

Learning Contract Report			
Application Information For each period of training, all nominated supervisors and are required to complete the Learning Contract Report (LC) • For each period of training, all nominated supervisors and are required to complete the Learning Contract Report (LC) • Training will not be certified without a LCR covering the enperiod of supervision • Supervisors and Mentors should ensure that the trainee recopy of all LCR submitted for assessment. • The College may discuss the contents of the LCR with sub supervisors and mentors, where this is deemed necessary support or assessment purposes. You are advised to retain a copy of the completed form for your red Before you complete this form: Please ensure you have read and familiarised yourself with the foll • The relevant Advanced Training Program Requirements Handboor • Flexible Training Policy			
Submission Dates	All LCRs must be submitted to the College, within 6 weeks after end of position.		
Privacy Legislation	The College complies with the requirements of the national Privacy Act 1988 (Cwlth) (Australia) and the Privacy Act 1993 (New Zealand) and has adopted the Australian National Privacy Principles as the guidelines for ensuring the protection of personal information in its care. This policy applies to all personal information collected, stored, used and disclosed by the College. Personal and training related information that you provide will only be used by the College (including its boards and training committees, state/regional committees and supervisors of training) to administer, assess and develop the training program and monitor workforce trends. Confirmation of training status will be provided to Medical Boards upon request. Further details can be found <u>here</u> .		
Enquiries and Application Submission	Australian Office Education Services The Royal Australasian College of Physicians 145 Macquarie Street SYDNEY NSW 2000 AUSTRALIA Phone : 02 8247 6286 Email: PublicHealth@racp.edu.au		
	Fax copies will <u>not</u> be accepted.		

Notification of Certification Decision	Once your report has been considered by Faculty Training Committee, you will be notified of the certification decision. The committee will either certify the training or defer the decision pending provision of further information or the outcome of an Independent Review of Training. In rare circumstances, the training may not be certified.		
	Consideration of reports submitted after the deadline may be delayed. The College retains the right to not certify training if the report is submitted after the specified deadline. If your report is submitted late, you must attach an Application for Special Consideration.		
	Trainees should refer to the <u>Progression Through Training Policy</u> for further details.		





Physician Readiness for Expert Practice (PREP)

Public Health Medicine Advanced Training



THE LEARNING CONTRACT REPORT

TRAINEE DETAILS AND TRAINING POSITION

Full Name of Trainee	Dr Joe Smith		
Report covers period	From 1/01/2016 To 1/12/2017		
Number of units completed from this placement	12		
Training Position	Public Health Registrar		
Name of Organisation	NSW Health		
Year of Advanced Training	1		

Did the trainee take any leave during the period covered by this report? Yes 🖂 No

If yes, please indicate the period(s) and types(s) (e.g. annual, maternity, paternity, sick) of leave:

to to

to

Period of leave

from	
from	

from	1/04/2016
from	Click here to enter a date.
from	Click here to enter a date.

1/08/2016
Click here to enter a date.
Click here to enter a date.

Total amount of leave (excluding maternity/paternity)

Total amount of maternity/paternity leave

Type of leave

Sick Leave
Click here to enter text.
Click here to enter text.
4 days
Click here to enter text.weeks

SUPERVISOR DETAILS

Supervisor 1

Full Name of Supervisor	Dr Michelle Douglas			
FAFPHM	Yes ⊠ No □			
Qualifications	FAFPHM, FRACP			
Department or Unit	Department of Health			
Name of Institution	NSW Health			
Phone (W)	02 8569 9534	Fax (W)	02 8546 9584	
E-mail	Michelle.douglas@health.gov.au			

Supervisor 2 (if applicable)

Full Name of Supervisor	Click here to enter text.		
FAFPHM	Yes 🗆 No 🗆		
Qualifications	Click here to enter text.		
Department or Unit	Click here to enter text.		
Name of Institution	Click here to enter text.		
Phone (W)	Click here to enter text. Fax (W) Click here to enter text.		
E-mail	Click here to enter text.		

