Public Health Specialty Training Curriculum

2015

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Content

1. INTRODUCTION AND GUIDE TO CURRICULUM

The public health curriculum provides guidance on specialty training for registrars, supervisors and those considering entering the specialty. This document describes all the required components of training leading to completion of training in public health which normally lasts a period of five years.

The curriculum provides a framework within which registrars and supervisors can determine and understand the knowledge, skills, attitudes and behaviours which will allow a registrar to achieve the level of competence required of a specialist to undertake consultant level practice. It has been future proofed by adhering to enduring principles of the practice of public health rather than the detail of the current systems within which health and social care is currently delivered in the four administrations with the UK[1]. The curriculum as developed should therefore be relevant through structural reorganisation and in different systems, cultures, and countries.

The curriculum defines and describes the processes of training including: recruitment, induction, assessment and remediation, phases of training, settings, learning methods and outcomes. Learning outcomes are the statements that describe core elements of learning that a registrar will be required to obtain whilst in training. The curriculum describes at what stage of training these learning outcomes should be gained.

1.1 Curriculum development

The content of the curriculum was developed from existing well established competency frameworks which have been in use by the Faculty of Public Health (FPH) for many years and have guided our development of the RITA (Record of In-service Training Assessment) framework since 1998, the 2010 public health curriculum and the public health knowledge and skills framework.

The curriculum was agreed through various committees of the Faculty of Public Health and approved by the Board. There has been wide representation of experienced practising public health consultants from many different areas of practice, senior public health specialists and registrar members. We have been supported by significant work from regulators, professional bodies, employers, commissioners, workforce planners and stakeholders across the UK in the workshops and two consultations in the course of development of this curriculum.

Overall responsibility for the curriculum development lies with the Academic Registrar, accountable through the Education Committee to the Board of the Faculty of Public Health. The membership was widely consulted during development. Our Lead Dean and lay members have been involved throughout and the curriculum has been endorsed by the Conference of Postgraduate Medical Deans (COPMeD) and by representatives of employers of public health consultants.

The Faculty has a commitment to update and develop the curriculum in line with the principles and standards outlined by the regulators.

Sustainability

The Faculty of Public Health actively promotes sustainability and mitigation of climate change. The Faculty of Public Health believes that sustainability and carbon reduction are fundamental to all core competency areas of the curriculum statement and are essential to ensure continuing improvement of quality public services.

[1] The organisation of the delivery of health care, social care and the public health function varies between the four UK administrations and changes over time. Any reference to named organisations should be taken to refer to equivalent organisations in other administrations and/or successor organisations when appropriate.

Equality and Diversity

The Faculty of Public Health will actively promote, and ensure compliance with, the requirements of relevant legislation and is committed to ensuring that the principle of equality of opportunity is applied in all areas of its operation.

FPH believes that equality of opportunity is fundamental to the many and varied ways in which individuals become involved with the Faculty: whether as members of staff and Officers; as advisers to, and members of, FPH committees; as doctors or other graduates in training, or as examination candidates. Accordingly, it warmly welcomes contributions and applicants from as diverse a population as possible, and actively seeks to recruit people to all its activities regardless of race, religion, ethnic origin, disability, age, gender or sexual orientation.

In addition FPH believes that equality and diversity issues must underpin the core competency areas of the curriculum statement in order to ensure quality public services.

FPH has its own Equality and Diversity Policy which underpins the work and values of the Faculty. FPH expects that each training programme will have its own Equality and Diversity policy and as such will implement it to complement the above principles.

1.2 Summary of key changes

Key changes from the 2010 curriculum include:

- The number of learning outcomes has been reduced by concentrating on the description of higher level learning outcomes.
- The presentation of these learning outcomes in each key area has been improved by:
    - producing an overarching aim for each key area;
    - describing the knowledge base required;
    - outlining the settings and learning experience where the learning outcomes might be demonstrated; and
    - providing clear descriptors of what is required to demonstrate each learning outcome.
- The phases of training have been reduced to two, with the introduction of greater flexibility on the timing in training when the learning outcomes can be demonstrated.
- The nine key areas have been modified slightly with:
    - The amalgamation of key area 8 into key area 1.
    - The replacement of Ethical Management of Self with a new key area 9, Professional Personal and Ethical development.
    - The introduction of a new key area 10 covering the integration and application of the competences for consultant practice (CCP). This describes the overarching learning outcomes registrars demonstrate when they are ready for independent practice as consultants. Readiness for independent consultant practice requires an ability to consistently judge how to select and use a range of specialist public health expertise and skills, and working at senior organisational levels to deliver improved population health in complex and unpredictable environments.
- The integration of academic rigour throughout all training and areas of work, while also retaining Academic Public Health learning outcomes within a distinct key area.
- Where appropriate, new learning outcomes have been added, and existing learning outcomes have been reworded and renumbered to improve clarity.

Rebranding of Examinations:

Please note that these were formerly the Part A (DFPH) and Part B (MFPH) exams and the new titles reflect a rebranding of the exams only. The syllabus for the exams remains the same and as such, successfully passing the Part A and Part B exams will be accepted as the same as passing the DFPH and MFPH exams.

1.3 Aims of training

The curriculum is designed to ensure that registrars who complete training and those awarded a Certificate of Completion of Training (CCT) in public health medicine have achieved all learning outcomes defined in the learning outcomes framework and are competent to practice at consultant level. Learning outcomes are designed to allow the registrar to gain competence in all areas of practice expected of a newly qualified consultant in public health. A public health consultant should be able to:

- Select and use advanced public health knowledge and skills appropriately for different tasks to deliver timely results.
- Produce, integrate and interpret complex evidence from multiple sources with scientific rigour and judgement.
- Promote and use an evidence based and evaluative approach to scope public health problems and deliver solutions.
- Use academic rigour appropriately to give independent public health advice.
- Provide advanced public health expertise at a senior management level in their own organisation and for one or more partner organisations working together.
- Use a range of high order literacy and communication skills appropriately to increase understanding about the determinants of population health and to promote effective action to improve it.
- Influence and negotiate successfully at senior organisational levels in both their own organisation and in multi- agency settings to achieve effective public health action.
- 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.
- Be proactive in identifying opportunities to improve population health and taking effective action to influence the corporate work programmes of an organisation to include solutions.
- Use and promote public health principles and core values.
- Work flexibly and persevere through uncertainty, additional unexpected complexity and potential or actual conflict to seek effective outcomes.
- Use reflective practice regularly to ensure on-going professional and personal development of their public health practice.

1.4 Content of curriculum

Knowledge

Public health skills are built on a knowledge base which is detailed in the Faculty of Public Health Diplomate examination (DFPH) syllabus, including:

- Basic and clinical sciences including research method, epidemiological and statistical method, health needs assessment and evaluative technique.
- Disease causation and prevention including health promotion, screening, communicable disease and environmental hazard control and social politics.
- Organisation and delivery of health care including health intelligence.
- Knowledge of the law as it affects the population's health.
- Leadership and management skills including change management and health economics.

This knowledge base has been mapped to the first nine key areas of public health practice and every learning outcome has a clearly identified knowledge base (other than those which define attitudes and behaviours). Key area 10 uses the combined knowledge base from all other key areas.

Skills and behaviour

Core competences in public health practice

The curriculum addresses development of the following broad competencies in the ten key areas of public health practice:

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- 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.
- Academic public health.
- Professional personal and ethical development.
- Integration and application of competences for consultant practice.

The ten key areas relate to the three domains of public health practice (health protection, health improvement and health and care public health) and are derived from a description of what a consultant in public health is able to do, in what setting and how they deliver their service.

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.

Global context

Many of the public health challenges faced today are global health problems and require an understanding of the global dimensions of health and its influences. It is therefore acknowledged that in an increasingly interconnected and globalised world, public health professionals need to have an understanding of the global influences on health in order to be able to improve the health of the population.

Global disparities in health represent the most stark health inequalities of all and an appreciation of this global burden on health and the strategies to tackle these at a global and local level also need to be understood by the public health workforce. Public Health Consultants should also have knowledge of the many national and international policies and institutions within which global health operates its governance structures and how the global health community responds to public health threats and emergencies.

In recognition of this, the curriculum is designed to highlight the importance of the contextual links between local and global health and the context in which public health practice is undertaken. 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.

1.5 Curriculum design

The curriculum has been designed whilst acknowledging frameworks developed and adopted by stakeholder public health agencies. The World Health Organisation's (WHO) 10 Essential Public Health Operations (EPHO) outline the key areas of development that WHO will focus on within their Health 2020 strategy. The EPHOs are listed in the following table.

EPHO 1	Surveillance of a population's health and well-being
EPHO 2	Monitoring and response to health hazards and emergencies
EPHO 3	Health protection including environmental, occupational, food safety and others
EPHO 4	Health promotion, including action to address social determinants and health inequity
EPHO 5	Disease prevention, including early detection of diseases
EPHO 6	Assuring governance for health and well-being
EPHO 7	Assuring a sufficient and competent public health workforce
EPHO 8	Assuring sustainable organizational structures and financing
EPHO 9	Advocacy, communication and social mobilization for health
EPHO 10	Advancing public health research to inform policy and practice

The curriculum has also been developed in line with key documents including *Good Medical Practice* (GMP) and the United Kingdom Public Health Register (UKPHR) *Code of Conduct*[2]. The guidance contained within these documents provides a basis for good professional practice in public health and all other medical practice. GMP sets out a framework of professional behaviours and values which underpin public health practice and apply equally to all public health consultants, regardless of their professional background. Mapping of the UK curriculum to these frameworks can be found further on in the curriculum.

The curriculum 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.

The learning outcomes framework clearly identifies target phases of training for each learning outcome, its knowledge base, related curriculum areas and assessment method. The framework describes the elements of competence that a registrar must acquire and demonstrate by the end of training but a trained consultant must also be able to integrate these competences to provide expert input. It is not expected that the individual learning outcomes will be addressed one at a time, but that they will be tackled in groups within projects and work streams, reflecting the normal practice of public health.

Public health is a wide ranging specialty, and 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.

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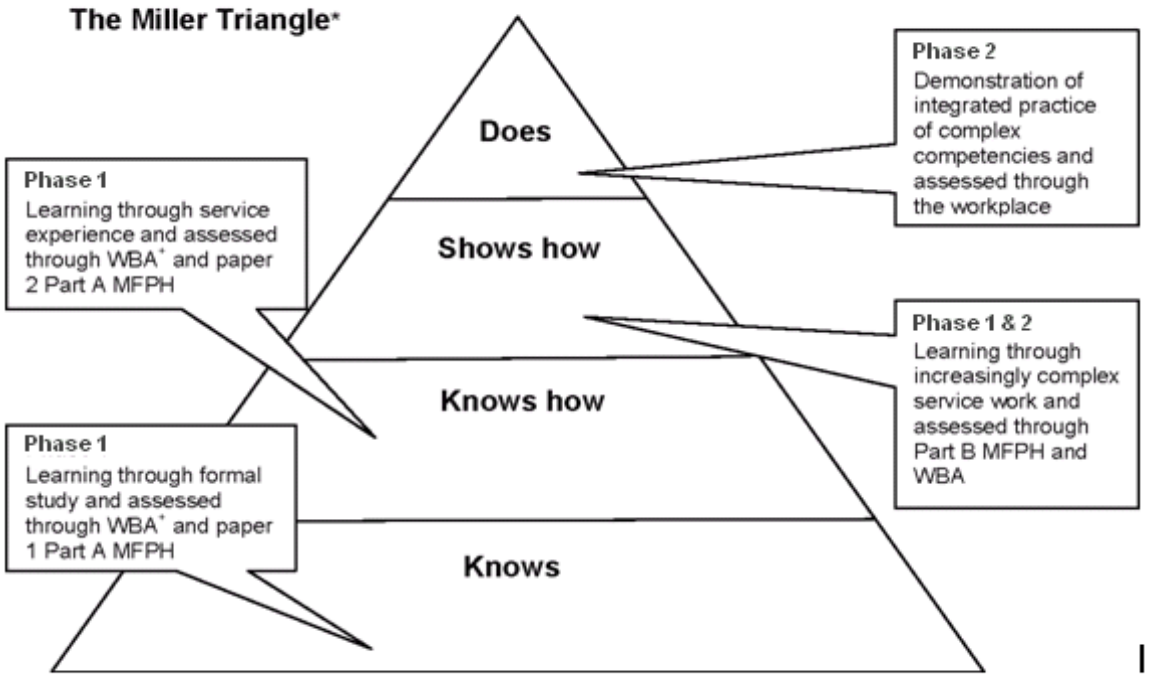
[2] All references to the Good Medical Practice should be taken to include the United UKPHR Code of Conduct, and vice versa.

1.6 Educational model



The curriculum is designed to deliver staged achievement of learning outcomes through knows/knows how/shows how/does.

Core elements of what constitutes good public health practice have a strong focus in this curriculum, so that public health registrars will have an opportunity to demonstrate in actual service practice both the confidence and competence necessary to go on to develop increasing levels of expertise in their subsequent, more specialised professional practice.

Public health registrars are expected not only to know about good public health practice and show they can do it or apply it in a protected setting, but, over the length of the training programme, to undertake and actually do their daily work with the required levels of knowledge and understanding and at increasing levels of complexity. [3]

Academic learning is mainly delivered through formal academic courses or masters courses. Teaching and learning styles typically include didactic presentation of core knowledge, group-based discussion and application of theory and self-directed learning through peer led group work or individual study for written assignments.

Work based experiential learning is delivered through staged complexity of service work with regular feedback and opportunity for reflection. Mentoring support is given by an accredited educational supervisor, more experienced registrars or other senior public health professionals. All registrars have a learning contract, renewed on at least an annual basis and at every change of training location. Learning contracts encourage reflective practice through feedback on competence from

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[3] + Workplace based assessment

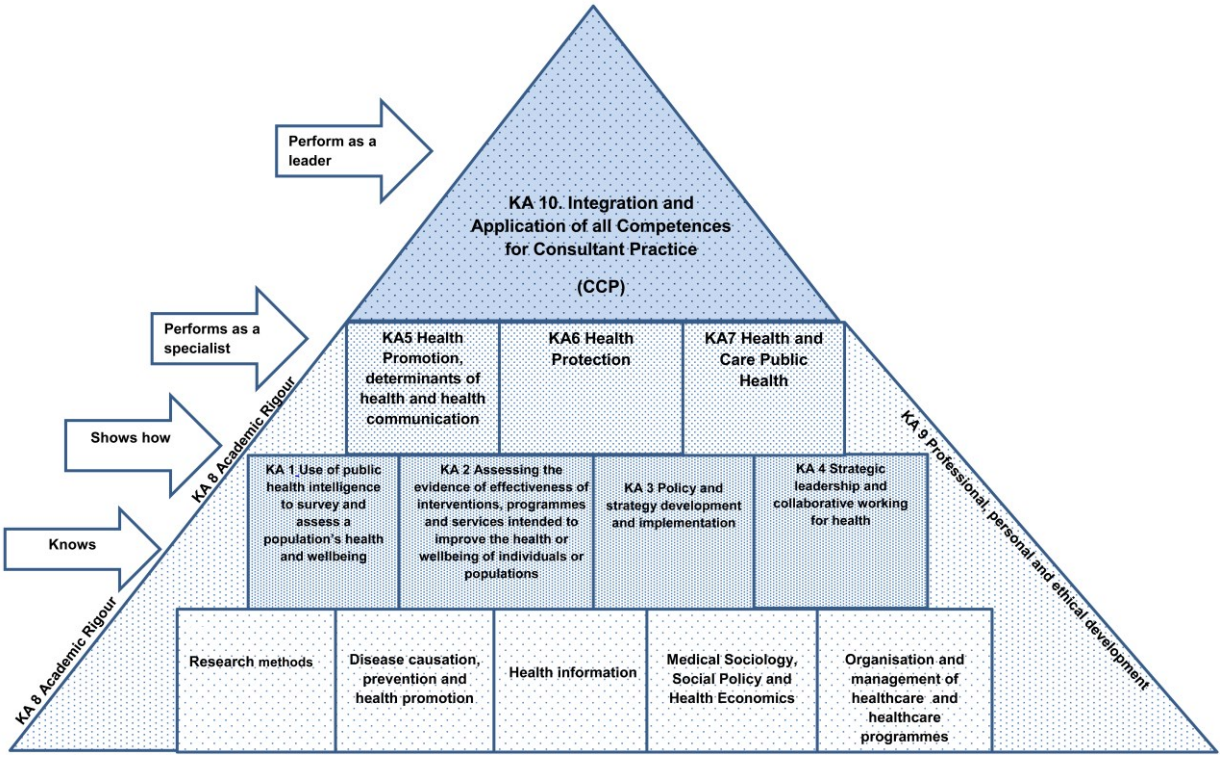
*** Miller GE**. The assessment of clinical skills/ competence/ performance. *Acad Med* 1990;**65** (suppl):S63–67

multiple source feedback, observation of practical skills, discussions of work cases, and tutorials. Learning contracts also encourage reflective practice through registrar's ownership of their educational objectives, clear definition of their training needs and negotiation of experiences to meet these needs.

Miller's adapted model of learning for public health

This expanded model shows the interrelationship between the knowledge base, core public health skills and how these interact with contextual public health areas where registrars are expected to perform as a specialist. The learning outcomes (represented as Key Areas of public health practice) and the model explores how each part of the curriculum is interlinked and has embedded themes of academic rigour (shown on the left hand side) and professional, personal and ethical behaviour (shown on right hand side). The model indicates the increasing level of practice required from registrars in training from "knows" (knowledge) to performing as a leader in public health.

Fig. 2 Miller's adapted model of learning for public health



1.7 Learning and teaching methods

The following sub sections detail the various methods of learning available to registrars.

Learning in formal situations

Formal learning in phase 1 is generally delivered through university based academic courses and regional and national opportunities to attend courses and conferences which meet educational needs. Supervisors and registrars meet regularly on a formal basis to assess progress. Training programmes may also offer regional training events which cover elements of the curriculum best learned as a cohort to support service-based work (e.g. media handling, safe on call, reflective writing) and for examination preparation at an appropriate stage in training. Some programmes combine across deaneries to provide courses for registrars at specific phases of training. Training programmes link to their local public health continuing professional development (CPD) programmes or postgraduate meetings which afford opportunities for registrars to undertake presentations.

Learning from practice

From the early stages of training, registrars undertake guided and supported service work with regular feedback on specific learning outcomes. Registrars, with their educational supervisor[4], develop a learning contract through which they identify specific outcomes to achieve, develop, negotiate and agree work appropriately. Registrars are given exam preparation practice in groups and individually.

Registrars spend the majority of their time in experiential work-based learning through delivery of service work closely supervised by their supervisors. Initially this work is focussed around the needs of the population served by organisations with responsibility for delivery of the public health function. Registrars will apply their academic knowledge to public health problems of increasing levels of complexity and weight working in an analytical capacity, to formulate solutions, present results, and take action to implement changes as a result. The registrar will shadow their educational/ named clinical supervisor or other practitioners, providing elements of the overall task. With increasing responsibilities and independence, the registrar will take the lead for an area of work, ultimately integrating competencies to deliver consultant level practice.

Concentrated practice

Some learning outcomes are best achieved or consolidated through periods of more focussed, repeated and directed practice which may be possible at any point during training and either in the service setting or by special arrangement.

The training programme director and deanery or Local Education and Training Board (LETB) Specialty Training Committees (STCs) determine training placements. Initially these will normally be in an organisation that delivers a broad range of public health functions to a population, e.g. of a local authority or health board. Subsequent placements will take account of educational need and career aims. The later years of training will allow concentrated practice during a period of consolidation and development of special interests; where practicable this may require experience outside the deanery programme. Concentrated practice is also available as a routine during all phases of training for specific elements for example, sophisticated data handling or the development of major public health emergency management skills. Concentrated practice is also available as a part of a remediation plan.

[4] For definition of the term educational supervisor see Glossary. All registrars have an educational supervisor overseeing their training progress and may be attached for specific pieces of work to a named clinical supervisor or project supervisor.

Learning with peers

Registrars are encouraged to learn with their peers and particularly in the first phase of training, will generally be placed alongside other registrars. Regional postgraduate teaching opportunities will allow registrars at different phases of training to come together for group learning. Examination preparation will encourage the formation of self-help groups and learning sets. Self-directed registrar groups are also encouraged to meet and work together as a peer group to develop and practice specific skills such as critical appraisal, presentation, and on call debrief. Learning sets may be facilitated by public health specialists and senior registrars.

Personal study

Study leave allocation is managed in accordance with COPMeD principles. During all stages of training, registrars have opportunity for study leave which may be taken as self-directed learning to support educational objectives/examination preparation or to attend formal courses in support of their stage in training, special interests and career aims. The local deanery or LETB will have an established study leave policy for registrars. Registrars are encouraged to use their study leave appropriately during the course of training and explore study leave opportunities to fit with their wider educational/ learning agreements.

Specific teacher inputs

Supervisors work in settings where, normally, there are other supervisors. While every registrar is allocated a specific educational supervisor, there will be support and input from other supervisors and more experienced senior registrars in that location. Some supervisors have particular expertise and registrars may either request placements with these individuals or undertake work that links across to them. Some supervisors will be involved in delivery of regional training packages in more formal settings, both to deliver teaching and training in skills and in concepts. There will be supervisors and resources in each training programme to help registrars in providing an academic focus to all elements of the registrars' educational progress including support in examination preparation, maintaining an academic rigour for service work and in encouragement to publish and disseminate their work. This support may consist of more detailed training support for those registrars pursuing specialist training in academic public health, in effect acting as named clinical supervisors for this group. All supervisors are accredited for their training role and fully conversant with the requirements of the curriculum and with assessment methods.

Training programmes are encouraged to have a representative amongst the body of national examiners (Faculty of Public Health Diplomate examination (DFPH) and Faculty of Public Health Final Membership examination (MFPH)) who is able to bring expertise in process and performance to their registrars.

