FACULTY OF PUBLIC HEALTH

Public Health Specialty Training Curriculum 2022

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Contents

1. INTRODUCTION AND GUIDE TO CURRICULUM 4

1.1. Curriculum development 4

1.2. The purpose of the curriculum 4

1.3. The curriculum has a clear and stated purpose based on the scope of practice, service and population needs 4

1.4. A curriculum based on an analysis of population, professional, workforce and service needs 5

1.5. Purpose and objective of the curriculum, including how it links to each stage of progression 5

1.6. The scope of practice of those completing the curriculum including notable exclusions 6

1.7. The key interdependencies between the curriculum and other training programmes, profession or areas of practice 7

1.8. The curriculum supports flexibility and transferability of learning outcomes and levels of performance across related specialties and disciplines 7

1.9. Summary of key changes 8

1.10. Content of curriculum 9

1.11. GMC Generic Professional Capabilities 11

1.12. Curriculum design 12

1.13. Educational model 13

1.14. Learning and teaching methods 14

2. TRAINING PROGRAMME DELIVERY 17

1.15. General information 17

1.16. Entry to public health training 18

1.17. Recommended learning experiences 21

1.18. Phases of learning 22

1.19. Outline competency framework and milestones of achievement 24

1.20. Supervision 25

1.21. Feedback 26

1.22. Assessment 27

1.23. Examinations 28

1.24. Workplace based assessments 28

1.25. Support for training 29

3. DETAILED COMPETENCY FRAMEWORK AND MILESTONES OF ACHIEVEMENT 32

1.26. Key Area 1: Use of public health intelligence to survey and assess a population's health and wellbeing 32

1.27. Key Area 2: Assessing the evidence of effectiveness of interventions, programmes and services intended to improve the health or wellbeing of individuals or populations 37

1.28. Key Area 3: Policy and strategy development and implementation 41

1.29. Key Area 4: Strategic leadership and collaborative working for health 47

1.30. Key Area 5: Health Improvement, Determinants of Health, and Health Communication 54

1.31. Key Area 6: Health Protection 60
1.32. Key Area 7: Health and Care Public Health 67
1.1. Key Area 8: Academic Public Health 72
1.2. Key Area 9: Professional personal and ethical development (PPED) 78
1.3. Key Area 10: Integration and Application of Competences for Consultant Practice 82
4. LINKS TO OTHER FRAMEWORKS 89
1.4. Good Medical Practice and link to the curriculum 89
1.5. Link to the health care leadership model 90
1.6. Code of Conduct and link to the curriculum 90
1.7. EPHOs and link to the curriculum 94
1.8. Additional links 94
5. Public Health Training Glossary 95
6. Appendices 103
1.9. Appendix 1: Activity Summary Sheet 103
1.10. Appendix 2: Activity Summary Sheet Guidance 105
1.11. Appendix 3: On call logbook 107
1.12. Appendix 4: Log of Health Protection Reactive Work 108
1.13. Curriculum Changes log 109

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 UK1. The curriculum as developed should therefore be relevant through structural reorganisation and in different systems, cultures, and countries.

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 and 2015 public health curricula 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 during 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. Key stakeholders were 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 -General Medical Council (GMC) and UK Public Health Register

(UKPHR) as the standard by which specialty registrars will be judged to be awarded a Certificate of Completion of Training (CCT) allowing then to apply for a consultant level post. The GMC require all postgraduate curricula to comply with their excellence by design standards for postgraduate curricula (2017) and to enable a registrar to demonstrate their Generic Professional Capabilities supporting flexibility and transferability of training.

1.2. The purpose of the curriculum

This purpose statement addresses the requirements of the GMC Excellence by Design standards for postgraduate curricula, to include a clear statement addressing population and service needs and the scope of practice and level expected of those completing training.

The statement will address the requirements systematically.

1.3. The curriculum has a clear and stated purpose based on the scope of practice, service and population needs

The public health curriculum provides guidance on specialty training for registrars, supervisors and

[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.

those considering entering the specialty. All the required components of training leading to completion of training in public health are described. Training normally lasts an indicative period of five years, with public health work in approved training locations. The training covers ten key areas of public health practice in the three domains of public health (health improvement, health protection, and health care public health) and aspects of professionalism and leadership. 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 the initial placement being with an organisation that delivers a broad range of public health functions to give early exposure to the breadth of routine public health practice. A detailed academic needs assessment will provide information to develop an academic learning plan which must document the resources required to gain the large public health knowledge base which needs to be gained early to benefit from training ,and also to reach the standard of the DFPH exam, During this initial part of phase 1, allows the registrar to put knowledge into supervised practice in clearly defined and, at first, relatively straightforward areas using basic skills which are assessed in the workplace.

There are mandatory requirements in public health specialty training in both health protection and training in service settings. While there is no mandated minimum or maximum lengths of time for these specific requirements, the Faculty suggest that to allow registrars sufficient time to gain the depth and breadth of knowledge, skills and experience in health protection, as outlined in the curriculum learning outcomes, an indicative training time of between three and six months is required.

While the majority of trainees spend the bulk of their training in UK service settings, some undertake periods of work in academic and other settings. For those, we advise an indicative time of between 12 and 24 months in service settings (excluding health protection). Final decisions about timing and length of health protection attachments and service training is made by local training programmes based on the competencies gained.

1.4. In the second phase of training the registrar is expected to take increasing levels of responsibility leading to the final year when registrars are expected to work at consultant level but under supervision. A curriculum based on an analysis of population, professional, workforce and service needs

The curriculum sets out the framework for a specialty training programme to train doctors and others, with a professional public health background. The aim is to deliver competent and confident professionals able to work at consultant level in the wide range of public health leadership roles which are required both in the UK and globally. Reports such as the FPH Workforce Strategy 2018-2021 and Fit for the Future – Public Health People (2016) have highlighted the need for a diverse public health work force which includes specialists with the training and expertise to provide leadership across public health systems. These individuals will require an “in depth knowledge of population health science, skills to maximise the potential opportunities to improve the health and wellbeing of our communities and develop solutions to complex public health problems, and the ability to make improvements happen through mobilising efforts in all parts of the system”. As public health is a wide-ranging specialty, it is important that registrars work within the current context of the specialty. To reflect this, the examples given with the criteria for learning outcomes are not intended to be prescriptive but to outline likely types of work that will address the training requirements of that learning outcome. Learning outcomes in the curriculum have been written in a permissive fashion to enable registrars and training programmes to design a model of training to adapt to local organisational, political and geographical structures, giving the potential and ability to respond to the needs of the population and be resilient to reorganisation. The model of learning is directed to provide a framework for registrars to play an active role in shaping their own personal development.

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

The curriculum defines and describes the processes of training, including: recruitment, induction, assessment and remediation, phases of training, settings, learning methods and outcomes and has been developed around a model of two phases of learning. These phases reflect an early induction

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

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

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

The high-level outcomes in the public health curriculum cover ten key areas: eight focussed on the specific elements of public health practice plus two others which address professional, personal and ethical development and the ability to integrate and apply the competences gained for consultant level practice.

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

- Use public health intelligence to survey and assess a population’s health and wellbeing.
- Assess the evidence of effectiveness of interventions, programmes and services intended to improve health or wellbeing of individuals or populations to provide professional expert public health advice.
- Influence and contribute to the development of policy and lead the development and implementation of a strategy utilising pragmatic decision making and prioritization skills.
- Use a range of effective strategic leadership, organisational and management skills, in a variety of complex public health situations and contexts, dealing effectively with uncertainty and the unexpected to achieve public health goals.
- Influence and act on the broad determinants and behaviours influencing health at a system, community and individual level.
- Identify, assess and communicate risks associated with hazards relevant to health protection, and to lead and co-ordinate the appropriate public health response.
- Be able to improve the efficiency, effectiveness, safety, reliability, responsiveness and equity of health and care services through applying insights from multiple sources including formal research, health surveillance, needs analysis, service monitoring and evaluation.
- Add an academic perspective of critical thinking, rigour and consideration of evidence to all

public health work undertaken

- Operate flexibly as a health and care systems leader at a senior organisational level, showing understanding of the impact they have on others, and giving effective support to colleagues within teams.

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

1.7. The key interdependencies between the curriculum and other training programmes, profession or areas of practice

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

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

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

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

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

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

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

There are three further high-level learning outcomes

- academic public health, ensuring critical thinking, rigour and consideration of evidence is embedded into every day practice,
- professional, ethical and personal development linked to the four domains of GMP and the content of the Generic Professional Capabilities Framework
- Integration and application of competences for consultant practice. With ability to integrate and appropriately apply the range of expertise acquired working in a complex organisational context.

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

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

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

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

1.9. Summary of key changes

Following the substantive review of the curriculum in 2015 the 2020 review is ‘light touch’ to permit embedding of the learning outcomes.

Key changes from the 2015 curriculum include:

- Following GMC new guidance for curriculum review the purpose of the curriculum has been explicitly stated and learning outcomes have been mapped to GMC generic professional capabilities (GPC).
- In line with GPC we have included explicit reference to safeguarding and duty of candour into the curriculum.
- Existing learning outcomes have been reworded to improve clarity.
- The number of learning outcomes has been reduced slightly to remove duplication and to improve clarity. The numbering of the learning outcomes has not been changed from the 2015 curriculum to facilitate transfer to the 2020 curriculum and to accommodate e-portfolio considerations. Learning Outcomes numbering therefore may not be sequential where learning outcomes have been merged.
- In line with the GMC requirements the learning outcomes have been maintained as high level and generic as possible.
- Following two consultations with key stakeholder groups, including one in 2021 focused on learning from the COVID 19 pandemic, we have added and updated examples on how learning outcomes may be achieved to reflect specific topics in current public health

practice.

- Removal of minimal level of achievement has been removed as this has not been found to be helpful in guidance and progress in training.
- The two phases of training have been maintained. These are of most relevance to KA 6 (phase 1) and KAs 9 and 10 (phase 2). Most other learning outcomes can be achieved in either phase.
- KA 10 learning outcomes now have one level of achievement (full) as it is anticipated that registrars will have collected the evidence to have these completed and signed off in full during the final year of training
- Clear indicative training requirements in health protection (between three and six months) and training in service settings (between 12 and 24 months) for trainees who undertake periods of work in academic and other settings.
- There has been clarification of the training pathway and phases of training.

1.10. 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:

- 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 and evidence development, translation 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.

Cross-cutting themes in the curriculum

There are several themes related to professional public health practice which thread through the curriculum.

Duty of candour

All health professionals have a duty of candour. They must be open and honest in their own work, with their colleagues, employers and relevant organisations. The Public Health curriculum is designed to ensure registrars are supported to carry out this duty. They will need to develop their awareness, their understanding and know when and where the duty of candour should be applied both in their practice and in the organisations, they are working in and with. Key area 9 of the curriculum is particularly relevant but the duty applies across all key areas.

Safeguarding

Protecting children, young people and adults is a fundamental responsibility and duty for all health professionals. The curriculum highlights areas in which safeguarding principles may be specifically addressed, but there will also be other learning opportunities which will arise. By the end of their training, registrars will be expected to have developed a thorough understanding of safeguarding as applied and relevant to all areas of professional public health practice.

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. Public health professionals need an understanding of the global influences on health to be able to improve the health of the population.

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.

Climate change and sustainable development

Climate change is a current and evolving public health emergency. The response to the COVID-19 pandemic has shown how countries can respond to a health emergency and the science shows the next ten years are critical if we are to respond effectively to the climate crisis. Climate change has serious direct and indirect health impacts. There are also important co-benefits of addressing climate change which deliver on both environmental and climate issues and better health outcomes, for example, in the areas of clean air, active travel, diet and nutrition. Failure to address harms created by climate change will exacerbate current health inequalities and create new ones nationally and internationally.

The issues of climate change, biodiversity loss, environment degradation and sustainable development are inextricably linked and underline the need to take a One Health approach to population health.

