



# Handbook on Public Health Training and Examinations



**FACULTY OF  
PUBLIC HEALTH**

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The material contained in this handbook is a summary of relevant documents. It is correct as of September 2017. Specialty Registrars are expected to familiarise themselves with the full range of training- and examination-related documents on the Faculty of Public Health's website. Registrars are encouraged to keep up to date with changes and amendments via the website:

**[www.fph.org.uk](http://www.fph.org.uk)**

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## 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 of Public Health (FPH) 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. This enrolment process must be completed within the first three months of appointment.

The enrolment process enables FPH to oversee and monitor the progress of registrars throughout their training and maintain national standards by ensuring the excellence of the training provided in programmes.

The training scheme provides a wide range of high-quality training experiences, environments and learning opportunities to practise at specialist level in public health.

### Provisional Date of Completion of Training

When the enrolment application and fee have been received, FPH will formally advise the Specialty Registrar of the provisional date for the completion of their training. Any amendments to this provisional completion of training date must be made at the Annual Review of Competency Progression (ARCP) panel meetings, and copies of the appropriate ARCP form, noting the amendment, must be sent to both FPH and the local Postgraduate Dean.

### The Training Programme

Each registrar will train in all of the 10 key areas of public health practice and in a variety of locations outlined in the curriculum. The overall programme of training for a registrar 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, all workplace-based assessments, learning outcomes and documentary evidence of annual appraisals using the ARCP framework, registrars will be eligible for registration on one of the specialist registers and eligible to apply for consultant in public health and director of public health posts in the UK.

## SUMMARY OF CCT CRITERIA

**General Medical Council (GMC) Registration** – Full registration as a medical practitioner with the GMC throughout the whole period of training. (Not required of registrars 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 replaced 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 programme developed by the Academy of Medical Royal Colleges and approved by the GMC.

For non-medical graduates the minimum entry requirement is a First Degree (First or 2:1 or equivalent grade) in a relevant subject or relevant professional qualification and a minimum of 60 months whole-time-equivalent (WTE) work experience at time of appointment, of which at least 24 months (WTE) must be in an area relevant to public health practice. The 24 months should be at Band 6 or above of Agenda for Change or equivalent and a minimum of three months WTE at Band 6 level or equivalent within the five years to the start date of the post.

**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.

- (a) All the training periods for specialty training are given as WTEs, and training which is less than half time (calculated on a weekly basis), will not be counted.
- (b) The training **must** exclude periods of leave of absence in excess of two weeks (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.
- (c) Satisfactory completion of training **must** be attested by a completed final ARCP form.
- (d) Training time counted for specialty training **must not** also have been counted as a part of the Foundation Programme (or equivalent). 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.
- (e) 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 training **may not** include any time spent in locum consultant posts.

**Membership of the Faculty of Public Health** – Registrars **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 membership of the Faculty of Public Health Medicine (Ireland).

## THE PART A MEMBERSHIP EXAMINATION

*Note: for information on examination regulations and procedures, please refer to the FPH website at [www.fph.org.uk/exams](http://www.fph.org.uk/exams)*

**The Part A Syllabus (from July 2005 and revised in October 2012)** – 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 examinations. 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 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. 'Banking' of Part A examination papers is 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 healthcare and healthcare 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, 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 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, by obtaining 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 a 'show how' assessment of the candidate's ability 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 registrar 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'. Each station lasts eight minutes. There may also be an additional pilot station. Such a station is where we are testing 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 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.

### 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 ten key areas of public health practice in the three domains of public health and aspects of professionalism. The public health training portfolio lists ten key areas in which registrars 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.

