



FACULTY OF PUBLIC HEALTH

Faculty of Public Health Curriculum Purpose Statement

This purpose statement is intended to address the requirements of Theme 1 of the GMC document “*Excellence by design: standards for postgraduate curricula*”. The statement will address the requirements systematically. The public health curriculum provides guidance on specialty training for registrars, supervisors and those considering entering the specialty. All the required components of training leading to completion of training in public health are described. Training normally lasts a period of five years which comprises of minimum duration of training of 48 months service work + a period of academic training which is mainly delivered through formal academic courses or masters courses. This period can be anywhere from 0 to 12 months and is determined on a one to one basis via the training programme directors. The training covers ten key areas of public health practice in the three domains of public health (health improvement, health protection, and health care public Health) and aspects of professionalism. The curriculum builds on learning from both the undergraduate public health curriculum and generic competencies from the Foundation Programme curriculum, or from other experience in the case of registrars from backgrounds other than medicine. The curriculum is designed so that the registrar gains orientation into public health on first recruitment, with early induction in settings in which public health is practised, then moves into academic study leading to satisfactory completion of the core knowledge requirements of the curriculum. During this initial part of phase 1, alongside academic study, service work allows the registrar to put knowledge into supervised practice in clearly defined and, at first, relatively straightforward areas using basic skills which are assessed in the workplace. There are mandatory training requirements in health protection (minimum of three months) and 12 months in service settings. In the second phase of training the registrar is expected to take increasing levels of responsibility leading to the final year when registrars are expected to work at consultant level but under supervision.

Need for a curriculum based on an analysis of patient population, professional, workforce and service needs

The curriculum sets out the framework for a specialty training programme to train doctors and others, with a professional public health background. The aim is to deliver competent and confident professionals able to work at consultant level in the wide range of public health leadership roles which are required both in the UK and globally. Reports such as the FPH Workforce Strategy 2018-2021 and Fit for the Future – Public Health People (2016) have highlighted the need for a diverse public health work force which includes specialists with the training and expertise to provide leadership across public health systems. These individuals will require an “in depth knowledge of population health science, skills to maximise the potential opportunities to improve the health and wellbeing of our communities and develop solutions to complex public health problems, and the ability to make improvements happen through mobilising efforts in all parts of the system”. As Public health is a wide-ranging specialty, it is important that registrars work within the current context of the specialty. To reflect this, the examples

given with the criteria for learning outcomes are not intended to be prescriptive but to outline likely types of work that will address the training requirements of that learning outcome. Learning outcomes in the curriculum have been written in a permissive fashion to enable registrars and training programmes to design a model of training to adapt to local organisational, political and geographical structures, giving the potential and ability to respond to the needs of the population and be resilient to reorganisation. The model of learning is directed to provide a framework for registrars to play an active role in shaping their own personal development.

Purpose and objective of the curriculum, including how it links to each stage of progression

The curriculum defines and describes the processes of training including: recruitment, induction, assessment and remediation, phases of training, settings, learning methods and outcomes and has been developed around a model of two phases of learning. These phases reflect an early induction and basic grounding in public health; acquisition of the knowledge base; basic skills training; consolidation of advanced skills and development of defined interest or practice within a specified setting. Passage between phases is dependent on success both in examinations and in workplace-based assessment. The curriculum describes the required competences for consultant practice. These are the capabilities that every registrar will need to develop during their training in order to understand how their work will be applicable in a range of public health settings. The curriculum has been designed to allow the registrar a graded progression through competency acquisition with increasing levels of complexity and responsibility, leading to an ability to integrate competencies across work areas to demonstrate complex consultant level practice. (see figure 1) The increasing complexity of the requirements of the learning outcomes, through the second phase of training, allows the registrar to synthesise what they have learnt and experienced in order to be able to demonstrate their ability and readiness for independent practice at consultant level. This is specifically assessed in key area 10 of the curriculum (Competency for Consultant Practice).

The scope of practice of those completing the curriculum including notable exclusions

Registrars who complete training and are awarded their CCT will have gained skills across the three domains of public health practice (health improvement, health protection, and health care public Health); in leadership, in policy and using evidence and analysis effectively and appropriately. Registrars will have had the opportunity to experience a range of work and training in a variety of settings relevant to their training needs and the dynamic needs of the population and are likely to have had the opportunity to experience organisational change and learn how to respond flexibly and effectively. In addition, the curriculum has the flexibility to allow *ad personam* deep expertise in some topic areas to be developed which can be tailored to address specific population needs and organisational requirements, whilst meeting the generic public health learning outcomes required. The registrars, with a CCT in Public Health will thus be flexible, adaptable and will be equipped to deploy their capabilities in the varied public health organisations and settings which require the skills of a trained public health leader.

The high-level outcomes so it is clear what capabilities must be demonstrated, and to what level, to complete training

The high-level outcomes in the public health curriculum cover ten key areas: eight focussed on the specific elements of public health practice plus two others which address professional, personal and ethical development and the ability to integrate and apply the competences gained for consultant level practice. There is a mandatory minimum three months training in health protection (Key area 6) and 12 months of service Public Health.

