

A: 1/B35 SPECIFICATION FOR ADVANCED VOCATIONAL TRAINING IN PUBLIC HEALTH MEDICINE

This specification describes the current Public Health Medicine training programme and details reporting and quality monitoring requirements. It is not linked to the price of the programme.

A1 PREAMBLE

This specification describes the requirements for registrar training in Public Health Medicine (PHM). It is based on the Australian Faculty of Public Health Medicine's "*Training Manual for Public Health Medicine in New Zealand*" (December 1995).

The training leads to the award of the Fellowship of the Australasian Faculty of Public Health Medicine (AFPHM), awarded by the Royal Australasian College of Physicians (RACP).

In this specification, the term 'registrar' means registrar in training as defined in Section A3.1, Registrar Eligibility.

Other terms are defined in the CTA Head Agreement and/or Service Agreement.

A2 DESCRIPTION OF SERVICES

The Australian Handbook of the Faculty (AFPHM, 1995) definition describes Public Health Medicine as "*that branch of medical practice which is primarily concerned with the health and care of populations. It is concerned with the promotion of health and the prevention of disease, with the assessment of a community's health needs and with the provision of services to communities in general and to specific groups within them*".

Training in PHM is of four years duration (40 hours, 52 weeks per year). Training may be undertaken on a part-time basis. The Faculty has a minimum requirement of 0.5 FTE training throughout the training programme. Entry into the programme is by selection by the AFPHM for both Part I and Part II is not automatic for those who have completed Part I.

The overall objective of the programme is to develop a public health physician competent to work within the multidisciplinary field of public health by undertaking the following:

- Advising on the action communities can take to improve their health.
- Protecting population from environmental and biological hazards.
- Assessing populations' needs for health services.
- Developing wider vocational skills including health leadership, health services management, policy and economics of health care.

The PHM training programme is competency based. Core skills and core competencies are detailed in the AFPHM Training Manual, Appendix 1.

There are two parts to the programme.

Part 1 comprises compulsory papers and presentation of dissertation or thesis to successfully complete the Masters in Public Health. This is an academic programme of 16 months duration. A minimum overall B grade is required.

Part II commences during the registrar's second year. It is a self-directed, competency based programme of learning requiring registrars to undertake projects, which they carry out while working in different public health contexts over twenty-nine months. Projects and site experiences are planned with the support and guidance of a Mentor, and must be approved by the Faculty to ensure that all competencies can be demonstrated and assessed via the projects and site experiences selected by the registrars. Planned and AFPHM approved project work is expected to occupy one third of a registrar's time over each six month period, the remaining time will be spent undertaking the service work.

Teaching is provided through a programme of academic study, work place experience, and project work undertaken within accredited posts. Learning is facilitated through interactions with medical and other public health staff, mentoring, formal teaching, weekly training sessions, regional and national training days, continuing medical education activities, research, publication, registrar presentations at conferences and public meetings, and private study.

Registrars are also expected to produce work for publication, to make oral presentations at conferences and national training days, and to prepare media material. This is documented and assessed via an ongoing credit points system as outlined in Appendix 8 of the Training Manual.

Registrars wishing to become health epidemiologists, and to be based in academic settings, also undertake a four-year program. However they are required to undertake a PhD, achieve more credit points and compete one project in general public health. Specific requirements are outlined in the AFPHM Training Manual.

The training programme has Regional Directors of Training (RDOT) responsible for oversight of all registrars in an area, and a National Director of Training (NDOT) responsible to the Censor in Chief (New Zealand) for all aspects of the training programme.

A2.1 Learning Environment

Part I

Training takes place predominately within a university environment. The content of the training should be in accordance with the current edition of the training manual and should take place within an environment of academic excellence and inquiry, where recognised adult education principles are applied to teaching and training.

During the November to February recess, Year 1 registrars will work on their MPH dissertation or thesis. Mentor supervision is provided by the RDOT or the registrar may choose another faculty member approved by the RDOT.

Part II

Training sites must provide a suitable range of experience and staff to ensure that the registrar develops the core skills and competencies as detailed in the AFPHM Training Manual.

General objectives of the programme include:

- An understanding of, and ability to contribute to, health policy development.
- Health economics, including cost-benefit analysis.
- Ability to use epidemiological and statistical tools to investigate and solve health problems.
- A comprehensive understanding of health information systems.
- Quality assurance processes and practices.
- Managing and re-orientating health services.
- Providing educational services to other health profession students, peers and the public.
- Multidisciplinary teamwork and liaison skills.
- Meeting the specific needs of specific cultures in delivery of public health services.

A2.1.1 Public Health Site Placements (Part II Training)

Specific core competencies and skills are detailed in the AFPHM's Training Manual, Appendix 1. Over the twenty nine months of site placements, the training should be provided with work experiences that ensures that the competencies can be achieved through:

- Relevant project work (at least three major projects to be undertaken).
- Relevant service work.

- Contact with multidisciplinary mix of public health staff.
- Contact with appropriate role models.
- Provision of a site trainer.