Whilst, within the curriculum, this is addressed by a specific learning outcome at KA 5.7, the principles involved in addressing the issues of climate change and sustainability are pertinent to a much broader range of the curriculum learning outcomes, and this is indicated by relevant examples under those

other learning outcomes. Registrars will be expected to have developed sufficient knowledge and experience to ensure climate change and its related issues are considered wherever relevant in their current and future public health work.

Equality and diversity

COVID-19 has disproportionately impacted, and in some cases worsened health inequalities amongst certain communities. [2] [3] [4]

Racism is a public health issue and it is vital that as part of the curriculum and their ongoing learning, registrars consider approaches to mitigate any further widening of inequalities amongst ethnic minority communities.

Public health ethics

All public health professionals must be able to recognise and practise within the ethical, legal and regulatory boundaries that apply to their area of public health practice, whilst serving the public health goals of protecting and promoting the public's health and well-being and reducing health inequalities. The curriculum will be working towards ensuring that registrars learn about and reflect on ethical dimensions across public health practice.

1.11. GMC Generic Professional Capabilities

In 2017 the General Medical Council (GMC) published the Generic Professional Capabilities (GPC) to provide a standard framework for Good Medical Practice to be at the core of postgraduate medical education and training. The GMC now requires these standards to be incorporated into the postgraduate curricula of all specialties.

The revised PH specialty training curriculum has been mapped to the nine domains of the GPC and this is set out below. This mapping demonstrates that through achievement of the curriculum learning outcomes, registrars will be able to meet the required standards in all GPC domains.

GMC Generic Professional Capabilities	Faculty of Public Health 2021 Curriculum
Domain 1: Professional values and behaviours	KA 9; KA 10
Domain 2: Professional skills	KA 2; KA 3; KA 4; KA 6; KA 9; KA 10
Domain 3: Professional knowledge	KA 1; KA 4; KA 6; KA 7; KA 9; KA 10
Domain 4: Capabilities in health promotion and illness prevention	KA 2; KA 4; KA 5; KA 10
Domain 5: Capabilities in leadership and team working	KA 4; KA 9; KA 10
Domain 6: Capabilities in patient safety and quality improvement	KA 6; KA 7; KA 9; KA 10
Domain 7: Capabilities in safeguarding vulnerable groups	KA 4; KA 5; KA 9
Domain 8: Capabilities in education and training	KA 8; KA 9; KA10

[2] Public Health England (PHE) Disparities in the risk and outcomes of COVID-19

[3] Beyond the data: Understanding the impact of COVID-19 on BAME groups

[4] Build Back Fairer: COVID-19 Marmot Review

Domain 9: Capabilities in research and scholarship	KA 8; KA 10

1.12. Curriculum design

The curriculum considers frameworks developed and adopted by stakeholder public health agencies. The World Health Organisation's 10 Essential Public Health Operations (EPHO) outline the key areas of development that they will focus on within their Health 2020 strategy. The EPHOs are listed and mapped in section 4.4.

The curriculum has also been developed in line with key documents including Good Medical Practice[5] (GMP) (section 4.1) and the Generic Professional Competencies framework[6] (GPC) (section 1.5) from the General Medical Council (GMC) and the United Kingdom Public Health Register (UKPHR) Code of Conduct[7] (section 4.3). The guidance contained within these documents provides a basis for good professional practice in public health and all other medical practice. These documents set 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. The GMC require all speciality training curricula to be mapped to GMP and GPC and mapping to all three documents 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 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.

Each learning outcome is described clearly, outlining the knowledge base, related curriculum areas and relevant assessment methods. The framework describes the elements of competence that a registrar must acquire and demonstrate by the end of training, but a 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. Similarly, later in training larger or more complex projects may allow registrars an opportunity to achieve new outcomes while consolidating ones which have been previously achieved.

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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[5] Good Medical Practice, General Medical Council https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice

[6] Generic Professional Capabilities framework, General Medical Council https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework

[7] Code of Conduct, UKPHR, https://ukphr.org/registration/code-of-conduct/

1.13. Educational model

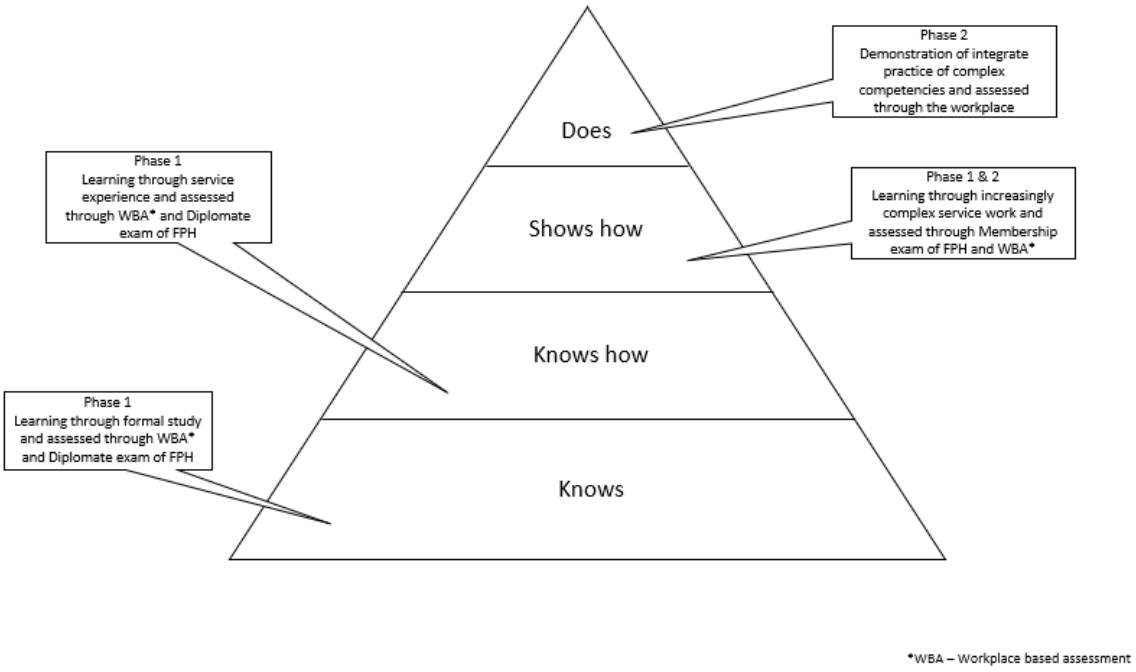

Figure 1. Progress in the Public Health speciality curriculum, using the structure of Miller's triangle (adapted from Miller GE. The assessment of clinical skills/ competence/ performance. Acad Med 1990;65 (suppl):S63–67)

The curriculum is designed to deliver staged achievement of learning outcomes, as indicated in Figure 1.

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.[8]

The expanded model show in Figure 2 outlines 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 model shows how the Key Areas of public health practice are interlinked and have 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.

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

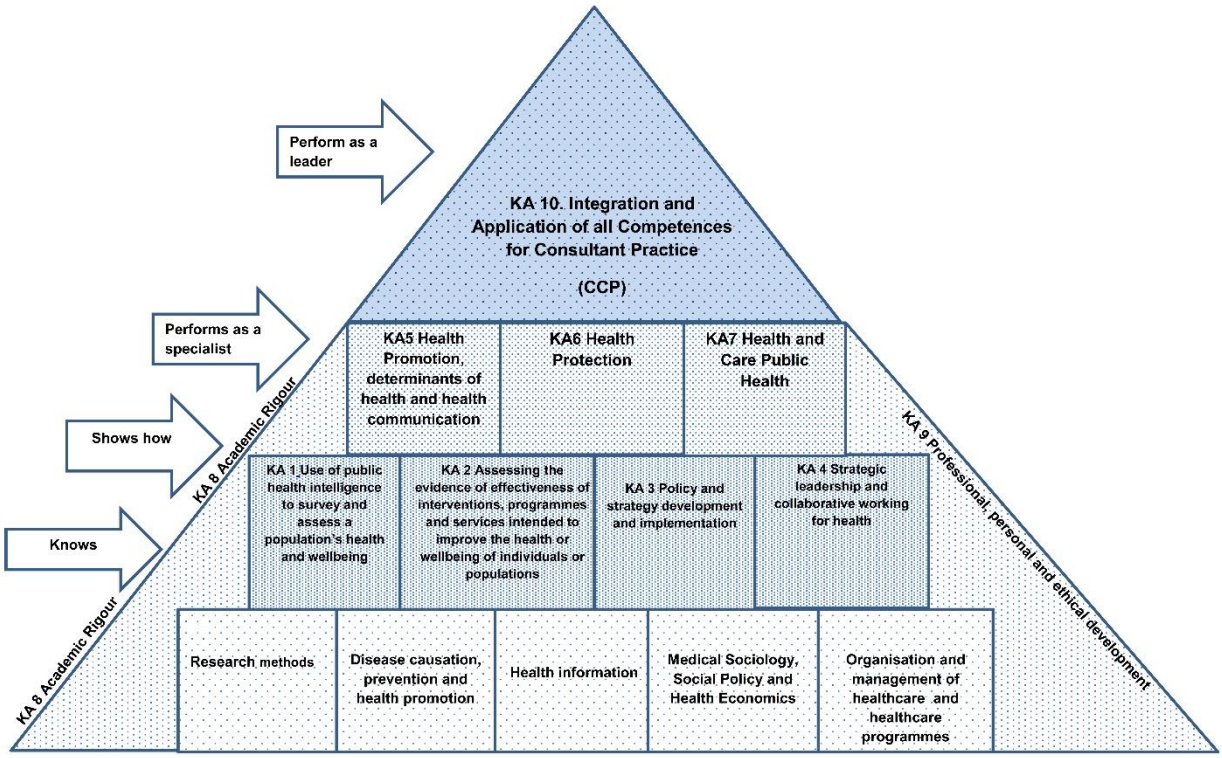

Figure. 2 Miller's adapted model of learning for public health

1.14. Learning and teaching methods

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

Learning in formal situations

Although Public health in an inherently academic speciality with a substantial knowledge base underpinning practice. The academic learning needed by registrars is usually mainly delivered through formal academic courses or masters courses, which 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. 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[9], develop a learning contract through which they identify specific outcomes to achieve, develop, negotiate and

[9] For definition of the term educational supervisor see Glossary. All registrars have an accredited educational supervisor overseeing their training progress and may be attached for specific pieces of work to a named clinical supervisor or project supervisor. See also Recognition and approval of trainers, General Medical Council https://www.gmc-uk.org/education/how-we-quality-assure/medical-schools/recognition-and-approval-of-trainers.

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 on 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.

Mentoring support is given by accredited educational supervisors, 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 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.

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.

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.

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[10] 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.

[10] Recognition and approval of trainers, General Medical Council https://www.gmc-uk.org/education/how-we-quality-assure/medical-schools/recognition-and-approval-of-trainers

2. TRAINING PROGRAMME DELIVERY

1.15. General information

Public health specialty training is delivered via specialty schools and typically lasts five years (see below for training pathway). Entry into training is through a competitive recruitment process. Once recruited, registrars are appointed to a place of training run by programmes overseen by Statutory Education Bodies in England, Northern Ireland, Scotland and Wales The delivery of training is overseen by a Training Programme Director and/or Head of School. The arrangements for all specialty training programmes (agreed by the four UK health departments) is set out in the Conference of Postgraduate Medical Deans(COPMED) document known as the Gold Guide (8th edition 2020). 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 phase 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. For doctors the curriculum builds on their learning from their undergraduate public health curriculum and from the generic competencies developed during their Foundation Programme. For applicants from backgrounds other than medicine, the curriculum builds on their previous education and experience in public health. The curriculum is designed so that the registrar has early induction into public health settings and, following a detailed academic needs assessment, may access academic study according to the individualised academic learning plan. This will allow satisfactory completion of the core knowledge requirements of the curriculum. During this initial part of phase of training the registrar has the opportunity to put knowledge into supervised practice through clearly defined and, at first, relatively straightforward projects developing skills and competencies 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.[11] 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 this 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.

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

1.16. 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 backgrounds other than medicine.

