee has made recommendations
- The evidence based for the recommendation is clear.

Influence on decisions is not easy to assess but in phase 3 the trainee should be working on substantial issues which clearly influence local decisions on public health matters. The assessor may need to seek testimony from decision makers that the trainee's recommendations were influential even if the recommendation was not accepted.

Learning outcome 2.19

Incorporate relevant legal and ethical frameworks into assessment of evidence

The trainee should write a reflective note to demonstrate achievement of this phase 3 learning outcome.

Learning outcome 2.20

Demonstrate a proactive approach to identifying issues where a review of evidence is likely to make a difference

For this phase 3 learning outcome the assessor will seek evidence that:

- The trainee has personally initiated an evidence review likely to lead to an action or decision.

The key learning outcome is that the trainee does not always wait for others to suggest the need for a review. Trainees must be given the opportunity to demonstrate this competence – trainers and others may need to hold back to give the trainee a chance to make the suggestion.

Key Area 3: Policy and strategy development and implementation

Learning outcome 3.1

Display awareness of current national public health policies

For this phase 1 and phase 3 learning outcome the assessor will seek evidence that:

- The trainee can name three or more national policies relevant to public health
- The trainee can describe the key features of each policy
- The trainee can explain the rationale for each policy i.e. the reasoning which led the policy maker to believe that the policy would achieve its stated or presumed objective.

At phase 3:

- The trainee references key national policy in at least pieces of work connected to at least three different work streams.

Learning outcome 3.2

Recognise the need for policy work to address problems

For this phase 1 and phase 3 learning outcome the assessor will seek evidence that:

- The trainee can discuss or present (orally or in writing) three public health problems which require policy work
- The trainee can identify which organisation needs the policy.

For this learning outcome, a 'policy' is a set of rules or procedures to govern the actions of an organisation.

Learning outcome 3.3

Identify the key issues which must be addressed when developing policy options

For this phase 1 and phase 3 learning outcome the assessor will seek evidence that:

- The trainee has identified issues which include:
 - Epidemiology (how the problem is distributed or patterned among groups in the population affected by the policy)
 - Human resource (e.g. recruitment, training of staff)
 - Finance (in outline)
 - Other issues specific to the problem
 - Other issues which will arise in implementing the policy

An 'issue' is any matter requiring a choice, decision, or action if the policy is to be adopted.

Learning outcome 3.4

Propose evidence-based policy options for solving problems and develop appropriate strategy

This phase 1 or 2 and phase 3 learning outcome is self evident.

Learning outcome 3.5

Collate and interpret information and advice from clinical or other colleagues to inform policy or strategy

For this phase 1 or 2 and phase 3 learning outcome the assessor will seek evidence, probably from letters, emails or notes of a meeting, that:

- Clinical or other colleagues have offered information and advice
- This advice has been collated and interpreted, that is, accepted (in full or in part) or rejected and a set of reasons given for accepting or rejecting.

Learning outcome 3.6

Make appropriate changes to policy or strategy proposals in response to discussion with stakeholders

For this phase 1 and phase 3 learning outcome the assessor will seek evidence that:

- Proposals have changed in response to comment. This will probably require an original draft and a final draft of a document. It also implies that the trainee is the sponsor or owner of the policy, and the author of the policy document.

Learning outcome 3.7

Develop a strategy, based on personal identification of a desired future state, to deliver change from a present unsatisfactory position

For this phase 3 learning outcome the assessor will seek evidence that the trainee:

- Has identified an area, position or state which is unsatisfactory (for example through surveillance, audit or a national standard or from a needs assessment)
- Has described the present position against standards
- Has given reasons why the present position is unsatisfactory
- Has described the desired future state, based if appropriate on national strategy or a 'Gold standard' or stakeholder views
- Has presented a strategy for moving from the present to the desired future, including consideration of
 - Barriers
 - Key stakeholders.
- Has outlined a communications strategy for the change.

Learning outcome 3.8

Develop a plan to secure the resources required to implement a strategy successfully

This phase 3 learning outcome is self evident.

Learning outcome 3.9

Overcome problems that arise when implementing a plan or strategy

For this phase 1 and phase 3 learning outcome the assessor will seek evidence that the trainee

- has documented problems which arose during the implementation of a plan or strategy
- identified solutions to those problems
- documented that the problem was solved.