Proportions of time spent in various learning methods

Time in independent, self-directed learning may be used for examination preparation; appraisal, feedback and reflection; maintenance of personal logbook or reading. Across the five years a registrar would normally expect to spend a period of time in off the job programme education or in independent self-directed learning. The remaining time would be spent in experiential learning. However, during phase 1 a greater proportion of time is spent in academic study and programmes will vary in how this is distributed across the first stage of training. This period is taken in lieu of formal study leave. The remainder of the five years, apart from annual leave, is spent in work based experiential learning which incorporates learning from practice, concentrated practice and learning with peers.

2. TRAINING PROGRAMME DELIVERY

This section describes in detail the delivery of public health specialty training and describes the entry requirements, phases of training, the gateways between phases including examinations and the opportunity to develop special interests in areas of practice or settings for public health delivery[5].

This section of the curriculum document consists of the following sub sections:

- General information
- Entry to public health training
- Public health training pathway
- Recommended learning experiences
- Phases of learning
- Outline competency framework and milestones of achievement
- Supervision
- Feedback
- Assessment
- Examination
- Workplace based assessments
- Remediation

[5] There are significant variations in the organisation of public health and health protection services across the countries of the UK and the Defence Medical Services and the health context is determined through the devolved administration. It is recognised that interpretation of the curriculum will be required for implementation in each UK administration.

2.1 General information

Public health specialty training normally lasts five years[6]. Public health training is delivered on a deanery/LETB or multi-deanery basis through programmes and Specialty Schools. The delivery of training is overseen by a Training Programme Director or Head of School. Each programme has a range of approved posts at Local Authority/Health Board level into which new recruits will normally be placed during the first stage of training. These posts are similar across the UK (although the terminology may vary).

The training covers ten key areas of public health practice in the three domains of 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/knows how 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.

This knowledge and basic skills base is used as the platform from which the registrar develops generic communication skills, and undertakes media and health protection training[7]. These, combined with further graded service work using core knowledge, lead to a second stage exam of practical show how skills in an Objective Structured Public Health Examination (OSPHE) format and further skills being assessed in the workplace.

Acquiring such a knowledge and skills base allows the registrar to move into the final phase of training where skills are further developed and consolidated. Phase 2 of training allows registrars to develop special interests in key areas and particular settings with support from the training programme. This opportunity for either consolidating core competency in generalist settings or developing skills in defined settings will reflect the broad profile of consultant level public health practice and ensure availability of an appropriately trained workforce.

The curriculum prepares registrars, once appointed as a consultant, to continue in reflective professional development, to engage with appraisal and revalidation with regular review of their own learning needs in the light of *Good Medical Practice* and their personal goals for future consultant level practice.

[6] The minimum length of training is 48 months whole time equivalent (wte) service work for registrars entering training at ST2. In addition registrars can also spend up to 12 months wte completing a formal academic courses or masters courses during ST1.

[7] Core health protection training may be undertaken at any stage in the first phase.

2.2 Entry to public health training

This section is written for those thinking of applying for a public health specialty training programme. Public health specialty training is multi-disciplinary and applications are welcomed from both doctors and graduates from other backgrounds.

What is public health?

Public health is concerned with the health of a population rather than individuals. It has been defined as *'the science and art of preventing disease, prolonging life and promoting, protecting and improving health through the organised efforts of society'.*[8] It is about preventing ill health and promoting well-being, not just dealing with illness, and looks at the impact on health of social, economic, political and environmental factors as well as individual behaviour.

Public health as a career

Public health is a great career for those who have a passion for improving health and reducing inequalities in health and their determinants within society. Public health specialists work across organisations, particularly with local NHS organisations, local authorities, voluntary sector and local communities, and in a variety of settings, from acute hospital trusts, and national and local public health organisations, through to international organisations, on issues which affect health and well-being. Some examples of recent priorities for public health work include food poverty and hunger; climate change; parity of esteem between mental and physical health; alcohol licensing and minimum unit pricing; obesity; the standardised packaging of tobacco products, screening, smoking in cars with children and electronic cigarettes; illicit drugs; tuberculosis and antimicrobial resistance. This sort of work often has long timescales and results can take years to achieve but can have a lasting impact on improving health and tackling the causes of ill-health. A public health approach to health and care services can have shorter timescales to lead to significant population health gain – for example improving pathways for the identification and management of hypertension, CVD risk and atrial fibrillation.

Application

Guidance for application will be available through the Health Education England (HEE) website http://specialtytraining.hee.nhs.uk/, Local Education and Training Boards (LETBs)/ deaneries and also from the Faculty of Public Health website www.fph.org.uk

Duration of training

Minimum duration of training is 48 months service work + a period of academic training to be defined by the deanery on a one to one basis. This period can be anywhere from 0 to 12 months. The anticipated CCT date is usually set at registration based on this principle.

Completion of training

Completion of the curriculum requirements for medical registrars (those fully registered with the General Medical Council and who applied for specialty training by the medical route) will lead to a Certificate of Completion of Training (CCT) in public health medicine. For other graduates completion will lead to registration with the extant regulator. The public health curriculum document supports a number of outcomes and may be accessed by a wide range of public health professionals. This document has been approved by the General Medical Council (GMC) for public health training that leads to a CCT in public health medicine for medical registrars and by the UK Public Health Register (UKPHR) for entry onto the specialist Public Health Register.

[8] Adapted from definition by Winslow CEA (1920), Acheson D(1988)

Further information

For more information about working in public health see also:

1 Pencheon D. Will you blossom in public health medicine? BMJ 1997;314:2
2 Gibbs S and Thalange N. Public health is good for you. BMJ 1999;319:2
3 Duff CH, Pencheon D, Thalange N, Kay L. The Anglia Public Health Fellowship – an innovative training opportunity. Arch Dis Child 2000; 83:0-1.
4 Morris M, Bullock A, Cooper R, Field S & Thomas H. The role of basic specialist training in public health medicine in promoting understanding of public health for future GPs – evaluation of a pilot programme. Journal of Education for Primary Care (2001); 12:430-6.
5 The Faculty of Public Health website: www.fph.org.uk
6 Public Health Online Resource for Careers, Skills and Training (PHORCaST) www.phorcast.org.uk
7 Training of Public Health Specialty Registrars: A guide for local councils - http://www.local.gov.uk/
8 Sim F and Wright J (EDs). Working in Public Health: An introduction to careers in public health. Guilford Press, 2014. ISBN: 978-0-415-62455-8.

ST3 recruitment

In addition to including individuals from a wide variety of professional backgrounds, entry into public health specialty training has always included doctors at various stages in their careers in other medical specialties. Recruitment from a heterogeneous range of applicants remains a key strength of public health. Although run-through training after the Foundation Programme, or equivalent, will remain the most common training pathway, recruitment at a later stage of training in line with the flexibility envisaged in Shape of Training (Securing the future of excellent patient care. Final report of the independent review led by Professor David Greenaway) is permissible.

All applicants for recruitment to public health specialty training at ST3 level will be required to have passed the FPH Diplomate examination within the last seven years at the time of appointment (the date at which the post commences) and have demonstrated essential phase 1 learning outcomes.

For individuals applying for public health specialty training leading to a CCT in public health medicine evidence of achievement of CT/ST1 & CT/ST2 competences in any medical specialty or ST1 & ST2 competences in general practice is required by the commencement of the ST3 training post in public health. Public health phase 1 learning outcomes can be demonstrated as transferable competence during or after satisfactory completion of the first two years of these post foundation training programme.

For individuals from other professional backgrounds applying for public health specialty training leading to CCT in Public Health, evidence of achievement of being on the Public Health Practitioner Register, is required by the commencement of the ST3 training post in Public Health.

2.3 Public health training pathway

<table>
<tr><th colspan="3">PHASE 1</th><th colspan="3">PHASE 2</th></tr>
<tr><th>ST1</th><th colspan="2">ST2</th><th>ST3</th><th>ST4</th><th>ST5</th></tr>
<tr><td>KNOWS</td><td colspan="2">KNOWS
HOW/SHOWS</td><td colspan="2">SHOWS HOW/ DOES</td><td>DOES</td></tr>
<tr><td></td><td colspan="2">ARCP</td><td>ARCP</td><td>ARCP</td><td>ARCP</td></tr>
<tr><td></td><td>DFPH**</td><td>MFPH***</td><td colspan="3"></td></tr>
<tr><td colspan="3">2 years (normally up to 30 months maximum). DFPH and 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.</td><td colspan="3">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.</td></tr>
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- ST1 – ST5 refer to the years of training after entry into the training programme. Training is continuous across the five years. (indicative)
- Entry into specialty training for medical graduates is normally straight from Foundation. Medical graduates may also be able to apply for competitive entry from fixed term specialty training posts and from career posts. Successful applicants from these routes will be assessed on *a personal* basis for transferable competence but will be required to pass both exams (DFPH and MFPH) before adjustment of the training pathway. If successful, entry will be considered to have been at ST2 or ST3 as appropriate.
- Entry into specialty training for other graduates requires a good (2:1 or above) first degree or a higher degree in a subject relevant to public health plus a minimum amount of related and relevant work experience. Individuals will be assessed for transferable competence.
- Other graduates apply for entry into specialty training through the same portal as medical applicants. There is no national quota applied to either group.
- Entry for an individual from either group with DFPH will lead to a reduction in training time (usually 12 months).
- Entry from either group of someone who has completed an appropriate postgraduate degree in Public Health will lead to a reduction in training time provided the appropriate competencies in Phase 1 can be evidenced (usually 12 months).
- Most registrars undertake a course of formal academic study leading to DFPH. The course may be taken over one or two years. DFPH may be taken at any time during phase 1.
- Some registrars may apply successfully for time during phase 2 to undertake a PhD (outside the Walport initiative). Two years of this may count towards a CCT provided all core competencies are also met.
- Time out of training, for example to gain experience abroad, may be granted at the discretion of the local Dean. Experience abroad during training can be counted towards training provided that it is part of an approved programme, is supervised and has prospective GMC approval.

Two sittings per year * Four to five sittings per year

2.4 Recommended learning experiences

The Faculty of Public Health recognises that most consultants will work in an integrated health and care system and therefore the majority of training and provision of key learning experience will take place in these settings.

Public health settings

The majority of registrars will be placed initially in organisations that deliver a broad range of the public health function which will allow early exposure to routine public health practice. Registrars enrolled on an academic course are encouraged to integrate their knowledge of theory and practice of public health in the context of public health practice in their training location. During phase 1 the registrar will undertake a minimum three-month whole time equivalent attachment to a health protection unit or consultant in communicable disease control, where they are expected to acquire many of the public health skills to deal with health protection issues.

Registrars will discuss possible and suitable subsequent placements with their training programme director and deanery/LETB Specialty Training Committee to agree the placements that best meet with identified educational needs and career aspirations.

During phase 2, registrars will have the opportunity to undertake training in a variety of settings. This is intended to give registrars an opportunity to experience the breadth of public health practice. There will also be opportunities for concentrated practice in specialist areas of public health practice. Such concentrated practice could be undertaken in a variety of local and regional settings, including: NHS bodies, local authorities, public health observatories or intelligence teams, health protection teams, and academic institutions. All programmes also hold a number of specialist posts which are similar between programmes (e.g. health protection, academic public health, Public Health England, Department of Health/NHS regional tier[9], Public health intelligence units and health care delivery settings.) which will allow registrars to develop special interests in defined, contextual settings.

Where appropriate registrars may gain experience outside the deanery programme in settings such as: Department of Health, Office of National Statistics, Health Protection Centres, King's Fund, and National Institute of Health and Clinical Excellence. Several programmes also hold a number of 'national treasure' posts which are available by negotiation and/or competitive allocation during the final phase of training. These posts include highly specialist public health functions such as the National Institute for Health and Care Excellence, public health genetics units, central Department(s) of Health, and other Government departments.

Some consultants practise public health in highly specialised areas, such as those who work in health protection organisations in England, Northern Ireland, Scotland and Wales. Registrars expressing interest in developing special interests and who move onto this path of phase 2 training will be able to achieve additional learning experiences in certain areas of the curriculum and specialist settings while also consolidating their more advanced core competence.

For registrars intending a career in international public health, training may be possible with WHO or other agencies abroad, subject to approval by their training programme.

Whether registrars choose to develop focussed interests or not, all registrars are required to gain experience in at least two different training locations, in addition to health protection experience, in order to be exposed to a wide range of organisational cultures and public health issues. Recommended learning experiences in terms of potential vehicles and settings for demonstration of competence are included with each learning outcomes framework for the ten key areas of public health.

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[9] Terminology varies between countries of the UK

The broad areas within which registrars may wish to develop additional/ specialist expertise whilst in training are:

* Health protection.
* Health improvement.
* Health and care public health.
* Public health information and intelligence.
* Academic public health.

The curriculum also recognises that some learning goals for highly specialised practice and experience in very specialist settings may need to be fulfilled through professional development beyond completion of training.

2.5 Phases of learning

The two phases of learning are not primarily defined by time but by successful acquisition of the learning outcomes defined for each phase. Learning outcomes are linked to a target phase of training; this is the latest phase by the end of which the competency should be evidenced. This does not preclude early achievement, but it is likely that some learning outcomes from the second phase will be dependent on achieving learning outcomes from Phase 1.

Phase 1 combines early induction to training and introduction to basic core public health skills with acquisition of knowledge. The induction will include workplace and human resources policies and practice. Registrars may attend courses of academic study (or engage in self-directed learning and other focussed courses) which will run across one or two years. Academic courses combine face to face teaching with self-directed learning and this is complemented by workplace-based experiential learning, putting early knowledge into practical settings. This phase is assessed through examination (DFPH), a two part examination testing knowledge and skills through short answer questions and knows how through critical appraisal and a practical written exercise of a real public health problem. The DFPH examination syllabus can be found in a later section of the curriculum.

Registrars may attend a formal academic course (generally leading to a Masters) or prepare for the examination under their own direction (including self-directed study, programme led study groups, programme organised study courses, top up modules and exam familiarisation courses). A masters is not a pre-requisite for completing the training programme and gaining a CCT in public health medicine. Academic courses generally run to university timetables and start in September/October of each year. The DFPH is held twice yearly, in January and June. Registrars would normally be expected to sit this examination at the earliest opportunity depending on the length of their academic course.

During this phase registrars will also be assessed on pieces of work using their developing academic base through reflective summaries and production of formal written documents for real life use (e.g. letters, reports, and data analyses). Work based discussion and an adaptation of the mini clinical exercise will be used to assess analytic and data handling skills.

Phase 1 also sees registrars begin to develop further their basic practical competence, typically through clearly defined service work which uses their knowledge base and applies this in increasingly complex practical settings. In this phase registrars will be expected to take the lead for relatively straightforward areas of work and develop their skills of presentation and debate. During phase 1, registrars will spend a minimum three months whole time equivalent (WTE) on attachment to a health protection team. Registrars will be assessed as competent to begin participation in a supervised out of hours rota, once they have demonstrated Learning Outcomes 6.1 to 6.8 and demonstrated satisfactory knowledge of on call procedures in a local workplace based assessment. Out of hours experience can begin when these two requirements have been met, which will normally be after passing DFPH as the examination is an indicative assessment method for Learning Outcomes 6.1, 6.2, 6.3, 6.6 and 6.8; individual training programmes may vary as to when registrars start out of hours work following this competence assessment. Registrars will continue to participate in an out of hours on call rota until they have at, a minimum, achieved the competence for participation in an unsupervised out of hours (6.11) rota. This learning outcome would normally be assessed towards the end of training, but there may be individual programme variation.

During the latter stages of phase 1, registrars are introduced to higher level workplace-based experiential learning assessed through presentation of written work and reflective log books; by direct observation and work based discussion with the supervisor; through direct feedback from colleagues and by workplace based assessment of competence to be on-call. This is combined with a further examination assessment (MFPH); a scenario based Objective Structured Public Health Examination (OSPHE) of public health skills.

Passage from phase 1 to phase 2 requires a pass at the examinations for DFPH and MFPH **and** a satisfactory assessment in phase 1 learning outcomes in the workplace **including** a formal placement in a health protection attachment **and** assessment for competence for out of hours on call.

Phase 2 allows the registrar to consolidate core skills in the practice of public health and to develop

specific interests which will enhance career opportunity. This phase is covered mainly by experiential learning with new advanced theoretical knowledge covered by formal courses and conferences, potentially at a national level (e.g. advanced critical appraisal skills, specialist health protection skills). Registrars are encouraged to use their study leave allowances to support their educational and career objectives.

This phase allows those registrars progressing well in training to select specialist contextual areas to practice in which they can demonstrate achievement of learning outcomes. These placements will be planned during phase 2 and through regular discussions between educational supervisor, registrar and programme director. Some registrars will choose to remain within a generalist public health setting and consolidate their core skills. Some will wish to develop a defined interest which may require concurrent extended experience in a specific key area (e.g. health protection, health improvement, healthcare, academic public health), or may choose to consolidate and extend experience of general core public health within a defined placement setting (e.g. public health genetics). Phase 2 learning outcomes can be developed in these defined fields/settings. These registrar selected components will allow an individual to develop specific competence for defined practice or promote their generalist skills within specific settings (either a core NHS organisation or highly specialist location) thus enhancing their particular career aims. Time out of programme, for example for National Institute of Health Research (NIHR) or equivalent academic training or relevant experience abroad, may be possible.

This phase is mainly assessed through multiple source feedback, case based discussion, direct observation of practice and the registrar's portfolio of work.

Further than this, the curriculum recognises that some registrars will wish to focus their competence development beyond the core either by taking their competence within a key area (or areas) a stage further by refining their generalist skills within specific specialist settings. This reflects the breadth of public health practice which requires a working knowledge and practice of core competence but also requires consultants to practise in a wide range of settings, both in terms of organisation type and work focus which require specific and particular knowledge and skills. However, the curriculum is predicated on the basis that most public health practice in the UK is delivered in a broad and integrated health and care system across a range of organisations including local government, core NHS organisations, Public Health England, NHS England/Health Boards in Scotland/ Public Health Agency in Northern Ireland/Public Health Wales and the regional/national tier of the NHS/DH. Therefore, the learning outcomes are designed to ensure the delivery of an effective consultant workforce for these settings. Registrars will develop a working understanding of the delivery of healthcare in general practice, primary care, the acute hospital, social care, the community and in partnership with other agencies.

Acting up as a Consultant

Acting up provides registrars coming towards the end of their phase two training with the experience of navigating the transition to consultant while maintaining an element of supervision.

Acting up consultant posts are normally taken in the final year of specialty training, and usually last for 3 months. Acting up consultant posts may count towards registrar's CCT or Certificate of Eligibility for Specialist Registration Combined Programme (CESR CP). The usual Out Of Programme (OOP) approval process must be followed to obtain prospective GMC approval. The Postgraduate Dean may allow exceptional extensions for a longer period of acting up as a consultant.

Although acting up often fulfills a genuine service requirement, it is not the same as being a locum consultant. Registrars acting up will be carrying out a consultant's tasks but with the understanding that they will have a named supervisor and that the designated supervisor will always be available for support, including out of hours or during on-call work. Registrars will need to follow the rules laid down by the Deanery / LETB within which they work.

2.6 Outline competency framework and milestones of achievement

Section 3 details the expected learning outcomes and progression to consultant competency. Learning outcomes are grouped into ten themes (Key Areas) as described in section 1.4

Learning outcome

This covers the skills, attitudes and expertise expected of a Consultant in Public Health and outlines what the registrar will know, understand, describe, recognise, be aware of and be able to do at the end of training. Learning outcomes are described further in Section 3, where the knowledge base (Tables 1 to 10a) and potential settings for training (sections 1 to 10 b) are outlined. These are kept generic as applicable to all UK countries.

Target phase of achievement

For each learning outcome the target phase of training is given (Tables 1 to 10 d). The target phase is the last point at which the learning outcome should be achieved. It does not preclude achievement at an earlier phase. However, many of the learning outcomes identified for any phase involve work of complexity for which experience and competence might accumulate over a longer period and build on learning outcomes from earlier, making full achievement in phase 2 more likely.

Suitable assessment methods

Indicative assessment methods are blueprinted against learning outcomes in section 3 (Tables 1 to 10 d), and cross referenced to other learning outcomes. Examples of work for each outcome in the framework and milestones of achievement are detailed in Tables 1 to 10c. The examples are only suggestions and do not represent the full list of work to be done by any single registrar. The three levels of achievement build on each other. Evidence of full achievement implies incorporation of partial achievement.

Knowledge base

The knowledge base necessary for public health consultant level practice is outlined in the DFPH examination syllabus. Each learning outcome is mapped to a relevant part of the knowledge syllabus which is also included as a separate section in this curriculum.

Related curriculum areas

Each learning outcome is cross referenced to other key areas.

Each key area of public health practice is presented in a standard format

1. A key competence descriptor of the area of practice.
2. **X**a Knowledge base and knows how This section outlines in general terms the knowledge and knows how needed to underpin required learning outcomes. The detailed knowledge requirements are listed in the syllabus for DFPH.
3. **X**b Potential settings for the demonstration of this competence area
   It describes potential vehicles and settings for demonstration of competence in the particular area of public health practice.
4. Xc Guidance for assessment of competency (tabular form)
   This section broadly delineates the expected learning outcomes in each of the two phases of training, and provides guidance for assessment of progression in learning. This should help StRs in self-assessment as well as forward planning of learning and assessment activities.
5. Xd. Guidance for method of assessment (tabular form)
   This section provides the assessment blueprint for each learning outcome with suggested assessment methods that can be used to evidence achievement of progress. Links to learning outcomes in other key competence areas are outlined.

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The learning outcomes for each key area are presented in tabular form in section 3 which links specific outcomes with their target phase for achievement, and suitable assessment methods

2.7 Supervision

The curriculum is designed to ensure graded learning and responsibility. All registrars have a designated educational supervisor. A named clinical or appropriately trained supervisor may take responsibility for supervising specific areas of work, overall training responsibility remaining with the educational supervisor. Registrars will work with a level of supervision commensurate with their experience and level of competence. Registrars will also have academic support in preparation for DFPH. Registrars must ensure there is academic rigour for their service work and the programme will provide support for encouraging publication and dissemination of work. Educational supervisors are expected to meet regularly with their registrar to review the learning contract, progress of current service work and learning. Regular three way meetings between registrar, educational supervisors and programme director(s) are encouraged. All supervisors are accredited appropriately for their level of supervision.