Integration of theoretical and work experiences is achieved by the provision of a Mentor to assist with the process of learning from experience, and provide educational and career guidance.

Registrars should be released from duties to attend:

- Weekly faculty training sessions (a minimum of one per month from February to November).
- Monthly mentoring sessions with an AFPHM approved mentor.
- A minimum of four regional training days.
- Five national training days.
- The annual scientific meeting of the AFPHM or Public Health Association Annual Conference where eligible for credit point accumulation.

A2.1.2 Formal Teaching Programme

The Part I academic programme is provided by the University of Auckland and University of Otago (with campuses at Wellington, Christchurch and Dunedin) and should provide an adult learning environment that will:

- Ensure a solid academic base in epidemiology and other core disciplines of public health.
- Provide an opportunity to work with other public health workers.
- Facilitate a culture shift for doctors from clinical medicine to population health.

Registrars must complete a dissertation or thesis. The proposal for this must be forwarded to the RDOT and AFPHM by 1 September in Year 1 of training. Assessment of the completed work is against AFHM criteria that detail topic, content, length, overall structure, and presentation criteria.

Attainment of a B average mark for all papers plus the dissertation or thesis marks the completion of Part I training. Registrars with less than a B average will be reviewed by the New Zealand Committee with regard to the continuation of training.

A2.1.3 Access to resources

Part I registrars will have full student access to all University facilities including libraries, access to MEDLINE, study skills support, and counselling services.

Part II registrars should be provided the range of experiences and site training opportunities and specialist practitioners required to achieve AFPHM competencies and skills. Approved and possible training sites are listed in Section 4.0 of the Faculty Training Manual. The physical environment at the training site should include:

- A desk with some storage space.
- A telephone.
- At least 0.5 FTE access to a computer.
- An on site trainer.

A2.2 SUPERVISION

Supervision and ongoing assessment of registrars is necessary to ensure quality of training, educational support and guidance for the learner, progress towards expected outcomes, and suitability to complete the course of training.

A2.2.1 Project Supervision

Part II project work assistance and day-to-day oversight at a particular training site is provided by a Trainer with specialist knowledge and skills who can provide guidance to a registrar on project work or other activities at a particular training site. At the completion of a project, the trainer completes a project feedback form for clients and trainers.

The RDOT ensures, in consultation with the registrar and Mentor, that the project work, range of duties, and degree of responsibilities are consistent with the student's learning needs, current skill base and that learning can progress towards achievement of the Faculty's core competencies and skills.

The RDOT provides feedback on the project work, both formatively during placement and summatively by completing the AFPHM end of year report by 1 November.

A2.2.2 Education Supervision

Part I registrars receive University staff supervision and teaching support for papers undertaken.

The RDOT is the registrar's AFPHM Mentor for the first year unless the registrar chooses another approved Mentor.

Part II Mentors must be a fellow of the AFPHM and approved by the Faculty. They should not be the registrar's controlling officer (employer), Trainer, RDOT (for registrars not in year 1), the NDOT, the Censor in Chief (NZ), or a specialist who has been retired from Public Health Medicine for more than two years.

A Mentor should ideally not supervise an individual registrar for more than one year, and shall not supervise an individual registrar for more than two years.

The role of the Mentor is to:

- Provide support and constructive critique of registrar's proposals and work plans.
- Advise on learning experiences and opportunities (especially for group B core skills and competencies).
- Provide educational guidance and learning support, particularly to assist the registrars to integrate theory and practice, to reflect on their learning, self assess progress, and identify their own learning needs.
- Provide career planning and guidance.

Mentors should be available to meet with the registrar at least once a month between February and November.

A2.3 PROGRAMME COORDINATION

All registrars are enrolled with the Faculty and are supervised by RDOTs. RDOTs are responsible for ensuring appropriate registrar training and assessment at a regional/local level.

RDOT duties include:

- Receiving Year 1 dissertation and thesis topics for approval and forwarding to NDOT.
- Providing feedback on proposals for Part I dissertations or theses within four weeks of receipt.
- Approving Part II training proposals.
- Assessing suitability of training sites for Part II registrars and ongoing monitoring of approved sites.
- Providing information to registrars on the appropriateness of particular training sites.
- Coordinating weekly training session for Part II registrars for 10 months of the year and facilitating one of these per month.

- Organising six regional training days a year.
- Recording registrars attendance at regional training days and recording accumulated points.
- Receive mid and end of year training reports and forwarding these to the Faculty office by 15 June and 1 November.
- Liaising with Mentors and site Trainings as required.
- In conjunction with the Trainer and client organisation (and with the help of the NZ Committee area representative, client and Trainer feedback, and other evidence pertaining to the performance of the individual registrars), assessing and making a recommendation to the NZ Committee as to the continuation of training.
- Mentoring first year registrars as required.

NB. *These duties are currently being reviewed by the Faculty and this section will be updated accordingly.*

A2.4 EXPECTED OUTCOMES

The final outcome is Fellowship of the AFPHM.