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'.[12] 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 health inequalities. Public health specialists work across organisations, particularly with local government, NHS organisations, 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, and academia. 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 Public Health Programme websites and also from the Faculty of Public Health website www.fph.org.uk.

Entry to training

Recruitment to Specialty Training is through an annual national process starting each October, with entry normally the first Wednesday of the following August. To join training route (leading to a Certificate of Completion of Training (CCT)) you have to meet the ST1 Person Specifications. While all trainees all get the same training, there are two routes leading GMC or UKPHR registration depending on previous professional background.

There are retrospective portfolio routes to registration using this curriculum: for medical applicants there is the GMC's Certificate of Eligibility for Specialist Registration (CESR). For those with other backgrounds there is the UKPHR's Specialist Registration by Portfolio Assessment (SRbPA).

For GMC applicants it is possible to combine the training route with equivalence route and enter at ST3 or ST4 (Combined Programme CESR CP route).

Exit from training

Training normally lasts an indicative period of five years WTE. The Faculty of Public Health will issue a Certificate of Completion of Training (CCT) when three criteria are met:

- ARCP outcomes provided for Registrars including a learning outcome 6
- DFPH and MFPH exams have been passed.
- Public health training in approved training locations has been completed and documented in a

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

suitable range of settings including health protection".

ST1 Entry

This is the normal entry point for registrars joining the training scheme. Registrars will therefore normally be given a CCT date 5 years from their start date, which will be reassessed at each ARCP.

A full assessment of prior learning will be undertaken by the Educational Supervisor, usually in conjunction with the academic Lead and TPD. A learning plan will be developed which should include educational needs and resources required to reach the standard of the DFPH exam, including courses (see below).

ST2 Entry

Where there is significant prior learning such that a trainee can be expected to pass DFPH quickly with minimal extra support it is possible to start in ST2. An example would be a Registrar who has recently completed a good quality master's in public health covering the syllabus of DFPH.

For entry at a higher level FPH must approve enrolment onto the Combined Programme. See guidance on the Combined Programme. Appointment to the appropriate level is dependent on the following:

- ST3: a trainee has passed DFPH examination, normally within the last seven years, and achieved a significant proportion of learning outcomes (~25%).
- ST4: a trainee has passed MFPH examination, normally within the last seven years. They should have normally achieved around 50% of the learning outcomes including all in Phase 1
- ST5 exceptionally if a trainee has all exams and most LOs and just needs a top-up in a small number of areas.

Training Placements

The training programme director will agree training placements on behalf of the programme. 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 programme. All training placements must meet the requirements of the General Medical Council.[13]

Duration of training

Registrars normally start in ST1 with a CCT date 5 years ahead. The Indicative training time is 5 years WTE in approved training placements, which includes a suggested indicative training time of between three and six months WTE in health protection and between 12 and 24 months WTE of service Public Health*. Their initial placement should be with an organisation that delivers a broad range of public health functions to give early exposure to the breadth of routine public health practice.

There is a very large public health knowledge base which must be gained early to benefit from training which is detailed in the DFPH Syllabus and is assessed through examination, usually during ST2. A detailed learning needs assessment must be undertaken at the start of training by the Educational Supervisor, usually in conjunction with the academic tutor and TPD. A learning plan must be developed which should include educational needs and resources required to reach the standard of the DFPH exam. The learning plan must document the resources required to reach the standard of

[13] Programme and site approvals, General Medical Council https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/programme-and-site-approvals

*Service PH settings where organisations deliver a broad range of PH functions for a local population

the DFPH exam. This may include formal academic courses (such as modules, diploma, certificate or full master's in public health) and self-directed study, programme led study groups, programme organised study courses, and exam familiarisation courses. It is for the training programme to decide the best way to deliver this support.

The DFPH is held twice yearly and registrars would normally be expected to sit this examination at the earliest opportunity depending on their learning needs. They should normally have passed DFPH by the end of ST2.The CCT date should be reassessed at each ARCP.

Training pathway

PHASE	PHASE 1 (24 months)		PHASE 1 or 2 (12 months)	PHASE 2 (24 months)	
Year of Training	ST1	ST2	ST3	ST4	ST5
Examinations		DFPH*	MFPH**		
Key points	During phase 1 registrars will gain core public health skills and knowledge. Registrars will begin to demonstrate their ability to integrate their skills and knowledge and progress towards independent practice. Achievement of DFPH and MFPH are key milestones in phase 1.		Transition to phase 2 is usually during ST3 through: achievement of MFPH; completion of core training elements (i.e. service based training and health protection)	During phase 2 registrars take increasing levels of responsibility leading to the final year when they are expected to be working at consultant level whilst still under educational supervision. This supervision is increasingly light touch as the registrar demonstrates the ability and competence to take on higher levels of responsibility. A period of "acting up" into a consultant level post is encouraged during the final year of training.	
Assessment of progress	Assessment of progress will be through examination, workplace-based assessments, annual appraisal and annual review of competence (AR				

*Two sittings per year **Four/five sittings per year

Out of Programme

Time out of training to gain specific experience in a different setting, e.g. overseas, or to undertake research may be granted at the discretion of the local Dean in accordance with the arrangements set out in the Gold Guide.

Where the registrar wishes for this out of programme experience to count towards training this can only be granted where the experience is part of an approved programme, is supervised and has prospective approval from the GMC and the FPH.

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 United Kingdom Public Health Register (UKPHR) . The curriculum document has been approved by both the General Medical Council (GMC) and by the UK Public Health Register (UKPHR) for entry onto the appropriate specialist Public Health Register.

Further information

For more information about working in public health see also:

- Pencheon D. Will you blossom in public health medicine? BMJ 1997;314:2
- Gibbs S and Thalange N. Public health is good for you. BMJ 1999;319:2
- Duff CH, Pencheon D, Thalange N, Kay L. The Anglia Public Health Fellowship – an innovative training opportunity. Arch Dis Child 2000; 83:0-1
- 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
- The Faculty of Public Health website: www.fph.org.uk
- Training of Public Health Specialty Registrars: A guide for local councils
- 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

1.17. 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.

Registrars will have the opportunity to undertake training in a variety of settings. This is intended to give them 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, Department of Health/NHS regional tier[14], 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 training 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 approved training placements 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, 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.

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

- Health protection.
- Health improvement.

[14] Terminology varies between countries of the UK

- 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.

1.18. Phases of learning

Phase 1

Phase 1 combines early *induction* to training (including workplace and human resources policies and practice) and introduction to basic core public health skills with acquisition of knowledge.

Public Health Practice

The majority of registrars will be placed initially in *organisations that deliver a broad range of public health functions* which will allow early exposure to routine public health practice. During this phase registrars will be assessed on pieces of work through reflective summaries and production of formal written documents for real life use (e.g. letters, reports, evidence, reviews and data analyses). Workplace-based discussion and an adaptation of the mini clinical exercise will be used to assess analytic and data handling skills.

Knowledge Base

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

- **Research methods**, including basic and clinical sciences research methods, epidemiological and statistical methods, health needs assessment and evaluative technique
- **Disease causation and the diagnostic process in relation to public health**; prevention and health, including health promotion, screening, communicable disease and environmental hazard control and social politics.
- **Health information** including population and disease data and health intelligence
- **Medical sociology, social policy and health economics** Leadership and management skills including change management and health economics
- Organisation and management of healthcare and healthcare programmes

This knowledge base has been mapped to the key areas of public health practice and every learning outcome has a clearly identified knowledge base. In order to benefit from training *the knowledge base must be gained early and is assessed through examination* (DFPH).

It is therefore essential that a full assessment of prior learning is undertaken by the Educational Supervisor, usually in conjunction with the academic lead and TPD. A learning plan must be developed which should include educational needs and resources required to reach the standard of the DFPH exam. This may include formal academic courses (such as modules, diploma, certificate or full master's in public health) and self-directed study, programme led study groups, programme organised study courses, and exam familiarisation courses.

The DFPH is held twice yearly and registrars would normally be expected to sit this examination at the earliest opportunity depending on their learning needs. They should normally have passed DFPH by the end of ST2.

Leadership, Health Protection and on-call

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 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. They should normally have passed MFPH by the end of ST3.

During phase 1, registrars will spend a suggested indicative time of between three and six 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 is commonly 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. The exact timing will depend on the availability of local health protection unit supervision and organisational considerations such as local service needs, so 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 (6.9) rota. This learning outcome would normally be assessed towards the end of training, but there may be individual programme variation.

Moving to Phase 2

There are 89 learning outcomes in the PH curriculum so over a five-year period around 18 may be covered each year although evidence is accrued through years of training. However, there is flexibility to do the majority of LOs in at different points in training (there are 12 which must be done in phase 1 and 15 in phase 2) so ARCP assessment should be based on satisfactory progress, not a rigid count of LOs.

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 that best meet with identified educational needs and career aspirations. 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 registrars selected components will allow an individual to develop specific competence for defined practice or promote their generalist skills within specific settings (local government, 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, 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.

Although acting up often fulfils 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 Gold Guide and the procedures in the programme within which they work. Usually Out Of Programme (OOP) approval process is followed to obtain prospective GMC approval which requires a satisfactory ARCP outcome. Acting up consultant posts may count towards registrar's CCT or Certificate of Eligibility for Specialist Registration Combined Programme (CESR CP).

Acting up consultant posts are normally taken in the final year of specialty training, and usually last for 3 months. However, the Postgraduate Dean can allow an earlier start and extensions for a longer period in exceptional circumstances (such as occurred during the COVID-19 pandemic).

1.19. 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 have been kept generic as the curriculum applies to all UK countries.

Registrars and supervisors should recognise that the learning outcomes do not require equal amounts of work to achieve and that multiple learning outcomes can be completed with larger pieces of work.

A helpful way to consider this would be to think of learning outcomes in four broad categories

- A clear large task (for example, a health needs assessment, developing a strategy)
- An expected element of a larger piece of work (undertaking a literature review, analysing data)
- A way of working (communication / presentation skills, team working, supervision)
- A specific 'standalone' task (financial management; sustainability, support and mentoring)

Target phase of achievement

For each learning outcome, the target phase of training (the last post at which the learning outcome should be achieved) is given in the Key Area sections. The target phase does not preclude achievement at an earlier stage of training, however many of the learning outcomes identified for phase 2 involve work of complexity for which experience and competence might accumulate over a longer period and build on learning outcomes from earlier in training.

Suitable assessment methods

Indicative assessment methods are blueprinted against learning outcomes in section 3 and cross referenced to other learning outcomes. Examples of work, for learning outcomes in Key Areas 1 - 8 outcome in the framework, and milestones of achievement are given.

The examples are only suggestions and do not represent the full list of work to be done by any single registrar.

The two levels of achievement build on each other. Reaching partial completion should be considered appropriate progress in early stages of training for some of the more complex learning outcomes; in fact, reaching full achievement in early stages might demonstrate a less complete understanding of the skills, knowledge and application required. 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 MFPH Diplomate 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 described below (Key Areas 1 – 8):

1. A key competence descriptor of the area of practice.

2. (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 Diplomate Examination.

3. (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. (c) 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. (d) 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.

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.

1.20. Supervision

The curriculum is designed to ensure graded learning and responsibility. Registrars are expected to work with a level of supervision commensurate with their experience and level of competence.

All registrars should have a designated named educational supervisor, who has overall responsibility for training in the location(s). An appropriately trained clinical or project supervisor may take responsibility for supervising specific pieces of work and will report back to the Educational Supervisor on the registrar's progress / competence. Training programmes will ensure that all supervisors are accredited appropriately for their level of supervision.

Registrars will have an initial induction meeting with their supervisor when preparing for or shortly after the start of any placement to identify and agree learning objectives.

This discussion should include any other supervisors involved in project work.

Progress towards these objectives will be measured through a series of regular appraisals / 1:1 meetings where the educational supervisor and registrar should review the learning contract, progress of current service work and learning.