MENTOR DETAILS

Full Name of Mentor	Dr Jonathan Jones			
FAFPHM	Yes ⊠ No □			
Qualifications	FAFPHM			
Department or Unit	Department of Health			
Name of Institution	NSW Health			
Phone (W)	02 8694 6234	Fax (W)	02 8795 2148	
E-mail	Jonathan.jones@health.gov.au			



Summary of Competency Range, Level and Evidence from the Workplace (By Public Health Training Activities or Projects)

PROJECT 1

Title:	Research Officer (post-doctorate level), Gynaecological Cancers Group, QIMR Berghofer Medical Research Institute (1s Jul 2013 – 31st Dec 2013) Locum Registrar in Public Health, Metro North Public Health Unit, Brisbane (4th Nov – 7th Nov 2013)	
Principle Products:	 Completion of 6 units of Advanced Training Completion of one formative oral presentation Completion of one Workplace Report 	



Competency	Level of competency (0-2) FORMATIVE ASSESSMENT – Elements of competence for each learning objective / competency outlined in curriculum 1=fundamental understanding concepts and facts 2= effective application under supervision		Evidence from the workplace *indicate pieces of work intended for summative assessment
	Trainee assessment	Supervisor assessment	
		(Supervisor must assess the LCR and put the number of competency, and in addition to this, if different from trainee assessment, outline reasons in comment space below)	
1.1.1 Establish and maintain career direction and motivatio	2	2	Working Full-time; Completing assessment tasks towards Fellowship in Public
1.1.2 Manage one's own training and continuing professional developmen	2	2	 Attended 2 conferences Clinical Oncology Society of Australia Annual Scientific Meeting, Adelaide, November 2013 The Australasian Epidemiological Association Conference, Brisbane, October 2013
3.2.3 Design and manage data collection for studies	1	1	Conducting small-group tutorials in Evidence-based Medicine; Invited talk to medical, nursing and allied health staff on ' Evidence-Based Practice in Clinical Settings: How to nurture it?' at Redland Hospital on the 25th of July 2013
3.2.10 Support an effective research base for public health	1	1	The research project on factors influencing survival of women with ovarian cancer is a priority topic as although ovarian cancer is the most common cause of gynaecological cancer death in Australia (~1080 deaths in 2013), there are no comprehensive national population-based data which describe clinical and non-



Competency) FORMATIVE ASSESSMENT – Elements arning objective / competency outlined in curriculum	Evidence from the workplace *indicate pieces of work intended for summative assessment
	<mark>1=fundamental ur</mark>	nderstanding concepts and facts	
	2= effective a	pplication under supervision	
	Trainee assessment	Supervisor assessment	
		(Supervisor must assess the LCR and put the number of competency, and in addition to this, if different from trainee assessment, outline reasons in comment space below)	
			clinical factors associated with survival in Australian women. The research is in collaboration with clinicians involved in the management thereby enabling translation of findings to improved care for these women.
6.1.3 Produce and implement best practice guidelines for the clinical and public health sectors		1	My Graduate Certificate Course on Evidence-based Health Care at UQ, lectures on EBM to MBBS and Masters level students for three years and my research higher degree in public health (PhD) have given me a thorough understanding of the use of EBM and systematic reviews in the translation of evidence into practice.
6.2.2 Advise on optimal development and operation of	1	1	My project on prognostic factors that influence survival among women with ovarian cancer has shown

Competency	of competence for each le) FORMATIVE ASSESSMENT – Elements arning objective / competency outlined in curriculum	Evidence from the workplace *indicate pieces of work intended for summative assessment
		nderstanding concepts and facts pplication under supervision	
	Trainee assessment	Supervisor assessment	
		(Supervisor must assess the LCR and put the number of competency, and in addition to this, if different from trainee assessment, outline reasons in comment space below)	
secondary and tertiary health			socioeconomic disadvantage and rural/remote
services			residence to be adverse factors. I have gained a
			greater understanding of the health service
			organisational arrangements that cause these differences.
6.2.4 Advise on health service	1	1	As my research on survival among women with ovarian
needs of rural and remote			cancer showed inequalities that existed among those
areas			living in rural/remote areas compared to major cities
			and socioeconomically disadvantaged compared to advantaged, I have obtained more insight into the geographic and demographic challenges that exist in
			public health.