Immediate patient safety is a significant issue during the health protection element of training, out of hours work and indirectly in some specific areas of work such as development of patient pathways and services. Registrars are first on call out of hours by the end of phase 1 and always supervised by a consultant second on call. Registrars must demonstrate they have the requisite knowledge and skills via local workplace based assessment and are training or have trained in a health protection unit/team.

Training placements will be required to comply with the European Working Time Regulation and relevant health and safety at work standards. These will be assured through regular external quality assurance systems. Registrars will be expected to understand the limits of their own competence, in accordance with *Good Medical Practice*, and to seek help when practising outside this.

2.8 Feedback

The curriculum expects that all supervisors and registrars understand and comply with the principle that regular and high quality assessment and feedback is essential for development of consultant level competence. Regular and timely feedback is an essential component of educational progress and development. The curriculum allows rich opportunity for the registrar to develop the ability to seek and act on feedback from a variety of sources. Registrars are also encouraged to self-assess. This sets the foundation for compliance with Good Medical Practice, the UKPHR Code of Conduct, and subsequent revalidation.

Formative assessment and feedback takes place during the required regular service progress meetings between registrar and supervisor which measures progress against agreed educational objectives and identifies further educational need and opportunity. Regular informal feedback is given by the supervisor(s) as tasks are delivered and formally at dedicated training feedback sessions. Feedback should also be encouraged in an appropriate and timely manner. Registrars are encouraged to seek formative feedback on their public health practice from other colleagues both over specific pieces of work and more formally through multi-source feedback. The use of the portfolio encourages a reflective approach, incorporating a section for supervisor reflection, and requires discussion with the supervisor before presentation as evidence to support signing off of competence in a particular area for the Annual Review of Competence Progression (ARCP).

Registrars will have an initial induction appraisal with their named clinical supervisor when preparing for or shortly after the start of any placement to identify and agree learning objectives. This should be a three way meeting including the educational supervisor when appropriate. Progress towards these objectives will be measured through a series of regular appraisals. Structured written feedback is an essential part of this process. At every change of placement an end of placement assessment will be followed by a three way handover – a meeting between the registrar and the old and new supervisor

to discuss progress and further educational needs.

Registrars are encouraged to form study groups especially for preparation of the two examined components which are actively supported by supervisors and the Programme Director with opportunity for group and individual feedback.

Each phase of training has a clearly identified assessment blueprint which includes formal examination with work place based assessment and development of a portfolio log of experience and reflection. Supervisors discuss their assessment of their registrar and formally offer their views on educational progress and further learning needs in their educational (service and academic) supervisor's report at the ARCP.

Appraisal is an integral part of the training process for registrars. This will form a common strand of the workplace employment, satisfactory progression in training and educational learning. The appraisal will provide useful information to both the registrar and training programme on how training is delivered and individuals are coping. A generic form for the appraisal can be found in the training portfolio and in the appendix of the curriculum. There may be established templates that are used within training programmes and employing organisations, the template version is available in the absence of local options.

Feedback in the form of examination mark breakdown is available from the Faculty of Public Health for registrars failing either DFPH or MFPH. Registrars are encouraged to discuss and reflect on their examination performance in relation to either the examination papers and key points or the competency areas which may require further and targeted training.

Evidence that feedback has been sought and responded to will form part of the annual ARCP, in accordance with the principle that reflective practice is a core element of consultant level competence.

2.9 Assessment

The full details of assessment method and the blueprint of assessment against learning outcomes can be found in Section 3 of the curriculum. This section briefly outlines the principles behind assessment in public health specialist training, lists the elements of assessment and describes the examinations for DFPH and MFPH and the public health portfolio. Each learning outcome outlines assessment criteria required in order to track both progression and full attainment of the standards. These criteria are developed based on established frameworks for formative assessments in education and training. The framework provides guidance on what would be expected for minimal, partial and full attainment for each learning outcome. This guidance enables registrars and supervisors benchmark training evidence against a graded progression capability.

Assessment aims to determine progress towards a learning objective, identify learning experiences which will contribute towards achieving learning outcomes and confirm attainment of these outcomes Self-assessment and reflective learning should be seen and developed as an integral part of professional life.

Elements of assessment

Knowledge is assessed through examination. Registrars demonstrate their application of knowledge in examination in phases 1 and in the workplace. This demonstration of knows and knows how provides the platform for assessment of the practice of public health. Shows how competence is assessed in the workplace by a variety of methods including multiple source feedback, work based discussion, direct observation of practice. Assessment may take place in a real life situation or in a simulated environment.

At the end of training the registrar will need to demonstrate an acceptable level of performance where knowledge, understanding, skills and competences are integrated. Such performance should be robust under pressure, and be able to withstand the demands of increasing responsibility. This achievement will be signed off with recommendation for completion of training. Integration and

application of competencies to make a personal impact in increasingly complex situations will be assessed in the final stages of training [KA 10].

Public health registrars are expected to demonstrate the maintenance of performance in increasingly varied, challenging and less controlled situations. Therefore learning outcomes will need to be demonstrated and assessed more than once to confirm progression. The assessment blueprint ensures that all learning outcomes are sampled a number of times across the whole training pathway as appropriate.

Training portfolio

Registrars will keep a portfolio of experience to support claims of competence through cross referencing evidence against learning outcomes claimed, with a description of the context for the work and a reflective summary of the whole. Each registrar will be required to log each area of work/experience into a standard format which records the aims, methods, results and outcomes supported by personal reflection on the lessons learned. This portfolio will allow audit of each learning outcome against each piece of work recorded as evidencing the learning outcome. The registrar will also maintain a record of out of hour's calls, action taken and learning. The portfolio will be available at each ARCP for scrutiny. The portfolio provides a comprehensive record of the package of assessment for each registrar.

2.10 Examinations

The training scheme consists of two exams the DFPH and the MFPH examinations.

Please note that these were formerly the Part A (DFPH) and Part B (MFPH) exams and the new titles reflect a rebranding of the exams only. The syllabus for the exams remains the same and as such, successfully passing the Part A and Part B exams will be accepted as the same as passing the DFPH and MFPH exams.

Faculty of Public Health Diplomate Examination (DFPH)

The DFPH examination is intended to test a candidate's knowledge, understanding and basic application of the scientific bases of public health. The examination syllabus is blueprinted against the core learning outcomes in the curriculum. The examination consists of two papers taken over two days. The examination must be passed in order to progress from phase 1 to phase 2 and before starting out of hours duties.

In paper one candidates answer 10 compulsory short answer questions across the range of the knowledge syllabus. Paper two tests a candidate's basic skills in critical appraisal, distillation of information from supplied material, data manipulation and preparation of a written brief in some form.

Faculty of Public Health Final Membership Examination (MFPH)

The MFPH examination is designed as a show how assessment of the candidate's ability to apply relevant knowledge, skills and attitudes to the practice of public health. It takes the format of an OSPHE (objective structured public health examination) with six scenarios or stations. The examination assesses 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 their learning. The MFPH tests five core practical competencies in each of six independently assessed scenarios. These competences can be found in the appendices of the Curriculum.

The three domains of public health are represented across the six scenarios.

The MFPH must be passed in order to progress from phase 1 to phase 2 normally within 24 to 30 months (WTE) of starting training, and other than in exceptional circumstances with at least two

years full time equivalent training left.

2.11 Workplace based assessments

The public health workplace-based assessment strategy and matrix has been developed to encourage a triangulated approach to how learning outcomes should be assessed – by ensuring learning outcomes can be assessed by a variety of methods appropriate to the workplace. Within public health training there are 4 types of assessment that are utilised within the workplace setting – direct observation of practice, Case-based discussion, 'written reports', multiple-source feedback.

Direct observation of practical skills (DOPS)

Registrars will be observed in a number of different settings to assess certain learning outcomes. This method of assessment enables the educational and project supervisors to observe public health skills in a prearranged or planned scenario. Examples of common observations would be participating in a meeting, chairing a meeting, interacting whilst on-call or making a presentation.

Registrars are able to plan when direct observation assessments will occur as part of their project brief when planning a single or series of projects. There would normally be pre-determined outcomes that are agreed as part of the assessment/ event.

Outcomes from the assessment should be documented and feedback should be provided to the registrar at the earliest appropriate time. Any developmental requirements should also be identified and discussed during the feedback session.

Case-based discussion (CBD)

From time to time there will be situations when educational and project supervisors are able to explore the registrar's understanding of a number of components of a project. This may involve the use of a number of resources for reference when undertaking this type of assessment.

Case-based discussions should again be planned in relation to the assessment blueprint document and the context of the project and learning outcomes to be addressed. Outcomes following CBD assessments should be documented and fed back in an appropriate and timely manner. Any development requirements should also be identified and discussed in tandem with providing feedback.

Written report

As part of a planned assessment process a registrar should provide examples of 'written' output to be reviewed; this will be originally agreed as part of a project or determined by the nature and/or context of the project. These will usually be planned outputs to meet with stages of a project, intended to assist with the progress of the project rather than just to inform an assessment. Examples of 'written reports' include - a health needs assessment, a presentation to a group, a literature review, and data analysis output including standardisation.

The level/ standard for the document to reach would normally be determined by the phase of training in which the report is written, the particular learning outcome(s) and input from the registrar's supervisor(s).

Multi source feedback (MSF)

Multi-source feedback should be regarded as a useful development tool. It helps registrars to understand how others interpret the behaviour they are exhibiting. Gaining an understanding of how others view your behaviour is a good starting point for reflecting and understanding yourself better and, as a result, becoming more effective. Reinforcing effective behaviours, and adjusting any that others view less favourably, helps you to improve leadership and management skills.

As with any other assessment, registrars should discuss and agree the timing of the assessment with their Educational Supervisor. An MSF assessment must take place at least once, during ST4 or early in ST5 in Phase 2 of training.

There should be formal feedback of the results of the MSF assessments and these should also be discussed carefully with Educational Supervisors and Training Programme Directors for any identified areas for development.

2.12 Remediation

A registrar progressing normally would expect to complete specialist public health training within five years (WTE). Some registrars will progress more quickly in certain areas of training, while others will progress at a different rate and require additional, targeted, support. Remediation is tailored to the individual registrar and to the particular milestone or learning outcome causing difficulty. Principles are: early identification of difficulty and particular need; focussed support to address identified need; regular monitoring and feedback to avoid surprises; appropriate evidence of progress supports all decisions taken. Remediation is particular to the registrar and will be under the overall direction of the Programme Director and Head of School. The educational supervisor will be pivotal in targeting remediation.

Assessments are carefully and fully integrated and problems may be identified at any time in training. There are also specific checkpoints at which the need for remediation may be identified; these include examinations, regular work based assessments, and ARCP.

Examination checkpoints

Registrars would normally be expected to sit the DFPH within 12 to 18 months WTE of starting training, and it should usually be passed with at least three full years of training left. Failure at DFPH should enable the registrar to identify, from feedback provided by the examiners, gaps in knowledge and/or written presentation skills. A remediation plan at this stage will include targeting weak areas and attendance at a formal revision course. Failure at the second and subsequent attempts should identify the need for highly structured practice with specialist support and additional time built into the training plan for revision.

MFPH is designed to be taken within 24 to 30 months of starting training and it should usually be passed with at least two full years of training left during which consolidation of competence and acquisition of advanced competence may be achieved. The process following failure at MFPH should follow the suggested procedures as outlined for unsuccessful attempts at the DFPH above, including attendance at a preparation/communication skills course and targeted training with a trainer experienced in MFPH preparation.

Within the examination regulations there is a limit to the number of attempts that a registrar can take the examinations; however the training pathway indicates that both exams would normally be passed around half way through training. Significant delay in passing the FPH Diplomate examination (DFPH) or the FPH Final Membership examination (MFPH) will clearly defer this milestone and should be taken into consideration at ARCP. The ARCP panel may choose to use this as a deciding factor in recommending to the postgraduate dean whether the registrar should progress further on the training programme. Training programmes are not required to allow registrars to attempt the maximum number of examination sittings allowed by the regulations.

Work based assessments checkpoints

Regular in service assessments may identify difficulty with particular learning outcomes. Each phase of training has a set of ascribed learning outcomes which, when satisfactorily achieved together with the appropriate exam, allow passage into the next phase of training. Where progress with learning outcomes is slow the supervisor should allow targeted practice with close and regular supervision. If necessary, a short placement with a specialist supervisor may be agreed with the programme director for very specific and regulated projects with clearly defined objectives and timelines. This will allow triangulation of assessment within a highly structured and controlled training environment and

between assessors. Difficulty with skills may be addressed through formal courses as a part of targeted training. Problems identified with attitudes and behaviours will trigger discussion with the educational supervisor and referral to the programme director if unresolved.

ARCP checkpoints

The ARCP is typically held at annual intervals throughout specialist training. Registrars are expected to submit supportive evidence through their structured portfolio to indicate they have achieved a particular learning outcome. ARCP panels always include an external assessor who is an experienced trainer from another programme.

Failure to progress and failure to achieve milestones may result in the ARCP panel recommending targeted training to achieve specific learning outcomes over a prescribed period. Registrars failing examinations should normally be seen at the next available ARCP panel for a formal and documented discussion of their further need for support.

An ARCP outcome 2 allows for targeted training with clearly identified objectives. An ARCP outcome 3 requires the registrar to repeat a period of training and may extend the time to completion of training. Progress against such recommendations should be monitored at frequent intervals and normally at least six monthly for a further formal review.

The ARCP panel will consider progress in achieving learning outcomes alongside examination results to determine whether a registrar should remain in training. The decision will also take into account the range of remediation opportunity made available and a triangulation of assessment both between methods and assessor.

3. DETAILED COMPETENCY FRAMEWORK AND MILESTONES OF ACHIEVEMENT

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.

1 a. Knowledge base
• Populations; collection of routine and ad hoc data; demography; life-tables; population projections; population structure and fertility, mortality and migration; the significance of demographic changes for the health of the population and its need for health and related services. • Sources of routine mortality and morbidity data, including primary care data, collection and publication at international, national, regional and district levels; biases and artefacts in population data; methods of classifying health and disease, appreciation of the importance of consistency in definitions and (public health) language. Methods used to measure health status; notification and registration systems; data linkage within and across datasets. • Use of information for health service planning and evaluation; specification and uses of information systems; common measures of health service provision and usage; the uses of mathematical modelling techniques in health service planning; indices of needs for and outcome of services; the strengths, uses, interpretation and limitations of routine health information; use of information technology in the processing and analysis of health services information and in support of the provision of health care. • Advanced techniques in surveillance and dissemination. Methods of trending and modelling health status. Linkage of data sets; Design of knowledge management systems for both data and research literature (libraries); The role of ICT in intelligence based and evidence based decision support; Integration of clinical data systems and population based systems to reduce inequalities and improve health; Technical, legal and ethical issues relating to data security, disclosure and trust. Pseudonymisation. • The role of information and intelligence in policy formulation and implementation, and in local clinical and public health practice.

1 b Potential settings to gain skills

By the end of training registrars will be expected to have worked with the following types of health data: mortality, morbidity, cancer registry, local, national and international communicable disease notifications and laboratory data, demographic, hospital episode statistics and health survey. They will be expected to have done this in a setting where they can demonstrate the contribution made to decision making at a Board / Senior Management level within a health or partner organisation. They will need to have analysed data by geographical levels, by sub-populations, by time and by risk factors.

Learning outcomes in health intelligence can be gained in service work in all settings, as well as through links with specialist health intelligence units such as Public Health England local KITS (Knowledge Intelligence Teams), cancer registries, local Commissioning Support Units in England, Screening Quality Assurance reference centres, and also from work in academic departments, NHS provider organisations, and health protection teams.

1 c. Guidance for assessment of competency

	Learning outcome	*Level of Achievement*	
1.1	**Address a public health question using data and intelligence by refining the problem to an answerable question or set of questions, determining the appropriate approach and applying that approach.** *Examples: Addressing a local issue such as high use of A&E services or high concentration of cancers in a local area.* *Undertake a health needs assessment.* *Undertake a health inequalities audit.*	*Minimal*	Does not have evidence of addressing this competence.
		Partial	Has contributed to a section of a larger report. Has undertaken analysis of a small scale, well defined issue.
		Full	Has effectively used public health intelligence in the development, implementation or evaluation of policies and strategies.
1.2	**Apply principles of information governance for a range of organisations, and in health protection work.** *Examples: Recommending and pursuing the possibility of data linkage between GP records and acute services or between social services and community services.* *Ensuring appropriate level of personal information is shared within multi-agency work (e.g. when liaising with others to enable health protection actions to be implemented).* *Ensuring safe transfer of patient identifiable information when on-call or in any work setting.* *Demonstrating that pieces of work have taken explicit account of data governance as appropriate.*	*Minimal*	Does not have evidence of addressing this competence.
		Partial	Understands the principles of information governance but has not applied them.
		Full	Can demonstrate having applied principles or having ensured that these principles are taken into account in work undertaken. Has evidence of applying them appropriately in health protection work.
1.3	**Access data and information from a variety of organisations and sources (including local, national and global); as well as participatory methods for gathering the citizens' voice.** *Examples: Writing a chapter for a Joint Strategic Needs Assessment (JSNA) or annual public health report, using local and national data from organisations, as well as global data from the global burden of disease study.* *Made a major contribution to, or led, a participatory exercise for gathering information from population groups or specific community groups as part of a piece of work.*	*Minimal*	Does not have evidence of addressing this competence.
		Partial	Has led on section, or made a major contribution to a whole section in a report led by another team member and has appropriately used a few different data sources. Knows the different forms of intelligence and how they are used by practitioners, decision makers and policy makers.
		Full	Has used a wide range of specific sources of intelligence, leading on a significant piece of work. They will be capable, and will have had experience, of assembling such intelligence to provide valued decision support to practitioners, senior decision makers and policy makers.

	Learning outcome	Level of Achievement	
1.4	**Critically appraise the metadata, validity, relevance and complexity of data and data systems in order to assess their quality and fitness for purpose for answering the public health question.** *Examples: Compile a profile of local primary care and outcomes using the best available data sources, with specific discussion of strengths and weaknesses of data sources used.* *Advise on suitability of data sources available for a surveillance system for outcomes for people with physical disability.* *Contribution to multiagency needs assessment.* *Investigates an adverse health statistic in a community or institution.*	*Minimal*	Does not have evidence of addressing this competence.
		Partial	Independently able to evaluate a range of information sources recognising their respective strengths and weaknesses in relation to a specific topic and provides accurate advice based on the assimilated information.
		Full	Able to evaluate a broad spectrum of information sources highlighting their strengths and weaknesses in specific circumstances, making decisions about use of particular data sources and providing timely advice.
1.5	**Display data using appropriate methods and technologies to maximise impact in presentations and written reports for a variety of audiences.** *Examples: Create an info-graphic on cancer in a local area; map the impact of socio-economic deprivation on health outcomes.* *Prepare a presentation for a lay audience e.g. on emergency admission rates of residents to local hospitals.* *Disseminate the findings from the JSNA.* *Write a report on the needs of people with mental health problems known to primary care.* *Prepare a Board level paper and present the findings in that forum.* *Tailor presentations on a topic to different audiences.*	*Minimal*	Does not have evidence of addressing this competence.
		Partial	Can, with support, create and display data graphically or by figures to show the message from the underlying data, using appropriate engaging visual methods. Has presented findings to at least two different audiences on a specific topic, with appropriately tailored presentations and report.
		Full	Is able to work with others as appropriate, to shape the process of displaying map data, creating and manipulating graphs and figures to best show the underlying meaning of the data. Has competently led the process of writing a report and presented complex issues to a wide range of audiences including senior members of the organisation.
1.6	**Use and interpret quantitative and qualitative data, synthesising the information to inform action.** *Examples: Impact assessment of the development of new build development on an existing community.* *Assessment of the health needs of ex-offenders in a local area.* *Write a report on qualitative investigation of cancer patients' experience of services.*	*Minimal*	Does not have evidence of addressing this competence.
		Partial	Have evidence of having used both quantitative and qualitative data in reports giving appropriate weight to both types of data.
		Full	Can demonstrate the ability to use both quantitative & qualitative data and to synthesise such data competently to inform a plan for action, or policy, or strategy development.

	Learning outcome	Level of Achievement	
1.7	**Undertake a health needs assessment for a defined population for a specific purpose, attempt to implement recommendations from a health needs assessment and demonstrate that the work has been considered at a high level within the organisation.** *Examples: Alcohol health needs assessment.* *Strategy to reduce harm from alcohol consumption presented to Board of organisation.* *Falls and fractures surveillance and needs.* *Liver disease needs assessment and strategy.*	*Minimal*	Does not have evidence of addressing this competence.
		Partial	Has undertaken a health needs assessment on a limited topic, perhaps without recommendations, or perhaps as part of a larger report. Has not presented the HNA at a high level in the organisation.
		Full	Has led a health needs assessment on a significant topic and presented the recommendations at a high level in the organisation and/or senior multi-agency groups. Has led work to attempt to progress implementation of a health needs assessment.
1.8	**Use public health intelligence to understand and address a health inequality in a sub-population.** *Examples: Mental health needs assessment.* *Strategy to reduce harm from alcohol consumption presented to Board of organisation.* *Falls and fractures surveillance and needs.* *Liver disease needs and strategy.*	*Minimal*	Does not have evidence of addressing this competence.
		Partial	Has made an assessment of the health status, health needs and determinants of health of a (sub) population systematically for a known reason.
		Full	Has led work to attempt to progress implementation of a health needs assessment to address health inequalities between population groups.