Learning outcome 3.10

Analyse the process and outcomes of policy implementation

For this phase 3 learning outcome the assessor will seek evidence that the trainee has

- Analysed process:
 - Identified the objectives of the policy
 - Noted issues which were identified in advance and how they were resolved

- Identified unforeseen problems and how they were resolved
 - Described stakeholders and their actions during implementation
 - Identified the policy owner and actions during implementation
 - Identified policy shifts during implementation
 - Identified external influences during implementation and their effects
-
- Analysed outcomes:
 - Discussed whether the policy objectives were achieved in full or in part
 - Whether foreseen obstacles were overcome or mitigated
 - What unforeseen outcomes, good or bad, resulted.

Key area 4: Strategic leadership and collaborative working for health

Learning outcome 4.1

Demonstrate insight into own leadership style and personality type and preferences in different circumstances

For this phase 2 learning outcome the assessor will seek evidence that:

- The trainee can describe his or her dominant style using well known dimensions such as autocratic-participative or supportive-directive
- The trainee can describe his or her preferred style of leadership when dealing with
 - Professionals
 - Lay people
 - Their peer group
 - Subordinates
- The trainee can state his or her personality type as assessed by the Myers Briggs instrument or equivalent.

Learning outcome 4.2

Display critical self-appraisal and reflective practice

For this phase 2 learning outcome the assessor will seek evidence that:

- The trainee has kept a learning log or equivalent containing notes on performance with a critique of
 - what went well
 - what could have been done better

Learning outcome 4.3

Use effective and appropriate leadership styles in different settings and organisational cultures taking account of the differences between elected and appointed roles

For this phase 3 learning outcome the assessor will seek evidence that:

- The trainee has varied his style according to the culture of the setting or organisation. Handy's framework may be used to distinguish cultures - power, task, role and person. Other appropriate frameworks may be used. The trainee's style may vary on dimensions such as supportive / directive or autocratic / participative.
- Trainees will mostly work with appointed staff. Evidence is needed of a different style when dealing with elected members such as borough or district councillors; such evidence is most likely to come from witnessing the trainee's style directly.

Learning outcome 4.4

Develop a vision and communicate that effectively to other key stakeholders

The assessor will seek evidence that this Phase 3 learning outcome has been achieved. The simplest way to do this will be to ask a member of the target audience whether the trainee's vision has been communicated effectively.

Learning outcome 4.5

Demonstrate appropriate presentation communication skills, including descriptions of complex issues, in typical public health settings

This Phase 2 learning outcome is tested by the Part B MFPH exam. The assessors will be able to acquire evidence of whether their trainee has met this learning outcome during training and practice for the Part B exam.

Learning outcome 4.6

Communicate the concept of risk in terms of health, financial, reputational and political risk

This Phase 2 learning outcome is largely self evident. The assessor will need to seek evidence that the trainee uses a simple framework to distinguish and assess separately (a) the likelihood and (b) the severity of the adverse outcome.

This competence should also be considered during discussion around the enquiries that are recorded in the trainee's health protection log book.

Learning outcome 4.7

Demonstrate appropriate listening communication skills in a typical public health setting

This Phase 2 learning outcome is tested by the Part B MFPH exam. The assessors will be able to acquire evidence of whether their trainee has met this learning outcome during training and practice for the Part B exam.

This competence should also be considered during discussion around the enquiries that are recorded in the trainee's health protection log book.

Learning outcome 4.8

Manage a project to successful completion within available resources and timescales

This phase 3 learning outcome is self evident. The project will need to be of phase 3 weight and complexity.

Learning outcome 4.9

Demonstrates effective team working in a variety of settings

This Phase 2 learning outcome will be assessed in part by the multisource feedback tool.