Registrars will also have academic support, during their taught academic course and in preparation for Part A MFPH. Registrars should continue to ensure there is academic rigour, with critical thinking, and consideration of the evidence base for their service work throughout training and the programme will provide support for encouraging publication and dissemination of work.

At every change of placement an end of placement assessment will usually 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 participate in the out of hours work for health protection once they have completed the required criteria (see Key Area 6). All out of hours work is supervised by a consultant.

All training placements will be required to comply with the European Working Time Regulation, the requirements for the appropriate Junior Doctor and other contracts and relevant health and safety at work standards. These will be assured through regular external quality assurance systems organised by the training programme.

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.

1.21. Feedback

Regular and timely feedback is an essential component of educational progress and development. 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.

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 encouraged to self-assess. This sets the foundation for compliance with Good Medical Practice, the UKPHR Code of Conduct, and subsequent revalidation.
- Regular informal feedback is given by the supervisor(s) as tasks are delivered and formally at dedicated training feedback sessions.
- Formative assessment and feedback should take place during the regular 1:1 meetings between registrar and supervisor where progress against agreed educational objectives is reviewed and further educational need and opportunities identified.
- 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 e-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 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.
- Feedback in the form of examination mark breakdown is available from the Faculty of Public Health for registrars failing either part of the 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.

1.22. Assessment

Each phase of training has a clearly identified assessment blueprint which includes formal examination with workplace-based assessment and development of a portfolio log of experience and reflection.

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.

Supervisors should 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.

This section briefly outlines the principles behind assessment in public health specialist training, lists the elements of assessment and describes the examinations for MFPH and the public health portfolio15.

Each learning outcome outlines assessment criteria required 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 partial and full attainment for each learning outcome, which enables registrars and supervisors to benchmark training evidence against a graded progression capability.

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 as they progress through training. 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 should keep a portfolio of evidence to support claims of competence, 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 by the assessment panel..

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[15] The full details of assessment method and the blueprint of assessment against learning outcomes can be found in Section 3 of the curriculum.

1.23. Examinations

The MFPH is attained by passing two examinations: the Diplomate Examination (formally known as Part A) and the Final MFPH examination (formerly known as Part B examination).

Diplomate Examination

The Diplomate 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 exam is usually taken within the first two years (wte) of training.

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

Final MFPH Examination

The Final 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 and is usually taken 6-9 months after passing the Diplomate examination and with approximately two years of training remaining.

It takes the format of an OSPHE (objective structured public health examination) with six scenarios or stations, testing knowledge and skills across all three domains of public health. The examination assesses the ability of the candidate to apply relevant knowledge, skills and attitudes to the practice of public health, and requires candidates to show that they can integrate the theoretical and practical aspects of their learning. The Final MFPH examination tests five core practical competencies in each of six independently assessed scenarios. These competences can be found in the appendices of the Curriculum.

1.24. Workplace based assessments

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 / or project supervisors are able to explore the registrar's understanding the components of a project or a specific issue or incident through a structured case-based discussion. This may involve the use of a number of resources for reference.

Case-based discussions should 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.

Examples of case-based discussions include specific cases or incidents during health protection attachment, reflection on a challenging aspect of a project, discussion of the findings of an analysis.

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.

When presenting written materials as evidence towards completing learning outcomes, registrars should clearly explain what their contribution to the work was; it may be helpful to include evidence of the work undertaking during the project as well as the final product and to reflect on the practical aspects (challenges and learning) of undertaking and completing the work.

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, enabling them to reflect on their practice and become more effective in their work.

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 in preparation for the KA10 formative assessment. See guidance on KA10 formative assessments.

There should be facilitated 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.

1.25. Support for training

A registrar progressing normally would expect to complete specialist public health training within five years (WTE); in approved training locations.

Some registrars will progress more quickly in certain areas of training, while others will progress at a different rate and require additional, targeted, support. Support during training should be tailored to the individual registrar and to the particular milestone or learning outcome causing difficulty.

The principles to consider are:

- early identification of difficulty / particular need;
- focussed support to address identified need;
- regular monitoring and feedback to avoid surprises;
- appropriate evidence of progress supports all decisions taken.

Support needed will be 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 identifying needs and targeting support.

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 additional support may be identified; these include examinations, regular work-based assessments, and ARCP.

Examination checkpoints

Diplomate examination (formerly known as Part A)

Registrars would normally be expected to sit the Diplomate examination within 12 to 18 months WTE of starting training, and it should usually be passed with at least three full years of training left. After a failed attempt at Diplomate examination, the registrar should identify, from feedback provided by the examiners, gaps in knowledge and/or written presentation skills.

A supported action plan at this stage will focus on areas for development. Failure at the second and subsequent attempts should lead to further review as to whether specialist support is required.

Final MFPH examination (formerly known as Part B)

The Final MFPH examination is designed to be taken within 24 to 30 months of starting training and it should normally 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 Final MFPH examination should follow the suggested procedures as outlined for unsuccessful attempts at the Diplomate examination above, including attendance at a preparation/communication skills course and targeted training with a trainer experienced in exam 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 the full MFPH would normally be gained around halfway through training.

Significant delay in passing either part of the MFPH examination will clearly delay achievement of 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 or a more general failure to progress.

Each phase of training has a set of ascribed learning outcomes which, when satisfactorily achieved together with the appropriate part of the MFPH, allow passage into the next phase of training.

Where progress with learning outcomes is slower than expected or the registrar is having particular technical difficulties, the supervisor should provide targeted support 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 held at annually throughout specialist training. Registrars are expected to submit evidence through their structured portfolio to indicate how they have achieved learning outcomes. The ARCP panel will consider progress in achieving learning outcomes alongside examination results to determine whether a registrar is making satisfactory progress in training.

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

There are two forms of adverse outcome which can be issued when a panel considers progress to be unsatisfactory

- ARCP outcome 2 allows for targeted training with clearly identified objectives.
- ARCP outcome 3 which may require the registrar to repeat a period of training and extend the time to completion of training.

Further detail of the ARCP process is available in the Gold Guide for Speciality Training (here)

Following an adverse outcome (outcome 2 or outcome 3) at an ARCP panel, the registrar and their educational supervisor should draw up a detailed action plan describing how they will meet the recommendations of the panel. Progress against such recommendations should be monitored at frequent intervals and normally at least six-monthly for a further formal review; at this stage the panel will consider whether the registrar should remain in training and make recommendation about any further support required, which may include extra time in training.

3. DETAILED COMPETENCY FRAMEWORK AND MILESTONES OF ACHIEVEMENT

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

Maps to Domain 3 GMC Generic Professional Capabilities

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 forward planning and evaluation; specification and uses of information systems; common measures of health service provision and usage; the uses of mathematical and simulation 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 simulation 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 and also from work in academic departments,

NHS 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 by accessing data and information from a variety of organisations and sources (local, national and / or global)** **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. Write 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. Write stakeholder insight report on an area of importance e.g. adopting healthier lifestyles. Write a report that considers longer term trends and the health needs of future generations, including the impacts of climate change.	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.	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	**Merged with KA1.1**		

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.	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 infographic on cancer in a local area; map the impact of socioeconomic 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. Present findings from a Climate Change Risk Assessment (CCRA) report and tailor the findings to the intended audience.	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.	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

	Assessment of the health needs of ex-offenders in a local area. Write a report on qualitative investigation of cancer patients' experience of services. Report on regular surveillance of communicable / non communicable diseases		to use both quantitative & qualitative data and to synthesise such data competently to inform a plan for action, or policy, or strategy development.
1.7	**Undertake a health needs assessment for a defined population for a specific purpose, use systems thinking approach (where appropriate)** **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. County, district or health authority based needs assessment System models to understand future demand and / or capacity planning Develop a system approach to strengthening mental well-being and reducing risk factors for poor mental health at a local area level.	Partial	Ability to define and distinguish a health needs assessment from other types of queries 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. Appreciation of different types of needs assessment methodologies
		Full	Has led a health needs assessment on a significant topic, including stakeholder engagement, 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 subpopulation.** **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. Needs assessments or strategies addressing the health inequalities experienced as a result of COVID. Equity audits or evaluations relating to access to healthcare services during and after the Pandemic. COVID-19 recovery strategy work. Health equity audit of health checks, cervical	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.

	screening programme. Population profiling at county, district or practice level describing inequalities across a range of health indicators. Surveillance of climate change impacts across different population groups		

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 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.				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 by accessing data and information from a variety of organisations and sources (local, national and/or global)	Any	KA2 DFPH MFPH	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	Merged with KA1.1								
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		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, use systems thinking approach (where appropriate).	Any	KA2 KA5 KA8			X	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		

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

Maps to Domains 2 & 4 GMC Generic Professional Capabilities

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 understand and use a range of resources to formulate and communicate evidence-based recommendations to improve population health through operational and strategic change.

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. NHS, local and central government, community care, academic centres), risk factor, health outcome and/or sub-population.

2 c. Guidance for assessment of competency

	Learning outcome	Level of Achievement	
2.1	**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** **Examples:** Evidence briefing on a health improvement, health protection or health care intervention Evidence review to inform development of a specification or business case for a public health intervention, programme or service Briefing in response to questions about COVID-19 risk, testing and temperature testing. Briefing on climate change mitigation and adaptation strategies e.g. active travel, sustainable food production, flood risk management	Partial	Can define, document and conduct a review in relation to a simple policy or practice question
		Full	Has undertaken a structured review of evidence, identifying strengths/limitations (including bias, chance and confounding), methods to address these, drawing conclusions, making recommendations from others' research and identifying evidence gaps and future work
2.2	**Formulate balanced evidence-informed recommendations both verbally and in writing using appropriate reasoning, judgement and analytical skills** **Examples:** Writing a commissioning or service provision specification or policy Advocate a health improvement, health protection or screening programme through an evidence-informed briefing paper Reports on actions to improve air quality / access to greenspace or to provide more environmentally sustainable healthcare	Partial	Effectively articulates verbally and in writing the overview of research required in relation to specific decisions
		Full	Develops a policy or service change proposal, or specification, based on complex and multiple sources of evidence
2.3	**Drawing on available evidence, build consensus around a public health position, perhaps because of uncertainty, opinion imbalance or gap in knowledge and understanding.** **(The process of building consensus should take account of stakeholder needs and views to facilitate system-wide leadership and change)** **Examples:** Devise in partnership a behaviour programme for a lifestyle risk factor. Develop a clinical guideline. Produce position statement on structural racism	Partial	Can identify and articulate 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

	as a determinant of health Redesigning a clinical pathway that minimises carbon footprint		
2.4	**Identify the need for reviews of scientific literature to inform operational or strategic decisions about health and health care, and advocate this approach** **Examples:** Define need for a review of scientific literature to inform service-related quality improvement, address a policy question, or support a research study Briefing paper relating to a service, practice or policy change that draws on others' research recommendations Building consensus on a physicians' consensus statement, contact tracing or testing strategy. Review the evidence around the transition of carbon-intensive inhalers to alternative lower carbon-intensive inhaler types where deemed suitable.	Partial	Recognise the need for reviews of scientific literature
		Full	Effectively articulates (verbally and in wiring) the evidence review required in relation to specific decisions
2.5	**Define the approach to a structured review of research to inform policy and practice** **Example:** Define the scope of a review of scientific literature to inform service-related quality improvement, address a policy question, or support a research study	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 Consider environmental sustainability in the evaluation of local screening programmes	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, appropriately demonstrating taking account of stakeholder needs and views in order to facilitate system-wide leadership and change** Examples: Implementation of national guidelines or policy	Partial	Understand the stages of evidence-based practice Contribute to implementation or application of evidence into practice and demonstrate that

	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 use and skills application to inform public health intervention, programme, service or policy change Use of national guidance in developing workplace guidelines and policy in response to COVID set in the context of critical infrastructure settings Contribute evidence on green space and environmental factors to the development of a mental health strategy Undertake an evidence review on interventions to improve air quality to inform local policy and action plans.	 Full	evidence has been used in a systematic way to address an area of identified need Play a leadership role in the implementation of evidence to inform, service, programme and/or policy change for population health 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 Aim: To be able to understand and use a range of resources to formulate and communicate evidence-based recommendations to improve population health through operational and strategic change.				Suitable assessment methods (indicative)					
				Exams		WPBA			
Learning Outcome		**Target phase**	**Related Learning Outcome**	DFPH	MFPH	DOP	WR	CBD	MSF
2.1	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	Drawing on available evidence, build consensus around a public health position, perhaps because of uncertainty, opinion imbalance or gap in knowledge and understanding. (The process of building consensus should take account of stakeholder needs and views in order to facilitate system-wide leadership and change)	Any	KAs 4, 5, 6, & 7			X	X	X	

2.4	Identify the need for reviews of scientific literature to inform operational or strategic decisions about health and health care, and advocate this approach	Any	KA 8			X	X	X	
2.5	Define the approach to a structured review 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, appropriately demonstrating taking account of stakeholder needs and views in order to facilitate system-wide leadership and change	Any	KA 3		X	X		X	

1.28. Key Area 3: Policy and strategy development and implementation

Maps to Domain 2 GMC Generic Professional Capabilities

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 or course of action adopted by organisations, teams or individuals and is influenced by objective information, politics, public opinion and the media.