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1 d. Guidance for method of assessment

Key Competence 1: Use of public health intelligence to survey and assess a population's health and wellbeing ***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.***				**Suitable assessment methods (indicative)**					
				Exams		**WPBA**			
Learning Outcome		**Target phase**	**Related Learning Outcome**	**DFPH**	**MFPH**	**DOP**	**WR**	**CBD**	**MSF**
1.1	Address a public health question using data and intelligence by refining the problem to an answerable question or set of questions, determining the appropriate approach and applying that approach.	Any	KA2	X	X		X		
1.2	Apply principles of information governance for a range of organisations and in health protection work.	Any	KA6				X	X	
1.3	Access data and information from a variety of organisations and sources (including local, national and global); as well as participatory methods for gathering the citizens' voice.	Any	KA2, KA8				X		
1.4	Critically appraise the metadata, validity, relevance and complexity of data and data systems in order to assess their quality and fitness for purpose for answering the public health question.	Any	KA2, KA6, KA8				X	X	
1.5	Display data using appropriate methods and technologies to maximise impact in presentations and written reports for a variety of audiences.	Any	KA5 KA7			X	X		
1.6	Use and interpret quantitative and qualitative data, synthesising the information to inform action.	Any	All	X	X	X			
1.7	Undertake a health needs assessment for a defined population for a specific purpose, attempt to implement recommendations from a health needs assessment and demonstrate that the work has been considered at a high level within the organisation.	Any	KA2 KA5 KA8			X	X		
1.8	Use public health intelligence to understand and address a health inequality in a sub-population.	Any	KA2 KA5 KA8			X	X		

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.

2 a. Knowledge base
Design and interpretation of studies: skills in the design of research studies; critical appraisal of published papers including the validity of the use of statistical techniques and the inferences drawn from them; ability to draw appropriate conclusions from quantitative and qualitative research. Screening: principles, methods, applications and organisation of screening for early detection, prevention, treatment and control of disease.

2 b. *Potential settings to gain skills*

These assessments must vary by setting (e.g. acute hospital, community health care or other setting such as local government), or risk factor or sub-population, and academic departments so as to encourage a broad experience of assessing evidence.

2 c. Guidance for assessment of competency

	Learning outcome	*Level of Achievement*	
2.1	**Define, document and conduct structured reviews of scientific literature relevant to questions about health and health care policy and practice, systematically locating and critically appraising the research evidence to identify strengths and limitations.** *Example: Evidence briefing on a health improvement or health care intervention.*	*Minimal*	Minimal understanding.
		Partial	Can define, document and conduct a review in relation to a simple policy or practice question.
		Full	Has undertaken a structured review, identifying strengths and limitations (including bias, chance and confounding), methods to address these, drawing appropriate conclusions, making recommendations from others' research and identifying evidence gaps.
2.2	**Formulate balanced evidence-informed recommendations both verbally and in writing using appropriate reasoning, judgement and analytical skills.** *Examples: Writing of a commissioning or service provision policy.* *Advocate a health improvement programme through a briefing paper.*	*Minimal*	Articulates basic awareness of the link between evidence and policy.
		Partial	Develops a proposal from a simple evidence base involving minimal analysis.
		Full	Develops a policy or practice proposal based on complex and multiple sources of evidence base.
2.3	**Build consensus where there are gaps in evidence or controversies on its implications.** *Examples: Devise in partnership a behavior programme for a lifestyle risk factor.* *Develop a clinical guideline.*	*Minimal*	Basic appreciation of evidence gaps and controversies, yet to build consensus.
		Partial	Can identify and articulates evidence gaps and associated impacts and reach agreement with stakeholders.
		Full	Proactively identifies evidence gaps and seeks to build consensus with multiple stakeholders on issues of high complexity.
2.4	**Identify the need for overviews of research to inform operational or strategic decisions about health and health care and advocate this approach.** *Examples: Briefing paper on a policy question includes research recommendations.* *Defining the scope of a literature review to support a research study.*	*Minimal*	Basic awareness of the need for evidence.
		Partial	Recognises the need for overviews of research.
		Full	Effectively articulates verbally and in writing the overview of research required in relation to specific decisions.

	Learning outcome	*Level of Achievement*	
2.5	**Produce specifications for structured reviews of research to inform policy and practice.** *Example: Define the scope of a research review.*	*Minimal*	Basic awareness of the place of evidence.
		Partial	Specifies a review of research for a single agency, single item policy decision.
		Full	Specifies reviews for complex policy decisions.
2.6	**Assess the evidence for proposed or existing screening programmes, using established criteria.** *Examples: Contribute to a literature review of the evidence for a potential screening programme.* *Carry out an analytic diagram of the outcomes for a thousand people screened.* *Write a briefing paper or respond to a local enquiry about an actual or potential screening programme.*	*Minimal*	Minimal awareness of the need.
		Partial	Is aware of criteria used and can discuss their use.
		Full	Has carried out one of the pieces of work from the examples or a similar piece for one actual or potential programme.
2.7	**Implement or apply evidence based practice.** *Examples: Implementation of NICE guidelines or policy based on evidence. This will be required in both phases, expecting increased complexity and leadership in phase 2 with emphasis on evidence in partial in phase 1 and complete in phase 2.* *Written report with reflection on contribution and role of evidence.* .	*Minimal*	Understand the stages of Evidence based practice.
		Partial	Contribute to implementation or application of evidence into practice that has been used in a systematic way in tackling an identified area of need.
		Full	Play a leadership role in the implementation of evidence into service for population benefit.

2 d. Guidance for method of assessment

Key Competence 2: Assessing the evidence of effectiveness of interventions, programmes and services intended to improve the health or wellbeing of individuals or populations ***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.***				**Suitable assessment methods (indicative)**					
				Exams		**WPBA**			
Learning Outcome		**Target phase**	**Related Learning Outcome**	**DFPH**	**MFPH**	**DOP**	**WR**	**CBD**	**MSF**
2.1	Define, document and conduct structured reviews of scientific literature relevant to questions about health and health care policy and practice, systematically locating and critically appraising the research evidence to identify strengths and limitations.	Any	KA1 KA 8				X		
2.2	Formulate balanced evidence-informed recommendations both verbally and in writing using appropriate reasoning, judgement and analytical skills.	Any	KAs 1 4, 5, 6, & 7		X	X	X		
2.3	Build consensus where there are gaps in evidence or controversies on its implications.	Any	KAs 4, 5, 6, & 7			X	X	X	
2.4	Identify the need for overviews of research to inform operational or strategic decisions about health and health care and advocate this approach.	Any	KA 8			X	X	X	
2.5	Produce specifications for structured reviews of research to inform policy and practice.	Any	KA 8				X		
2.6	Assess the evidence for proposed or existing screening programmes, using established criteria.	Any	KA 8.2		X	X		X	
2.7	Implement or apply evidence based practice.	Any	KA 3		X	X		X	

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.

3 a. Knowledge base
• Theories of strategic planning. • Principal approaches to policy formation, implementation and evaluation including the relevance of concepts of power, interests and ideology. • Knowledge of major national and international policies and legislation relevant to public health including awareness of the roles of key domestic, bilateral and multilateral organisations. • Methods of assessing the impact of policies on health.

3 b Potential settings to gain skills

By the end of training registrars will be expected to have worked on policy analysis, development and implementation in each of the three public health domains (health protection, health improvement and health and care). Registrars will be expected to appraise the evidence and values that underpin policies and must demonstrate clear understanding of related strategies. Understanding and development of policy and strategy may relate to local, national or international aspects of health.

3 c. Guidance for assessment of competency

	Learning outcome	*Level of Achievement*	
3.1	**Display an awareness of current national and international policies and strategies that affect health and wellbeing, and their global context.** *Examples: Develops a local policy for dementia care referring to the national strategy* *Work on influenza pandemic preparation in the global context.* *Write a paper for the board in response to concerns about local air quality and set this in the context of EU air quality directives in addition to UK standards.* *Respond to concerns at a local level on high incidence of TB and demonstrate knowledge of local, national and international control strategies for TB*.	*Minimal*	Does not display ability to take account of national and international policies in their work.
		Partial	Displays awareness of and has applied relevant policy.
		Full	Demonstrate knowledge of the key institutions relevant to global health, an understanding of global health governance and the mechanisms through which the global health community responds to public health threats. Has evidence that local policy or strategy development with which they have been involved takes account of the national policy context.
3.2	**Evaluate a situation and identify the steps required to achieve change, preparing options for action.** *Example; Identifying the steps needed to achieve a change in teenage pregnancy rates in commissioning a service or in delivery of health care.*	*Minimal*	No evidence of the ability to produce a plan to take forward a piece of work to effect change.
		Partial	Has produced a project plan that systematically lists a series of steps to achieve change for a simple piece of work e.g. listing stakeholders, considering constraints, resource implications and timescales, demonstrating basic knowledge of project and work planning.
		Full	Has produced or made a substantial contribution to scoping the elements needed in a business case or project plan to implement change in a complex situation with more than one organisation involved, including actively involving others.
3.3	**Appraise options for policy and strategy for feasibility of implementation.** *Example: Assess options for configuring a smoking cessation service.*	*Minimal*	No evidence of option appraisal.
		Partial	Contributed some aspects of option appraisal.
		Full	Has evidence of having appraised options, determined what actions are feasible and realistic and made recommendations.

	Learning outcome	*Level of Achievement*	
3.4	**Demonstrate consultation with stakeholders, including the public and representatives of the political system, in the development of a strategy.** *Example:* *Develop a plan for a strategy to address health inequalities in the most deprived neighbourhoods.*	*Minimal*	No evidence, minimal understanding.
		Partial	Contributed to work with stakeholders on components of a local strategy.
		Full	Clear evidence of the registrar's role in ensuring and using stakeholder involvement and consultation in development of a strategy.
3.5	**Write a strategy [action plan] to address a need for change to improve a public health or health care issue.** *Examples: Develop an action plan to address high levels of cardio-vascular disease in the local area.* *Develop a health improvement plan to assess the need to reduce childhood obesity in one area of the borough and plan evidence based interventions. Develop the business cases.*	*Minimal*	No evidence, minimal understanding.
		Partial	Contributes to work on a strategy development.
		Full	Working with minimal supervision, demonstrates the ability to produce recommendations and proposals to address a complex health and wellbeing problem.
3.6	**Lead the implementation of a strategy including demonstrating the ability to solve problems that arise during this process.** *Example: Take the chair, or play a similar senior role, in a multi-agency group to implement an alcohol harm reduction strategy.*	*Minimal*	Minimal evidence of implementation.
		Partial	Contributed to some straightforward aspects of strategy implementation.
		Full	Significant senior contribution to implementation of a strategy, demonstrating that they have taken a lead in solving problems.
3.7	**Undertake policy or strategy evaluation using an appropriate method, critically analysing whether desired changes have been achieved.** *Examples: Review the actions taken to implement a strategy for improving mental health in a population group and the impact of those actions.* *Audit of the take up and performance of a screening programme.* *An audit of the impact of a set of recommendations for change in a health care service.*	*Minimal*	Be aware of policy and strategy evaluation frameworks.
		Partial	Has reviewed the impact of a piece of work and critically assessed the learning from it.
		Full	Substantial contribution to a policy or strategy evaluation. Is able to demonstrate either that action has taken place as a result of their analysis and recommendations, or, if no action has occurred that they understand why and what alternative strategies might be appropriate.

3 d. Guidance for method of assessment

Key Competence 3: Policy and Strategy development and implementation ***To be able to influence and contribute to the development of policy and lead the development and implementation of a strategy.***				**Suitable assessment methods (indicative)**					
				Exams		**WPBA**			
Learning Outcome		**Target phase**	**Related Learning Outcome**	**DFPH**	**MFPH**	**DOP**	**WR**	**CBD**	**MSF**
3.1	Display an awareness of current national and international policies and strategies that affect health and wellbeing, and their global context.	1	All	X	X		X	X	
3.2	Evaluate a situation and identify the steps required to achieve change, preparing options for action.	1	All				X	X	
3.3	Appraise options for policy and strategy for feasibility of implementation.	1	All				X	X	
3.4	Demonstrate consultation with stakeholders, including the public and representatives of the political system, in the development of a strategy.	Any	KAs 1, 4,5 & 6			X	X	X	X
3.5	Write a strategy [action plan] to address a need for change to improve a public health or health care issue.	Any	KA 2				X		
3.6	Lead the implementation of a strategy including demonstrating the ability to solve problems that arise during this process.	Any	All			X		X	X
3.7	Undertake policy or strategy evaluation using an appropriate evaluation method, critically analysing whether desired changes have been achieved.	Any	All				X		

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.

4 a. Knowledge base
• Understanding individuals, teams/groups and their development: • Motivation, creativity and innovation in individuals, and its relationship to group and team dynamics; personal management skills; • Theories and models of management, leadership and delegation; principles of negotiation and influencing; principles. • Theories and methods of effective communication (written and oral) including mass communication. • The theoretical and practical aspects of power and authority, role and conflict. • Understanding organisations, their function and structure: the internal and external organisational environments - evaluating internal resources and organisational capabilities; • Identifying and managing internal and external stakeholder interests; structuring and managing inter-organisational (network) relationships, including inter-sectoral work, showing political awareness. • Collaborative working practices and partnerships; social networks and communities of interest; assessing the impact of political, economic, socio-cultural, environmental and other external influences. • Management and change: critical evaluation principles and frameworks for managing change; issues underpinning design and implementation of performance management against goals and objectives. • Understanding of the evidence underpinning the importance of mental wellbeing and how it impacts on effectiveness of organisations.

4 b. Possible settings and learning experiences to gain skills

By the end of training registrars will be expected to have developed strategic leadership skills and to have worked collaboratively with others in a senior role on topics where at least two agencies or organisations are involved, as well as with those in individual organisations. Such organisations might include, amongst others, local authorities, health and /or social care services, police, education, government departments, lay groups, such as community representatives or patient groups and clinicians. The leadership contribution in each setting must be clearly demonstrated by tangible outcomes of delivery and /or demonstrable skill development. Registrars will work effectively in multidisciplinary teams, involving others as appropriate in their work, lead projects, manage change successfully and take responsibility for on-going public health work streams. They will show insight into their behaviours, understand the evidence for promoting mental health and wellbeing in themselves and others and will demonstrate use of this in their practice. They will demonstrate an awareness of the impact of the political and organisational context in which they are working, and an ability to take on management of staff, projects and resources when required.

This area of knowledge and skills underpins successful delivery of results that improve population health in all public health domains and a range of settings. It is expected that registrars will be involved in, and take some responsibility for, elements of work which will have an influence at a senior organisational level in phase 1, with progression to more complex work as skills develop. Registrars, who enter training with some of these competences well developed in previous work settings, should be enabled to utilise this at the earliest opportunity. It is expected that work undertaken, particularly in phase 2, will be substantial and of sufficient complexity and organisational seniority to allow the demonstration of many of these competences in a few pieces of work.

4c. Guidance for assessment of competency

	Learning outcome	*Level of Achievement*	
4.1	**Use a range of leadership styles effectively as appropriate for different settings and organisational cultures.** *Examples: Has undertaken an analysis of his/her preferred leadership style and/or his/her personality using a validate tool and acted upon the result.* *Has led work with elected members.*	*Minimal*	No evidence that registrar can describe own leadership style or vary their style appropriately. May not understand the theoretical basis for different leadership styles and when to use them.
		Partial	Registrar can describe her/his dominant or preferred style of leadership using well known dimensions and frameworks from the literature, can demonstrate limited flexibility in use of leadership styles and that they take account of the differences between elected and appointed roles when working with others.
		Full	Evidence that registrar has varied her/his leadership style appropriately for the culture of different settings and has successfully led work in two different settings, including a multi-agency setting.
4.2	**Demonstrate appropriate presentation, communication and listening skills, as appropriate for the audience or individual. Communicate in clear written format and in presentations to a range of organisations and audiences.** *Examples: Teaching sessions, poster presentations, conference presentations, Board papers, strategy documents, and presentations to local groups, multiagency groups, briefing elected members or senior managers, responding to individual members of the public.* *Communications to head teachers of schools or managers of care homes about enteric precautions, exclusion periods, and referrals in/out of closed settings.* *Provide clear health advice on health risks, risk groups and necessary precautions in response to chemical fires, intended for general public.*	*Minimal*	Minimal evidence that registrar can communicate complex public health issues effectively to different types of audiences. Does not demonstrate ability to listen to others so that their perspectives are understood and acted upon. Poor presentational and /or written skills e.g. does not present clearly, does not keep to time or succinct length.
		Partial	Can demonstrate that has communicated complex public health issues so that they are comprehensible to the planned audience in at least two different settings and with individuals and groups. Has evidence of effective use of presentations, contributions to meetings and written reports. Independently provides information on health protection risks and public health actions in relation to an individual case in health protection. Has used listening skills to take account of the perspectives of others.
		Full	Has evidence of at least four presentations, and written communications [total must include both types of communication] that have met the needs of the planned audience or individual and have increased the understanding of a public health issue at senior level in others. Has evidence of significant contribution to multi-agency or multidisciplinary teams in their meetings. Has evidence that has led on communication, and liaison with relevant agencies, in relation to an acute or long term health protection issue involving multiple agencies. Has demonstrated listening skills to empathise and take into account the feelings and needs of others and has gained trust and support of colleagues.

	Learning outcome	Level of Achievement	
4.3	**Assess, communicate and understand the management of different kinds of risks, including health, financial, reputational and political risks.** *Examples: This is likely to be demonstrated in a larger piece of work, such as a project plan, a commissioning plan for a service, or a change management plan.*	*Minimal*	Minimal understanding of the concept of risk or how to assess and manage it.
		Partial	Understands the concept of different kinds of risks and approaches to managing them, but has not taken account of risk in their work.
		Full	Understands the potential impact of different types of risk and has used a simple framework to identify risks, assess the likelihood and severity of adverse outcomes and made proposals to minimise risks in a piece of work.
4.4	**Design, lead and manage complex areas of work in multi-agency settings to a successful conclusion or suitable endpoint within available resources and timescale.** *Examples: Development and/or implementation of a smoking reduction or alcohol strategy.* *Convening and chairing a working group between agencies and shaping its agendas and work plan.* *Implementing a new screening programme or changes to an existing one, planning health care service changes for better outcomes.* *Managing a complex communicable disease outbreak response.*	*Minimal*	No evidence that the registrar has shaped and managed a substantial piece of work.
		Partial	Evidence that the registrar has made a significant contribution to shaping and delivering part of a bigger work programme, either in a single organisation or a multi-agency setting, working within resource and timescales agreed.
		Full	Evidence that registrar has led the scoping design and delivery of a work programme involving more than one work stream and organisation, taking account of the social, political, professional, technical, economic and organisational environment as appropriate. Evidence that registrar can plan, convene and chair meetings. This learning outcome may be demonstrated by one complete project or piece of work or as elements of different pieces of work e.g. shaping the resource estimates and timescale of one project and managing implementation of another piece of work.
4.5	**Demonstrate effective team working in a variety of settings, balancing the needs of the individual, the team and the task.** *Example: There will be opportunities to work within increasingly complex teams as training progresses.*	*Minimal*	Demonstrates a lack of understanding of how teams work and does not contribute effectively in working with teams.
		Partial	Evidence that the registrar understands the theoretical basis of successful team work, is a competent and reliable team worker and is respected by others for their contribution in a public health role.
		Full	Evidence that the registrar has been a respected team member, has led a team as well as working in teams, and manages the impact of their emotions on their behaviour with others.

4.6	**Demonstrate an understanding of methods of financial management and show experience of how they are used**. *Examples: Costing the resources needed for a project.* *Contributing to a business case for a service development, budget management, either directly or shadowing this on behalf of a consultant.* *Making the case for a change in resource usage.*	*Minimal*	No evidence of understanding of financial issues or how to address them in their work.
		Partial	Evidence of an understanding of sources of finance, of how budgets are set and managed in the NHS and local authorities and of standard budgeting concepts e.g. programme budgets, and of having contributed to costing estimates for a piece of work.
		Full	Evidence that the registrar will be competent to take responsibility for managing a budget when a consultant, ideally from direct experience of so doing. If not from direct involvement, evidence may be gained by shadowing the management of a budget that their supervisor holds, or by working with other budget holders or finance staff to understand and gain experience of the processes involved.
4.7	**Handle uncertainty, the unexpected, challenge and potential or actual conflict in a sensitive and successful manner.** *Example: This is likely to be demonstrated as part of more complex pieces of work.*	*Minimal*	Unable to handle uncertainty, change or conflict with a positive outcome.
		Partial	Evidence that the registrar has handled uncertainty and the unexpected flexibly whilst ensuring effective outcomes are achieved.
		Full	Evidence that the registrar has handled uncertainty and the unexpected productively, and has resolved any actual or potential conflict and /or challenge about differences of opinion without suppressing the conflict, but has demonstrated the ability to enable all points of view to be expressed whilst maintaining a focus on intended outcomes and political awareness.
4.8	**Use influencing and negotiating skills in a setting where you do not have direct authority to advocate for action on a public health issue of local, national or international importance.** *Examples: Persuading a working group that a strategy should include a preventive, population wide element, influencing at senior level to agree the need for change or finance to address a public health issue.*	*Minimal*	No evidence of personal influence on decisions or action on public health issues of importance.
		Partial	Evidence that registrar understands the basic tenets of negotiation and influencing and has put them into action in their work.
		Full	Evidence that the registrar has reached an endpoint different from the starting point by the personal impact of their negotiating and influencing skills in advocating for action on a public health issue e.g. separating the problem that they are trying to influence from the people involved, generating options and criteria for decision.

	Learning outcome	Level of Achievement	
4.9	**Work collaboratively with the media to communicate effectively with the public.** *Examples: Production of a press release, an interview with local media, joint work with press officers, keeping the public informed e.g. when managing a communicable disease outbreak.* *A communication strategy prepared as part of another piece of work.*	*Minimal*	No evidence of effective use of the media.
		Partial	Understands the media locally and nationally, including the positive use of social media, and the internet, and has produced a simple but accurate press release, or article, generally reactively.
		Full	Evidence that the registrar has handled unexpected press or other media enquiries in a timely and professional manner, has considered the management of information for the public, and has used the media pro-actively to successfully communicate with the public.
4.10	**Guide, support and develop staff and junior colleagues, receiving and giving constructive feedback and showing an understanding of the potential role of coaching and mentoring.** *Examples: Direct management of staff.* *Supporting more junior registrars.* *Training in coaching skills.*	*Minimal*	No evidence of the ability to give constructive feedback or of supporting other staff and junior colleagues.
		Partial	Evidence that the registrar understands how to guide, support and develop staff by giving constructive feedback, clear objectives and regular appraisal, and understands how both mentoring and coaching work can contribute to a person's development, including their own progress.
		Full	Evidence that the registrar has supported both staff and colleagues and is competent to take on staff management if required. The registrar should be able to assess when a coaching or mentoring approach might be helpful for themselves or others.
4.11	**Demonstrate and apply an understanding of how mental health and wellbeing can be managed and promoted in staff and yourself in a range of situations.** *Example: Evidence of recognition of situations likely to undermine mental wellbeing in staff and advocacy of changes to remedy them.*	*Minimal*	No evidence of such understanding or application.
		Partial	Evidence that the registrar has knowledge and understanding of why it is important to foster good mental health and wellbeing and of how to incorporate doing that into their practice.
		Full	Evidence that the registrar has used that knowledge in managing their own situation and has worked with others to promote good mental wellbeing.

