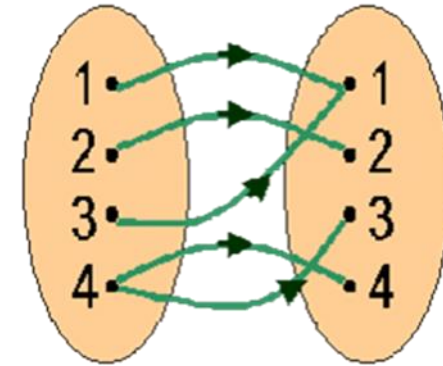


## Mapping Plus

### Introduction:

This document has been compiled as a general guidance to aid StRs and their Educational Supervisors as they plan the training of StRs moving on to 2015 curriculum from 2010 curriculum. Due to the complex nature of work in the 'public health' specialty training, you may find that some pieces of work may match to more /less 2015 learning outcomes than given in this guidance and require a detailed conversation between StRs and their educational supervisor.



General structure of tables and an example is given below, and the footnotes provide the key

### Example

<b>2015 LO</b>	<b>2010 LOs that alone that are a full match<sup>1</sup></b>	<b>2010 LOs that together are a full match<sup>2</sup></b>	<b>2010 LOs that are supportive and may indicate the LO is partially met<sup>3</sup></b>	<b>Comments e.g. The 2015 LO is a new learning outcome or additional evidence is required other than a combination of 2010 LOs to fully achieve this 2015 LO<sup>4</sup></b>
1.6	-	1.5 and 1.6	1.4, 8.4, 8.6	
1.7	1.7	-	8.6, 8.8	
1.8	1.9	-	-	

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## Key Area 1: Use of public health intelligence to survey and assess a population's health and wellbeing

This area of practice focuses on the quantitative and qualitative assessment of the population's health, including managing, analysing, interpreting, and communicating information that relates to the determinants and status of health and well-being. Integral to this is the assessment of population needs and its relationship to effective actions.

***Aim: To be able to synthesise data into information about the surveillance or assessment of a population's health and wellbeing from multiple sources that can be communicated clearly and inform action planning to improve population health outcomes.***

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1.1			1.1, 1.2, 1.3, 1.8 8.1, 8.6	
1.2		8.4 and 8.7	1.2, 1.3, 8.4, 8.7	
1.3			1.1, 1.2, 1.3, 1.4, 1.5, 1.6	
1.4		8.2 and 8.3	1.4, 1.5, 8.2, 8.3	
1.5	8.5		1.4, 1.5, 1.6, 1.7 8.5, 8.8	
1.6	-	1.5 and 1.6	1.4, 8.4, 8.6	
1.7	1.7	-	8.6, 8.8	
1.8	1.9	-	-	

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## Key Area 2: Assessing the evidence of effectiveness of interventions, programmes and services intended to improve the health or wellbeing of individuals or populations

This area of practice focuses on the critical assessment of evidence relating to the effectiveness and cost-effectiveness of public health interventions, programmes and services including screening. It concerns the application of these skills to practice through planning, audit and evaluation.

***Aim: To be able to use a range of resources to generate and communicate appropriately evidenced and informed recommendations for improving population health across operational and strategic health and care settings.***

<b>2015 LO</b>	<b>2010 LOs that alone that are a full match<sup>1</sup></b>	<b>2010 LOs that together are a full match<sup>2</sup></b>	<b>2010 LOs that are supportive and may indicate the LO is partially met<sup>3</sup></b>	<b>Comments e.g. The 2015 LO is a new learning outcome or additional evidence is required other than a combination of 2010 LOs to fully achieve this 2015 LO<sup>4</sup></b>
2.1	-	To be filled	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7 2.13, 2.14, 2.19	
2.2	-		2.8, 2.9, 2.11, 2.12, 2.16, 2.18, 2.19	
2.3	-		2.10, 2.17, 2.18	
2.4	2.20			
2.5	-		2.20	
2.6	2.15		2.20, 5.8	
2.7	3.4			

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## Key Area 3: Policy and strategy development and implementation

This area of practice focuses on influencing the development of policies, implementing strategies to put the policies into effect and assessing the impact of policies on health. A policy is a principle adopted that governs and guides strategy. A strategy is a formally planned set of actions taken over a long term to address a particular issue.