In the workplace, the assessor will seek evidence that the trainee:

- Attends meetings of the appropriate team regularly
- Contributes to discussion
- Offers advice and opinion which is respected by other team members

Learning outcome 4.10

Demonstrates an understanding of how to use different methods of financial management

For this phase 3 learning outcome the assessor will seek evidence that:

- The trainee can explain standard NHS budget statements or equivalent including
 - Annual budget
 - Spend to date
 - Spend this month
 - Forecast outturn and how to estimate it
 - Variance
 - Recurring and non-recurring expenditure
 - Programme budgeting

Learning outcome 4.11

Guide and support staff, monitor work, receive and give constructive feedback and develop staff

For this phase 3 learning outcome the assessor will seek evidence that the trainee:

- Guides and supports staff for example with advice on a task and by appropriate praise for achievement
- Monitors work by achievement against written objectives
- Receives constructive feedback – from use of the multisource feedback instrument
- Gives constructive feedback by
 - Identifying good points for praise
 - Identifying areas for improvement
 - Agreeing the action needed to achieve improvement
 - Agreeing to review at an agreed date
- Develops staff by agreeing and implementing a personal development plan

Learning outcome 4.12

Balance the needs of the individual, the team and the task

For this phase 3 learning outcome the assessor will seek evidence that:

- The trainee considers
 - the need of the individual by establishing the relevant expertise of each team member and their desired outcome for the team's work
 - the needs of the team by agreeing rules of team work such as meeting schedules, allocation of tasks and recording of decisions, how team members will keep each other informed;
 - the needs of the task by achieving most milestones and objectives of the project.

Learning outcome 4.13

Analyse appropriately a situation or project and identify the steps required to achieve change

This phase 2 learning outcome is self evident.

Learning outcome 4.14

Display leadership within a team and a multiagency setting

For this phase 3 learning outcome the assessor will seek evidence that:

- The trainee has helped the team to achieve movement from the original position closer to the vision or desired future state.
- The setting is 'multi-agency' if the team members come from more than one organisation.

Learning outcome 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.

This Phase 2 learning outcome is tested by the Part B MFPH exam. The assessors will be able to acquire evidence of whether their trainee has met this learning outcome during training and practice for the Part B exam.

This competence should also be considered during discussion around the enquiries that are recorded in the trainee's health protection log book.

Learning outcome 4.16

Handle major levels of conflict in an appropriate and sensitive manner

For this phase 3 learning outcome, the assessor will seek evidence that

- The trainee resolved the conflict – this does not require consensus to be reached. It excludes suppressing or avoiding the conflict. Resolution implies that
 - Differences of opinion are expressed freely
 - All points of view are heard
 - Stakeholders remain engaged with the process
- Trainees will achieve most or all of the signs of resolution.
- 'Major' levels of conflict will be evidenced by some or all of:
 - differences of opinion on decisions or proposed actions which may result in mortality or serious morbidity for patients or the general public
 - differences of opinion which substantially and detrimentally affect the reputation or livelihood of stakeholders
 - raised voices, intemperate language or other obvious signs of anger
 - personal abuse or arguments directed at individuals and their characteristics rather than the issue in hand.

Learning outcome 4.17

Negotiate and influence in a multi-agency arena

For this phase 3 learning outcome, the assessor will seek evidence that:

- The trainee has negotiated by
 - separating the problem from the people
 - to generating options to meet the needs of all stakeholders
 - has looked for externally verifiable criteria to generate agreement
- The trainee has developed his or her best alternative to a negotiated solution

Influence is not easy to assess but in phase 3 the trainee should be working on substantial issues which clearly influence local decisions on public health matters. The assessor may need to seek testimony from stakeholders that the trainee's input was influential in shaping opinion or influencing decisions.

The end position after the negotiation and influence must be clearly different from the opening position.

Learning outcome 4.18

Identify and engage relevant stakeholders for a project to improve public health

This stage 2 learning outcome is self evident.

Learning outcome 4.19

Work in partnership with other agencies on problems of high complexity.

This stage 3 learning outcome is self evident - 'high complexity' is defined in the Glossary to the Faculty's curriculum as a problem which is complicated by a number of factors whose influence and interaction is uncertain.

Learning outcome 4.20

Work collaboratively with the media to communicate effectively with the public

This stage 2 learning outcome is largely self evident – 'effective' communication will be judged by the assessor on the clarity, accuracy, and relevance of the communication.

Key area 5: Health Improvement

Learning outcome 5.1

Debate the relative importance of individual and society decisions for health and ethical issues relating to health improvement

This Phase 1 learning outcome is self evident. For many trainees this will have been done on an academic course such as a Masters or diploma course. The assessor does however still need evidence that the trainee has achieved this learning outcome: this is most likely to come from direct discussions of local issues.