4 d. Guidance for method of assessment

Key Competence 4: Strategic leadership and collaborative working for health ***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.***				**Suitable assessment methods (Indicative)**					
Learning Outcome		**Target phase**	**Related curriculum areas with overlap**	**Exams**		**WPBA**			
				DFPH	**MFPH**	**DOP**	**WR**	**CBD**	**MSF**
4.1	Use a range of leadership styles effectively as appropriate for different settings and organisational cultures.	Any	All	X		X	X	X	X
4.2	Demonstrate appropriate presentation, communication and listening skills, as appropriate for the audience or individual. Communicate in written format and in presentations to a number of different organisations and audiences.	Any	All	X		X	X	X	X
4.3	Assess, communicate and understand the management of different kinds of risks, including health, financial, reputational and political risks.	Any	All		X	X		X	X
4.4	Design, lead and manage complex areas of work in multi-agency settings to a successful conclusion or suitable endpoint within available resources and timescale.	Any	KA 6	X	X	X	X	X	X
4.5	Demonstrate effective team working in a variety of settings, balancing the needs of the individual, the team and the task.	Any	All	X		X	X	X	X
4.6	Demonstrate an understanding of methods of financial management and show experience of how they are used.	Any	All	X		X	X	X	X
4.7	Handle uncertainty, the unexpected, challenge and potential or actual conflict in a sensitive and successful manner.	Any	KA 2.5 & 2.6		X	X	X	X	X
4.8	Use influencing and negotiating skills in a setting where you do not have direct authority to advocate for public health issue of local, national or international importance.	Any	KA 3, 6, 7, & 8			X	X	X	X
4.9	Work collaboratively with the media to communicate effectively with the public.	Any	KA 1, 5, 6, & 7		X	X	X	X	
4.10	Guide, support and develop staff and junior colleagues, receiving and giving constructive feedback and showing an understanding of the potential role of coaching and mentoring.	Any	KA 3 & 8			X	X	X	X
4.11	Demonstrate and apply an understanding of how mental health and wellbeing can be managed and promoted in staff and yourself in a range of situations.	Any	KA5	x		X	X	X	X

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.

5 a. Knowledge base
• Definitions of health (physical, mental and social). • Determinants of health – including impact of ethnicity and culture on health outcomes, and the prevention paradox • Prevention paradox. • Impact of culture on behaviour. • Role of regulation, legislation and fiscal measure in promotion of health. • Principles and practice of health promotion and education including models of behavioural change • Risk reduction versus harm minimisation. • Social marketing theory (diffusion of knowledge). • Evaluation of health education activities including outcomes, appropriateness of different methods, limitations and strengths of RCT type and qualitative approaches. • Ethical and political issues underlying responsibility for health. • Theory and practice of community development. Strengths and weakness of community development approaches. • Practical problems of community development. Place of professional in community development. • Principles of sustainable development including the health co-benefits of climate change mitigation and adaptation.

5 b. Potential settings to gain skills

By the end of training registrars will be expected to have undertaken work on health improvement or determinants of health or health communication work both in a health care setting and a community setting; and in the context of health protection. Agencies or organisations could include, amongst others, local authorities, health and /or social care services, the Third Sector, police, education, regional departments of government and/or national government, lay groups, such as community representatives or patient groups and clinicians., Registrars will also be expected to have considered the health improvement needs of at least one marginalized or disadvantaged group.

For simpler health improvement activities (such as producing a limited local health improvement programme) it is to be expected that the registrar will have taken a lead role before completing training. For others such as community development programmes or national policy development it is only expected that they have been sufficiently closely involved with the processes to understand what the issues are and how more experienced colleagues approach them.

5 c. Guidance for assessment of competency

	Learning outcome	*Level of Achievement*	
5.1	**Influence or build healthy public policies across agencies, demonstrating an awareness of different social, cultural and religious perspectives that may influence health.** *Examples: Develop a healthy eating campaign or strategy, taking into account the different cultural and religious needs of the local population.* *Assess the impact of introduction of the minimum wage in local services on health outcomes.* *Influence local tobacco control policies in schools.*	*Minimal*	Worked to support colleagues in an existing campaign and contributed to its development.
		Partial	Worked to support senior colleagues to influence health public policy, taking the lead for one element of a campaign.
		Full	Worked with other professionals and understands barriers to health improvement measures. Has demonstrated effective influence on a local public policy.
5.2	**Be an advocate for public health principles and action to improve the health of the population or subgroup.** *Examples: Present to the Health and wellbeing board the case to work across agencies to reduce rates of heart disease in people with learning disability.* *Setting out the benefits of implementing a local tobacco control strategy to reduce consumption.* *Advocacy for proposals to meet the health needs of a disadvantaged group in the local population.*	*Minimal*	Have identified a disadvantaged group and researched their needs, but not advocated for action.
		Partial	Have drafted content for local newspaper/newsletter, presented a paper to a high level board. Has written a section about a particular population group for the Joint Strategic Needs Assessment or equivalent.
		Full	Evidence of effective advocacy for Public Health using a firm knowledge base e.g. presenting a paper at a senior organisational level with an effective impact. Be able to engage in critical debate with informed colleagues on health improvement. Demonstrate effective use of the media to advocate for action on a public health issue.
5.3	**Influence community actions, by working with and empowering communities using participatory, engagement or asset-based approaches.** *Examples: Work with residents on a housing estate to articulate and address health concerns.* *Take an asset based approach to working with local migrant groups with high TB rates to address the issue.*	*Minimal*	Participate in supporting local community engagement projects.
		Partial	Be able to work with a small community in an asset based approach. Demonstrate use of participatory engagement methods as part of a wider strategy.
		Full	Show a competent understanding and approach to community engagement work and be able to support senior colleague in delivery of an asset based approach across a whole community.

	Learning outcome	***Level of Achievement***	
5.4	**Develop a strategy that applies theoretical models of change in order to enable individuals to improve their health.** *Examples: Develop a strategy to promote physical activity levels that is delivered by general practice.* *Review the evidence for prompts to front line staff to promote physical activity and publish the findings.* *Develop an intervention to support women to stop smoking during pregnancy.*	*Minimal*	Discuss with a colleague the various theoretical models of change and how they apply to local policies.
		Partial	Contribute to a wider team developing evidence based interventions with individuals.
		Full	Demonstrate leading a change in an intervention or a new intervention for promoting health that is evidence based.
5.5	**Influence local services to be health promoting.** *Examples: Develop a Making Every Contact count policy across community services teams; establish a healthy workplace charter within local voluntary agencies.* *Influence commissioners to embed health promoting activities into provider contracts when they are reviewed or renewed.*	*Minimal*	Review how local health services are currently health promoting.
		Partial	Work with others to influence local services to be health promoting.
		Full	Demonstrate personal influence on a local service in terms of its approach to health promotion.
5.6	**Influence the planning, commissioning and evaluation of specific health improvement programmes and preventative services.** *Examples: Evaluate the local NHS health checks programme and influence their planning and commissioning.* *Evaluate the local cookery clubs.* *Write/update a service specification for a Contraception and Sexual Health Service.* *Be on the Tender Evaluation Panel to commission a stop smoking service.*	*Minimal*	Discuss how to evaluate a health improvement programme and the implications for the planning, commissioning/or delivery of the programme.
		Partial	Evaluate a specific health programme, or support a senior colleague to plan and commission a service.
		Full	Demonstrate their personal contribution to a specific programme or intervention, or its evaluation. Lead the public health contribution to the commissioning or service provision process for a small service.
5.7	**Demonstrate leadership in environmental sustainability with a focus on the links to health and climate change.** *Examples: Develop a business case for the introduction of a 20mph zone within a borough or locality making the case for environmental sustainability and health impacts through higher rates of walking and cycling.* *Work across agencies to develop a winter warmth campaign.*	*Minimal*	Be able to articulate the health co-benefits associated with environmental sustainability
		Partial	Advocate for the inclusion of environmental sustainability into health improvement strategies and work with others to show leadership in sustainability and health.
		Full	Incorporate consideration of environmental sustainability into at least one piece or work.

5. d Guidance for method of assessment

Key Competence 5: Health Improvement, Determinants of Health, and Health Communication ***To influence and act on the broad determinants of health at a system, community and individual level.***				**Suitable assessment methods (indicative)**					
				Exams		**WPBA**			
Learning Outcome		**Target phase**	**Related Learning Outcome**	**DFPH**	**MFPH**	**DOP**	**WR**	**CBD**	**MSF**
5.1	Influence or build healthy public policies across agencies, demonstrating an awareness of different social, cultural and religious perspectives that may influence health.	Any	KA 3& 9			X		X	X
5.2	Be an advocate for public health principles and action to improve the health of the population or subgroup.	Any	KA 1 & 4	X	X		X	X	
5.3	Influence community actions, by working with and empowering communities using participatory, engagement or asset-based approaches.	Any	KA 1.3			X	X	X	X
5.4	Develop a strategy that applies theoretical models of change in order to enable individuals to improve their health.	Any	KA 1, 2, 3, & 4	X		X	X	X	
5.5	Influence local services to be health promoting.	Any	KA 2, 3, 4, & 9			X	X	X	X
5.6	Influence the planning, commissioning and evaluation of specific health improvement programmes and preventative services.	Any	KA 1, 2, 3, 4			X	X	X	X
5.7	Demonstrate leadership in environmental sustainability with a focus on the links to health and climate change.	Any	KA 3, 4 &6	X	X	X	X	X	X

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.

6	***a. Knowledge base***
•	Epidemiology (including microbial epidemiology), and biology (including microbiology) of communicable diseases. causes, distribution, natural history, clinical presentation, methods of diagnosis and control of infections of local and International public health importance.
•	Health and social behaviour: in relation to risk of infectious and environmental diseases.
•	Environment: environmental determinants of disease and their control; risk and hazard; legislation in environmental control; environmental monitoring; health impact assessment for potential environmental hazards, international aspects of hazard control.
•	Occupation and health, factors affecting health and safety at work.
•	Chemical incident management.
•	Communicable disease: definitions, surveillance; methods of control.
•	The design, evaluation, and management of immunisation programmes.
•	Outbreak investigation including the use of relevant epidemiological methods.
•	Organisation of infection control.
•	National and international public health legislation and its application.
•	Development, commissioning and evaluation of the services required for protecting health, including sexual health, TB, immunisations, infection control, antibiotic resistance, occupational health, travel health and screening and the need for services in particular settings and in high risk groups (e.g. prisons, with asylum seekers, in dental health).

6 b. Potential settings to gain skills

Health protection is practised in a number of different settings and contexts. Many competencies in other key areas are essential for health protection practice and are not repeated here. Some essential health protection experience cannot be guaranteed during the three month attachment (for example, outbreak investigation and management) and may instead be covered during phase 2.

It is important for training breadth to ensure that, during phase 2 of training, some core competencies are developed in a health protection context. Examples are when health protection is just one element of a holistic approach e.g. settings like prisons or schools; risk groups like asylum seekers or intravenous drug users; diseases such as asthma or COPD; services like sexual health; or when health intelligence, health improvement or service improvement skills are applied to problems related to communicable or environmentally related hazards. By the end of training registrars will have dealt with a broad range of communicable disease and environmental incidents and threats to health in both health care and community settings, including participating in the management of a significant outbreak.

Work overseas or work relating to aspects of international public health protection may also provide opportunity to demonstrate competence in this area of practice.

6 c. Guidance for assessment of competency

	Learning outcome	*Level of Achievement*	
6.1	**Demonstrate knowledge and awareness of hazards relevant to health protection.** *Examples: Effective application of knowledge and awareness in acute response.* *Deliver teaching/ tutorial to peers/medical students on health protection topic.*	*Minimal*	Has minimal knowledge and awareness of hazards relevant to health protection.
		Partial	Understands key concepts and can demonstrate important factual knowledge of hazards relevant to health protection.
		Full	Demonstrates effective application of knowledge and awareness of relevant HP hazards and is able to apply in appropriate situations in a supported environment.
6.2	**Gather and analyse information, within an appropriate timescale, to identify and assess the risks of health protection hazards.** *Example: Ascertain appropriate clinical, demographic and risk factor information when handling health protection enquiries and use that information to make a risk assessment.*	Minimal	Does not gather relevant information within appropriate timescales.
		Partial	Understands information gathering and analysis within appropriate timescales in line with relevant guidance and policies.
		Full	Is able to gather and analyse information in the appropriate timeframe and demonstrate ability to make a risk assessment based on the information with reference to relevant guidance and policies.
6.3	**Identify, advise on and implement public health actions with reference to local, national and international policies and guidance to prevent, control and manage identified health protection hazards.** *Example: Identify and manage close contacts associated with a case of bacterial meningitis, within an appropriate timeframe.* *Respond to an immunisation query from a practice nurse for a child who has recently arrived in the UK with reference to the WHO country specific information on immunisation.*	Minimal	Is not able to identify, advise on or implement public health actions relating to health protection hazards.
		Partial	Understands the importance of identifying, advising on, and implementing public health actions in relation to health protection hazards.
		Full	Demonstrates effective identification, advice and implementation of public health actions to prevent, control and manage identified health protection hazards.
6.4	**Understand and demonstrate the responsibility to act within one's own level of competence and understanding and know when and how to seek expert advice and support.** *Example: Appropriate management of health protection enquiries and cases, with reference to local Consultant or National expert as necessary.*	Minimal	Does not understand the responsibility to act within one's own level of competence nor when to seek expert advice and support.
		Partial	Understands the importance of acting within one's own level of competence and appreciates the importance of seeking expert advice and support.
		Full	Demonstrates responsible practice within own level of competence and actively seeks expert advice and support.

	Learning outcome	*Level of Achievement*	
6.5	**Document information and actions with accuracy and clarity in an appropriate timeframe.** *Examples: Documentation of case notes on electronic or written case management systems (real time updating of case notes).* *Outbreak or incident control team minutes and actions produced and disseminated in an appropriate time frame as per outbreak plan.*	Minimal	No awareness of need to document information and actions.
		Partial	Keeps accurate and clear documents, following appropriate supervision.
		Full	Independently maintains accurate and contemporaneous records in relation to a range of health protection situations.
6.6	**Demonstrate knowledge and awareness of the main stakeholders and agencies at a local, national and international level involved in health protection and their roles and responsibilities.** *Example: Demonstrated by effective participation in multiagency meetings e.g. Working across agencies on strategic plans and involving the correct agencies in acute response work.* *Respond to a travel associated case of legionnaires disease demonstrating an understanding of the role of international surveillance systems*	Minimal	Limited or no ability to identify main stakeholders and agencies and limited or no knowledge of roles and responsibilities.
		Partial	Has knowledge and awareness of main stakeholders and agencies with developing knowledge of roles and responsibilities.
		Full	Able to effectively apply knowledge and understanding of stakeholders and agencies and their roles and responsibilities in acute and strategic health protection work.
6.7	**Demonstrate an understanding of the steps involved in outbreak/incident investigation and management and be able to make a significant contribution to the health protection response.** *Example: Active membership of an incident/outbreak control team including investigation, implementation of control measures,* *Write up of outbreak report and identification and response to lessons learnt.*	Minimal	Has no, or limited understanding of outbreaks/ incident investigation and management.
		Partial	Understands the principles and steps involved in outbreak/incident management, but is able to only make limited contribution to the health protection response, and requires significant support and guidance.
		Full	Good understanding of incident and outbreak management. Has contributed to the HP response on one or more occasions, and has the ability to run an HP incident with minimal support and guidance.

	Learning outcome	*Level of Achievement*	
6.8	**Apply the principles of prevention in health protection work.** *Examples: Providing opportunistic advice on vaccination during routine health protection work.* *Ensuring schools and care homes have up to date guidance on infection prevention and control.*	Minimal	Has limited or no understanding of the concepts of prevention as applied to health protection.
		Partial	Understands the principles of prevention in HP work.
		Full	Is able to actively demonstrate implementation of prevention as part of regular health protection response and strategic health protection planning.
6.9	**Demonstrate competence to participate in an unsupervised out of hours (OOH) on call rota.** *Examples: Continuing regular participation in acute health protection work in and out of hours to attain a wide range of experience, skills and knowledge.*	Minimal	Has started participation in the supervised tier of an OOH rota and discusses all calls with Consultant / Supervisor.
		Partial	Has gained some experience out of hours; demonstrates ability to act on own initiative but refers and discusses most calls.
		Full	Has gained a wide range of experience in out of hours work. Demonstrates ability to work on own initiative; has competence in risk assessment and management; has developed an understanding of what would still need to be referred for expert support and advice.

Important Note: Registrars may commence out-of-hours supervised on-call once they have demonstrated learning outcomes 1.2, 4.2, 6.1 - 6.6, and 9.2 (the latter must be assessed in the health protection setting even if it has already been signed off in another placement). This would be done through workplace based assessment and would normally also require passing DFPH examination.

6 d Guidance for method of assessment

Key Competence 6: Health Protection ***To identify, assess and communicate risks associated with hazards relevant to health protection, and to lead and co-ordinate the appropriate public health response.***				**Suitable assessment methods (indicative)**					
				Exams		**WPBA**			
Learning Outcome		**Target phase**	**Related Learning Outcome**	**DFPH**	**MFPH**	**DOP**	**WR**	**CBD**	**MSF**
6.1	Demonstrate knowledge and awareness of hazards relevant to health protection.	1		X		X	X	X	
6.2	Gather and analyse information, within an appropriate timescale, to identify and assess the risks of health protection hazards.	1	KA 1.3, 1.6	X	X	X	X	X	
6.3	Identify, advise on and implement public health actions with reference to local, national and international policies and guidance to prevent, control and manage identified health protection hazards.	1	KA 2.3, 2.4, KA 3 &KA 4	X	X	X	X	X	
6.4	Understand and demonstrate the responsibility to act within one's own level of competence and understanding and know when and how to seek expert advice and support.	1	KA 9		X	X	X	X	
6.5	Document information and actions with accuracy and clarity in an appropriate timeframe.	1	KA 1.2			X	X		
6.6	Demonstrate knowledge and awareness of the main stakeholders and agencies at a local, national and international level involved in health protection and their roles and responsibilities.	1	KA 3	X	X	X	X	X	
6.7	Demonstrate an understanding of the steps involved in outbreak/incident investigation and management and be able to make a significant contribution to the health protection response.	Any	KA 1.6	X	X	X	X	X	
6.8	Apply the principles of prevention in health protection work.	2	KA 1.9, 2.3, 2.5 & 5.9	X	X	X	X	X	
6.9	Demonstrate competence to participate in an unsupervised out of hours (OOH) on call rota.	2				X		X	

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.

7 a Knowledge base
• Research methods appropriate to public health practice, including epidemiology, statistical methods, and other methods of enquiry including qualitative research methods. • Disease causation and the diagnostic process in relation to public health; prevention and health promotion. • Health information and audit methodology. • Medical sociology, social policy, and health economics. • Organisation and management of health care and health care programmes from a public health perspective. • Structure of health systems • Pathways for service integration. • Principles, assessment, organisation and management of screening programmes • Ethical and legal frameworks. • Patient safety. • Clinical governance.

7 b Potential settings

By the end of training registrars will be expected to have been involved in work in developing, evaluating, improving and commissioning health and care services. Work must include

1. At least two of the following: an acute health service setting (including clinical networks), a primary care setting, a mental health care setting, a health protection context, and
2. Screening for a wider preventive / community setting. These may be at local and/or regional/national level.

7 c. Guidance for assessment of competency

	Learning outcome	*Level of Achievement*	
7.1	**Monitor and assess the impact of preventive and treatment services, appraising and applying routine information and bespoke data sources.** *Examples: Assessment of a proposed screening programme, or change to an existing one.* *Evaluate hypertension detection, management and outcomes of care in a local health system.* *Produce the annual report for a screening programme.* *Participate in a quality monitoring review of a service.*	*Minimal*	Demonstrates some knowledge and awareness of information resources and little experience of applying these to health or care services.
		Partial	Understands key concepts and can demonstrate important factual knowledge related to sources of information and evaluation of services.
		Full	Has reviewed and assessed the impact of a disease prevention or treatment programme.
7.2	**Describe and apply the ethical and legal principles of resource allocation in health and care services as it applies to both individuals and groups.** *Examples: Contribute to the decision regarding an Individual Funding request.* *Teaching the principles to a relevant audience.*	*Minimal*	Demonstrates some knowledge and awareness. Cannot explain the principles.
		Partial	Demonstrates sound understanding of legal (legislative and case law) and ethical (e.g. utilitarian and deontological perspectives) principles relevant to resource allocation. Applies these insights to a local service issue, deriving conclusions that take into account these considerations.
		Full	Demonstrates effective application in recommendations in complex or contentious situations.
7.3	**Propose plans and develop supporting products (such as service specifications and commissioning policies) for service configuration to address population health needs including a consideration and, if appropriate, an appraisal of examples of different models of healthcare both within the UK and from other countries.** *Example: Appraise the evidence for alternative models of reducing admissions from the community to secondary care using, where appropriate, examples from outside the UK.* *Examine the evidence for the international use of innovative strategies such as respondent driven sampling (RDS) in STI programmes in order to target vulnerable hard to reach groups.* *Undertake an appraisal of the literature looking at the international experience of using telemedicine to*	*Minimal*	Yet to propose or develop plans.
		Partial	Understands one set of business planning processes. Can develop a plan or supporting product relating to a single treatment, technology or service.
		Full	Can develop a plan or supporting product relating to a single treatment, technology or service taking into account multiple organisations.