Strategy is a formally planned analysis and set of actions to achieve a policy principle or vision in response to a defined public health problem.

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

3 a. Knowledge base

- 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.
- Principal approaches to policy formation, implementation and evaluation including the relevance of concepts of power, interests and ideology.
- Methods of assessing the impact of policies on health.
- Theories of strategic planning.

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 healthcare). 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.

There is some overlap between the learning outcomes in this key area. Significant and complex work projects may address all learning outcomes simultaneously or the registrar may address one, or part

of one learning outcome by contributing to particular aspects of a larger programme of work.

3 c. Guidance for assessment of competency

	Learning outcome	Level of Achievement	
3.1	**Demonstrate knowledge of current national and international policies and strategies that affect health and wellbeing.** **Examples:** Develop a local policy for out of hospital dementia care in the context of the national strategy Review and compare policies across statutory organisations for managing COVID in care homes Write a board paper in response to concerns about local air quality and set this in the context of relevant international directives and UK standards. Demonstrate awareness of climate relevant policies and strategies at local, national and international levels and apply these to relevant pieces of work locally.	Partial	Displays awareness of and has applied relevant policy.
		Full	Demonstrate knowledge of the key institutions relevant to health worldwide, an understanding of health governance and the mechanisms through which the health community responds to public health threats. Demonstrates links between the national policy context and local policy and strategy work with which the registrar has been involved.
3.2	**Evaluate a situation to define a public health problem and identify objectives; outline the steps required to achieve change and prepare strategic options for action.** **Example:** Identify options to address excess premature mortality in people with serious mental illness. Carry out a Health Impact Assessment of a local transport strategy. Develop a strategy for consultation in response to increased death rates from COVID in care homes	Partial	Has contributed to the development of a project plan that systematically links a public health problem to objectives and lists steps to achieve change for a simple piece of work, considering constraints, resource implications and timescales, demonstrating basic knowledge of project and work planning.
		Full	Has produced or made a substantial contribution to scoping a problem and identifying possible responses to implement change in a complex situation with more than one organisation involved, including actively involving others.
3.3	**Carry out an 'Options Appraisal' of alternative strategic options including consideration of political, social and technical feasibility.**	Partial	Contributed to some aspects of option appraisal and strategy *d*evelopment.

	Example: Assess options for responding to high levels of smoking in pregnant women. . Develop a health improvement plan to address childhood obesity in one locality using evidence-based interventions Review the options of providing equitable access to COVID vaccination in higher risk populations Assess national, regional, and local approaches to reduce poverty and debt Incorporate sustainability principles into local procurement decisions, e.g. By embedding carbon reduction targets into procurement contracts	Full	Has evidence of having appraised options, and determined what actions are feasible and realistic Working with minimal supervision, demonstrate the ability to produce recommendations and proposals to address a complex health and wellbeing problem. Document the elements needed in an appropriate action or project plan.
3.4	**Demonstrate engagement and co-production with stakeholders, including the public and representatives of the political system, throughout the development of policy, strategy, programmes of work or action plans.** **Example:** Demonstrate stakeholder engagement through a strategy to address health inequalities in deprived neighbourhoods Work with service users to redesign a diabetes care pathway for mental health in-patient settings Deliver a session for elected members on the relationship between COVID and climate change Create a plan to engage those most affected by climate change and environmental degradation in mitigation and adaptation plans Organise a climate and health education session for elected members	Partial	Contributed to work with stakeholders on components of a local strategy or service design.
		Full	Clear evidence of the registrar's role in ensuring and using stakeholder involvement, consultation or coproduction 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 reduce childhood obesity in one locality which includes evidence-based interventions. Develop a plan to enable access to domestic violence services during the COVID pandemic Develop a local decarbonisation strategic delivery plan	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.

	Develop an action plan for a charity to move towards being carbon-neutral Contribute to or write an air quality action plan. Support the development of/response to an organisation's climate emergency declaration and/or plan		
3.6	**Lead the implementation of a strategy including demonstrating the ability to solve problems that arise during this process.** **Examples:** Lead the development of work to integrate services for people with autism Lead a piece of work with partners to implement a community testing programme for COVID Provide the coordinating oversight to policies to integrate the utility of bus and cycle lanes into a cleaner air strategy Implement a strategy on an aspect of Covid and climate change and health, such as reducing the impact of travel emissions in a healthcare system through increased video and phone consultations Lead the development and implementation of a testing or contact tracing strategy Lead the implementation of decarbonisation delivery plans Implement an air quality strategy Implement a strategy on an aspect of climate change and health, for example reducing the impact of a healthcare system on the environment	Partial	Contributed to 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	**Evaluate the impact of a policy or strategy using an appropriate method, critically analysing whether desired changes have been achieved.**	Partial	Has reviewed the impact of a piece of work and critically assessed the learning from it.

	Examples: Carry out a Health Impact Assessment of plans to reconfigure a health or care service or organisation Review the actions taken to implement a strategy for improving mental health in a population group and the impact of those actions Review the uptake and performance of a screening programme during and after the COVID-19 pandemic Evaluation of local or national COVID strategies Undertake a climate change health impact assessment	Full	Substantial contribution to a policy or strategy evaluation. 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. Has reviewed the impact of a piece of work and critically assessed the learning from it.

3 d. Guidance for method of assessment

Key Competence 3: Policy and Strategy development and implementation Aim: 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	Demonstrate knowledge of current national and international policies and strategies that affect health and wellbeing	1	All	X	X	X	X	X	
3.2	Evaluate a situation to define a public health problem and identify objectives; outline the steps required to achieve change and prepare strategic options for action	1	All				X	X	
3.3	Carry out an 'Options Appraisal' of alternative strategic options including consideration of political, social and technical feasibility. Write an action plan describing the key steps of your recommended approach	1	All				X	X	
3.4	Demonstrate engagement and co-production with stakeholders, including the public and representatives of the political system,	Any	KAs 1, 4,5 & 6			X	X	X	

	throughout the development of policy, strategy, programmes of work or action plans								
3.5	Write a strategy [action plan] to address a need for change to improve a public health or health care issue	Any	All				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	
3.7	Evaluate the impact of a policy or strategy using an appropriate method, critically analysing whether desired changes have been achieved	Any	All				X		

1.29. Key Area 4: Strategic leadership and collaborative working for health

Maps to Domains 2, 3,4,5,7 GMC Generic Professional Capabilities

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 be able 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.

4 c. 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 validated tool, reflected and acted upon the result Has led work with senior non-public health colleagues e.g. elected members, commissioners Has led on a complex project tailoring the leadership style to the situation	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 at least 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:** Prepare and deliver examples of the following: teaching sessions, poster presentations, conference presentations, Board papers, strategy documents, and presentations to local groups, multiagency groups, briefings of elected members or senior managers or clinical leads, responses to individual members of the public Communicate with head teachers of schools or managers of care homes about enteric precautions, exclusion periods, and referrals in/out of closed settings	Partial	Can demonstrate communication of 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. 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.

	Develop and deliver materials to support virtual and blended learning	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 multiagency or multidisciplinary teams in their meetings. Has evidence that has led on communication, and liaison with relevant 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.
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 Assess risks related to withdrawal of services – e.g. safeguarding Communicate risks related to impacts of climate change	Partial	Understands the concept of different kinds of risks and approaches to managing them but has not yet 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 implementation of a smoking reduction or alcohol strategy Convening and chairing a working group between agencies and shaping its agendas and work plan Contributed to the implementation of a new screening/immunisation programme or changes	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 a work programme involving more than one work stream and

	to an existing one Planning health care service changes for better outcomes Managing a complex communicable disease outbreak response Contribute to the development and/ or implementation of an environmental health plan that demonstrates the benefits to both physical and mental health Work across disciplines and agencies to implement climate change adaptation and mitigation strategies		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.** **Examples:** There will be opportunities to work within increasingly complex teams as training progresses Being part of a team working on a project examples of practice of compassionate leadership, both as a team member and a team lead Working with other registrars on a public health project/innovation	Partial	Evidence that the registrar understands the theoretical basis of successful teamwork, 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 Calculating Return on Investment (ROI) of interventions that are designed to minimise carbon footprint	Partial	Evidence of an understanding of sources of finance, of how budgets are set and managed and of standard budgeting concepts e.g. programme budgets.
		Full	Evidence of contribution to costing estimates for a piece of work 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 Develop strategy or service at a time of budgetary or political uncertainty Working with partners with competing priorities e.g. members of the public Coping with timescales and priorities changing within a project Anticipating potential areas of conflict in advance Adapting to different organisational contexts which represent challenges and opportunities to practice public health with different types of professional freedom throughout training Address climate uncertainty or denial and/or resistance to change Reflect on the ethical arguments for and against a course of action that is generating conflict, e.g. justice, equity and fairness conditions in reducing funding to a programme	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 Balancing professional and corporate responsibility Demonstrating political literacy in influencing and negotiating with policy makers Raising climate change as a health issue where it is not seen as a pressing concern Influencing the development of a healthy hospital approach whilst working in a Public Health team Reviewing and recommending changes to an	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.

	existing service		
4.9	**Work collaboratively with the media to communicate effectively with the public.** **Examples:** Produce 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 Prepare a communication strategy as part of another piece of work Use social media tools, questionnaires, and targeted communication to inform a climate change strategy	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 Acting as assessor for colleagues preparing for registration on regional Public health practitioner schemes Training in coaching skills Acting as Pastoral tutor of Medical/postgraduate students	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. Understand typical responsibilities of line management role.
		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 individual and population mental health and wellbeing can be managed and promoted in others in a range of situations.** **Example:** Evidence of recognition of situations likely to undermine mental wellbeing in others and advocacy of changes to remedy them Supporting colleagues starting new roles	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

	Evidence of developing and supporting Dementia friendly training Working to ensure wellbeing of others during a change process Lead/ contribute to a public mental health policy or action plan. e.g. green social prescribing		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 Aim: To be able 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)					
				Exams		WPBA			
Learning Outcome		**Target phase**	**Related Learning Outcome**	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 a clear 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

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
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 others in a range of situations.	Any	KA5	X		X	X	X	X

1.30. Key Area 5: Health Improvement, Determinants of Health, and Health Communication

Maps to Domains 4, 5, 7 of GMC Generic Professional Capabilities

This area of practice focuses on improving the health of populations by influencing lifestyle and socioeconomic, 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 be able to influence and act on the broad determinants and behaviours influencing health and wellbeing 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 culture, and discrimination 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 promotion activities including outcomes, appropriateness of different methods, limitations and strengths of RCT, alternative evaluation methods and qualitative approaches • Ethical and political issues, and the rapid changes in these, that underly 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 • Understanding the evidence on bio-psycho-social pathways to disease and importance of mental wellbeing as a determinant of physical health • Behavioural or social science contributions to health improvement (psychology, sociology, policy analysis, leadership) • Complex systems approaches

