



Australasian Faculty of  
Public Health Medicine



The Royal Australasian  
College of Physicians

## Learning Contract & Learning Contract Report Information and Instructions

### What is the objective of the Learning Contracts and Learning Contract Reports within Faculty training?

Learning contracts (LC) are annual approval applications that describe training goals and activities agreed upon between a trainee, supervisor/s and mentor to meet learning objectives as set out in the *Public Health Medicine Advanced Training Curriculum* (AFPHM, 2011); whereas the Learning Contract Reports (LCR) are completed at the end of a period of training and link to the LC.

The LC 'sets out all the activities in the workplace that contribute to training, including a description of professional roles, public health projects, training attended and conferences, all of which link to the Faculty's competencies /learning objectives and are presented as a commitment to intended learning outcomes by both the trainee and supervisor'. The competencies/learning objectives provide a focus for identifying and detailing the required knowledge, skills and attitudes.

Attaining competencies/learning objectives to an appropriate level in all aspects of the Curriculum is expected to take three years full-time equivalent of training. It is expected that all teaching, learning and assessment associated with the Curriculum will be undertaken in the context of the public health physician's everyday practice and be included in a sequence of learning contracts that cover the trainee's time in Australasian Faculty of Public Health Medicine (AFPHM) training.

### What are the due dates for the LCs and LCRs?

1. LC: 4 weeks after commencing in a training position
2. LCR: 6 weeks after commencing in a training position



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## What needs to be in a LC?

Trainees must always provide their personal details in every LC, so that their contact details are up to date on College records. It is highly important to provide the correct details of training for prospective approval by the Faculty Training Committee (FTC).

The LC collects a minimum set of data at the beginning of each placement, program of work, new work role. It includes a description of the major public health training activities planned, including professional roles and public health projects within the workplace, the main steps involved and the competency areas/learning objectives they cover.

All public health work related activities should be included in the learning contract, whether they are 'projects' or not. Three example activities public health physicians routinely carry out are listed:

Workplace activities	How to include this in the learning contract?
Acting as a secretariat	<p><b>Description:</b> Provide rationale and history of the broader group you work within, define the broad program of work they cover, define your role, and the frequency and main purpose of meetings/consultations/presentations or writing you do. Define period of involvement</p> <p><b>Steps:</b> list all methods such as communications with defined stakeholders, methods of consultation, the drafting of terms of reference, meetings, minutes and strategic input and development of workplace products or outputs e.g. Delivered a strategic planning day, consultation document, issues paper, control of outbreak, media release, data analysis, publication.</p> <p><b>Competencies:</b> The steps are then linked to Faculty competencies.</p>
Public health management activities	
infectious diseases control activities	



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### What needs to be in the LCR?

At the completion of a placement, the public health training activities as they happened in the workplace for the LC period and the competencies range that was addressed. The evidence produced within the workplace is then listed against each competency.

When describing workplace evidence, it is intended that both processes and evidence produced are outlined, including briefs and minutes, terms of reference, literature reviews, project plans and consultation documents, final workplace reports or publications as examples.

A five-point scale is used to indicate the level of competency required and / or achieved as stated in the Curriculum. The relevant levels to public health medicine trainees are levels 1 and 2.

Levels of formative sign off	Example
<b>Level 1</b> <i>Understands key concepts and important factual knowledge</i>	Understands steps in recognising, investigating and controlling outbreaks and main methods demonstrated through participation in team meetings – emails and minutes of meetings
<b>Level 2</b> <i>Demonstrates effective application of the competency, at least in a supported environment</i>	Participates in an outbreak investigation as part of an experienced investigation team, taking the lead in identifying the source of outbreak and liaising with key stakeholders to control outbreak – published paper

The level expected for each competency/ learning objective is outlined in the LCR summary table. For example

Learning objective / competency	Elements of competence
3.1.10 Design and evaluate screening programs	<ul style="list-style-type: none"> <li>• evaluate evidence and screening test performance</li> <li>• using criteria for deciding whether screening should</li> <li>• be established for a particular condition</li> <li>• define how a screening program should operate</li> <li>• identify factors that influence participation in a screening program</li> <li>• evaluate and improve an existing screening program</li> </ul>



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### **What happens when I make changes to my current LC?**

You are required to notify the Education Officer (EO) of the AFPHM training program by sending an *amended LC* and cover letter stating what changes have been made. You are required to use the same LC template with appropriate changes where required.

The stimulus for an amended LC is when a trainee makes changes to:

- the duration of position
- full time equivalent in months
- number of units expected to obtain from this placement

The changes will affect your training records and fees so it is crucial to notify the College as soon as the above changes have occurred.

### **When should I submit a new LC?**

When you have completed your training duration in a position and you are:

- rotating or moving workplaces
- taking on new work in the current workplace
- start working on an outbreak or emergency response scenario
- surge into a new role, for example acting up

### **Do I submit an LC when I am taking a break from training and want to stay registered with the College?**

If you are not in a current training position, you are required to stay registered with the College by submitting an *Application for Interruption of Training*.

### **What if activities or training are a small component of the placement, but could still be linked to competencies?**

If activities in the workplace are not considered large or substantial enough to write in the abstract format, they are written into the section called associated projects and other activities. Things like training days can be included here, if the supervisor and College are aware of you attending.

### **What level of detail is required in project description and main roles / activities?**

The LC needs to be specific enough for any health literate person to pick them up and make sense of the range and quality of activities that are being done in the workplace, so as to make a judgement about competence of the trainee and potential evidence arising from the activities you carry out as part of your training. As an example, activities around outbreak control can be described in two different ways:



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Example of main roles/activities	Comment from reviewer
Worked with stakeholders to control the outbreak'	Very sparse information. Hard to know level of who stakeholders are, trainee's involvement and lacks information about method.
Chaired outbreak control meetings with Communicable Diseases and AIDS Infectious Diseases Branch, NSW Department of Health across three one hour teleconferences to review the evidence and develop plans and responsibilities with respect to outbreak control.	Provides more information about your involvement, the method and stakeholders. This level of detail is essential.

### How do I submit an LC for approval?

All LCs are reviewed at the end of every month. It is the responsibility of the trainee to submit these documents 3 weeks after commencing a position, to the EO at [PublicHealth@racp.edu.au](mailto:PublicHealth@racp.edu.au) and/or by sending the original LC in the post to the College.

### Who drafts the LC?

It is the responsibility of the trainee to draft and submit the completed LC to the College with all required signatures and completion of fields, in discussion with their supervisor/s and mentor.

### Who sees the LCs and LCRs once it is completed?

LCs and LCRs are reviewed by the trainee, supervisor/s and mentor; before being submitted for LC approval and LCR certification by the FTC.

### Does it matter what sort of work I am doing?

LCs and LCRs are intended to equally capture work across the full range of competencies. Every trainee's work is vastly different and no two learning contracts are the same. Part of the discussion with your supervisor is to work out how to express various things you are doing in the Learning Contract format, and to tease out the main competencies that will be likely to be addressed and the other competencies that might be touched upon.

### Further questions?

Please contact the EO in Public Health Medicine at [PublicHealth@Racp.edu.au](mailto:PublicHealth@Racp.edu.au) or 02 8247 6286.