Learning outcome 5.2

Debate the theory of community development and action

This Phase 1 learning outcome is self evident. For many trainees this will have been done on an academic course such as a Masters or diploma course. The assessor does however still need evidence that the trainee has achieved this learning outcome: this is most likely to come from direct discussions of local issues.

Learning outcome 5.3

Debate the strengths and weaknesses of a variety of health improvement interventions directed at large populations including social marketing

This Phase 1 learning outcome is self evident. For many trainees this will have been done on an academic course such as a Masters or diploma course. The assessor does however still need evidence that the trainee has achieved this learning outcome: this is most likely to come from direct discussions of local issues.

Learning outcome 5.4

Assess and communicate the need for health improvement in a defined community, presenting a case for action or inaction in response to the presenting health problem

For the phase 2 learning outcome the assessor will seek evidence which is most likely to come from direct discussions of a local health problem.

Learning outcome 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

For this phase 3 learning outcome the assessor will seek evidence that

- The trainee has developed a plan which sets out clearly the health improvement need and how it will be addressed;
- The business case is rational and outlines costs and other resources required together with benefits and an outline timetable;
- The plan has been implemented.

Learning outcome 5.6

Evaluate a health improvement intervention, defending outcomes and methods chosen, identifying strengths and limitations of intervention, communicating findings and making recommendations

This phase 3 learning outcome is self evident.

Learning outcome 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

For this phase 3 project the assessor will seek evidence of

- Influence:
Influence is not easy to assess but in phase 3 the trainee should be working on substantial issues which clearly influence local decisions on public health matters. The assessor may need to seek testimony from stakeholders that the trainee's input was influential in shaping opinion or influencing decisions.
- Understanding of power and politics:
The trainee may demonstrate an understanding of power by use of French and Raven's classification of social power or equivalent.
- French and Raven classified the social bases of power as:
 - Control of reward
 - Obligations
 - Ability to coerce
 - Ability to generate respect or empathy
 - Expertise

Politics has been defined simply as 'Who get what, and who says so'.

Learning outcome 5.8

Apply the theoretical models of behaviour change for the general population and high risk or hard to reach groups

For this phase 3 learning outcome, the assessor will seek evidence that:

- The trainee has used models such as the health belief model, for example, in promoting high vaccine uptake; or social learning theory, for example in designing a health improvement project for schools; or the trans-theoretical model for example in running a smoking cessation group.

Learning outcome 5.9

Influence professional groups outside public health in giving advice to and making brief interventions with patients or clients on health behaviour issues.

For this phase 3 learning outcome the assessor will seek evidence of influence.

Influence is not easy to assess but in phase 3 the trainee should be working on substantial issues which clearly influence local decisions on public health matters. The assessor may need to seek testimony from stakeholders that the trainee's input was influential in shaping opinion or influencing decisions.

The focus of this learning outcome is on the professional groups: the trainee is expected to influence people who run programmes for patients or clients, not work face-to-face with the clients themselves. This may include one or more of the following: counsellors, health promotion advisers, community development workers, medical and nursing staff.

Learning outcome 5.10

Play an active role in engaging the public in solving their own health problems

For this phase 3 learning outcome the assessor will seek evidence which is most likely to come from a series of articles in a local newspaper, newsletter or other mass media; or from a community development project.

Key area 6: Health Protection

Learning outcome 6.1

Identify known or potential health effects associated with a particular hazard relevant to health protection which is common in a population.

This Phase 1 learning outcome is self evident. For many trainees this will have been done on an academic course such as a Masters or diploma course. The assessor does however still need evidence that the trainee has achieved this learning outcome: this is most likely to come from direct discussions of local issues. This should form part of the discussion around the enquiries that are recorded in the trainee's log book.

Learning outcome 6.2

Characterise the hazard identified, both quantitatively and qualitatively

For this phase 2 learning outcome, evidence is most likely to come from direct discussion of a local problem. This should form part of the discussion around the enquiries that are recorded in the trainee's log book.

Learning outcome 6.3

Assess the degree of risk associated with exposure to a hazard commonly found in the population

For this phase 2 learning outcome, evidence is most likely to come from direct discussion of a local problem. This should form part of the discussion around the enquiries that are recorded in the trainee's log book.