	Learning outcome	Level of Achievement	
	inform recommendations into the development of services locally.		
7.4	**Advocate proposals for improving health or care outcomes working with diverse audiences.** *Example: Takes proposal to multiagency planning group or to a group of professional experts.*	*Minimal*	Can articulate proposals at a basic level.
		Partial	Develops clear rationale. Explains to uni-disciplinary audience.
		Full	Can demonstrate effectively to a range of audiences.
7.5	**Describe the stages for evaluation of new drugs and technologies and in order to select and apply these frameworks to inform policy questions.** *Example: Appraisal of a new drug or technology or surgical intervention including calculation of population costing.*	*Minimal*	Knows that some regulatory frameworks exist.
		Partial	Understands regulatory framework for one set of treatments or technologies e.g. medicines. Can evaluate a single treatment or technology against such a framework.
		Full	Understands multiple frameworks, their opportunities and limitations. Chooses and applies a relevant framework for a complex problem.
7.6	***Criticise and appraise service developments for their costs and impacts on health and health inequalities, using health economic tools to support decision making.*** *Examples: Review a business case,* *Health Impact Assessment,* *Health Equity Audit.* *Appraisal of a new drug or technology* *Development of an option appraisal for service change across the whole diabetes pathway*	*Minimal*	Some awareness of methods of assessment.
		Partial	Understands currencies used to assess in costs and benefits. Understands theory and steps involved in different types of health economic analysis. Can explain key economic concepts (e.g. opportunity costs) to diverse audiences.
		Full	Can take into account wide range of complex factors, including use of health economic tools and is able to communicate the implications of analysis to relevant audience in order to influence policy or strategy.
7.7	***Appraise, select and apply models of change across health and care systems.*** *Example: Support the implementation of the recommendation from a national body in a local setting.*	*Minimal*	Minimal understanding of the need for selecting approaches depending on the changes required.
		Partial	Able to choose an approach that suits the scenario.
		Full	Demonstrates appropriate choice and application of a model of change for a health or social care service.
7.8	***Appraise, select and apply tools and techniques for improving safety, reliability and patient-orientation of health and care services.*** *Examples: Responding to a critical incident or service failure.* *Participating in a peer review.* *Development and implementation of a plan for improving equity of access to effective services.*	*Minimal*	Relies on overly-simplistic models of service improvement. Minimal understanding of the balance of benefit and harm in health services.
		Partial	Able to choose between approaches and identify one that suits the principal concerns. Able to articulate priorities for quality and safety improvement. Responds to a single problem or concern.
		Full	Effectively applies techniques to complex problems across a health and care system.

7 d Guidance for method of assessment

Key Competence 7: Health and Care Public Health *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.*				**Suitable assessment methods (indicative)**					
				Exams		**WPBA**			
Learning Outcome		**Target phase**	**Related Learning Outcome**	**DFPH**	**MFPH**	**DOP**	**WR**	**CBD**	**MSF**
7.1	Monitor and Assess the impact of preventive and treatment services, appraising and applying routine information and bespoke data sources.	1	KA 1.6, 2.3 &3.7				X	X	
7.2	Describe and apply the ethical and legal principles of resource allocation in health and care services as it applies to both individuals and groups.	Any	KA 3	X	X		X	X	X
7.3	Propose plans and develop supporting products (such as service specifications and commissioning policies) for service configuration to address population health needs including a consideration and, if appropriate, an appraisal of examples of different models of healthcare both within the UK and from other countries.	Any	KA1, KA2.5				X		
7.4	Advocate proposals for improving service health or care outcomes working with diverse audiences.	Any	KA 2.5 &2.6		X	X		X	X
7.5	Describe the stages for evaluation of new drugs and technologies and in order to select and apply these frameworks to inform policy questions.	Any	KA 2.3, 2.5, 2.6 & 3		X	X		X	
7.6	Criticise and appraise service developments for their costs and impacts on health and health inequalities, .using health economic tools to support decision making.	Any	KA 2.3, 2.5, 2.6				X		
7.7	Appraise, select and apply models of *change* across health and care systems.	Any	KA 4.2, 4.5			X			X
7.8	Appraise, select and apply tools and techniques including benchmarking, for improving safety, reliability and patient-orientation of health and care services.	Any	KA 1.6, 1.7, 1.8 & KA 5		X		X	X	

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.

8 a Knowledge base
• Epidemiology, statistics, economic evaluation and qualitative research methods.
• Social and health psychological sciences.
• Biological, social, environmental and therapeutic determinants of health and disease.
• Mechanism of therapeutic interventions, including complex interventions.
• Educational theory, principles of setting learning objectives, curriculum development, GMC documents, course evaluation and student assessment.
• Research governance, research ethics, confidentiality and privacy of personal data.

8 b. Potential settings for the demonstration of this competence area

Research methodologies can be demonstrated in service and academic settings both in original research and in support of other work. Academic public health competence could also be gained in health protection settings. Public health could be taught to a range of audiences including medical students, other health care professionals and local authority staff.

8 c. Guidance for assessment of competency

	Learning outcome	***Level of Achievement***	
8.1	**Apply and interpret appropriate statistical methods and use standard statistical packages.** *Examples: Discuss and apply research methods to develop own research question in a paper, Master's thesis, grant application, or other appropriate piece of work.* *See DFPH syllabus.* *Compare health outcomes between neighbourhoods or between local areas.* *Undertake a health needs assessment.* *Compare outputs and/or outcomes from a health care service.* *Review the performance and outcomes of a screening programme.*	*Minimal*	Numeracy skills
		Partial	Can define and interpret all key routine statistical methods, and explain appropriate use. Is able with support to use at least 1 statistical package (e.g. excel or SPSS). Can demonstrate that has used appropriate standardisation methods in a piece of work.
		Full	Can identity appropriate statistical requirements for analysis, and interpret results, in own public health research setting or other settings. Has evidence, of working with others to shape the design of comparative analysis and ensure appropriate use and interpretation of data.
8.2	**Apply principles of epidemiology in public health practice.** *Example: Describe health of population (e.g. mental health) by person place time, trend.* *Knowledge demonstrated through DFPH and Masters level work.* *Contribution to production of relevant report or proposal, with associated discussion; and leadership role in production of relevant report or proposal, with associated discussion.*	*Minimal*	Can describe the key components of an epidemiological profile appropriately for the population being discussed.
		Partial	Identify the elements of an epidemiological profile required to undertake a needs assessment or other similar complex description of the population, including identifying gaps in data provision.
		Full	Identify and analyse the elements of an epidemiological profile required to undertake a needs assessment or other similar complex description of the population, including identifying gaps in data provision, with consideration of how to address any identified deficiencies.
8.3	**Formulate questions that will allow a structured approach to retrieving and assessing the evidence to inform research, policy and practice.** *Example: Written report, Master's thesis.*	*Minimal*	Understands the need for and has knowledge of how to formulate searchable structured question.
		Partial	Can formulate structured question e.g. four part questions based on PICO format (Population, Intervention. Comparator Outcome (time/setting).
		Full	Identify gaps in evidence and demonstrate that the PICO four part questions have been derived with respect to a particular area of work where uncertainty has been identified. Show how this has been used in a structured approach in the retrieval and assessment of evidence.

	Learning outcome	***Level of Achievement***	
8.4	**Advise on the relative strengths and limitations of different research methods to address a specific public health research question.** *Examples: Selection and information biases in Case Control studies to answer question of aetiology.* *Discussion in a report or literature review.* *Discuss and apply research methods to develop own research question in a paper, Masters' thesis, or grant application.*	*Minimal*	Minimal evidence of offering such advice.
		Partial	Knowledge of different research methods (qualitative, quantitative), different study designs (cross-sectional, cohort, case-control, meta-analyses, RCTs), and their strengths and weaknesses.
		Full	Discuss strength and limitations of research methods used in appraising evidence for a specific research question, and has offered advice based on this analysis.
8.5	**Identify research needs based on patient/population needs and in collaboration with relevant partners.** *Examples: Barriers to uptake of interventions to address obesity in middle aged men.* *Preparation of a scoping paper or protocol for research to address a public health problem, outlining the current evidence and population-level data used to identify the research, and relevant partners.* *Present evidence to relevant partners in a meeting, or presentation,* *OR* *Substantial contribution to a grant application for external funding would also achieve this LO.*	*Minimal*	Has not identified research needs.
		Partial	Demonstrate awareness of understanding patient/ population needs to identify/ inform research.
		Full	Identify relevant patient/ population data and current evidence for a specific public health problem. Appraise and assimilate this existing evidence and data to identify specific research needs. Identify appropriate partners such as analysts, public health practitioners, academic public health, NHS, and local government professionals.
8.6	**Understand and apply principles of good research governance.** *Examples: Masters/other written report with a reflection on how principles of research governance have been used in research setting.* *Substantial contribution to an Ethics submission would also be acceptable Reflection on the use of research governance in a research study.*	*Minimal*	Meets Statutory departmental requirement for Good Clinical Practice (GCP) and informational governance.
		Partial	Knowledge of ethical approval requirements and processes for research.
		Full	Can demonstrate that principles of research governance framework have been applied appropriately in a piece of work they have undertaken or can show how other researchers have used them in a piece of work.

	Learning outcome	*Level of Achievement*	
8.7	**Make a significant contribution to the design and implementation of a study in collaboration with appropriate team and relevant partner (e.g. academic partner).** *Example: Monitoring and evaluation, case control/cohort study in health protection work, research project.*	*Minimal*	Observes and makes small technical contributions to the study on request e.g. descriptive analysis, tabulation, and literature review.
		Partial	Plays a supportive role in the design and implementation of the study, with ad hoc contributions that may have significant impact on the study, and/or complete discrete tasks on request.
		Full	Makes a significant contribution to the design and implementation of a relevant study.
8.8	**Write and submit an article of sufficient quality for publication in a peer review journal.**	*Minimal*	Does not complete draft of article for submission.
		Partial	Completes first draft or article for submission, but has not yet invited or addressed comments from co-authors.
		Full	Drafts an article of sufficient standard for sign off by academic co-authors for submission to peer review journal after addressing comments from co-authors.
8.9	**Deliver education and training activities for academic or service audiences in a wide range of formats including large lecture and small group and online /e learning.** *Example Devises, plans and delivers a lecture to students on screening* *Plans eLearning modules.*	*Minimal*	Understands the ways in which teaching is delivered in all settings and to a wide range of audiences, and how a successful learning environment is formed in these settings and for these audiences. This includes small groups, lectures, online. This may involve formal teaching courses.
		Partial	Involved in planning of teaching material. Understands the ways in which teaching in all settings and to a wide range of audiences including small groups, lectures, online can be made a successful learning environment. This may involve formal teaching courses.
		Full	Leads the planning and is the main teacher conducting the teaching including giving a large group lecture, and leading facilitation of small groups. Receives evaluation and reflects on this and demonstrates how this will impact on future teaching practice.

8 d Guidance for method of assessment

Key Competence 8: Academic Public Health ***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.***				**Suitable assessment methods (indicative)**					
				Exams		**WPBA**			
Learning Outcome		**Target phase**	**Related Learning Outcome**	**DFPH**	**MFPH**	**DOP**	**WR**	**CBD**	**MSF**
8.1	Apply and interpret appropriate statistical methods, and use standard statistical packages.	1	KA1	X					
8.2	Apply principles of epidemiology in public health practice.	Any	KA1		X		X	X	
8.3	Formulate questions that will allow a structured approach to retrieving and assessing the evidence to inform research, policy and practice.	1	KA1	X			X	X	
8.4	Advise on the relative strengths and limitations of different research methods to address a specific public health research question.	Any	KA 2 and 7	X			X	X	
8.5	Identify research needs based on patient/population needs and in collaboration with relevant partners.	Any	KA 1+2				X	X	
8.6	Understand and apply principles of good research governance.	Any				X	X	X	
8.7	Make a significant contribution to the design and implementation of a study in collaboration with appropriate team and relevant partner (e.g. academic partner).	Any	KAs 1, 5, 6, 7				X		
8.8	Write and submit an article of sufficient quality for publication in a peer review journal.	Any	KAs 1,2 5, 6, 7				X	X	
8.9	Deliver education and training activities for academic or service audiences in a wide range of formats including large lecture and small group.	Any				X	X		

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

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.

9a. Knowledge base
• Evidence underpinning the importance of mental wellbeing and how it can be nurtured. • GMC Good Medical Practice (GMP) as applied to public health. • UKPHR Code of Conduct. • Ethics of public health practice. • Cultural competence. • Key concepts and stages in developing cultural competence. • One's own cultural identity and cultural competence. • Patient safety. • Principles and practice of confidentiality. • How to plan and undertake personal and professional development successfully, with reflective practice.

9 b. Potential settings for demonstration of competence

It is expected that most of the evidence for these learning outcomes will be integral to evidence added to the portfolio for other key areas; however, registrars may wish to use examples in their reflective notes from other activities and the impact on their practice e.g. sitting on deanery panels, being a charity trustee or a school governor.

9 c. Assessor's guidance

The annual appraisal meeting is a key point of assessment, and the criteria below for each LO give more specific points to be covered in this process. Completion of a Multi- source feedback (MSF) instrument is required as a minimum during the ST4 year of training, or early in ST5, which will cover PPED and other areas. Feedback on performance should be sought from others more informally at other times.

The outcome of each appraisal discussion will be part of the educational supervisor report to each ARCP.

Key Competence 9. Professional personal and ethical development ***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.***		
	Learning outcome	***Criteria***
9.1	**Keep your professional knowledge and skills up to date, and participate in audit, regular appraisal and reflective learning.**	The registrar will have an annual personal development plan to be signed off with their ES at the appraisal discussion. The record of the annual appraisal will reflect their achievement. The registrar will provide evidence that they have participated in at least one audit of practice at some point during the complete training period, and how they have changed practice as a result.
9.2	**Recognise and work within the limits of your professional competence.** *Example: Appropriate management of health protection enquiries/cases, with reference to local Consultant or National expert as necessary.*	The registrar's portfolio and health protection log book should provide evidence that they have understood and demonstrated responsible practice within their own level of competence and actively seek expert advice and support.
9.3	**Understand and utilise insight into your personality and preferred ways of working and behaviours, appreciate the impact these have on others, and show capability for self-appraisal, growth and development.**	This is part of the annual appraisal discussion, where any issues that have arisen can be discussed. The registrar's portfolio should provide evidence that they are taking on more complex work as they progress through training. The registrar is expected to use a standard instrument to analyse, and be able to express, her/his personality type and preferred ways of working and behaviour. The registrar should be able to identify, and to give an example in the reflective note, of the positive and negative impact of their behaviours on others and steps they have taken to enhance the positive and moderate the negative impact. They will have reflective notes in their portfolio which demonstrate their own critical appraisal of their performance, assessing what went well and what could have been done better and identifying their own strengths and limitations. The registrar will have obtained, analysed and acted on feedback from a variety of sources, including at least one Multi Source Feedback exercise undertaken in ST4 or early in ST5 during training, as evidenced in their annual appraisal report and their logbook/portfolio.
9.4	**Understand the role personal mental wellbeing plays in competent practice and take responsibility for developing and nurturing your own wellbeing and seeking help as appropriate.**	Personal mental wellbeing for competent practice should be a specific part of the annual appraisal discussion, where any issues that have arisen can be discussed. The registrar will demonstrate knowledge and understanding with regard to the importance of their own mental wellbeing and the ways they have identified of nurturing this. The registrar will show evidence that they can identify their emotional states and recognise how these impacts on their relationships with others, and on their judgement and behaviour.

	Learning outcome	*Criteria*
9.5	**Practice safely, protecting and promoting the health of patients and the public and take prompt and appropriate action if that patient or public safety or dignity is being compromised.**	The registrar should demonstrate an awareness of local policy in their organisation, if appropriate. The registrar should able to understand and describe how they would handle a patient or public safety issue and know how to raise concerns if issues arise.
9.6	**Seek and follow medical advice where health concerns may affect practice.**	The registrar is expected to understand, and show that they have followed the guidance in the GMC Good Medical Practice, as applied to public health, and the UKPHR code of conduct, as appropriate. An annual declaration about health issues (as used in revalidation processes) should be signed and countersigned by the educational supervisor as part of the annual appraisal.
9.7	**Respect skills and contributions of colleagues, communicate effectively with them, treat them fairly and maintain professional relationships.**	The registrar will demonstrate that they have obtained, analysed and acted on feedback from a variety of sources, as evidenced in their reflections, annual appraisal report and their portfolio. Feedback from at least one MSF exercise in ST4 or ST5, will contribute to assessment.
9.8	**Demonstrate cultural competence and is able to work effectively in cross-cultural situations both internally and externally to the organisation.**	The registrar will understand the need to develop cultural competence through culturally competent behaviour and communication with colleagues and members of partner organisations. The registrar will demonstrate an understanding of the importance of acknowledging a diversity of beliefs and practices as well as advocating for culturally competent policies to improve health outcomes. The Registrar will have obtained, analysed and acted on feedback from a variety of sources, including at least one Multi Source Feedback exercise undertaken during training, as evidenced in their annual appraisal report and their logbook/portfolio.
9.9	**Respect the rights of the public to have their views heard, to have information in easily comprehensible forms and to be involved in choices**.	This should be demonstrated in on-going work, as evidenced in the portfolio. An example should be evidenced in the reflective note for the annual appraisal at least once during training.
9.10	**Demonstrate confidentiality by treating information about patients and other individuals as confidential.**	This should be demonstrated in on-going work, as evidenced in the portfolio. The registrar should demonstrate knowledge of, and follow, the principles and guidance on patient confidentiality, and know the policy on confidentiality in their organisation. The registrar should demonstrate that they take account of the need for confidentiality and the associated legal issues. An example should be evidenced in the reflective note for the annual appraisal at least once during training.
9.11	**Demonstrate honesty and integrity in professional and personal practice.**	An annual statement on honesty and integrity (as used in revalidation processes) should be signed and countersigned by the educational supervisor as part of the annual appraisal. Any issues that have arisen should be the subject of discussion with the educational supervisor and, if unresolved, may be the subject of an exception report to the ARCP.

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.

10 a Knowledge base
The knowledge base for key area 10 builds on the combined knowledge base for all the other key areas, since the emphasis is on the ability to select appropriately from the learning gained in other key areas, integrate that knowledge and skills to practise public health at a senior organisational level, making an effective personal impact.

10 b. Potential settings for the demonstration of this competence area

The learning outcomes for this key area are described in three groups shown as a Venn diagram to emphasise that they need to be integrated in a balanced way to achieve the overall aim. The groups of learning outcomes are:

- Public health expert.
- Personal effectiveness and impact.
- Initiative and commitment to public health principles and values.

The settings for these learning outcomes may be various, and registrars may provide evidence of achievement in more than one setting, or in more than one domain of public health.

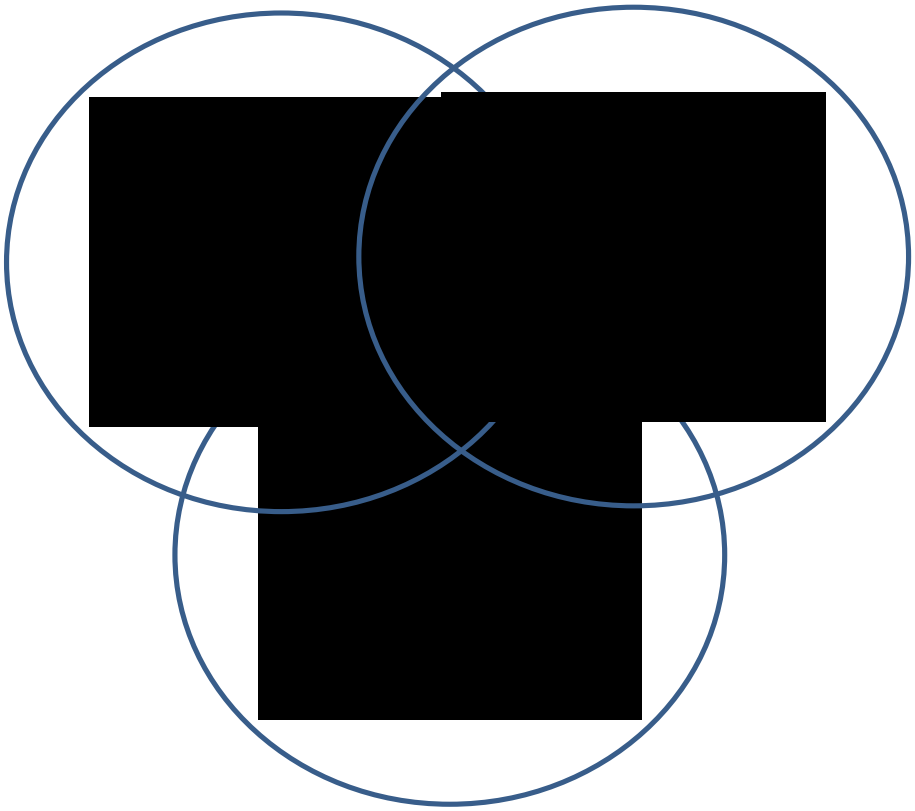
Evidence will normally come from work undertaken in ST4 and ST5, when the registrar is taking increasing levels of independent responsibility, often with the registrar in a leadership role. The evidence will derive from substantial pieces of work, of medium or high levels of complexity.

Evidence 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.

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.