*Aim: To be able to influence and contribute to the development of policy and lead the development and implementation of a strategy.*

<b>2015 LO</b>	<b>2010 LOs that alone that are a full match<sup>1</sup></b>	<b>2010 LOs that together are a full match<sup>2</sup></b>	<b>2010 LOs that are supportive and may indicate the LO is partially met<sup>3</sup></b>	<b>Comments e.g. The 2015 LO is a new learning outcome or additional evidence is required other than a combination of 2010 LOs to fully achieve this 2015 LO<sup>4</sup></b>
3.1			3.1, 3.2	
3.2			3.6, 3.7	
3.3	3.4		3.3	
3.4		3.5 and 3.6	3.5,3.6	
3.5		3.7 and 3.8	3.6, 3.7, 3.8	
3.6		3.8, and 3.9	3.6, 3.9	
3.7	3.10			

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

This key area focuses on leading teams, groups, and work programmes, building alliances, developing capacity and capability, working in partnership with others, influencing stakeholders at a senior level in a range of organisations and sectors, public health advocacy, and use of the media, together with effective management of people, teams and resources.

***Aim: To use a range of effective strategic leadership, organisational and management skills, in a variety of complex public health situations and contexts, dealing effectively with uncertainty and the unexpected to achieve public health goals.***

<b>2015 LO</b>	<b>2010 LOs that alone that are a full match<sup>1</sup></b>	<b>2010 LOs that together are a full match<sup>2</sup></b>	<b>2010 LOs that are supportive and may indicate the LO is partially met<sup>3</sup></b>	<b>Comments e.g. The 2015 LO is a new learning outcome or additional evidence is required other than a combination of 2010 LOs to fully achieve this 2015 LO<sup>4</sup></b>
4.1	4.3	4.1, 4.3, and 4.14	4.1, 4.14	
4.2	-	4.5 and 4.7		
4.3	-		4.6	
4.4	-	4.4, 4.8, 4.13, 4.18 and 4.11	-	
4.5	-	4.9, 4.12, and 4.19	-	
4.6	4.10	-	-	
4.7	-	4.8, 4.15 and 4.16	-	
4.8	-	-	4.17	
4.9	4.20	-	-	
4.10	4.11	-	-	
4.11	New	New	New	

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## Key Area 5: Health Improvement, Determinants of Health, and Health Communication

This area of practice focuses on improving the health of populations by influencing lifestyle and socio-economic, physical and cultural environment (including sustainable development) and health education directed towards populations, communities and individuals. It involves a theoretical and practical understanding of health improvement in order to work with, and possibly direct, health improvement specialists.

***Aim: To influence and act on the broad determinants and behaviours influencing health at a system, community and individual level.***

<b>2015 LO</b>	<b>2010 LOs that alone that are a full match<sup>1</sup></b>	<b>2010 LOs that together are a full match<sup>2</sup></b>	<b>2010 LOs that are supportive and may indicate the LO is partially met<sup>3</sup></b>	<b>Comments e.g. The 2015 LO is a new learning outcome or additional evidence is required other than a combination of 2010 LOs to fully achieve this 2015 LO<sup>4</sup></b>
5.1	-		5.4, 5.5	
5.2	-		5.4, 5.5	
5.3	5.7		5.4, 5.5, 5.7, 5.10	
5.4	5.8		5.1, 5.2, 5.3	
5.5	5.9		5.4, 5.5	
5.6	-	5.5 and 5.6	5.4, 5.5, 5.6	

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## Key Area 6: Health Protection

This area of practice focuses on the protection of the public's health from communicable and environmental hazards by the application of a range of methods including hazard identification, risk assessment and the promotion and implementation of appropriate interventions to reduce risk and promote health.