Learning outcome 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.

For this phase 2 learning outcome, evidence is most likely to come from direct discussion of a local problem. The assessor will seek evidence that:

- The trainee has clearly defined the hazard
- The trainee has clearly defined the relevant population
- Numerical estimates have been made where appropriate
- Uncertainties surrounding any estimates have been clearly documented and discussed
- The source of evidence for any estimates is documented

Learning outcome 6.5

Be able to complete a risk assessment for a hazard not commonly found in a population, drawing on external expertise as appropriate

For this phase 3 learning outcome, the assessor will seek evidence that:

- **If the hazard is known, but uncommon:**
 - The trainee has consulted the appropriate experts or data sources/policies
 - The trainee has clearly identified the hazard and whether it is of public health importance
 - The trainee has identified the potential health effects of the hazard and potential routes of exposure
 - The trainee has clearly defined the relevant population potentially at risk
 - The trainee has identified the control measures that could be used.

- **If the hazard is unknown:**
 - The trainee has consulted the appropriate experts or data sources/policies
 - The trainee has identified the possible hazards and which are of public health importance
 - The trainee has identified the potential health effects of these hazards and potential routes of exposure
 - The trainee has clearly defined the relevant population potentially at risk
 - The trainee has identified the generic control measures that could be used
 - The trainee has identified what further investigations need to be carried out.

NB: the important aspect of this competence is to be able to carry out these aspects of a risk assessment. This could be demonstrated by applying the same principle to a relatively common hazard.

Learning outcome 6.6

Describe complex issues clearly to individuals, groups and communities

For this phase 2 learning outcome, evidence is likely to come from asking members of the relevant audience whether the issue had been clearly described by the trainee.

This should also form part of the discussion around the enquiries that are recorded in the trainee's log book.

Learning outcome 6.7

Meet educational requirements for commencing supervised on call.

A separate document is available from the Faculty which sets out the assessment procedure for this phase 2 learning outcome.

Learning outcome 6.8

Meet the educational requirements for undertaking on-call as a generic consultant in public health (operating within the limits of own professional competence and with the advice of a medical consultant who specialises in health protection available at all times)

A separate document* is available from the Faculty which sets out the criteria for achievement of this phase 3 learning outcome.

* Annex B of *Health Protection Training for generalists in public health, including Educational Requirements for on-call* (FPH, 2006).

Learning outcome 6.9

Ask appropriate questions to recognise a problem when presented with a health protection challenge

For this phase 2 learning outcome, evidence is likely to come for direct witness of the trainee taking a first call, or from a handover or log book with the relevant information complete.

Learning outcome 6.10 [to be read in conjunction with 6.9]

Interpret the answer received and recognise the need to ask for relevant advice when appropriate

For this phase 2 learning outcome, evidence is likely to come for direct witness of the trainee taking a first call, or from a handover or log book with the relevant information complete.

Learning outcome 6.11 [to be read in conjunction with 6.9 and 6.10]

Identify and confirm the risks and possible exposures

For this phase 2 learning outcome, evidence is likely to come for direct witness of the trainee taking a first call, or from a handover or log book with the relevant information complete.

Learning outcome 6.12

Describe the organisation of infection control and apply effective and appropriate procedures and policies to reduce risk

For this phase 2 learning outcome the assessor will seek evidence that

The trainee can demonstrate an understanding of the infection control services in hospital and community relevant to routine prevention and to outbreak control

The trainee offers effective and appropriate advice when responding to a communicable disease enquiry (e.g. a case of gastrointestinal infection), incident or outbreak. This can be from direct observation/feedback or could form part of the discussion around the enquiries that are recorded in the trainee's log book.

Learning outcome 6.13

Advise on and co-ordinate public health action required in the light of existing local and national policies and guidelines

For this phase 2 or 3 learning outcome, the assessor will seek evidence which will most likely come from work in response to on-call enquiries (e.g. meningitis case) or an outbreak/incident. This should form part of the discussion around the enquiries that are recorded in the trainee's log book.

Learning outcome 6.14

Describe the general principles of emergency planning and managing a major incident.