PROJECT 2

Title:	Screen time in children younger than 2y in Sydney, Australia: A birth cohort study					
Principle Products:	Production of a manuscript for publication on the screen time habits of children under 2y in SWS and the risk factors of excess screen exposure					

Competency	of competence for each lear in <mark>1=fundamental unde</mark>	ORMATIVE ASSESSMENT – Elements ning objective / competency outlined curriculum rstanding concepts and facts ication under supervision	Evidence from the workplace [*] indicate pieces of work intended for summative assessment
	Trainee assessment	Supervisor assessment	
		(Supervisor must assess the LCR and put the number of competency, and in addition to this, if different from trainee assessment, outline reasons in comment space below)	
3.1.5 Critically asses published literature and other evidence	2	2	I conducted an extensive literature review and analysis on duration of daily screen time in children, risk factors for excess screen exposure, and short and long-term developmental, cognitive, and health effects.
3.2.3-Design and manage data collection for studies	2	2	Quantitative data collected at birth and 18 months was cleaned and coded. The primary independent variable was screen time and associations between categorical variables

Competency	of competence for each lead	ORMATIVE ASSESSMENT – Elements rning objective / competency outlined curriculum	Evidence from the workplace [*] indicate pieces of work intended for summative assessment
		erstanding concepts and facts	
	2= effective appl	lication under supervision	
	Trainee assessment	Supervisor assessment	
		(Supervisor must assess the LCR and put the number of competency, and in addition to this, if different from trainee assessment, outline reasons in comment space below)	
			were established using contingency tables and chi-squared tests. The t-tests and, where appropriate, non-parametric tests were used for continuous variables. Multivariable logistic regression analyses were used to determine independent factors associated with screen time. The study found a large number of infants being exposed to excess amounts of screen time. The study also found a number of correlations that may be contributing to these alarming results.
6.1.3 Produce and implement best practice guidelines for the clinical and public health sectors	1	1	This competency has been demonstrated in the manuscript Adverse effects of excess screen use in children demonstrated in systematic reviews and longitudinal birth cohort studies-Studies demonstrating beneficial child rearing practices



ASSOCIATED ROLES AND OTHER TRAINING

Competency	competence for each learn 1=fundamental und	ORMATIVE ASSESSMENT – Elements of ing objective / competency outlined in curriculum lerstanding concepts and facts plication under supervision	Evidence from the workplace [*] indicate pieces of work intended for summative assessment
	Trainee assessment	Supervisor assessment	
		(Supervisor must assess the LCR and put the number of competency, and in addition to this, if different from trainee assessment, outline reasons in comment space below)	
1.1.7 Practice medicine in a manner that promotes a sustainable physical and social environment	2	2	The Sustainability Action Group for the Environment (SAGE) is a group of South Western Sydney Local Health District (SWS LHD) staff members who aim to create change in the hospital environment. The broad objective is to create a more environmentally sustainable health care environment in SWSLHD in order to progress towards environmental sustainability and climate change goals. I have been attending the SAGE meetings for the last few months and have been promoting recycling and use of non-disposable coffee mugs within the workplace
6.1.2 Influence clinical staff to adopt a population health	1	1	The Sustainability Action Group for the Environment (SAGE) is a group of South Western Sydney Local Health

Competency	competence for each learr 1=fundamental und	ORMATIVE ASSESSMENT – Elements of ning objective / competency outlined in curriculum derstanding concepts and facts plication under supervision	Evidence from the workplace <mark>*</mark> indicate pieces of work intended for summative assessment
	Trainee assessment	Supervisor assessment	
		(Supervisor must assess the LCR and put the number of competency, and in addition to this, if different from trainee assessment, outline reasons in comment space below)	
approach			District (SWS LHD) staff members who aim to create change in the hospital environment. The broad objective is to create a more environmentally sustainable health care environment in SWSLHD in order to progress towards environmental sustainability and climate change goals. I have been attending the SAGE meetings for the last few months and have been promoting recycling and use of non-disposable coffee mugs within the workplace