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 structural determinants to health, and different social, cultural, political and religious perspectives on health.** **Examples:** Develop a healthy eating campaign or strategy, taking into account the different cultural and religious needs of the local population. Understanding how systemic racism, discrimination or cognitive bias related to race, ethnicity, gender, disability, caste or religion, or migratory status, influence policy and mitigation of these factors Assess the impact of introduction of the minimum wage in local services on health outcomes. Influence local tobacco control policies in schools. Coordinate departmental response to national policy consultation e.g. a relevant green paper Developing social media campaign to address a health need in an ethnic community that has been identified through a health needs assessment. Ensuring health impacts and health co-benefits are captured in climate change policy	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 decision makers 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 or equivalent the case to work across agencies to reduce rates of heart disease in people with learning disability. Set 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. Contribute to the development of a Director of Public Health Annual report highlighting the health needs of a particular population or	Partial	Have drafted content for local newspaper/newsletter, departmental or corporate social media, 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.

	subgroup. Using social media for public health advocacy Advocacy for proposal regarding the impact of environmental factors, such as air pollution, on a particular population or subgroup Presenting the findings of a COVID disparities report that may incorporate identification of health inequalities in vulnerable groups, mental health impacts and makes recommendations for improving health. Advocating for the importance of recognising climate change as a health issue		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 traditional and social media to advocate for action on a public health issue.
5.3	**Influence community actions and services, 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. Working with communities to explore community resilience to climate threats Make a major contribution to, or lead, a participatory exercise for gathering information from population groups or specific community groups as part of a piece of work Contribute to the design and implementation of a community stakeholder survey and feedback to that community. Support the co-design of community-centred health improvement services and influence the content of a service specification as a result.	Partial	Be able to work with a small community in an asset-based approach. Demonstrate use of participatory engagement methods and response to community priorities 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.
5.4	**Incorporated into other Learning Outcomes**		
5.5	**Influence local services to be health promoting** **Examples:** Develop a policy such as 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 developed, reviewed or renewed. Respond to local media campaign by meeting with campaigners, meeting local politicians or	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.

	drafting the response to a MP letter with information on how local services promote health. Responding to community or service user concerns about service changes**.** Influencing local services to consider environmental impacts of their services e.g. air quality impacts of travel for service delivery, reduction in the use of single use plastic		
5.6	Influence the planning, commissioning and evaluation of specific health improvement programmes and preventative services. **Examples:** Evaluate a 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 significantly involved in the development or evaluation of a tender for, or a project/programme to develop, a new service Panel to commission a stop smoking service. Contribute to the evidence-based redesign of a commissioned service following budget reductions or increases. Considering the inclusion of carbon tariffs into procurement decisions (e.g. for pharmaceuticals or clinical consumables) Apply the Sustainable Development Goals within a commissioning policy or decision.	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 or emergency planning 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. Develop local emergency plan response for cold and heat waves, flooding or another environmental challenge Incorporating sustainability into a service specification. Supporting the Director of Public Health in their	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, demonstrating system leadership in sustainability and health.

	responsibility for air quality Active transport strategy development Encouraging "green" economic development in relation to Covid recovery and longer term economic sustainability. Develop and implement a resource within an organisation to assess environmental impacts in events planning		

5 d. Guidance for method of assessment

Key Competence 5: Health Improvement, Determinants of Health, and Health Communication Aim: To be able to influence and act on the broad determinants and behaviours influencing health and wellbeing 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 political and religious perspectives that may influence health.	Any	KA 3& 9			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	X	
5.3	Influence community actions and services, by working with and empowering communities using participatory, engagement or asset-based approaches.	Any	KA 1.3 1.1			X	X	X	
5.4	Incorporated into other Learning Outcomes							X	
5.5	Influence local services to be health promoting.	Any	KA 2, 3, 4, & 9			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	

5.7	Demonstrate leadership in environmental sustainability with a focus on the links to health or emergency planning and climate change.	Any	KA 3, 4 &6	X	X	X	X	X	

1.31. Key Area 6: Health Protection

Maps to Domain 2 & 6 GMC Generic Professional Capabilities

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 be able 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; training during the health protection placement may contribute to learning outcomes in other key areas, particularly KA9. Some essential health protection experience cannot be guaranteed during the recommended three to six month (WTE) 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.

Registrars should usually 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 part A of the MFPH examination.

The current requirement is that specialty registrars complete a suggested period of between three and six months (WTE) in health protection training. However, in some parts of the country a longer attachment is required for consultant posts; final decisions about timing and length of health protection attachments are made by the local training programme. It should be noted that arrangements for unsupervised health protection on-call vary between countries and continued participation in an on-call rota may be part of a job description / person specification.

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 for example COVID 19, direct and indirect impacts of climate change Understanding non-infectious hazards, including air pollution, water contamination, contaminated land and their impacts on physical and mental health. Understanding of One Health approaches to population health, including hazards that originate at the interface between humans, animals and the environment. Understanding healthcare associated infections and antimicrobial resistance	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 Health protection 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.** **Examples:** Ascertain appropriate clinical, demographic and risk factor information along with situational context when handling health protection enquiries and use that information to make a risk assessment. Compiling a line list and descriptive epidemiology summary to inform risk assessment Identify and assess climate risks on health protection, for example emerging infectious diseases and other hazards related to the environment	**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. And is able to explain the rationale for the decision made.
6.3	**Identify a health protection hazard; develop a management plan and advise on its implementation, with reference to local, national and international policies and guidance to prevent, control and manage identified health protection hazards.** **Examples:** Identify and manage close contacts associated with a case of bacterial meningitis/COVID 19 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. Respond to a query about environmental hazard (e.g. contaminated land, chemical release) and contributes to development of a multi-disciplinary risk assessment and management plan. Respond to climate change impacts e.g. flooding, food insecurity, change in distribution of vector-borne diseases Respond to issues at the human-animal-environmental interface e.g. food and water safety, antimicrobial resistance, emerging infectious diseases	Partial	Understands the importance of identifying, advising on, and implementing public health actions in relation to health protection hazards.
		Full	Develops a clear action plan which 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.** **Examples:** Appropriate management of health protection enquiries and cases, with reference to local Consultant or National expert as necessary.	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

	Demonstrates appropriate escalation of a case / enquiry, showing an understanding of the range of factors that need to be considered (e.g. the infection, the setting, the local and national context, safeguarding issues)		competence and actively seeks expert advice and support. Is able to explain the different factors that might lead to a case or situation being escalated and demonstrates an understanding of the processes to do so.
6.5	**Document information and actions taken 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.	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 understanding of the main stakeholders and agencies at a local, national and international level involved in health protection and their roles and responsibilities, including in emergency preparedness.** **Examples:** Effective participation in Multi-agency 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 Participation in Emergency Preparedness and Response planning group and / or exercise. Including understanding the roles of organisations in recovery after an incident e.g. multi-agency major incident exercise; response to flooding / extreme weather Participation in work in Port Health setting Understanding of the workings of laboratories (human and Food / Water) and their role in surveillance and response to incidents. Working in healthcare settings to address health protection concerns in those settings e.g. Healthcare associated infections (HCAI), risks of infection from environment (e.g. legionella, pseudomonas), from healthcare workers (Blood borne viruses, vaccine-preventable infections), new and emerging infections Understanding of agencies responsible for	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.

	climate mitigation and adaptation at local, national and international levels		
6.7	**Demonstrate an understanding of the steps involved in outbreak / incident investigation and management, including debrief and using lessons to improve future working, and be able to make a significant contribution to the health protection response.** **Examples:** Active membership of an incident / outbreak control team responding to an acute or chronic incident involving infectious or non-infectious hazard. Including investigation, implementation of control measures Write up of outbreak report and identification and response to lessons learnt including reflection on their own contribution to the outbreak 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 made a significant contribution to the HP response on one or more occasions. Understands the importance of debrief / lessons identified and how these will be used to improve future response.
6.8	**Apply the principles of prevention in health protection work and take opportunities to promote health protection actions in specific settings.** **Examples:** Have a clear understanding of immunisation programmes and the practical aspects of implementation, including vaccine hesitancy and / or 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 this may include pandemic advice Identifying the health protection issues affecting vulnerable groups / populations Promoting appropriate health protection messages / interventions with populations at risk of infections e.g. Persons who inject drugs (PWID), prisoners, asylum seekers & refugees, homeless Reducing exposure to environmental hazards e.g. air pollution, lead, carbon monoxide Identifying the health protection issues affecting vulnerable groups / populations and how best to support these needs including mental health considerations	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		Partial	Has gained some experience out of hours; demonstrates ability to act

	Demonstrate competence to participate, as a consultant / specialist, in an out of hours (OOH) on call rota. **NB This learning outcome should be assessed for full achievement towards the end of training in ST5** **Examples:** Continuing regular participation in acute health protection work in and out of hours to attain and maintain a wide range of experience, skills and knowledge. Gaining experience of on-call during training to be able to demonstrate competence to participate as a consultant which should include the following: Familiarity with principles and practice of being on-call, including: • working with other agencies, • undertaking risk assessment • and determining what needs to be done out of hours. • ability to initiate required actions • understanding sources of specialist advice available out of hours and how to access them. Ability to effectively coordinate a public health response outside of normal working hours.		on own initiative but refers and discusses most calls.
		Full	Has gained a wide range of experience in out of hours work, as demonstrated by the Health Protection logbook. Demonstrates ability to work on own initiative; has competence in risk assessment and management. Has developed an understanding of the role of the consultant on call and what would need to be referred for expert support and advice and how to do that.

6 d. Guidance for method of assessment

Key Competence 6: Health Protection Aim: To be able 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 a health protection hazard; develop a management plan and advise on its implementation, 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	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 understanding 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, including debrief and using lessons to improve future working, 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 and take opportunities to promote health protection actions in specific settings	2	KA 1.9, 2.3, 2.5 & 5.9	X	X	X	X	X	
6.9	Demonstrate competence to participate, as a consultant / specialist, in an out of hours (OOH) on call rota.	2 NB this should be towards the end of training in ST5				X		X	X

1.32. Key Area 7: Health and Care Public Health

Maps to Domain 3 & 6 GMC Generic Professional Capabilities

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. • Safeguarding of children and adults • Patient safety. • Clinical governance. • Quality improvement methodologies

7 b. Potential settings to gain skills

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

- 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
- 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 or**	Partial	Understands key concepts and can demonstrate important factual knowledge related to

	applying routine information and bespoke data sources. **Examples:** Assessment of a proposed screening programme or change to an existing one. Evaluate the impact of a local Improving Access to Psychological Therapies service Evaluate the environmental impact of a health improvement programme, e.g. childhood oral health programme		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 or equivalent Contribute to a prioritisation process Teaching the principles to a relevant audience. A reflective document that considers the ethics of restricting access to a service . Support decisions around balancing risks and harms in complex situations such as allowing care home visits during a pandemic or rationing care Describe the principles of vaccine prioritisation in the context of resource allocation. Consider the ethical and legal principles around impacts of climate change on health	Partial	Demonstrates sound understanding of legal (legislative and case law) and ethical principles (e.g. utilitarian and deontological perspectives) 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. This should include consideration and, if appropriate, an appraisal of examples of different models of healthcare.** **Examples:** Appraise the evidence for alternative models of reducing admissions from the community to secondary care using 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 inform recommendations into the development of services locally.	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.