This Phase 2 learning outcome is self evident. For many trainees this will have been done on an academic course such as a Masters or diploma course. The assessor does however still need evidence that the trainee has achieved this learning outcome: this is most likely to come from direct discussions of local scenarios or participation in an actual emergency or exercise.

Learning outcome 6.15

Participate in and make a significant contribution to the investigation of an incident or outbreak including preparation of the final report.

This phase 2 or 3 learning outcome is assessed by direct observation during an outbreak or incident and particularly by assessment of the written report. The report should cover key stages of an investigation, e.g.: for an outbreak:

- establishing that a problem exists
- confirming the diagnosis
- immediate control measures
- case finding
- collection of data
- descriptive epidemiology
- hypothesis generation
- hypothesis testing
- further control measures
- declaring incident over

A significant contribution should include the trainee

- leading on an aspect of the investigation or management, e.g. the epidemiological investigation to generate and/or test a hypothesis; communications; audit etc..
- participating in the multi-agency discussions on management of incident

Key area 7: Health and Social Service Quality

Learning outcome 7.1

Evaluate and audit services to assure and improve quality

For this phase 2 or 3 learning outcome the assessor will seek evidence that

- The trainee has evaluated structure, process and outcome
 - 'to assure and improve quality' implies
Either
 - Outcomes are benchmarked against a recognised standard
Or
 - Structures and processes adhere to best practice guidelines

Learning outcome 7.2

Design and implement data collection for a defined service question and integrate data outputs with other routinely available and relevant data

This phase 2 or 3 objective is self evident.

Learning outcome 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

For this phase 3 learning outcome, the critical appraisal by a public health trainee should focus on the likely health gain of the proposed development or configuration.

The appraisal should show that:

- The trainee has clearly defined the relevant policy or project
- The trainee has clearly defined the group of patients or population affected
- Positive and negative impacts have been considered
- Numerical estimates have been made where appropriate
- Uncertainties surrounding any estimates have been clearly documented and discussed
- The source of evidence for any estimates is documented

Learning outcome 7.4

Conduct a health economic or cost/ budget assessment in response to a clinical priority setting question to inform commissioning

This phase 3 learning outcome is self evident.

Learning outcome 7.5

Contribute to a project using techniques of resource mapping and economic appraisal of resource redeployment such as programme budgeting and marginal analysis

This phase 3 learning outcome is self evident.

Learning outcome 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

This phase 3 learning outcome is self evident. This learning outcome is met if in fact the service development is refused by the committee or management group (for example on grounds of cost) provided that the assessor is confident that the specification has been prepared and presented to the standard expected of a newly appointed consultant in public health.

Learning outcome 7.7

Assess an individual funding request using sound ethical and legal principles

For this phase 3 learning outcome, the assessor will seek evidence that

- The trainee has assessed the magnitude of potential benefit to the individual
- The trainee has assess the likelihood of the benefit
- The trainee has assessed the cost of treatment
- The trainee has used sound legal and ethical principles

Legal principles include:

- A process which is clear and open to the patient and his or her doctor
- Avoidance of hearsay in evidence – for example always obtaining full copies of relevant research papers and not summaries or abstracts
- Avoidance of fettering in decision (pretending not to have powers which you do actually have)
- Rights of appeal

Ethical principles include

- consideration of potential benefit and harm to the patient
- allowing the patient to make decisions in his or her own sphere of competence (autonomy)
- considering the interests of others who may be affected by the decision (justice)
- respecting rights of the patient to privacy, confidentiality and dignity

Learning outcome 7.8

Monitor and appraise the impact of screening or other similar disease prevention programme

For this phase 3 learning outcome the assessor will seek evidence that the trainee has met the learning outcome, which will most likely come from review of routinely available statistics relevant to the programme in question.

Learning outcome 7.9

Develop policy on cost-effective commissioning of new procedures or treatment taking into account exceptional care and legal guidelines

For this phase 3 learning outcome the assessor will seek evidence that the policy includes

- Definition of scope – criteria for which patients the policy applies to
- Evidence for the effect of treatment
- Any exceptions
- Mechanisms for handling exceptions
- Rights of appeal

Learning outcome 7.10

Apply the results of a healthcare needs assessment for a relevant local population or community leading to service development

This phase 3 learning outcome is self evident.