Completion of the learning outcomes across the key areas and the two phases of training will allow the registrars to develop their practice and evidence capabilities. Specifically, at the end of training the registrar will be able to:

- Use public health intelligence to survey and assess a population's health and wellbeing.
- assess the evidence of effectiveness of interventions, programmes and services intended to improve health or wellbeing of individuals or populations.
- influence and contribute to the development of policy and lead the development and implementation of a strategy
- 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.
- influence and act on the broad determinants and behaviours influencing health at a system, community and individual level.
- identify, assess and communicate risks associated with hazards relevant to health protection, and to lead and co-ordinate the appropriate public health response.
- 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.
- add an academic perspective to all public health work undertaken
- operate flexibly as a leader at a senior organisational level, showing understanding of the impact they have on others, and giving effective support to colleagues within teams.

The registrars will be able to demonstrate generic professional capabilities through the assessment of their learning and practice with specific learning outcomes mapping directly to the GMC requirements and this mapping being explicitly stated in the curriculum document.

The key interdependencies between the curriculum and other training programmes, profession or areas of practice have been identified and addressed

A key skill in public health practice is the ability to work across organisations with professionals from a range of backgrounds and the public to achieve the best public health outcomes and to meet the needs of the population. The curriculum is specifically designed to ensure the registrar gains the knowledge and skills, throughout their training, to be able to lead this work and to have maximum impact at the right point.

Although there are some specialties, e.g. general practice, microbiology / infectious disease and paediatrics, which have public health training placements they do not follow the PH curriculum and learning outcomes. Currently there are no recognised dual training programmes incorporating public health specialty training. In addition, there are not any formal interdependencies with other training programmes. However, the move towards ensuring all specialty curricula incorporate a public health / population perspective may offer the opportunity to explore the option of recognition of relevant prior training experience addressing specific learning outcomes in the curriculum?

The public health curriculum includes areas which map to other frameworks relevant to senior level public health practice including the medical leadership competency framework, the WHO essential public health operations and the public health skills and knowledge framework.

The curriculum supports flexibility and transferability of learning outcomes and levels of performance across related specialties and disciplines

The curriculum encourages and facilitates flexibility in the types of Public Health training and work required to demonstrate full competence in the learning outcomes. This stems from the main ethos of the curriculum in adhering to enduring principles of the practice of public health rather than the details of the current systems within which health and social care are delivered. The mapping of the curriculum to generic professional capabilities is key to enabling transferability of learning between public health and other specialties. The curriculum also supports transferability through the development of registrars with high professional, personal and ethical standards skilled in leadership and the core aspects of public health practice.

Figure 1 Specialty training in Public Health

PHASE 1			PHASE 2	
ST1	ST2	ST3	ST4	ST5
KNOWS	KNOWS HOW/SHOWS	SHOWS HOW/ DOES		DOES
	ARCP	ARCP	ARCP	ARCP
	PART A**	PART B***		
<p>2 years (normally up to 30 months maximum). Part A and Part B MFPH obtained in this phase and public health knowledge and core skills gained. Registrars are also expected to begin to demonstrate development of ability to integrate their use of those skills as progress towards independent practice. In phase 1 this will be assessed by examination, at each annual appraisal and ARCP.</p>			<p>This phase allows the registrar to take increasing levels of responsibility leading to the final year when registrars are expected to work at consultant level but under supervision. In the final year, supervision will become increasingly 'light touch' as the Educational Supervisor judges that the registrar can be entrusted with work reflecting a high level of responsibility. 'Acting up' into a consultant post is encouraged in the final year of training. In phase 2 workplace based assessment, annual appraisals and ARCP will continue to assess this progress.</p>	

2. The rationale for the purpose statement and high-level outcomes of the curriculum.

The high-level learning outcomes described previously in the purpose statement are designed to equip registrars to practise at consultant level in all three domains of public health practice. Seven of the ten cover the three domains of health protection, health and social care public health and health improvement. These are

- Use of public health intelligence to survey and assess a population's health and wellbeing.
- Assessing the evidence of effectiveness of interventions, programmes and services intended to improve health or wellbeing of individuals or populations.
- Policy and strategy development and implementation.
- Strategic leadership and collaborative working for health.
- Health promotion, determinants of health and health communication. •
- Health protection.
- Health and care public health.

There are three further high-level learning outcomes:

- academic public health, ensuring an academic perspective is embedded into every day practice,

- professional, ethical and personal development linked to the four domains of GMP and the content of the Generic Professional Capabilities Framework
- Integration and application of competences for consultant practice. With ability to integrate and appropriately apply the range of expertise acquired working in a complex organisational context.

The learning outcomes support the GMC aim that newly qualified consultants should have a broad base of competence in the specialty, enabling flexibility to meet future population and service needs. For example, the ability to lead and co-ordinate the appropriate public health response to communicable disease hazard in the population and to provide independent on call cover for health protection is a requirement.

Population health and needs for preventive interventions and different types of health and social care provision will change throughout a consultant career. The aim is to produce consultants who can apply their knowledge and skills to a range of health problems, to shaping how preventive and health improvement services are delivered to meet need, and to the provision effective and efficient health and care services for populations. Demonstration of effective working across organisational boundaries is, for example, a requirement which will support consultants in collaborating with others to lead evidence based change in how services are delivered e.g. shifting the balance of service provision between community and hospital settings.

A registrar ready for the transition to independent practice as a consultant should be able to demonstrate a consistent use of sound judgment to select from a range of advanced public health expertise and skills, and the ability to use them effectively, working at senior organisational levels, to deliver improved population health in complex and unpredictable environments.

It would be expected that by the end of their training, registrars would have been equipped with the knowledge, skills and attitudes to make a positive impact on population health in order that they can be effective public health leaders in a wide variety of locations.