[redacted]



[redacted]

10 c. Guidance for assessment of competency

	Learning outcome	*Level of Achievement*	
PUBLIC HEALTH EXPERT			
10.1	**Selects and uses advanced public health knowledge and skills appropriately for different tasks to deliver timely results.** *Examples: Substantial pieces of work, of medium or high levels of complexity* *Reflection on the results of the Multisource Feedback*	*Minimal*	Does not demonstrate the ability to select knowledge and skills appropriately to analyse and apply to a public health problem.
		Partial	Demonstrates only a limited range of knowledge and skills, and tends to stick to skills set which is familiar to them.
		Full	Demonstrates consistent application of a range of advanced knowledge and skills appropriate to the public health problem, and shows flexibility of approach so that the way in which the work is undertaken is appropriate to its context.
10.2	**Produces, integrates and interprets complex evidence from multiple sources with scientific rigour and judgement.** *Examples: Substantial pieces of work, of medium or high levels of complexity* *Reflection on the results of the Multisource Feedback*	*Minimal*	Only uses one source of evidence. There is no critical appraisal of potential shortcomings in evidence.
		Partial	Uses two or more sources of evidence with critical rigour but does not integrate or interpret them systematically.
		Full	Appraises, integrates and interprets complex evidence from three or more sources to draw balanced conclusions and shows how these are based on the evidence used.
10.3	**Promotes and uses an evidence based and evaluative approach to scope public health problems and deliver solutions.** *Examples: Substantial pieces of work, of medium or high levels of complexity* *Reflection on the results of the Multisource Feedback*	*Minimal*	Very limited use of an evidence based approach to scope public health issues.
		Partial	Limited evidence of attempting to influence the agenda of others to use an evidence based and evaluative approach to scope and address a public health problem.
		Full	Evidence describes how an evidence based and evaluative approach has been used in scoping a public health issue and has been championed with others.
10.4	**Uses academic rigour appropriately to give independent public health advice.** *Examples: Substantial pieces of work, of medium or high levels of complexity* *Reflection on the results of the Multisource Feedback.*	*Minimal*	Public health advice given which is not underpinned by appropriate academic rigour or is based on meeting what others expect to hear.
		Partial	Has given advice based on evidence but there is limited evidence of the independent nature of such advice.
		Full	Has shown academic rigour in producing advice given as an independent voice.

	Learning outcome	*Level of Achievement*	
PERSONAL EFFECTIVENESS AND IMPACT			
10.5	**Provides advanced public health expertise at a senior management level in their own organisation and for one or more partner organisations working together.** *Examples: Substantial pieces of work, of medium or high levels of complexity* *Reflection on the results of the Multisource Feedback*	*Minimal*	Giving advice only at junior management levels of one organisation on small scale issues, of low complexity, rather than working on substantial issues.
		Partial	Demonstrates provision of advanced public health expertise at senior organisational level of one organisation but has not crossed organisational boundaries with advice.
		Full	Can show the impact of their public health expertise and advice on policy or action at a senior organisational level of own organisation and with partner organisations.
10.6	**Uses a range of high order literacy and communication skills appropriately to increase understanding about the determinants of population health and promote effective action to improve it.** *Examples: Substantial pieces of work, of medium or high levels of complexity* *Reflection on the results of the Multisource Feedback*	*Minimal*	Demonstrates limited ability to communicate concisely and in a way that promotes understanding of the content.
		Partial	Demonstrates good communication skills but limited ability to tailor appropriately to audience or purpose.
		Full	Uses their expertise in literacy and communication skills, to explain their work clearly and concisely, selecting communication methods appropriately for the purpose.
10.7	**Influences and negotiates successfully at senior organisational levels in both their own organisation and in multi-agency settings to achieve effective public health action.** *Examples: Substantial pieces of work, of medium or high levels of complexity* *Reflection on the results of the Multisource Feedback*	*Minimal*	Is not undertaking substantial and complex pieces of public health work.
		Partial	Demonstrates influence within own organisation, and is addressing substantial and complex pieces of work but may not be at a senior level, and does not demonstrate successful negotiation skills.
		Full	Acknowledged within organisation, and more widely, as a credible and reliable source of public health advice at senior organisational levels and can show the outcomes of their negotiation.
10.8	**Operates 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.** *Examples: Substantial pieces of work, of medium or high levels of complexity* *Reflection on the results of the Multisource Feedback*	*Minimal*	Is working as an individual only on small scale pieces of work. Little evidence of valuing others or of leadership.
		Partial	Has demonstrated effective leadership and supportive team working.
		Full	Is able to reflect upon the impact of the leadership role that they have undertaken in a substantial piece of work, and demonstrate supportive working with others on substantial pieces of work.

	Learning outcome		*Level of Achievement*
INITIATIVE AND COMMITMENT TO PUBLIC HEALTH PRINCIPLES			
10.9	**Is proactive in identifying opportunities to improve population health and taking effective action to influence the corporate work programmes of an organisation to include solutions.** *Examples: Substantial pieces of work, of medium or high levels of complexity* *Reflection on the results of the Multisource Feedback*	*Minimal*	Does not take initiative to attempt to identify public health problems and influence corporate action.
		Partial	Has been proactive in identifying an opportunity to improve population health but has not attempted to influence the agenda at senior organisational levels.
		Full	Has shown personal initiative in identifying such an opportunity and in advocating for actions that should be included in corporate work programmes to address a substantial public health issue.
10.10	**Uses and promotes public health principles and core values.** *Examples: Substantial pieces of work, of medium or high levels of complexity* *Reflection on the results of the Multisource Feedback*	*Minimal*	Work described does not demonstrate that it takes account of public health principles or values.
		Partial	Limited evidence of public health principles and values being used in work described.
		Full	Public health principles and values are integral to a range of the registrar's work.
10.11	**Works flexibly and perseveres through uncertainty, additional unexpected complexity and potential or actual conflict to seek effective outcomes.** *Examples: Substantial pieces of work, of medium or high levels of complexity* *Reflection on the results of the Multisource Feedback*	*Minimal*	Does not deal effectively with complexity increasing, with conflict and uncertainty, so that work is derailed when these arise or others have to take over in an unplanned way. Is not flexible in ways of working.
		Partial	Shows capability to persevere with aims of work in face of complexity, uncertainty or conflict but does not yet show evidence of working through these factors to reach a solution.
		Full	Is able to make progress, and is flexible in ways of working; in spite of these adverse circumstances arising, has strategies to deal with them, and can reflect on reasons why such strategies have been successful or not.
10.12	**Uses reflective practice regularly to ensure on-going professional and personal development of their public health practice.** *Examples: Substantial pieces of work, of medium or high levels of complexity* *Reflection on the results of the Multisource Feedback*	*Minimal*	Reflective reports are descriptive only rather than showing an understanding of how experience might suggest a change of approach.
		Partial	Shows ability to identify developmental needs through reflection on work, but does not relate that to personal action to change practice.
		Full	Shows commitment to progressing elements of professional development raised by reflection and of being pro-active in shaping and taking forward their own development.

10 d Guidance for method of assessment

Key Competence 10: ***Integration and Application of Competences for Consultant Practice*** ***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.***				**Suitable assessment methods (indicative)**					
				Exams		**WPBA**			
Learning Outcome		**Target phase**	**Related Learning Outcome**	**DFPH**	**MFPH**	**DOP**	**WR**	**CBD**	**MSF**
10.1	Selects and uses advanced public health knowledge and skills appropriately for different tasks to deliver timely results.	ST5 in phase 2	KA 1, KA 8			X	X	X	X
10.2	Produces, integrates and interprets complex evidence from multiple sources with scientific rigour and judgement.	ST5 in phase 2	KA 2, KA 7				X	X	X
10.3	Promotes and uses an evidence based and evaluative approach to scope public health problems and deliver solutions.	ST5 in phase 2	KA 3, KA 2, KA 6			X	X	X	X
10.4	Uses academic rigour appropriately to give independent public health advice.	ST5 in phase 2	KA 8			X	X	X	X
10.5	Provides advanced public health expertise at a senior management level in their own organisation and for one or more partner organisations working together.	ST5 in phase 2	KA 4			X	X	X	X
10.6	Uses a range of high order literacy and communication skills appropriately to increase understanding about the determinants of population health and promote effective action to improve it.	ST5 in phase 2	KA 4, KA 5, KA 6			X	X	X	X
10.7	Influences and negotiates successfully at senior organisational levels in both their own organisation and in multi- agency settings to achieve effective public health action.	ST5 in phase 2	KA 4			X	X	X	X
10.8	Operates 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.	ST5 in phase 2	KA 4, KA 9			X	X	X	X
10.9	Is proactive in identifying opportunities to improve population health and taking effective action to influence the corporate work programmes of an organisation to include solutions.	ST5 in phase 2	KA 3, KA 4, KA 5, KA7			X	X	X	X
10.10	Uses and promotes public health principles and core values.	ST5 in phase 2	KA 5			X	X	X	X
10.11	Works flexibly and perseveres through uncertainty, additional unexpected complexity and potential or actual conflict to seek effective outcomes.	ST5 in phase 2	KA 4			X	X	X	X
10.12	Uses reflective practice regularly to ensure on-going professional and personal development of their public health practice.	ST5 in phase 2	KA 9			X	X	X	X

4. LINKS TO OTHER FRAMEWORKS

4.1 Good Medical Practice and link to the curriculum

The General Medical Council (GMC) publishes the document 'Good Medical Practice' which sets out the principles and values of professional practice. All competencies in the ten key areas of public health practice are directly linked to the seven sections of GMP below and fully integrated into training.

1: Knowledge skills and performance	**Map to Key Areas**
Develop and maintain your professional performance	Key areas 1-10 especially 9 and10
Apply knowledge and experience to practice	Key areas 1-10
Record your work clearly, accurately and legibly	6.5

2: Safety and quality	**Map to Key Areas**
Contribute to and comply with systems to protect patients	KA 1-9, 9.5, 9.6
Respond to risks and safety	KA4, KA2
Protect patients and colleagues from any risk posed by your health	9.6, 9.5

3: Communication, partnership and teamwork	**Map to Key Areas**
Communicate effectively	1.8, KA2, 4.3, 4.4, 4.11, KA6, 6.6, 7.2, KA 10
Work collaboratively with colleagues to maintain or improve patient care	KA4, 4.11, 4.13, 8.6, 8.9, 9.7, KA 10
Teaching, training, supporting and assessing	4.3, 6.1, 7.3, KA8, 8.11
Continuity and coordination of care	6.11
Establish and maintain partnerships with patients	2.6, KA4, 8.6, 8.9, 5.7, 9.8

4: Maintain trust	**Map to Key Areas**
Show respect for patients	9.8
Treat patients and colleagues fairly and without discrimination	9.7, 9.8, 4.7
Act with honesty and integrity	9.10, 4.3, 7.3, 8.7

4.2 Link to the health care leadership model

Leadership has always been a key part of training in public health, and since the Faculty was founded public health consultants have filled many senior posts in health authorities and government departments. **Key Area 4**: *Strategic Leadership and Collaborative Working for Health* is one of nine key areas of the Faculty's curriculum, and 11 learning outcomes are specified in this area.

The Faculty welcomes the medical leadership competency framework (MLCF) which was published recently by the Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement:

http://www.leadershipacademy.nhs.uk/discover/leadershipmodel/model-development/

The leadership dimensions in this framework have been mapped well to the Faculty's learning outcomes as outlined.

Healthcare Leadership Dimensions	Map to Key Areas
1. Inspiring shared purpose	**KA 3, 4, 9 and 10**
2. Leading with care	**KA 4, 9 and 10**
3. Evaluating information	**KA 1 and 2**
4. Connecting our service	**KA 2 and 7**
5. Sharing the vision	**KA 4, 9 and 10**
6. Engaging the team	**KA 4, 9 and 10**
7. Holding to account	**KA 4 and 9**
8. Developing capability	**KA 4, 8 and 9**
9. Influencing for results	**KA 3 to 10**

4.3 Code of Conduct and link to the curriculum

The United Kingdom Public Health Register (UKPHR) publishes the document 'Code of Conduct' which sets out the key principles that guide and support public health specialist in the work they do and the decisions they make. All competencies in the nine key areas of public health practice are directly linked to the seven sections of the UKPHR Code of Conduct below and fully integrated into training

1: Make the health and protection of the public your prime concern	**Map to Key Areas**
The interests of the public are paramount: put them before your own interests and those of any colleague or organisation	9.5 KA4, 4.1
Provide prompt, clear and accurate information and advice to the public, employers and colleagues, exercising leadership in the promotion of public health	2.2, 4.2, 9.9
Take swift action and speak with candour if you become aware that your health, behaviour or professional performance, or those of a colleague, or the policy or practice of an organisation, may pose a risk to the health of the public, or of particular individuals or groups	9.5, 9.6
If you are unsure how to act in a particular situation, seek advice and assistance from an experienced and appropriately qualified colleagues or a professional organisation	9.2
If, in a situation you are facing, you perceive a conflict between two or more principles in this Code, or between them and any other code or guidance that applies to you, take the course of action that you judge most likely to protect the public and promote public health	9.11

2: Maintain high standards of professional and personal conduct	**Map to Key Areas**
Maintain proper standards of work and keep accurate records	6.5
Never abuse your professional position	9.11
Do not allow your professional independence to be compromised and never act under duress or undue influence: you should refuse offers of gifts and hospitality that may affect, or be perceived as affecting, your judgement	9.11
Avoid conflicts of interest that may arise between your professional work and the health of the public	9.11
Ensure that all your financial arrangements are transparent and would stand up to scrutiny if subject to public challenge	9.11

In all walks of life, avoid conduct that could affect or undermine the confidence placed in you and your profession	9.11
To show and maintain a personal, public and professional level of competence, you must engage and successfully complete all relevant revalidation processes	9.1

3: Be honest and trustworthy	**Map to Key Areas**
Be honest and fair in all your dealings	9.11
Keep your promises	9.11
Maintain your integrity and justify the trust the public, employers and colleagues have in you and your profession	9.11
Do not knowingly mislead anyone	9.11
Be scrupulous in all financial matters	9.11
Apply best evidence honestly and impartially	9.11

4: Protect confidentiality	**Map to Key Areas**
Information you learn about individuals in the course of your work must remain confidential unless there are lawful and justifiable reasons for disclosing it	9.10
Disclose information only to those entitled to receive it or to whom you are required or authorised to disclose it, and take effective steps to prevent accidental disclosure	9.10
Use information only for its intended purpose unless there are good, justifiable grounds for using it in another way	1.2, 9.10
Ensure the safety of electronic and paper documents in your possession: store and transmit them securely; disclosed them only to those entitled to see them	9.10

5: Respect the dignity of individuals and treat everyone fairly	**Map to Key Areas**
Treat everyone politely and with respect, recognising their dignity as individuals and their right to make choices and be involved in decisions which affect them	9.7, 9.8, 9.9
Treat everyone equally regardless of their age, gender, disability, race, appearance, ethnic or national origin, sexual orientation, marital or family circumstances, religion, beliefs, communication difficulties or perceived social status	9.8, 9.11

Recognise the differences between individuals and groups; avoid stereotyping and treat everyone fairly and with compassion, paying particular attention to the needs of disadvantaged and vulnerable people	9.8
Listen to individuals, groups and communities and give them all necessary and relevant information in a way they can use	9.9
Maintain appropriate professional boundaries in your dealings with colleagues and others, and do not abuse professional relationships.	9.3, 9.11

6: Know the limits of your competence and act within them	**Map to Key Areas**
Develop and update your professional knowledge and skills throughout your working life, undertaking relevant training and learning about best practice	9.1
Keep your knowledge, skills and professional performance under continuous review, reflecting on them systematically to identify strengths and weaknesses and complying with all requirements for continuing professional development	9.1
Take part in reflective quality assurance and audit activities	9.1
If you have responsibilities for learning and teaching, or training and mentoring, develop and maintain the skills, attitudes and practices such activities require	9.1
Find out about, understand and comply with, laws and regulations which affect your work	KA3, 5, 6.
If you lack the knowledge, skills, experience or authority to undertake a piece of work, seek advice and assistance and, where indicated, refer the matter on to an appropriately qualified and experienced colleague	6.4 9.2
Do not hold yourself out as having a qualification or experience that you do not	9.11

7: Cooperate with the teams with which you work and interact	**Map to Key Areas**
Work collaboratively and do not undermine the work of others	9.7
Understand and respect the role each team member plays	9.7
Communicate effectively and share your knowledge, skills and experience with	4.2

colleagues, employers and others in the interests of the public	
Be flexible and adapt your working methods to match the needs of the teams and communities with whom you work	9.3
Provide proper supervision of tasks you have delegated to others, recognising that you remain accountable for work you have delegated	8.9
Be honest and impartial in assessing someone's suitability for employment or the performance of someone you have trained or supervised	9.11
Ensure your organisation has arrangements in place to provide appropriate compensation for any who may suffer as a result of deficiencies in your work or that of your team	KA7
Make sure there is an effective complaints procedure where you work and follow it at all times	KA7
Act promptly and be open, truthful and transparent if something goes wrong; cooperate fully with those investigating or adjudicating upon a complaint.	9.11

4.4 EPHOs and link to the curriculum

	Essential Public Health Operations (WHO)	**Map to Key Areas**
EPHO 1	Surveillance of population's health and well-being	KA1
EPHO 2	Monitoring and response to health hazards and emergencies	KA 1 and KA 6
EPHO 3	Health protection including environmental, occupational, food safety and others	KA 6
EPHO 4	Health promotion, including action to address social determinants and health inequity	KA 5
EPHO 5	Disease prevention, including early detection of diseases	KA 5, KA 2 and KA 7
EPHO 6	Assuring governance for health and well-being	KA2, KA 4, KA7
EPHO 7	Assuring a sufficient and competent public health workforce	KA 8
EPHO 8	Assuring sustainable organizational structures and financing	KA 3, KA 4
EPHO 9	Advocacy, communication and social mobilization for health	KA 3, KA 4, KA 5
EPHO 10	Advancing public health research to inform policy and practice	KA 8

5. PUBLIC HEALTH TRAINING GLOSSARY

Word or phrase	Meaning
360 degree appraisal	See Assessment - multi source feedback (MSF).
Academic supervisor	A supervisor with responsibility for assisting the training to prepare for the DFPH examination, to develop a habit of academic rigour in service work, and to produce work of a standard suitable for peer review, presentation and publication. Each registrar is allocated an individual academic supervisor, who usually remains the same for the duration of training.
Academic tutor	See academic supervisor.
Achievement (applied to a project)	The nature and extent of change brought about as a result of a project. This may range from incremental change to transformational change. Phase 1 achievement - Displays knowledge of management change theory and can manage incremental change. Phase 2 achievement - Can manage transformational change.
Activity	A set of tasks related either by topic, dependencies, data, common skills, or deliverables.
Advocacy	Speaking out on issues of concern to the public's health. Advocacy usually related to organised activism.
AfC	Agenda for Change. A pay system for nearly all NHS employed staff across the UK that replaced the previous Whitley Council system.
Annual review	The means by which a registrar's progress through the training programme is reviewed by a panel accountable to the postgraduate dean and operating on behalf of the deanery Specialty Training Committee.
Appraisal	An individual and private planned review of progress, focusing on the registrar, achievements and future activity. It allows training needs to be identified and is primarily concerned with development.
ARCP	Annual Review of Competence Progression. A written record of the registrar's progress. It records core information about the registrar, achievement of competencies and learning outcomes, assessment and subsequent decisions, and confirmation that training has been satisfactorily completed. It is required as part of the evidence needed to recommend the award of the CCT on completion of training.
ARCP panel	A panel, accountable to the postgraduate dean and operating on behalf of the deanery Specialty Training Committee, that undertakes an annual review of each registrar. It decides on the registrar's progress and training needs.

ARCP Outcomes	Form R records core information about the registrar. ARCP Outcomes are records of assessment and subsequent decisions made by the ARCP panel: • Outcome 1 states that progress since the last annual assessment was satisfactory. • Outcome 2 states development of specific competences required – additional training time not required • Outcome 3 states that inadequate progress by the registrar – additional training time required • Outcome 4 states that the registrar is released from the training programme – with or without competences. • Outcome 5 – Incomplete evidence presented – additional training time may be required • Outcome 6 Gained all required competences • Outcomes 7-9 are outcomes for registrars out of programme or not in training.
ARCP process	The formal method by which a registrar's progress through the training programme is recorded. ARCP is not an assessment – it is a review of competence progression. Towards the end of each training year an ARCP panel is convened to review the assessment documentation for each registrar. The panel is required to make a judgment, based on the assessment material, which leads to the issue of an ARCP outcome.
Assessment	A regular process that collects evidence about progress towards a goal and makes a judgment about whether this goal has been reached. It determines whether registrars can move from one stage of training to the next or whether they have reached an appropriate standard for certification. Assessment is primarily an educational activity whose main purpose is to provide information about progress in learning and about the environment and activities that support it. Valid and reliable evidence is required for this process to be acceptable and able to be documented.
Assessment - formative	Assessment that is designed to provide immediate, contextualised feedback and thereby enhance the learning process. It occurs when teachers feed information back to students in ways that enable the student to learn better, or when students can engage in a similar, self- reflective process. It is most helpful when information is focused on the task, not the student, and when students learn to undertake regular self-assessment.
Assessment - summative	Assessment that attempts to summarise student learning at some point in time, e.g. the end of a course. It usually involves taking standardised tests or examinations.
Assessment - multi source feedback (MSF)	A workplace based assessment of a registrar's attitudes and behaviour, obtained by collecting the opinions of other professional colleagues using standardised and validated questionnaires. The assessed registrar receives anonymous feedback about his or her performance.
Attitude	A settled opinion or way of thinking.
CCT	Certificate of Completion of Training. It is awarded by GMC (or the UK Public Health Register for non-medical registrars) upon receipt of evidence of satisfactory completion of training from the ARCP panel and Faculty Adviser.
Competence	The ability to carry out a task or activity well enough to meet a specified standard.