	Develop a policy to address waste and environmental impact in the delivery of health care, including PPE, single use plastics and packaging waste.		
7.4	**Advocate proposals for improving health or care outcomes working with diverse audiences.** **Examples:** Takes proposal to multiagency planning group or to a group of professional experts. Provides input to a community group or school action group Propose an active travel plan for a local hospital trust – learning from new modes of (remote) working due to COVID 19 and to reduce patient and staff travel related carbon emissions Work with a local hospital trust, advocating for proposals to improve health and care outcomes by improving the environmental sustainability of healthcare delivery	Partial	Develops clear rationale. Explains to uni-disciplinary audience
		Full	Can demonstrate effectively to a range of audiences with different levels of interest, expertise and understanding.
7.5	**Describe the stages for evaluation of new drugs and technologies in order to select and apply these frameworks to inform policy questions.** **Examples:** Appraisal of a new drug, technology or surgical intervention including calculation of population costing. Observes and reflects upon a drug and technology approval process Describe or be involved in the evaluation of COVID-19 tests and platform technologies underpinning them. Explore methods of minimising anaesthetic gas wastage and technologies to capture expelled medical gases in order to reduce the carbon footprint of healthcare services.	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	**Critically 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 or Health Equity Audit. Appraisal of a new drug or technology Development of an option appraisal for service change across the whole diabetes pathway	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.

	Carbon footprint modelling as part of a health needs assessment e.g. for specialist podiatric care services	Full	Can take into account wide range of complex factors, including use of health economic tools (or interpretation of their outputs) and is able to communicate the implications of analysis to relevant audience in order to influence policy or strategy.
7.7	**Lead or contribute to the implementation of change across health and care systems with reference to a model of change.** **Examples:** Support the implementation of the recommendation from a national body in a local setting. Lead the implementation of a change of policy arising from a health needs assessment Engage with pharmacists and prescribers to encourage responsible disposal of inhalers Support the implementation of the Greener NHS/Net Zero strategies to support population health co-benefits/inequalities reductions	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 and delivers a significant contribution to implementation of change across a health and care system
7.8	**Appraise, select and apply tools and techniques for improving safety, safeguarding, reliability and patient-orientation of health and care services.** **Examples:** Responding to a critical incident or service failure. Participating in a peer review. Contribute to a review of local delivery of a screening programme through screening quality assurance Contribute to a look-back incident or serious incident review Development and implementation of a plan for improving equity of access to effective services. Take a patient-centred approach to optimise inhaler use, disposal and recycling	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. This must include consideration of safeguarding.

7 d. Guidance for method of assessment

Key Competence 7: Health and Care Public Health 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.				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 or 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. This should include consideration and, if appropriate, an appraisal of examples of different models of healthcare.	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	Critically 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	Lead or contribute to the implementation of change across health and care systems with reference to a model of change.	Any	KA 4.2, 4.5			X			X
7.8	Appraise, select and apply tools and techniques including benchmarking, for improving safety, safeguarding, reliability and patient orientation of health and care services.	Any	KA 1.6, 1.7, 1.8 & KA 5		X		X	X	

1.1. Key Area 8: Academic Public Health

Maps to Domain 8 & 9 GMC Generic Professional Capabilities

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

Aim: To be able to critically appraise evidence to inform policy and practice, identify evidence gaps with strategies to address these gaps, undertake research activities and write to 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, commercial, environmental and therapeutic determinants of health and disease • Mechanism of therapeutic interventions, including complex interventions • Educational theory, principles of setting learning objectives, curriculum development, course evaluation and student assessment • Research governance, research ethics, confidentiality and privacy of personal data • Implementation science/ knowledge mobilisation strategies and approaches

8 b. Potential settings to gain skills

It is not expected that these competencies are restricted to a purely academic setting, nor should they be exclusively signed off by an Academic Supervisor. Research methodologies can be demonstrated in academic and service settings (including health protection), 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, interpret and present appropriate statistical methods and use standard software 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 FPH Diploma exam 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.	Partial	Can define and interpret key routine statistical methods and explain appropriate use. Is able to use at least one software package (e.g. Excel or SPSS/Stata/R).
		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, presentation and interpretation of data.
8.2	**Apply principles of epidemiology in public health practice.** **Examples:** Describe health of population (e.g. mental health) by person place time, trend. Knowledge demonstrated through FPH Diploma exam 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.	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 work, including identifying gaps in data provision, with consideration of how to address any identified deficiencies.
8.3	**Merged with KA8.5**		
8.4	**Advise on the relative strengths and limitations of different research methods to**	Partial	Knowledge of different research methods

	address specific public health research questions for both qualitative and quantitative research. **Examples:** Critical appraisal of research methodology 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. Contributes to peer review process of a journal, grant-giving body or PhD application process		(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 public health 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 public health issues in particular subgroups. 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, Substantial contribution to a grant application for external funding	Partial	Applies a structured question e.g. PICO format (Population, Intervention. Comparator Outcome (time/setting) to identify gaps in evidence. Show how this has been used in a structured approach in the retrieval and assessment of evidence. [formerly 8.3]
		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	Partial	Meets Statutory requirements for Good Clinical Practice (GCP) or equivalent, and information governance. 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 detail how other researchers have used them in a piece of work.

8.7	**Make a significant contribution to the design and implementation of a study of any methodology in collaboration with appropriate team and relevant partner (e.g. academic partner).** **Examples:** Monitoring and evaluation, case control/cohort study in health protection work, research project.	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	Takes responsibility for a substantial component of a relevant study (in larger projects), or overall responsibility for smaller work.
8.8	**Write and submit an article of sufficient quality for publication in a peer review journal.** **Examples:** Edits Masters project for publication Leads write up of quality improvement project Reflects on impact of publication in terms of changing practice or disseminating information	Partial	Understands the process of peer review publication, and impact of research Completes first draft or article for submission but has not yet invited or addressed comments from co-authors.
		Full	Makes a significant contribution to an article of sufficient standard for sign off by academic co-authors for submission to peer review journal after addressing comments from co-authors. OR If single author publication, demonstrates responding to feedback from peer review.
8.9	**Deliver and evaluate education and training activities for academic or service audiences in a wide range of virtual and in person formats, for large and small groups** **Examples:** Devises, plans and delivers a lecture to students on screening Plans eLearning modules. Devises, plans and delivers a community or	Partial	Understands the ways in which teaching in different settings and to a wide range of audiences including small groups, lectures, online can be made a successful learning environment. Able to discuss the role of evaluation and feedback.

	public health education (e.g. sexual health at youth group) Leading support for Registrars preparing for FPH Diploma exam Formal teaching courses Supporting a medical school meet General Medical Council requirements for public health content in the curriculum	Full	Substantially involved in planning of teaching material. Is the main teacher conducting the teaching across a variety of settings, which may include a large group lecture, and/or leading facilitation of small groups. Collects student evaluation and/or peer observation feedback on teaching sessions, 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 Aim: To be able to critically appraise evidence to inform policy and practice, identify evidence gaps with strategies to address these gaps, undertake research activities and write to 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, interpret and present appropriate statistical methods, and use standard software packages.	1	KA1	X	X	X	X		
8.2	Apply principles of epidemiology in public health practice.	Any	KA1		X		X	X	
8.3	Merged with KA8.5								
8.4	Advise on the relative strengths and limitations of different research methods to address specific public health research questions for both qualitative and quantitative research.	Any	KA2 and 7	X		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	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 qualitative or quantitative 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		
8.9	Deliver and evaluate education and training activities for academic or service audiences in a wide range of virtual and in person formats, for large and small groups	No mapping	No mapping						

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

Maps to Domain 1, 2, 3, 5, 6, 7, 8 GMC Generic Professional Capabilities

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 their career, as well as incorporating preparation for regular revalidation as a consultant and regular confirmation of ethical behaviour in relation to issues such as safeguarding and maintaining confidentiality. The learning outcomes are linked to the professional codes of conduct which registrars and consultants must follow: the four domains of the GMC's Good Medical Practice, the FPH guidance Good Public Health Practice, and the UKPHR Code of Conduct (as applicable).

Aim: To be able to shape and evaluate own personal and professional development, using insight into own behaviours and attitudes and their impact. Able to modify behaviour and to practise within the framework of the relevant professional codes of conduct including GMC's Good Medical Practice, FPH's Good Public Health Practice, and the UKPHR's Code of Conduct.

9 a. Knowledge base
• Evidence underpinning the importance of mental wellbeing and how it can be nurtured. • Professional codes of conduct: GMC Good Medical Practice (GMP) as applied to public health, FPH Good Public Health Practice, and UKPHR Code of Conduct. • Ethics of public health practice. • Cultural intelligence and cultural competence. • Key concepts and stages in developing cultural competence. • Patient and public safety and safeguarding. • Principles and practice of confidentiality and the duty of candour. • How to plan and undertake personal and professional development successfully, with reflective practice.

9 b. Potential settings for demonstration of competence

Most of the evidence for KA 9 learning outcomes will be integral to evidence of work added to the portfolio for other key areas. Evidence may be provided by reflective notes, portfolio, logbook and DOPH / WPBA. Registrars should upload evidence and reflections relating to KA 9 learning outcomes as appropriate throughout every year of training (please see sign-off guidance in Section 9c. below).

The registrar's portfolio should provide evidence that they are taking on more complex work as they progress through training. Registrars may also wish to use examples in their reflective notes from other activities and the impact on their practice e.g. sitting on deanery panels, a role in the Faculty, sitting in a recruitment panel, being a charity trustee or a school governor.

9 c. Assessor's guidance

The annual appraisal meeting is a key point of assessment for KA 9. The outcome of each appraisal discussion, including review of KA 9 competencies addressed during work undertaken during the year and any issues which have arisen, will be part of the educational supervisor report to each ARCP.

All KA 9 competencies should be signed off in full during the final year of training, after complete review by the ES of previous uploaded evidence which will include MSF feedback. Evidence can include reflections on relevant pieces of work undertaken /challenges encountered in the year.

KA 9 competencies can be signed off, in full, from the end of ST4 / start of ST5, at ES discretion. Exceptions are:

KA 9.2 should be assessed in Health Protection placement and should be signed off in full before the StR starts out-of-hours on-call work.

KA 9.6 and KA 9.11. Annual statements about KA 9.6 & KA 9.11 should be included in each ARCP submission, countersigned by StR and ES. Form 4 (where used) and/or reflective notes may be used to evidence these statements where appropriate.

One multi-source feedback (MSF) is required during ST4 or early ST5, to contribute to KA 10 assessment and evidence for full KA9 competency sign-off. Earlier MSFs can be undertaken for KA 9 to document incremental growth and to focus on areas for development. However, these earlier MSFs for KA 9 do not substitute for the MSF in the latter years of training for KA 9 and 10. Feedback on performance should also be sought from colleagues more informally at other times.

9 d. Guidance for method of assessment

Key Area 9. Professional personal and ethical development (PPED)		
	Learning outcome	**Criteria (i.e. Level of Achievement to be signed off in full by the end of ST4 / start of ST5)**
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 (PDP / Learning Agreement) 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 work- or project-related audit or quality improvement project (QIP) at some point during the complete training period, and how they have changed practice as a result. Re-audit is desirable at least once during training. Registrars are encouraged to provide evidence of evaluation of their own practice as part of their reflective notes (e.g. documentation, chairing skills). At sign off should be an effective reflective practitioner, who takes responsibility for own learning
9.2	**Recognise and work within the limits of your professional competence.** **NB**: KA9.2 must be assessed in Health protection placement and signed off in full before the registrar starts out-of-hours on-call work.	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 as needed. The registrar should demonstrate this skill within health protection work and public health practice in other settings across ST1-5. At sign off registrar should be 'safe pair of hands', will escalate issues appropriately and keep relevant stakeholders informed

