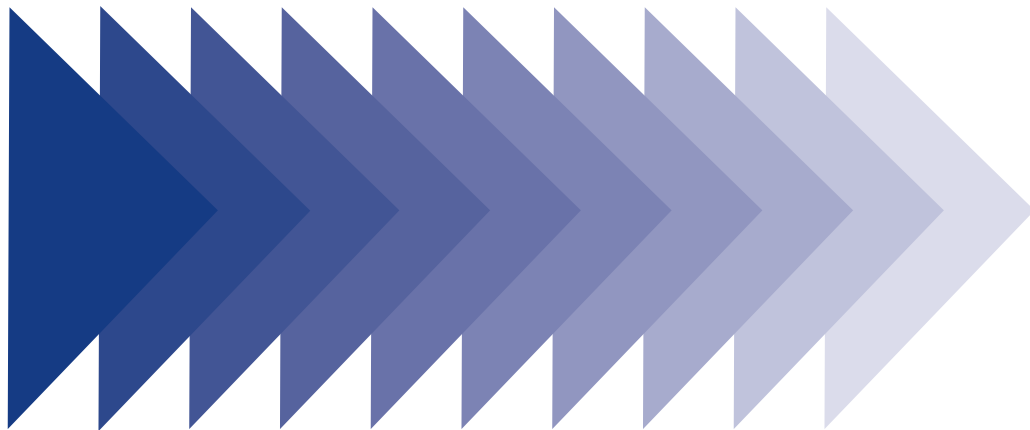


Handbook on Public Health Training and Examinations



**FACULTY OF
PUBLIC HEALTH**

The material contained in this handbook is a summary of relevant documents. It is correct as of August 2008. Specialty Registrars are expected to familiarise themselves with the full range of documents which are posted on the Faculty's website under Training and Examinations and should routinely check the website for updates and amendments.

www.fph.org.uk

UK TRAINING PROGRAMMES IN PUBLIC HEALTH

Enrolment

All Specialty Registrars who enter into Specialty training programmes in public health are required to enrol with the Faculty within three months of appointment in order to be able to sit the membership examination and qualify for a Certificate of Completion of Training (CCT) in the speciality of public health, or to register as a Generalist Specialist with the UK Public Health Register. The enrolment process enables the Faculty to oversee and ensure proper standards of training, and recommend the appropriate award upon successful completion of training.

In addition, following appointment to a run-through specialty training programme, a national training number (NTN) will be awarded by a Postgraduate Deanery to a candidate who has successfully gained entry into a run-through specialty training programme on a substantive (but not a locum) basis.

Provisional Date of Completion of Training

When the enrolment application and fee have been received, the Faculty Education Department will formally advise the Specialty Registrar of the provisional date of the completion of their training. Any amendments to this provisional completion of training date must be made at the Annual Record of Competency Progression (ARCP) assessment meetings, and copies of the appropriate ARCP form, noting the amendment, must be sent to both the Faculty and the local postgraduate dean.

The Training Programme

Each trainee should train in each of the nine key areas of public health practice and in a variety of locations. The overall programme of training for an individual will take into account previous experience, special interests and needs, and local opportunities.

Satisfactory Completion of Training

Subject to demonstrating satisfactory progress with Part A and B MFPH Examinations, training, and documentary evidence of annual appraisals using the ARCP competency framework, trainees will be recommended for the award of a CCT. At the end of the training period (usually five years) this will lead to specialist registration with the GMC (for UK registered medical practitioners) or a recommendation for registration with the UK Public Health Register.

SUMMARY OF CCT CRITERIA

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)

F1 and F2 – 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 specific competencies set out in the *Curriculum for the Foundation Years in Postgraduate Education and Training* and agreed with the General Medical Council (GMC) and the Postgraduate Medical Education and Training Board (PMETB). 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 PMETB or other competent bodies in the EEA after completion of a suitable academic course in public health.

- (a) 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.
- (b) At least 24 months **must** be in posts approved for training in the United Kingdom (UK).
- (c) Up to 12 months may be undertaken in prospectively approved training posts either in the European Economic Area or outside the European Economic Area.
- (d) The training **must** include at least three months in health protection, in a service location within the NHS (or equivalent in each country of the UK), Health Protection Agency (HPA) 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.
- (e) 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 Defence Medical Services, in addition to the three months in health protection.
- (f) The training **must** exclude periods of leave of absence in excess of three months (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.
- (g) Satisfactory completion of training **must** be attested by a completed final ARCP form.

- (h) Training time counted for Specialty Training **must not** also have been counted as a part of the Foundation Programme (or equivalent).
- (i) The training **may** include:
 - either one year research if not involving service public health;
 - or, up to two years if it is health services research with service public health involvement.
- (j) The training **may** include **up to** three months in an acting NHS consultant post, prospectively agreed by the relevant 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.
- (k) 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 Committee and postgraduate dean.
- (l) 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 (so-called 'retrospective recognition' of training).