**Aim: To identify, assess and communicate risks associated with hazards relevant to health protection, and to lead and co-ordinate the appropriate public health response.**

<b>2015 LO</b>	<b>2010 LOs that alone that are a full match<sup>1</sup></b>	<b>2010 LOs that together are a full match<sup>2</sup></b>	<b>2010 LOs that are supportive and may indicate the LO is partially met<sup>3</sup></b>	<b>Comments e.g. The 2015 LO is a new learning outcome or additional evidence is required other than a combination of 2010 LOs to fully achieve this 2015 LO<sup>4</sup></b>
6.1	6.1			
6.2		<i>if 6.2, 6.3, 6.4, 6.9, 6.10 and 6.11 were all signed off</i>	<i>if some but not all of 6.2, 6.3, 6.4, 6.9, 6.10 and 6.11 were all signed off minimal sign off if only one or two of 6.2, 6.3, 6.4, 6.9, 6.10 and 6.11 were signed off</i>	
6.3		<i>if 6.5, 6.6 and 6.13 were all signed off</i>	<i>If two out of 6.5, 6.6 and 6.13 were signed off minimal sign off if only one out of 6.5, 6.6 and 6.13 was signed off</i>	
6.4		<i>if 6.9, 6.10 and 6.11 were all signed off</i>	<i>If two out of 6.9, 6.10 and 6.11 were signed off minimal sign off if only one out of 6.9, 6.10 and 6.11 was signed off</i>	
6.5		<i>6.14 and 6.15</i>	<i>If only one of 6.14 and 6.15 signed off</i>	
6.6		<i>If 6.12, 6.14 and 6.15 were all signed off</i>	<i>If two out of 6.12, 6.14 and 6.15 were signed off minimal sign off if only one out of 6.12, 6.14 and 6.15 was signed off</i>	

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Key Area 6: Health Protection (continued)

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6.7		<i>If 6.6, 6.13, 6.14 and 6.15 were all signed off</i>	<i>if some but not all of 6.6, 6.13, 6.14 and 6.15 were all signed off minimal sign off if only one or two of 6.6, 6.13, 6.14 and 6.15 were signed off</i>	
6.8		<i>6.12 and 6.13</i>	<i>If only one of 6.12 and 6.13 signed off</i>	
6.9	6.8		6.7	

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## Key Area 7: Health and Care Public Health

This area of practice covers planning, commissioning, provision, clinical governance, quality improvement, patient safety, equity of service provision and prioritisation of health and care services.

***Aim: To be able to improve the efficiency, effectiveness, safety, reliability, responsiveness and equity of health and care services through applying insights from multiple sources including formal research, health surveillance, needs analysis, service monitoring and evaluation.***

<b>2015 LO</b>	<b>2010 LOs that alone that are a full match<sup>1</sup></b>	<b>2010 LOs that together are a full match<sup>2</sup></b>	<b>2010 LOs that are supportive and may indicate the LO is partially met<sup>3</sup></b>	<b>Comments e.g. The 2015 LO is a new learning outcome or additional evidence is required other than a combination of 2010 LOs to fully achieve this 2015 LO<sup>4</sup></b>
7.1	7.8		7.1	
7.2		7.7 and 7.9	7.7, 7.9	
7.3		7.2 and 7.3 and 7.6	7.2, 7.3, 7.6	
7.4		7.6 and 7.10 and 7.11 and 7.12	7.6, 7.10, 7.11, 7.12	
7.5			7.7, 7.9, 7.13	
7.6	7.19	7.3 and 7.4	7.3, 7.4, 7.5, 7.13,	
7.7	7.17		7.1, 7.11, 7.12	
7.8			7.1, 7.2, 7.21	

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## Key Area 8: Academic public health

This area of practice focuses on the teaching of and research into public health.

**Aim:** To add an academic perspective to all public health work undertaken. Specifically to be able to critically appraise evidence to inform policy and practice, identify evidence gaps with strategies to address these gaps, undertake research activities of a standard that is publishable in peer-reviewed journals, and demonstrate competence in teaching and learning across all areas of public health practice.