Learning outcome 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

This phase 3 learning outcome is self evident.

Learning outcome 7.12

Identify and deal with uncertainty in service change decision making processes

For this phase 3 learning outcome the assessor will seek evidence that the trainee

- Has used an analysis of strength, weakness, opportunity and threat (or similar framework)
- Has used a formal option appraisal
- Has formally searched for relevant evidence or information to reduce uncertainty.

This evidence is most likely to come from observing the trainee directly or from documents and papers for working groups.

Key area 8: Public Health Intelligence

Learning outcome 8.1

Formulate and articulate problems so that they can be addressed by using public health intelligence

For this phase 1 learning outcome the assessor will seek evidence that the trainee

- Defined the general subject area of the enquiry or problem
- Refined the problem to a precise answerable question
- Outlined the sources of data or information to be used addressing the strengths and weaknesses of each data source systematically (availability, validity, timeliness, relevance, disclosure issues, geographical issues, value in context of other sources of data and intelligence).

Learning outcome 8.2

Organise data, meta-data, information and knowledge (knowledge management including libraries)

For this phase 1 learning outcome the assessor will seek evidence that the trainee

- Has organised data including
 - A simple system of indexing
 - A controlled vocabulary e.g. MeSH terms or equivalent standard naming system
 - A systematic and consistent way of organising public health knowledge (both paper and electronically)

These systems must be intuitive, compatible with other systems where possible and not be purely private i.e. others must be able to use the system to locate and retrieve information in the absence of the trainee.

Learning outcome 8.3

Appraise the validity and relevance of data and data systems in order to assess their quality and fitness for purpose

For this phase 2 learning outcome the assessor will seek evidence that the trainee has

- Defined the purpose of the data or data system
- Assessed its validity on criteria such as
 - Accuracy
 - Timeliness
 - Comprehensiveness
 - Retrievability
- Assessed the relevance of the data or data system to the stated purpose
- Considered the mechanisms by which the quality of all the above are assured in the data system.

Learning outcome 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

For this phase 2 learning outcome the assessor will seek evidence that the trainee

- Is aware of the Data Protection Act (or equivalent national law) and its requirements including any statutory disclosures required for example by communicable disease law
- Can discuss occasions when societal benefit might outweigh individual rights, plus procedures for reaching such a decision (such as who to consult or involve)
- Can discuss ethical aspects including potential benefit and harm to the data subject and others
- Keep data secure by using physical methods (such as lock and key) and electronic methods (such as passwords and screen savers)
- Maintains privacy by using non-identifiable data, understanding the importance of anonymisation and pseudonymisation.

Learning outcome 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

For this phase 3 learning outcome the assessor will seek evidence that intelligence presented by the trainee has 'improved' decisions by demonstrating that a decision is based on information (data or literature) not merely opinion or hearsay. Trainees must be able to discuss the process of synthesising and visualising indicators and other metrics in order to improve decision making and action. Trainees must be able to demonstrate an ability to engage colleagues with descriptive data linked with interventional evidence.

Learning outcome 8.6

Present and communicate population health intelligence in effective ways in order to develop local and national policy

For this phase 3 learning outcome, assessors will seek evidence from an example of a policy with reference to the health intelligence which informed the policy.

Learning outcome 8.7

Treat information about patients as confidential

This phase 1, 2 and 3 learning outcome is self evident. Evidence will come from direct observation.

Learning outcome 8.8

Provide information needed and requested and in a way that can be understood

This phase 1, 2 and 3 learning outcome is self evident.

Key Area 9: Academic Public Health

Learning outcome 9.1

Apply and interpret appropriate statistical methods

This Phase 1 learning outcome is self evident. For many trainees this will have been done on an academic course such as a Masters or diploma course. The assessor does however still need evidence that the trainee has achieved this learning outcome: this is most likely to come from direct discussions and analysis of local issues.

Learning outcome 9.2

Formulate a specific public health research question

For this phase 3 learning outcome the assessor will seek evidence that the trainee

- Defined the general subject area of the enquiry or problem
- Refined the problem to a precise answerable question

Learning outcome 9.3

Interpret a meta-analysis

This Phase 3 learning outcome is self evident. For many trainees this will have been done on an academic course such as a Masters or diploma course. The assessor does however still need evidence that the trainee has achieved this learning outcome: this is most likely to come from direct discussion of a paper relevant to a local issue.