### Ten Key Areas of Public Health:

1. Use of public health intelligence to survey and assess a population's health and wellbeing
2. Assessing the evidence of effectiveness of interventions, programmes and services intended to improve health or wellbeing of individuals or populations
3. Policy and strategy development and implementation

4. Strategic leadership and collaborative working for health
5. Health promotion, determinants of health and health communication
6. Health protection
7. Health and care public health
8. Academic public health
9. Professional personal and ethical development
10. Integration and application of competences for consultant practice

## ROLE AND RESPONSIBILITIES OF SPECIALTY REGISTRARS

The success of training depends as much on registrars 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 Public Health Practice* for the benefit of safe patient care. Registrars should be aware that *Good Medical Practice* (2006) requires doctors to keep their knowledge and skills up to date throughout their working life, and to regularly take part in educational activities that maintain and further develop their competence and performance;
- to 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;
- to acknowledge that as an employee in a healthcare organisation they accept 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;
- to maintain regular contact with their Training Programme Director (TPD) and the Local Education and Training Board (LETB) by responding promptly to communications from them, usually through email correspondence;

- to participate proactively in the appraisal, assessment and programme planning process, including providing documentation which will be required to the prescribed timescales;
- to ensure that they develop and keep up to date their learning portfolio which underpins the training process and documents their progress through the programme;
- to use training resources available optimally to develop their competences to the standards set by the specialty curriculum;
- to support the development and evaluation of this training programme by participating actively in the GMC national training survey and any other activities that contribute to the quality improvement of training.

Specialty Registrars need not be registered with FPH for continuing professional development (CPD); however, once they have successfully completed specialty training in public health and have been recommended by FPH for the award of Certificate of Completion of Training (CCT) or to register as a Generalist Specialist with the UK Public Health Register (UKPHR), their CPD record will automatically be activated. The CPD start date will be **1 April of the same calendar year** if they are practising or intending to practise for more than nine months (ie. they leave their training post before the end of June in any given year) in that CPD year. For those practising or intending to practice for fewer than nine months in that CPD year, the start date will be **1 April of the following calendar year**. In each case, they must submit a full CPD return for the CPD year following their start date.

Individual registrars or their elected representatives should discuss difficulties and perceived shortfalls in the course of training with the Training Programme Director or Postgraduate Dean as appropriate. Exceptionally, it may be helpful to discuss problems with the Chairman of the Specialty Registrars Committee (SRC) or with the Academic Registrar.

## MEMBERSHIP OF THE FACULTY OF PUBLIC HEALTH

*Enrolment in the Specialty Training Programme is **mandatory** for all those undertaking training. Additionally, Specialty Registrars become members of FPH as many of the benefits of membership can provide invaluable knowledge during their training.*

*Full membership of FPH is also required for the recommendation of the award of the CCT and recommendation to register as a Generalist Specialist with the UKPHR.*

**Eligibility** – Registrars progress through three types of membership during their training.

- All Specialty Registrars who are undertaking an approved course of training in public health become **Specialty Registrar members** of FPH. Specialty Registrar members gain access to resources such as the *Journal of Public Health* and our quarterly magazine, *Public Health Today*. Both of these can be used to support academic and professional development.
- On passing the Part A Membership Examination Specialty Registrars then automatically become **Diplomate members** and may use the honorific DFPH to signify their progress towards completing their training.
- Those who have passed the Membership Examination (Part A and Part B Examinations) will then automatically be admitted to full **Membership** and may use the honorific MFPH. Members of FPH gain full voting rights and the possibility of becoming **Fellows** at a later date. Members and Fellows of FPH form the core of the FPH membership and help FPH guide and shape the public health profession by contributing to policy discussions, publications and the governance of FPH.

The benefits of membership include:

- Voting rights
- Faculty publications
- Use of our leading public health CPD scheme



- Networking opportunities and peer support through Special Interest Groups and Online Network Groups
- Opportunities to participate and oversee public health standards through serving FPH committees including the Specialty Registrars Committee.

For more information on the benefits of membership and fees, please refer to the FPH website at [www.fph.org.uk](http://www.fph.org.uk) or contact the FPH Membership Department at [membership@fph.org.uk](mailto:membership@fph.org.uk)

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