Membership of the Faculty of Public Health – The StRs **must** have been admitted to Membership of the Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom either by examination or as a result of the formal recognition arrangements for MFPHM (Ireland).

SUMMARY NOTES ON THE PART A MEMBERSHIP EXAMINATION

Note: for information on Examination Regulations and procedures, please refer to the Faculty website.

The Part A Syllabus (from July 2005) – The Part A Membership Examination is intended to test candidates' knowledge and understanding of the scientific basis of public health, and their ability to apply their knowledge and skills in public health and show a clear understanding of the principles and methods of related disciplines – notably applied statistics, behavioural sciences, health economics and management.

Standard required – The level of knowledge, skill and understanding required within all sections of the syllabus is that which could reasonably be expected of a competent practitioner in public health who aspires to attain specialist status. Some basic data handling skills and the ability to perform basic statistical techniques will be required in the examination. Candidates will not need to execute some of the more complex techniques described in the syllabus, but they will need to understand and interpret results from them.

Structure of the Examination – The Examination takes place over two consecutive days, each day totalling four hours of written examination. It consists of two written papers (Paper I and Paper II). Both papers I and II are split into two parts A and B (Paper IA, Paper IB, Paper IIA and Paper IIB).

Paper I is designed primarily to test knowledge, and Paper II primarily to test skills. The knowledge part of the syllabus is broken down into five sections, which broadly relate to the structure of Paper I of the examination. The skills part of the syllabus is broken into three sections, material from any of which may be tested at any point in the skills part of the examination. Paper I consists of 10 short-answer questions across the range of the syllabus. Paper IIA is a critical appraisal and commentary on material in a journal article. Paper IIB requires the candidate to distil a variety of material provided to the candidate in order to produce a document aimed at a particular individual or group.

Each paper is anonymised and marked by two examiners working individually. Each question will be marked by a separate pair of examiners. As of January 2005 the 'banking' of Part A examination papers was allowed. An individual paper (I or II) may be banked only when it has been passed and only when an overall score of 100/200 or more has been attained in the examination as a whole.

Knowledge tested in the Part A Examination

- 1. Research methods appropriate to public health practice;** including epidemiology, statistical methods, and other methods of enquiry including qualitative research methods.
- 2. Disease causation and the diagnostic process in relation to public health: prevention and health promotion;** including epidemiological paradigms, epidemiology of specific diseases, diagnosis and screening, genetics, health and social behaviour, environment and environmental hazards, communicable disease control, principles and practice of health promotion and disease prevention and models of behaviour change.
- 3. Health information;** including populations, sickness and health, and applications.
- 4. Medical Sociology, Social Policy and Health Economics;** including concepts of health and illness, aetiology of illness, health care, equality, equity and policy and health economics.
- 5. Organisation and management of health care and health care programmes from a Public Health perspective;** including understanding individuals, teams and groups and their development, understanding organisations, management and change, understanding the theory and process of strategy development, and finance, management accounting and relevant theoretical approaches.

Skills tested in the examination

Design and interpretation of studies, data processing, presentation and interpretation, and communication.

THE PART B (OSPHE) MFPH EXAMINATION

About the examination: The Part B Membership Examination is designed as a 'show how' assessment of the ability of the candidate to apply relevant knowledge, skills and attitudes to the practice of public health. It requires candidates to show that they can integrate the theoretical and practical aspects of training.

Eligibility: Before candidates apply to take the Part B they must have passed the UK's Diploma & Part I or Part A Membership Examination or have been exempted from it, for example, obtained reciprocal recognition of the Diploma & Part I Membership Examination held by the Faculty of Public Health Medicine of Ireland.

Standards required: The Part B is designed as a 'show how' assessment of the candidate to apply relevant knowledge, skills and attitudes to the practice of public health. It requires candidates to show that they can integrate the theoretical and practical aspects of public health. The standard required in the Part B will be that which could be reasonably expected of a public health trainee with at least two years (wte) left of service-based training. The examiners will assess candidates' ability to use knowledge and skills appropriately in public health setting.

Structure of the Examination: Part B is an Objective Structured Public Health Examination (OSPHE). It takes the form of six scenarios or 'stations'. There may also be an additional pilot station. Such a station is where we are checking whether the station can be used in future examinations. Your mark for this station will not count towards your result. It is important, however, that candidates sometimes complete the pilot station because, without the information gained from this, we cannot evaluate the station properly. For this reason we do not reveal which is the pilot station. Each station lasts eight minutes.

Content: The Part B examination is a test of skills and attitudes relating to everyday public health issues in commonly experienced settings. You will not be expected to be familiar with NHS procedures or practices.