TEACHING AND LEARNING REQUIREMENTS AND ASSESSMENTS

Teaching and Learning Requirements in the last 12 month period	Date(s) of attendance	Date(s) submitted to Faculty	Dates of formal communication with Mentor
At least 1 Learning Contract	n/a	10 January 2016	n/a
At least 1 Learning Contract Report for each Learning Contract	n/a	15 April 2016	n/a
Attendance at Annual Training Days (recommended, not compulsory)	20 March 2016 22 March 2016	n/a	n/a
Attendance at AFPHM Videoconferences (recommended, not compulsory)	18 September 2016 29 September 2016	n/a	n/a
A mentor with FAFPHM	n/a	n/a	4 July 2016 15 November 2016
		1	I

Formative assessments Requirements	Date completed	Date submitted to Faculty
Oral Presentation Assessment	28 August 2016	28 August 2016
Direct Observation of Procedural Skills	1 September 2016	1 September 2016

Summative assessments Requirements	Date completed	Date submitted to Faculty	Outcome (if known)		
Oral Presentation Assessment	1 July 2016	3 July 2016	8 July 2016		
Workplace Report	3 April 2016	4 April 2016	Pass		
Final Oral Exam	4 November 2016	n/a	Pass		



Summary of Competence Level Development by Public Health Training Activities/Projects

	1.1 Pi	1.1 Professional Development and self-management									1.2 Communication, leadership and teamwork									
Project/activity during <u>THIS</u> position	1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.1.6	1.1.7	1.1.8	1.1.9	1.1.10	1.2.1	1.2.2	1.2.3	1.2.4	1.2.5	1.2.6	1.2.7	1.2.8	1.2.9	1.2.10
	2	2	2	2	2	1	1	2	1	1	2	2	2	2	2	2	2	2	2	1
Project/activity from <u>PREVIOUS</u> position(s)	1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.1.6	1.1.7	1.1.8	1.1.9	1.1.10	1.2.1	1.2.2	1.2.3	1.2.4	1.2.5	1.2.6	1.2.7	1.2.8	1.2.9	1.2.10
Attainment	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2

									oorigina orres S ler	2.4 Ethnic minority health		
Project/activity during <u>THIS</u> position	2.1.1	2.1.2	2.1.3	2.1.4	2.1.5	2.1.6	2.1.7	2.3.1	2.3.2	2.3.3	2.4.1	2.4.2
	2	2	2	1								

Project/activity from <u>PREVIOUS</u> position(s)	2.1.1	2.1.2	2.1.3	2.1.4	2.1.5	2.1.6	2.1.7	2.3.1	2.3.2	2.3.3	2.4.1	2.4.2
Attainment expected	2	2	2	2	2	2	2	2	2	2	2	2

	3.1 Pı	ublic he	ealth in	formati	ion and	l critica	al appra	aisal						
Project/activity during <u>THIS</u> position	3.1.1	3.1.2	3.1.3	3.1.4	3.1.5	3.1.6	3.1.7	3.1.8	3.1.9	3.1.10	3.1.11	3.1.12	3.1.13	3.1.14
	2	1	2	2	2	2	2	1			2	2		
Project/activity from <u>PREVIOUS</u> position(s)	3.1.1	3.1.2	3.1.3	3.1.4	3.1.5	3.1.6	3.1.7	3.1.8	3.1.9	3.1.10	3.1.11	3.1.12	3.1.13	3.1.14
Attainment expected	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	3.2 Public health research and teaching							3.3 Health care & public health programme evaluation						



Project/activity during <u>THIS</u> position	3.2.1	3.2.2	3.2.3	3.2.4	3.2.5	3.2.6	3.2.7	3.2.8	3.2.9	3.2.10	3.3.1	3.3.2	3.3.3	3.3.4
	2	2	2				1	1	2		1	2		
Project/activity from <u>PREVIOUS</u> position(s)	3.2.1	3.2.2	3.2.3	3.2.4	3.2.5	3.2.6	3.2.7	3.2.8	3.2.9	3.2.10	3.3.1	3.3.2	3.3.3	3.3.4
Attainment expected	2	2	2	2	1	1	1	1	1	1	2	1	1	1