Key Milestones by Training Year are as follows:

Training Year	Key Milestones
Part I	
Year 1	<ul style="list-style-type: none"> • 1 September (or 6 months from the start of the MPH) dissertation or thesis proposal to the Faculty. • 15 December project proposals to RDOT. • Minimum of 4 credit points accumulated. (1)
Year Part I	<ul style="list-style-type: none"> • Completion of Maters papers and dissertation or thesis to B grade standard. • 8 credit points accumulated in first 6 months.
Part 2	
Year 2 – Part 2 (Commences 1 July, see Section 3.1 Eligibility)	<ul style="list-style-type: none"> • Project status approved by RDOT. • 15 credit points accumulated by 1 December.
Year 3	<ul style="list-style-type: none"> • 2 sample projects selected and presented for approval by RDOT. • End of year cumulative points 32.
Year 4	<ul style="list-style-type: none"> • Accumulation 47 credit points by 1 October.

	<ul style="list-style-type: none"> • Training experience report completed by 1 October. • 3 projects presented to the Faculty examining panel by 1 October. • A pass in the Viva Examination.
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Notes

1. Credit points are awarded for publications, presentations, media communications and attendance at training days and conferences. The purpose of the credit system is to provide an additional early warning to the Faculty of sub optimal performance/ progress by registrars.

A3 ELIGIBILITY

A3.1 REGISTRAR ELIGILITY

Registrars must:

- Be a graduate in Medicine and Surgery of a medical school recognised by the Medical Council of New Zealand; and
- Have a general registration as a medical practitioner from the Medical Council of New Zealand.

Medical graduates who do not meet the above criteria may be considered on a case-by-case basis.

Part I Registrars must:

- Be enrolled on a University Masters of Public Health (MPH) programme.

Part II Registrars must:

- Hold general registration with the Medical Council of New Zealand, be enrolled in the AFPHM programme, and have completed Part I. Part I registrars are selected onto the Part II programme on a competitive basis and against criteria described in the AFPHM Training Manual.

A3.2 PROVIDER ELIGIBILITY

The provider for this programme is the AFPHM.

Any subcontracting of training must comply with Part 9 of the CTA Head Agreement, and can only occur with our prior written consent.

A4 LOCATION AND SETTING

Part I training is located at the campuses of the University of Auckland and University of Otago (with campuses at Wellington, Christchurch, and Dunedin).

Part II training is provided at AFPHM approved sites.

A5 ASSOCIATED LINKAGES

You will have established linkages with:

- The RACP.
- University of Auckland.
- University of Otago.
- Providers of training sites.
- Medical Council of New Zealand.
- Research Institutes.

A6 PURCHASE UNIT AND REPORTING UNIT

A6.1 PURCHASE UNIT

FTE Registrars in Public Health Medicine enrolled with the AFPHM. Part time training is purchased on a pro-rata training unit basis.

A6.2 REPORTING UNIT

Status of contracted trainees:

- a) By Chronological Year of Training (or date of commencement); and
- b) By Milestone Year of Training (refer to Section A2.4 – Expected Outcomes).

A7 QUALITY STANDARDS: PROGRAMME SPECIFIC

*This should be read in conjunction with Schedule 1 Part 3 of the CTA Head Agreement, which specifies **generic** reporting requirements for all programmes provided under the contract.*

We require you to have a quality assurance plan to monitor the effectiveness of the programme both during, and on completion of, the learning. We expect this plan will incorporate regular feedback from the registrars, trainers, mentors and RDOTs, and will:

Part I

- Monitor the applicability of the theoretical programme and its effectiveness and provide annual feedback to the Universities.

Part II

- Ensure that individuals who accept the Trainer and Mentor roles are clear about that role, have received a copy of the “User’s Guide to Public Health Medicine Training”, and that support via the RDOT is available to those who accept these roles.
- Regularly evaluate the effectiveness of the mentor supervision process being utilised.
- Ensure that trainee progress on projects is monitored and maintained by reviewing the proposed training programme of each trainee at the commencement of each year.
- Ensure that trainees report 6 monthly to the RDOT on their progress and that this includes “client feedback forms” that cover the outcomes of project work.
- Monitor project assessment practices to ensure that trainees receive formal and informal feedback on their progress, and that assessment is reliable and valid.
- Monitor the applicability, usefulness, and accessibility of the national and regional training days.
- Ensure that protocols and procedures for assisting non-performing trainees and for handling trainee complaints are known to all parties and are utilised.

A8 REPORTING REQUIREMENTS: PROGRAMME SPECIFIC

*This should be read in conjunction with Schedule 1 Part 1 of the CTA Head Agreement, which specifies **generic** reporting requirements for all programmes provided under the Contract.*

A8.1 PROGRESS REPORTING

Section A2.4 of the specification details the expected outcomes of the training programme purchased.

A8.2 QUALITY REPORTING

Reports as described in Schedule 1 Part 1 of the CTA Head Agreement require a summary of the programme. Schedule 1 Part 3 of the CTA Head Agreement requires that you have a quality plan in place for the ongoing monitoring of the training provided. The summary should refer to the outcomes of this internal quality management and make reference to the programme specific quality standards in Section A7.0 above, particularly project supervision.