9.3	**Understand and use 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.**	The registrar is expected to use a standard instrument to analyse, and be able to express, their personality type and preferred ways of working and behaviour. They will demonstrate regular reflection on both their behaviour and their performance, critically appraising what went well and what could have been done better, and identifying their own strengths and limitations. Feedback from a variety of sources will contribute to assessment, including at least one formal MSF during training (see above). The registrar should be able to identify, with examples, the positive and negative impact of their behaviours on others, and steps they have taken to enhance the positive and moderate the negative impact. This may include reflecting on managing interpersonal issues and/or accessing coaching or mentoring. At sign off registrar should be a reflective practitioner, sensitive to work scenarios and contexts, and to their impact on others.
9.4	**Understand the role personal mental health and wellbeing plays in competent practice, and take responsibility for nurturing your own wellbeing and seeking help as appropriate.**	Personal mental health and wellbeing should be a specific part of the annual appraisal discussion, to discuss any issues that have arisen. The registrar will demonstrate knowledge and understanding of the importance of their own mental health and 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 impact on their relationships with others, and on their own judgement and behaviour. At sign off registrar should be emotionally aware, actively develops own mental wellbeing, seeks help if needed
9.5	**Practise safely, protecting and promoting the health of patients and the public and take prompt and appropriate action if patient or public safety or dignity is compromised.**	The registrar should demonstrate an awareness of local policy in their organisation relating to health and safety, safeguarding, duty of candour, professional codes of conduct, and national policy if appropriate. The registrar should be able to understand and describe how they would handle a patient or public safety or clinical governance issue, including safeguarding issues, and demonstrate that they know how to raise concerns if issues arise. At sign off registrar should be a safe practitioner who is responsive to safety and safeguarding issues, and who respects the duty of candour
9.6	**Seek and follow medical advice where health concerns may affect practice.** **NB**: annual declaration required	The registrar is expected to understand and show that they have followed the guidance in the relevant professional codes of conduct (see above). An annual declaration about health issues (as used in revalidation processes) should be signed and submitted. Health issues should be included within the annual appraisal which is signed by the registrar and countersigned by the educational supervisor, including a Nil return if no health concerns have arisen. At sign off registrar shows proactive management of own health, according to professional codes of conduct

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 and multidisciplinary colleagues. This should be evidenced in their reflections, annual appraisal report and portfolio. This feedback must include at least one formal MSF exercise (see Section 9c. above). At sign off registrar should be an effective team player who manages professional relationships well
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, respecting the principles of equality, diversity and inclusion, as well as advocating for culturally competent policies to improve health outcomes. The registrar will demonstrate an understanding of how structural determinants to health, such as systemic racism, influence the development of culturally competent policies. This competency should be evidenced by reflective practice and portfolio, which must include at least one formal MSF exercise (see above). At sign off registrar should be a culturally competent and culturally intelligent practitioner
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.**	The registrar should demonstrate that they consider ways of engaging with the public throughout their work, especially with vulnerable groups or those with protected characteristics. This should include consideration of equality, diversity and inclusion principles, and understanding of the duty of candour. Evidence should be provided in the portfolio throughout training, including specific examples. At sign off registrar engages appropriately with the public, particularly vulnerable groups, to enable their involvement
9.10	**Demonstrate confidentiality by treating information about patients and other individuals as confidential.**	The registrar should demonstrate knowledge of, and follow, the principles and guidance on patient confidentiality, and know the policies on confidentiality and information governance in their organisation. The registrar should demonstrate that they take account of the need for confidentiality and the associated legal issues, and that they know how to act on information governance concerns and incidents. Evidence should be provided in the portfolio throughout training, including specific examples. At sign off registrar takes responsibility for confidentiality and good information governance
9.11	**Demonstrate honesty and integrity in professional and personal practice.** **NB**: annual declaration required	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. Evidence should be provided in the portfolio and reflective practice. 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. At sign off registrar demonstrates honesty, integrity and professional probity

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

Maps to Domain 1, 2, 3, 4, 5, 6, 8, 9 GMC Generic Professional Capabilities

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. KA 10 learning outcomes now have one level of achievement (full) as it is anticipated that registrars will have collected the evidence to have these completed and signed off in full during the final year of training. Progress towards full achievement and on any action agreed after the multisource feedback and KA 10 panel discussion [where held] will be reviewed in the usual way.

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 up until ST4/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 two or three substantive pieces of work, at least one of which should have been 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.

To complete KA 10 competencies the registrar should be able to evidence that they;

- can operate at an independent competent consultant level,
- are a public health technical expert who is confident in addressing problems
- and uses appropriate tools and approaches, are a skilled and persuasive communicator and an effective public health and care systems leader,
- are skilled at influencing and negotiating with demonstrable impact being a public health champion and demonstrating values based reflective practice.

Registrars will be expected to record reflection on learning and implications for their future practice:

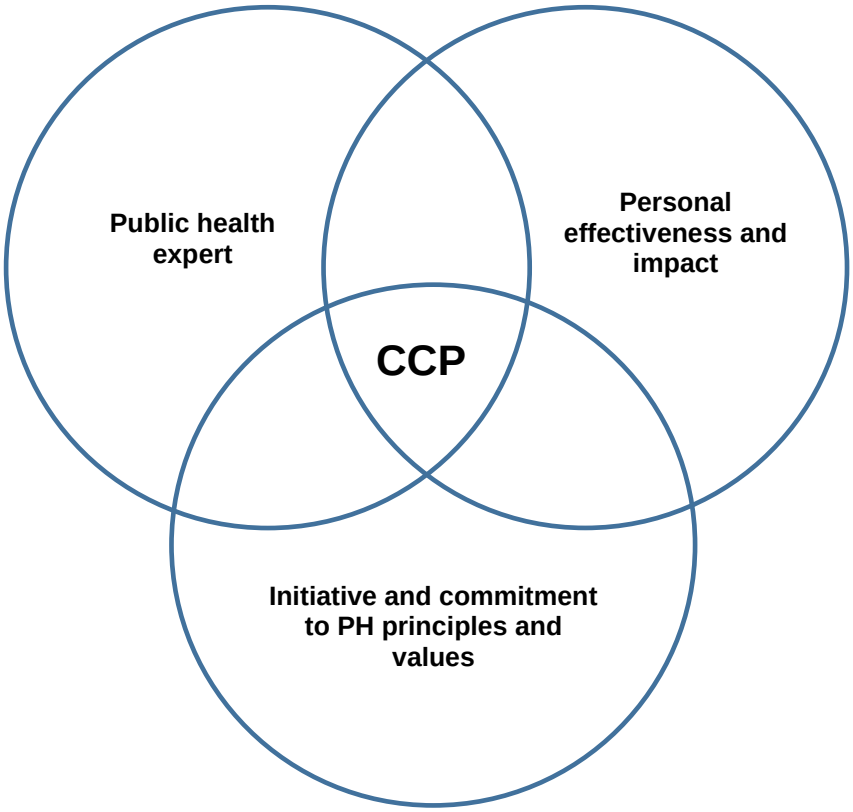
- Through their activity summary sheets. These reflections will be an integral component of demonstrating achievement of these learning outcomes.
- Through their reflections on the results of their multisource feedback

10 c. Assessment

Full achievement of these learning outcomes will be assessed towards the end of training (end of ST4 and continuing ST5) incorporating: the activity summary sheets, a range of workplace based assessments with multiple assessors (if possible), a panel (where held) and the results of the multisource feedback.

Where a KA10 panel has been held (usually late ST4 to mid ST5), the panel will produce a report to the registrar and their educational supervisor which includes recommendations for development that may be helpful during the remaining months of training. See guidance on KA10 formative assessments.

Integration and application od competencies for consultant practice (CCP) descriptors



Integration and application of competencies for consultant practice:

- Consistently judges and effectively uses a range of advanced public health expertise and skills working at a senior level
- Is able to deliver improved population health in complex and unpredictable environments

PUBLIC HEALTH EXPERT			
	Learning outcome	**Level of Achievement**	
10.1	**Selects and uses advanced public health knowledge, skills and tools appropriately for different tasks to deliver timely results.**	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 to provide professional expert public health advice.**	Full	Appraises, integrates and interprets complex evidence from three or more sources to draw balanced conclusions and demonstrate how they have provided professional expert public health advice underpinned by academic rigour
10.3	**Promotes and advocates an evidence based and evaluative approach to scope public health problems and deliver solutions.**	Full	Their work 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	**Merged with KA10.2**		
PERSONAL EFFECTIVENESS AND IMPACT			
	Learning outcome	**Level of Achievement**	
10.5	**Provides advanced public health expertise, utilising pragmatic decision making and prioritisation skills at senior management level in their own and partner organisations**	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.**	Full	Uses their expertise in literacy and communication skills. Demonstrates a range of communication skills appropriately tailored to the audience and purpose at a senior organisational level, of own organisation and with partner organisations.
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.**	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/impact of their negotiation.
10.8	**Operates flexibly as a health and care systems leader, showing an understanding of the impact they have on others, and giving effective support to colleagues within teams.**	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.
INITIATIVE AND COMMITMENT TO PUBLIC HEALTH PRINCIPLES			
	Learning outcome	**Level of Achievement**	
10.9	**Is proactive in identifying opportunities to improve population health and taking effective action**	Full	Demonstrates personal initiative in championing and promoting public health principles and core values, identifying opportunities and works through others to address a substantial public health issue
10.10	**Uses and promotes public health principles and core values.**	Full	Articulates and communicates core public health principles and values.
10.11	**Works flexibly and perseveres through uncertainty, additional unexpected complexity and potential or actual conflict to seek effective outcomes.**	Full	Continues 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.**	Full	Shows commitment to progressing elements of professional development raised by reflection and of being proactive 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 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.				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, skills and tools 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 to provide professional expert public health advice	ST5 in phase 2	KA 2, KA 7				X	X	X
10.3	Promotes and advocates 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	Merged with KA10.2								
10.5	Provides advanced public health expertise, utilising pragmatic decision making and prioritisation skills at senior management level in their own and partner organisations.	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	ST5 in phase 2	KA 4			X	X	X	X

	achieve effective public health action.								
10.8	Operates as a health and care systems leader showing an 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

1.4. 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

1.5. 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

1.6. 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	2.2, 4.2, 9.9

public health	
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 colleagues, employers and others in the interests of the public	4.2
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

1.7. 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 wellbeing	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

1.8. Additional links

In addition to the frameworks set out above, there are also important links between this curriculum and the European Union of Medical Specialists (UEMS), the Public Health Skills and Knowledge Framework (PHSKF) and the ASPHER-WHO competency framework.

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 may be 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 (COPMEd)	Postgraduate Deans manage the postgraduate training of doctors, and the continuing professional development of GPs. COPMeD 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. Named educational supervisors need to fulfil the GMC requirements for trainers and be accredited for training with a planned reaccreditation process. 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 coordinates 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.
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. Named project supervisors need to fulfil the GMC requirements for trainers and be accredited for training with a planned reaccreditation process
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.
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; or • 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
‘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 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.

6. APPENDICES

1.9. Appendix 1: Activity Summary Sheet

This form demonstrates the format of the activity summary sheet on the e-portfolio. All registrars need to use the e-portfolio to record their work, activities, supervisor reports and assessments

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 outcomes			

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

1.10. 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 evidence. description of evidence	Number matches work number, letter identifies individual pieces of 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	Learning outcome number from Reflective logbook; write learning outcome descriptor in full.
Explanation	Describe how the evidence listed above meets each learning outcome.
Evidence	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	Describe the background to the activity. Include context and public health relevance of the activity.
Aims and objectives	Clear summary of expected gains from this activity.
Role and responsibility	What role did you play in the work? What other support did you need to complete the activity?
Involvement of others	Which other individuals/agencies were involved in the work? What did you learn from linking with them?
Methods	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.

Results	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.
Outcome	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.

1.11. Appendix 3: On call logbook

1. Purpose of the Logbook

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

The logbook 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 Logbook

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.

1.12. Appendix 4: 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

1.13. Curriculum Changes log

Below are details of the subsequent amendments which have made since introduction of this training curriculum in August 2022.

Details of changes made:	Pages:	Date of implementation:	Latest version of Curriculum:
Removal of reference to minimum training time	5, 18, 19, 20, 30	11 December 2023	Version 1.3
Clarify the criteria for CCT	18	11 December 2023	Version 1.3
Adding reference to guidance for KA10	29,84	11 December 2023	Version 1.3
Updating requirments for the Combined Programme	19	11 December 2023	Version 1.3
Updating wording of key areas to reflect the Specialty Specific Guidance	32, 36, 37, 40, 41, 45, 47, 53, 55, 59, 60, 65, 67, 71, 72, 76,78, 82, 87	11 December 2023	Version 1.3
Updating error in wording: replacing "5" with "social media" in example.	52	11 December 2023	Version 1.3