The following skills will be tested:

- The ability to demonstrate **presenting communication skills** (verbal and non verbal) appropriately in typical public health settings: presenting to a person or audience.
- The ability to demonstrate **listening and comprehending communication skills** (verbal and non verbal) appropriately in typical public health settings: listening and responding appropriately.
- **The ability to assimilate relevant information** from a variety of sources and settings and using it appropriately from a public health perspective.
- **The ability to demonstrate appropriate reasoning, analytical and judgment skills**, giving a balanced view within public health settings.
- **The ability to handle uncertainty, the unexpected, challenge and conflict appropriately.**

COMPETENCE IN PUBLIC HEALTH

Specialty Training in Public Health normally lasts five years. The training covers nine key areas of public health practice in the three domains of the public health and aspects of professionalism. The Public Health Training Portfolio lists nine key areas in which trainees must demonstrate competence to the level of safe practice as a specialist in public health by the completion of training. Competence in these areas is assessed by a panel through the ARCP process and annually recorded on the appropriate ARCP form. All competences must be achieved at the level expected of a Consultant in Public Health and at the standard expected of an appointments advisory committee for a NHS consultant post in public health.

Nine Key Areas

- Surveillance and assessment of the population's health and well-being.
- Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services.
- Policy and strategy development and implementation.
- Strategic leadership and collaborative working for health.
- Health Improvement.
- Health Protection.
- Health and Social Service Quality.
- Public Health Intelligence.
- Academic Public Health.

ROLE AND RESPONSIBILITIES OF SPECIALTY REGISTRARS

The success of training depends as much on trainees as on trainers and training opportunities. Specialty Registrars should be prepared to:

- always have at the forefront of their clinical and professional practice the principles of *Good Medical [PUBLIC HEALTH] Practice* for the benefit of safe patient care. Trainees should be aware that *Good Medical Practice* (2006) [PUBLIC HEALTH] requires doctors to keep their knowledge and skill up to date throughout their working life, and to regularly take part in educational activities that maintain and further develop their competence and performance;
- ensure that the care they give to patients is responsive to their needs, that it is equitable, respects human rights, challenges discrimination, promotes equality, and maintains the dignity of patients and carers;
- acknowledge that as an employee within a healthcare organisation they accept the responsibility to abide by and work effectively as an employee for that organisation; this includes participating in workplace based appraisal as well as educational appraisal and acknowledging and agreeing to the need to share information about their performance as a doctor in training with other employers involved in their training and with the Postgraduate Dean on a regular basis;
- maintain regular contact with their Training Programme Director (TPD) and the Deanery by responding promptly to communications from them, usually through email correspondence;
- participate proactively in the appraisal, assessment and programme planning process, including providing documentation which will be required to the prescribed timescales;
- ensure that they develop and keep up to date their learning portfolio which underpins the training process and documents their progress through the programme;
- use training resources available optimally to develop their competences to the standards set by the specialty curriculum;
- support the development and evaluation of this training programme by participating actively in the national annual PMETB/COPMeD trainee survey and any other activities that contribute to the quality improvement of training.

Specialty Registrars need not be registered with the Faculty for Continuing Professional Development; however, once they have successfully completed Specialty Training and left their training post, their CPD record will automatically be activated. The start date will be 1 January of the same calendar year if they are practising or intending to practise for more than nine months in that calendar year. For those practising or intending to practise for fewer than nine months in that calendar year, the start date will be 1 January of the following calendar year. In each case, they must submit a full CPD return for the calendar year following their start date.

Individual trainees or their elected representatives should discuss difficulties and perceived shortfalls in the course of training with the Faculty Adviser or Postgraduate Dean as appropriate. Exceptionally, it may be helpful to discuss problems with the Chairman of the Trainee Members' Committee (TMC) or with the Academic Registrar.

MEMBERSHIP OF THE FACULTY OF PUBLIC HEALTH

Note: Enrolment in the Specialty Training Programme is **mandatory** for all those undertaking training. Additionally, StRs may wish to become Members of the Faculty because of the privileges attached thereto. Full Membership is required for the recommendation of the award of the Certificate of Completion of Training.

Eligibility – Specialty Registrars may be eligible for three types of membership during their training.

- All StRs who are undertaking a course of training in public health approved by the appropriate authority for this purpose may become Specialty Registrar members of the Faculty.
- Those who have passed the Part A Membership Examination may become Diplomate members and after being accepted into Diplomate membership may use the honorific DFPH.
- Those who have passed the Membership Examination (Part A and Part B Examinations) will be elected to full Membership and after they have been accepted into Membership may use the honorific MFPH.

Benefits of membership include:

- Voting rights.
- Mailings.
- Financial benefits.
- Benefits of participation, such as serving on Faculty committees, including the Trainee Members' Committee, taking part in the election of the local Faculty Adviser and serving as a member of the Faculty Liaison team.

For more information on the benefits of membership and fees, please refer to the Faculty website www.fph.org.uk or contact the Membership Department at the Faculty.

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