<b>2015 LO</b>	<b>2010 LOs that alone that are a full match<sup>1</sup></b>	<b>2010 LOs that together are a full match<sup>2</sup></b>	<b>2010 LOs that are supportive and may indicate the LO is partially met<sup>3</sup></b>	<b>Comments e.g. The 2015 LO is a new learning outcome or additional evidence is required other than a combination of 2010 LOs to fully achieve this 2015 LO<sup>4</sup></b>
8.1	9.1		1.2-1.4, 1.7	
8.2	6.15		1.1 3.3, 3.4, and 6.15	
8.3		2.1-2.6 inclusive and 9.2	2.1-2.6 inclusive 7.2, 9.2	
8.4	9.17		9.3 to 9.8	
8.5	9.9	9.4, 9.5, 9.6, 9.7, 9.8, and 9.17	9.4, 9.5, 9.6, 9.7, 9.8, 9.17, 9.22	
8.6	9.10	-	-	
8.7	9.18		9.9, 9.10, 9.19	
8.8	9.21		9.20	
8.9		9.15, 9.16 9.24 to 9.29	9.11, 9.12, 9.13, 9.14, 9.15, 9.16 9.24 to 9.33	

## Key Area 9: Professional personal and ethical development (PPED)

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This section focuses on the professional behaviours and values that underpin public health practice, as well as on the development of the skills to pursue personal and professional development throughout a consultant career. The learning outcomes are intended to prepare the registrar for taking responsibility for on-going personal development throughout a career, as well as incorporating preparation for regular revalidation as a consultant and regular confirmation of ethical behaviour in relation to issues such as maintaining confidentiality. The learning outcomes are linked to the four domains of the GMC's Good Medical Practice, and also relate to the UKPHR Code of Conduct.

***Aim: To be able to shape, pursue actively and evaluate your own personal and professional development, using insight into your own behaviours and attitudes and their impact to modify behaviour and to practise within the framework of the GMC's Good Medical Practice (as used for appraisal and revalidation for consultants in public health) and the UKPHR's Code of Conduct.***

KA9 does not need to be retrospectively mapped to previously signed off EMSs. Instead, every year a registrar will complete a short 1 page reflective summary on KA9 that is discussed with a supervisor they have worked closely with over the past year. When a registrar meets their Educational Supervisor ahead of ARCP, KA9 and this reflection should be considered and any concerns highlighted. However, sign off of LOs for KA9 only happens after completion of an MSF in ST4/5. At this stage the evidence required will be previous ARCP outcomes, ES reports, previous annual KA9 reflections and MSF to inform sign off. A function on the new eportfolio will allow these reflections to be stored against KA9 to be considered together at the sign off point. A new MSF tool that matches the KA9 LOs is to be developed.

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## Key Area 10: Integration and Application of Competences for Consultant Practice

This area focuses on the ability to integrate and apply public health competences for consultant practice. Assessment of full achievement is expected during the final year of training.

*Aim: To be able to demonstrate the consistent use of sound judgment to select from a range of advanced public health expertise and skills, and to use them effectively, working at senior organisational levels, to deliver improved population health in complex and unpredictable environments.*

As mentioned in curriculum document (page 73), Full achievement of these learning outcomes will be assessed towards the end of training (during ST5) incorporating: the activity summary sheets, a range of workplace based assessments with multiple assessors (if possible) and the results of the multisource feedback. Evidence will normally

- come from work undertaken in ST4 and ST5, when the registrar is taking increasing levels of independent responsibility, often with the registrar in a leadership role
- derive from substantial pieces of work, of medium or high levels of complexity
- will include at least one piece of work conducted in uncertain, political or sensitive environments with the aim of achieving change, and
- should include reflection on the learning that the registrar has taken from such work as they develop the capability for independent practice achieved when training is completed.

Registrars will be expected to record reflection on learning and implications for their future practice in activity summary sheets. These reflections will be an integral component of demonstrating achievement of these learning outcomes.

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