Competence to practise	The whole range of knowledge and skills that are needed to carry out the job in all its complexity, including the exercise of professional judgement.
Core curriculum area	A key area which is deemed central to the practice of all aspects of public health.
Complexity	Complexity of a piece of work is assessed by: • number of agencies and organisations involved • the organisational level at which the decision is made • the size and degree of homogeneity of the population group affected • the number of external factors complicating the work • the clarity of definition of the influence and interaction between factors affecting the work • the degree of uncertainty and conflict within the work.
The Conference of Postgraduate Medical Deans (COP MEd)	Postgraduate Deans manage the postgraduate training of doctors, and the continuing professional development of GPs. COP MeD provides a forum in which members can meet to discuss current issues, share best practice and agree a consistent and equitable approach to training in all Deaneries. It acts as a focal point for contact between the Postgraduate Medical Deans and other organisations, e.g. Medical Royal Colleges, GMC, BMA, MRC and AMRC.
Curriculum	An integrated learning programme. The curriculum describes the objectives of training, expressed in terms of learning outcomes, and how they will be assessed.
Deanery	The designated area of responsibility of a postgraduate dean. In Northern Ireland, Wales, and Scotland the UK the organisation of postgraduate medical and dental education is organised through Deaneries.
Does	Once registrars have gained knowledge (know) and applied this in theoretical (know how) and controlled (show how) situations, they are then expected to become competent in integrating these skills to enable them to practice safely in real life situations (do).
Education	The process of learning or teaching. It includes any activity that supports the development of professional practice.
Educational supervisor	A trainer with overall responsibility for planning, coordinating and supervising the training of a registrar. Each registrar is allocated an individual educational supervisor, who usually remains the same for the duration of training. The educational supervisor may co-ordinate the work of other designated trainers as the registrar rotates through a variety of training experiences, e.g. attachments to different training bases.
Experience	Obtaining knowledge and/or skill through seeing or doing things.
Expertise	A high level of knowledge or skill.
Faculty Adviser	The person with responsibility, on behalf of the Faculty of Public Health, for promoting and maintaining high standards of professional competence and practice in public health within each NHS region or UK country. On behalf of the postgraduate dean, sits on registrar appointment panels and ARCP panels, completes and maintains ARCP forms, and advises on CCT dates in the light of retrospective recognition of training. On behalf of the Faculty, provides advice to those who are interested in pursuing a career in public health, assesses the suitability of training locations, and facilitates external Faculty visits to review the training programme.
General Medical Council (GMC)	The GMC is the statutory body responsible for regulating the medical profession in the United Kingdom. Its purpose is to *'Protect, promote and maintain the health and safety of the community by ensuring proper standards in the practice of medicine.'*

Head of School	The Heads of School provide strategic leadership for the development of the postgraduate school within the Deanery, which provides and co-ordinates the education and training of registrars within a specific specialty grouping The Head of School is managerially responsible to the Postgraduate Dean and professionally responsible to the Faculty of Public Health.
Health and Care Professions Council	HCPC are a regulator, and set up to protect the public by keeping a Register of health and care professionals who meet our standards for their training, professional skills, behaviour and health.
Incremental change	A change process where each new element follows in a logical and predetermined way and builds on what went before e.g. having two chiropodists where there used to be one; opening another clinic; commissioning new equipment; opening a new building; spending more money on the same thing.
Key curriculum area	A thematic grouping of learning outcomes (and assessments) within the curriculum, each specialising in a specific part of the curriculum. Registrars are required to complete training in all key curriculum areas.
Knowledge	Information about a subject which has been obtained by study or experience.
Knows	A registrar who knows part of the public health knowledge base will be able to demonstrate this knowledge on assessment (for example by examination)
Knows how	Once knowledge has been acquired (knows) it is applied to answering a question, solving a problem or undertaking a task. This more than simply repeating knowledge gained (knows how).
Lead Dean	A Lead Dean has a specific UK responsibility for a specialty including working with the relevant Royal College, Faculty or specialty association
Learning	The activity of obtaining knowledge.
Learning experiences	Practical activities that can result in acquiring new knowledge or skills.
Learning outcomes	Statements that describe what a learner will be able to do as a result of the learning. Learning outcomes in the curriculum describe what the registrar will know, understand, describe, recognise, be aware of, and be able to do at the end of the training programme.
Local Education and Training Board (LETB)	Local Education and Training Boards (LETBs) are responsible for the education and training of health and public health workers at a regional level. They are committees of the national body, Health Education England (HEE). All providers of NHS services should be a member of, and be involved with the work of their local LETB. Providers now have the opportunity to lead the education and training agenda and help decide the skills and values they require for staff and how funding is spent.
MFPH/DFPH	Membership/Diplomate membership of the Faculty of Public Health. Success in the DFPH examination leads to election into Diplomate Membership, and success in the MFPH examination leads to election into full Membership of the Faculty of Public Health.
DFPH – FPH Diplomate Examination	A written examination which forms the first part of the MFPH. The examination is intended to test a candidate's knowledge and understanding of the scientific bases of public health. Candidates are expected to have acquired specialist knowledge and skills in public health, and to show a clear understanding of the principles and methods of related disciplines, notably applied statistics, behavioural sciences, health economics, and management.
MFPH – FPH Final Membership Examination	An oral examination, consisting of an OSPHE, which forms the second part of the MFPH. It requires candidates to show that they can integrate the theoretical and practical aspects of public health practice.
OSPHE	Objective Structured Public Health Examination.

	A practical examination based on a series of real life scenarios, which 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 forms the MFPH examination for Membership of the Faculty of Public Health.
Performance	The ability to carry out a task or activity.
Phase	A grouping of activities that leads to a major milestone.
Postgraduate Dean	The person with overall responsibility for the appointment and training of Specialty Registrars (StRs) in specialty training and for establishing training contracts with NHS Trusts in accordance with national guidelines. The dean also appoints training programme directors and sits on the deanery Specialty Training Committee.
Project	A piece of planned work or activity that is completed over a period of time and intended to achieve a particular aim.
Project supervisor	A person responsible for overseeing a specific piece of planned work being undertaken by a registrar.
Public health principles and values	Key principles in public health define the approach to public health which -is population based -emphasises collective responsibility for health, its protection and disease prevention -recognises the key role of the state, linked to a concern for the underlying socio-economic and wider determinants of health, as well as disease -emphasises partnerships with all those who contribute to the health of the population. (Source :http://www.fph.org.uk/what_is_public_health)
Registrar	A registrar in public health.
Remediation	Action taken to remedy a situation where a registrar has failed to achieve expected learning outcomes. It may include targeted training to achieve specific learning outcomes within a defined period, together with frequent monitoring of progress.
Service tutor	See educational supervisor.
Schools (Schools of Public Health)	Leads on specialty specific postgraduate medical training. The main purpose of a School is to advise the Deanery on all matters relating to postgraduate training in public health and quality assurance of postgraduate training in public health.
'Senior organisational level'	• INHS Board level or equivalent or one or two tiers below, depending on the organisation or • the managerial level at which substantive policy decisions can be made or significant resources can be committed, e.g. a committee or executive group involving senior managers and or local authority elected members; a hospital board, or • multi-agency groups that take responsibility for decisions on policy and recommending budget commitments
Shows how	Building on knowledge (knows) and an ability to apply knowledge in theoretical situation (knows how), registrars are then expected to demonstrate they can apply this to real problems in small scale or simulated situations. This is the application of knowledge in controlled settings (shows how).
Skill	The ability to carry out a task or activity well, usually because one has practised it.
Specialist curriculum area	A key area of specialist experience which forms a major part of the practice of some areas of public health.
Specialty Registrar (StR)	See registrar.
Specialty Training Committee	The committee which supervises and manages the delivery of the training programme and to whom ARCP panels report. They are based in each deanery and accountable to the postgraduate dean.

Standards for practitioner registration	The standards for public health practitioner registration are set out in UKPHR Practitioner Standards 14. These standards were developed using the Public Health Skills and Knowledge Framework as the source document and also drawn from both the NHS Knowledge and Skills Framework and the National Occupational Standards for Public Health, and they are fully supported by the Faculty of Public Health. The standards can be accessed from: http://www.ukphr.org/wp-content/uploads/2015/02/standards-table-cc.pdf
Substantial' pieces of work	• deal with issues that influence decisions on significant public health matters • are expected to result in service change or development • inform and influence decisions taken at senior management level in one organisation or in multi-agency work programmes
Syllabus	An outline and summary of topics and subjects to be studied, usually leading to an examination. It forms part of the knowledge base for the curriculum.
Task	A piece of work, especially one done regularly.
Trainer	See academic supervisor and educational supervisor.
Training	The process of learning the specific skills and procedures needed to do a particular activity or job, and to produce and/or develop a workforce.
Training phase	A period of time during which registrars are expected to have achieved a specified set of training objectives. The curriculum is delivered over two phases of training.
Training phase 1	The period of time (2 years normally up to 30 months maximum). DFPH and 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.
Training phase 2	The period of time after award of passing both FPH exams to CCT. This phase allows the registrar to take increasing levels of responsibility leading to 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.
Training policy	A written policy that prescribes the structure of an acceptable training programme and/or location. This will include arrangements for academic and service supervision, provision for trainer development, facilities expected in a training location, induction programmes for new registrars, requirements for learning frameworks (contracts), on-call arrangements, opportunities for external attachments, arrangements for rotation between training locations, study leave, and performance assessment and review processes.
Training programme	A structured period of training designed to culminate in the award of a CCT. It is managed by the programme director.
Training Programme Director	The person within each deanery responsible for managing the training programme in public health. Also acts as a co-ordinator and communicator between registrars, the postgraduate dean, the local Specialty Training Committee, the Faculty of Public Health, and the personnel (human resources) department in the Trust or Trusts that employ registrars.
Training setting	The location where a period of training takes place. Most public health training will take place in general training posts in a primary care trust, health protection unit, or academic public health department, though arrangements differ in Scotland, Wales and Northern Ireland.

	There are a wide variety of other potential training settings, some of which are particularly suited to gaining experience in specialist curriculum areas. These include statutory authorities, acute and specialist trusts, public health observatories, cancer registries, clinical networks (including the Royal Colleges), government offices of the regions, and the Department of Health.
Transformational change	A change process where the end point is not known even though the general direction is clear e.g. most NHS reorganisations.
UK Public Health Register	The UK Public Health Register is an independent multidisciplinary register which ensures that only competent specialist public health professionals are registered and that high standards of practice are maintained.
Walport initiative	Academic Clinical Fellowship posts which allow registrars to set aside time to develop academic skills in research and/or teaching leading to the award of a higher degree. Up to three years academic time is permitted.

6. Appendices
Appendix 1: Activity Summary Sheet

Activity/Work area title	

Name			
NTN Training number		**GMC Slot number**	
Date		**Year of training (WTE)**	
Training location		**Trainer/project supervisor**	

Evidence included		
Number and letter e.g. 1a		
Learning outcomes claimed	**Explanation**	**Evidence**
Number and description of learning outcome		

Activity details

Background

Aims and objectives	
Personal contribution/ roles and responsibilities	
Methods	**Evidence**
Involvement of others	
Results	
Outcome	

Academic reflection		
Backing literature		
Possible publication		
How will you disseminate this work/finding/learning		
Academic trainer's signature if relevant		Date

Reflection		
Trainer reflection		
Trainer confirmation		
I confirm that this work supports the learning outcomes claimed	Supervisor's name	Date

Appendix 2: Activity summary sheet guidance

Summary sheet item	Descriptor
Activity/Work area title	Activity/Work number and clear title e.g. Activity 2 - The Haven personality disorder pilot evaluation
Personal details	
NTN Training number Date Training location GMC Slot number Year of training Trainer	Your NTN or other national number. The time period of the work. The training location for this work. The slot number you held during the work. Your year of training during the work. The name of the supervisor of the work (Work might be supervised by someone other than your trainer e.g. another consultant/practitioner).
Evidence included	
number and letter description of evidence	Number matches work number, letter identifies individual pieces of evidence. Description of evidence e.g. Letter to GPs inviting them to participate in locally enhanced service; e-mail from trainer; report. Code evidence by activity number and file to enable easy retrieval.
Competencies claimed	
Learning outcome Explanation Evidence	Learning outcome number from Reflective logbook; write learning outcome descriptor in full. Describe how the evidence listed above meets each learning outcome. List the evidence that backs the claim e.g. 1a, 5d etc. These will link to the list of evidence submitted above.
Activity details	
Background Aims and objectives Role and responsibility Involvement of others Methods Results Outcome	Describe the background to the activity. Include context and public health relevance of the activity. Clear summary of expected gains from this activity. What role did you play in the work? What other support did you need to complete the activity? Which other individuals/agencies were involved in the work? What did you learn from linking with them? Brief summary of methods used to carry out the work. Link these in the next column to the pieces of evidence where they can be seen. For some activities the work will have both results and outcomes. Here describe results – e.g. a needs assessment might show a particular population group having iniquitous access to services. Here describe the activity outcomes including feedback to others. Were the aims and objectives met? What changes/action resulted from the activity?
Reflection	
  Personal reflection Academic reflection Trainer reflection	**This is a very important section of the summary and will allow the registrar to take maximum learning from the work.** Describe what went well and what could be improved upon. What did you learn from this? How will this activity affect what you do in future practice? Here briefly summarise any literature reviewed in support of your work and describe any similar work that has been published. Discuss whether you may consider publication and describe your plans for dissemination of the work. Your trainer should reflect on your work.
Trainer confirmation	Your trainer should sign to confirm that the work described *supports* the claim of competencies. **Note** this signature does not confirm achievement of competence which is indicated on the learning outcome sign off sheet. If any of the competencies claimed for this area of your work involve some academic knowledge/skills you should discuss this summary with your academic trainer and get their countersignature to the claim.

Appendix 3: Workplace Assessment Record Sheets

For each of the learning outcomes a workplace assessment record sheet must be completed and signed by the educational supervisor. This requires educational supervisors to triangulate evidence from more than one assessment to determine if a registrar has demonstrated a learning outcome. Templates for signing off learning outcomes are incorporated into the e-portfolio.

Example of the workplace assessment sheet

WORKPLACE ASSESSMENT RECORD SHEET

Phase 1

Learning Outcome			
Method of assessment [1]			
Elements assessed [2]			
Evidence presented [3]			
Educational supervisor comments			
Educational supervisor signature			
Date			

[1] Direct observation; case discussion; written report; multisource feedback; DFPH; MFPH

[2] Elements of assessment for each learning outcome are listed in the detailed assessment guidance document

[3] Evidence should be identified by reference to the evidence that is described and catalogued in the activity summary sheets

Appendix 4: On Call Logbook

1. Purpose of the Log Book

This log book has been developed as part of the process for assessment of learning outcomes in specialist public health training. The log book aims to be used in order to fulfil the curriculum requirements for on call, and forms part of the registrar's training portfolio.

The log book is designed to record experience of reactive health protection work during daytime and out of hour's duties. It allows a cumulative record of reactive experience. It should be used in conjunction with the portfolio summary sheets which will record the detail of work undertaken and link this to competence gained, evidence presented and reflection on learning.

2. The Use of the Log Book

Registrars should complete the log of reactive work during each component of their health protection experience. The log table should be extended as far as is needed for the record of work. In the action columns registrars should record, with a simple code, whether they have just observed (O), acted under supervision (S) or acted independently (I). Registrars should also indicate whether there was new learning (N) or whether the work consolidated learning (C).

The date and time of the call is important to note and the trainer/supervisor should countersign the record to verify that the work was undertaken as a piece of reactive response to a call either in or out of hours.

This activity log sheet can be used to record out of hours call, in hours queries and in or out of hours major incidents. The log sheet must be submitted with documentation for each ARCP. This activity log sheet can be used to record out of hours call, in hour's queries and in or out of hours major incidents. The log sheet must be submitted with documentation for each ARCP. Registrars are not required to continue completing the log of health protection reactive work when all relevant learning outcomes have been demonstrated and signed off, but may continue to do so to demonstrate maintenance of competence.

Appendix 5: Log of Health Protection Reactive Work

(Please continue table onto as many sheets as you need)

Date	Daytime or Out of hours	Health Protection query	**Your initial action (brief details)** Include whether observed (O), acted under supervision (S) or acted independently (I)	**Your further action** Include whether observed (O), acted under supervision (S) or acted independently (I) Did this experience include new (N) or consolidated (C) learning	**Trainer signature**

Appendix 6: Reflective Logbook Guide

Specialty Registrars in Public Health are required to develop a professional learning portfolio which will be presented at each ARCP for assessment. The portfolio will include:

- Reflective logbook.
- Activity summary sheets (described below).
- Evidence to back learning outcome claims described in the summaries.
- On call log sheet.
- Learning outcome sign off sheet.

These documents are described below.

1. Reflective logbook

This document lists competencies by key area and is drawn directly from the learning outcome framework in the public health curriculum. Against each learning outcome the registrar should list the reference number and title of the piece of work they are using to evidence their claim of competence.

Learning outcome	Evidence
1.7 Undertake a health needs assessment for a defined population for a specific purpose, attempt to implement recommendations from a health needs assessment and demonstrate that the work has been considered at a high level within the organisation.	1c Mental health promotion report 2a Personality disorder pilot evaluation 11c Epidemiology and stats exam 11i Part I pass 13b CHD needs assessment

The evidence presented is coded for easy retrieval: the number relates to the summary of the whole area of work (see activity summary sheet guidance below) and the letter relates to the specific piece of evidence in the suite of evidence backing the whole area of work. Any one learning outcome will therefore have several pieces of work with associated backing evidence to support a claim. This presentation of cumulative evidence against the claim of each learning outcome will allow confidence in sign off for that learning outcome and also allow easy audit of the claim.

2. Activity summary sheets

An activity summary sheet should be completed for each significant area of work or training. The logbook should be developed over the whole period of training and can include both academic and service work, on call experience and training events, major projects and small one off events. The wide varieties and possibility of training experiences that can be logged are listed:

- Long term linear project based work.
- Long term non-linear service work.
- General day to day work.
- Short term isolated activities.
- Induction activities.
- Training courses attended.
- Meetings attended.
- Activities with other registrars.
- Academic work.
- Teaching.
- Presentations.

These summary sheets will systematically compile evidence which is descriptive, allow each learning outcome to be evidenced in several ways, give the assessor confidence of a claim by enabling easy retrieval and inspection of actual work and will evidence and encourage reflective practice. The registrar will be more easily able to retrieve work either to remind themselves of a method against a specific learning outcome to help with a future area of work or to prepare for interviews where a job description states a requirement for certain competence. The methodology also prepares the registrar for professional revalidation.

Detailed guidance for actual completion of the activity summary sheet is below.

3. Backing evidence

This section of the portfolio can be presented in hard copy or electronically. It should include copies of reports, e-mails, examination certificates, meeting minutes, PowerPoint presentations, press releases, and publications which provide the backing evidence for the learning outcome claimed. The backing evidence should be archived in a manner that allows easy retrieval and cross reference.

4. On call log sheet

This separate log allows easy reference to the specific area of competence relating to out of hours and emergency reactive work in health protection. The log sheet should be completed after every call both within and out of hours and should include a description of the presenting problem, immediate action, follow up and reflective learning. An emergency call may then lead to a more sustainable piece of work which can be summarized in the portfolio activity summary with backing evidence. For example an out of hours call notifying a possible meningitis case should be logged as a call on the on call log sheet but then may become a major piece of work dealing with contacts and prophylaxis, and media involvement.

5. Learning outcome sign off sheet

The registrar will hold one master sheet for learning outcome sign off. This single sheet of paper lists all the required competencies and allows the trainer to sign off individual competencies. Each signature should be dated. If the trainer uses initials to sign, a key at the bottom of the sheet should allow identification of the signature/initials against a printed name for easy identification and authentication. This single sheet allows the trainer, registrar and ARCP panel an immediate view of numbers and types of competencies yet to be gained and will help to focus training experiences.

It is possible to maintain the complete portfolio electronically. There is no prescribed requirement for electronic or hard copy. An external assessor may require a registrar to present specific evidence backing a learning outcome claim at an ARCP and should give advance notice of this. Sound archiving will allow this evidence to be retrieved with minimal notice.

Appendix 7. Examples of work by Public Health Specialty Registrars mapped against Key Areas of Public Health competence

	Examples of work done by Public Health StRs	Key Areas of Competence							
		1	2	3	4	5	6	7	8
1	Gathering, analysis and presentation of data for a health report.	X							
2	Data set manipulation and analysis.	X							
3	Development, administration and analysis of questionnaires.	X							
4	Board reports.	X							
5	Health Needs Assessment.	X	X					X	
6	Geographic mapping of health indicators.	X							
7	Implementation of national surveillance policy.	X							
8	Quality assurance activity.	X							
9	Data flow analysis.	X							
10	Development of systems to extract intelligence and decision support from data sets.	X							
11	Production of a major data rich report (e.g. public health annual report).	X							
12	Writing or appraising business cases.		X			X	X	X	
13	Assignments or reports for training courses		X						
14	Formal written reports		X						
15	Clinical or public health audit, including governance reports		X				X	X	
16	Development of clinical guidelines, and quality standards		X					X	
17	Calculation of population costing for a new technology/intervention.		X					X	
18	Commissioning plan.		X						
19	Health improvement strategy/ policy/ programme.		X			X			
20	Peer reviewed publication.		X			X	X	X	X
21	Press release/article in media		X			X	X	X	X
22	Evidence-based policy briefings (for boards, committees, public health colleagues or the public).		X			X	X	X	
23	Preparing a health impact assessment.			X					
24	Developing a local policy.			X					
25	*Writing a paper for a Board meeting or equivalent.*			X					
26	Leading the local implementation of a national policy.			X					
27	Logs and reflective notes of joint projects undertaken (probably in assistant capacity) with health improvement specialists.					X			
28	Reports of monitoring or evaluations of health improvement activities showing ability to reflect on own contribution and relate practical experience to theory					X			

29	Workplace based assessment e.g. on-call scenarios.						X		
30	Reports (including Outbreak/incident reports) and peer reviewed publications.						X		
31	Presentation of material at peer groups, internal peer audit or external meetings or conferences.						X		
32	Scenario based exercise./assessments						X		
33	Reports of monitoring or evaluations of health protection programmes showing ability to reflect on own contribution and relate practical experience to theory						X		
34	Logbook of reactive work undertaken during health protection placement						X		
35	Writing or appraising business cases and service specifications							X	
36	Reports on commissioning and delivery of clinical services							X	
37	Quality improvement strategy/policy/programmes							X	
38	Written research reports including literature reviews.								X
39	Course documentation, demonstrating participation in design and/or delivery.								X
40	Conference proceedings.								X
41	Diplomas and higher degrees.								X
42	Referees reports on other people's articles submitted for publications.								X
43	Research proposals submitted (possibly in collaboration).								X
44	Peer observation of teaching and student feedback.								X
45	Teaching or research prizes.								X
46	Book Chapters etc.								X