Learning outcome 9.4

Define appropriate outcome measures and data requirements for specific research proposals, both quantitative and qualitative

This phase 3 learning outcome is self evident.

Learning outcome 9.5

Identify the resource implications of varied research strategies

This phase 3 learning outcome is self evident.

Learning outcome 9.6

Use one or more research methods to support work undertaken in a service or research setting, disseminating findings appropriately

For this phase 3 learning outcome the assessor will seek evidence in the form of a report written by the trainee for publication (even if not actually accepted by a journal) setting out

- Background
- Method
- Results
- Discussion including
 - Main findings
 - What was already known
 - What this work adds
 - Limitations
- Conclusion and recommendation

Learning outcome 9.7

Identify the potential for misleading findings from different research methods and identify ways to avoid them.

This Phase 1 learning outcome is self evident. For many trainees this will have been done on an academic course such as a Masters or diploma course. The assessor does however still need evidence that the trainee has achieved this learning outcome: this is most likely to come from direct discussions of local issues.

Learning outcome 9.8

Draw appropriate conclusions and make recommendations from research

This Phase 1 learning outcome is self evident. For many trainees this will have been done on an academic course such as a Masters or diploma course. The assessor does however still need evidence that the trainee has achieved this learning outcome: this is most likely to come from direct discussions of local issues.

Learning outcome 9.9

Identify research needs based on patient / population needs and in collaboration with relevant partners

For this phase 1, 2 and 3 learning outcome the assessor will seek evidence that:

- The trainee has identified research needs. The key learning outcome is that the trainee does not always wait for others to suggest the need for research. Trainees must be given the opportunity to demonstrate this competence – trainers and others may need to hold back to give the trainee a chance to make the suggestion.

Learning outcome 9.10

Work within the principles of good research governance where appropriate

For this phase 1, 2 and 3 learning outcome the assessor will seek evidence that where appropriate the trainee worked within the research governance policy of the organisation hosting the research.

Learning outcome 9.11

Help the public to be aware of and understand health issues

For this phase 3 learning outcome the assessor will seek evidence which is most likely to come from a series of articles in a local newspaper, newsletter or other mass media; or from lectures to lay groups, or discussions with concerned groups in a health protection incident (e.g. meningitis in a school attendee).

Learning outcome 9.12

Contribute to the education and training of other staff, medical students and colleagues

This phase 3 learning outcome is self evident.

Learning outcome 9.13

Develop skills and attitudes for teaching including appropriate supervision and assessment

For this phase 3 learning outcome the assessor will seek evidence that the trainee has

- Set out learning objectives for each lesson or teaching event
- Has developed a lesson plan
- Has indicated timings for elements of the lesson
- Has identified the learning resources required
- Encourages appropriate questions from learners
- Has checked at the end, for example by questioning, that the objective of the lesson has been achieved

Learning outcome 9.14

Supervise a junior colleague in a one-to-one project mentorship

For this phase 3 learning outcome the assessor will seek evidence that the trainee, has set aside time for the junior colleague, has made himself or herself available to the junior colleague and has given support and advice.

Learning outcome 9.15

Conduct a group tutorial

For this phase 3 learning outcome the assessor will seek evidence that the trainee has

- Set out learning objectives for the tutorial
- Has developed an outline plan for the tutorial
- Has identified the learning resources required
- Encourages appropriate questions from learners
- Has checked at the end, for example by questioning, that the objective of the tutorial has been achieved.

Learning outcome 9.16

Develop and give a large class lecture

For this phase 3 learning outcome the assessor will seek evidence that the trainee has

- Set out learning objectives for the lecture
- Has developed a lecture plan
- Has indicated timings for elements of the lecture
- Has identified the learning resources required
- Has used appropriate visual aids e.g. legible slides, clear photographs etc
- Encourages appropriate interaction from the learners
- Has checked at the end, for example by questioning, that the objective of the lesson has been achieved.

Learning outcome 9.17

Advise on the relative strengths and limitations of different research methods to address a specific public health research question

For this phase 3 learning outcome the research question will address a problem of medium or high weight and complexity.