	4.1 Po	licy and	alysis, c	levelop	ment ar	nd plan	ning	5.1 He	alth pro	omotion	and co	ommuni	ty deve	lopmen	it
Project/activity during <u>THIS</u> position	4.1.1	4.1.2	4.1.3	4.1.4	4.1.5	4.1.6	4.1.7	4.1.8	4.1.9	5.1.1	5.1.2	5.1.3	5.1.4	5.1.5	5.1.6
Project/activity from	4.1.1	4.1.2	4.1.3	4.1.4	4.1.5	4.1.6	4.1.7	4.1.8	4.1.9	5.1.1	5.1.2	5.1.3	5.1.4	5.1.5	5.1.6

PREVIOUS position(s)															
Attainment expected	2	2	2	2	2	2	1	1	1	2	2	2	2	1	1

	5.2 He	ealth pr	otectio	on and	risk ma	nagem	ent	5.3 Infectious diseases prevention and control									
Project/activity during <u>THIS</u> position	5.2.1	5.2.2	5.2.3	5.2.4	5.2.5	5.2.6	5.2.7	5.2.8	5.2.9	5.2.10	5.2.11	5.3.1	5.3.2	5.3.3	5.3.4	5.3.5	
Project/activity from <u>PREVIOUS</u> position(s)	5.2.1	5.2.2	5.2.3	5.2.4	5.2.5	5.2.6	5.2.7	5.2.8	5.2.9	5.2.10	5.2.11	5.3.1	5.3.2	5.3.3	5.3.4	5.3.5	
Attainment expected	2	2	2	2	2	2	1	1	1	1	1	2	2	2	1	1	

	5.4 Cł injury	nronic (prever		e, ment	al illne:	ss &	6.1 He advoo	ealth se acy	ector	6.2 He	ealth se	ctor de	evelopr	nent ar	nd oper	ation		
Project/activity	5.4.1	5.4.2	5.4.3	5.4.4	5.4.5	5.4.6	6.1.1	6.1.2	6.1.3	6.2.1	6.2.2	6.2.3	6.2.4	6.2.5	6.2.6	6.2.7	6.2.8	6.2.9



during <u>THIS</u> position																		
Project/activity from <u>PREVIOUS</u> position(s)	5.4.1	5.4.2	5.4.3	5.4.4	5.4.5	5.4.6	6.1.1	6.1.2	6.1.3	6.2.1	6.2.2	6.2.3	6.2.4	6.2.5	6.2.6	6.2.7	6.2.8	6.2.9
Attainment expected	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1

	6.3 Oı	rganisa	tional	manage	ement		
Project/activity during <u>THIS</u> position	6.3.1	6.3.2	6.3.3	6.3.4	6.3.5	6.3.6	6.3.7
Project/activity from <u>PREVIOUS</u>	6.3.1	6.3.2	6.3.3	6.3.4	6.3.5	6.3.6	6.3.7
	•	•	•				•

position(s)							
Attainment expected	2	1	1	1	1	1	1



SIGN OFF OF THE LEARNING CONTRACT

We agree that this document represents a complete and accurate record of the activities, projects and competencies that the trainee has worked across and the level specified, in accordance with the Public Health Medicine Training Curriculum for the period of training specified by this contract. We agree this document represents a complete & accurate record of teaching and learning requirements and assessments completed during this period of training.

SUPERVISOR'S COMMENTS

Name of Supervisor 1:

Dr Michelle Douglas

- □ I have discussed the Trainee's progress with other supervisors (if applicable)
- I have discussed this report with the Trainee and make the following comments:

Provide in semi-structured format

1. Reflection of the learning within the workplace, areas in which trainee is developing competence related to this period of work

Dr Trainee has expanded her understanding of different types of epidemiological analyses and has become increasing familiar with issues in cancer epidemiology. She has gained competence in survival analyses and demonstrated her already significant skills in reviewing and synthesising relevant scientific literature. She has willingly explored newer epidemiology techniques such as the use of directed acyclic graphs and the use of propensity scoring in analysis. These have developed her analytic thinking and problems-solving, skills readily transferable to all areas of public health practice.

2. Challenges faced, experience of navigating barriers and dealing with unexpected circumstances

Click here to enter text.

3. Relationship with colleagues and staff

In terms of her work here, ###'s greatest challenges have been to develop a deep understanding of the subject matter on which the research is based and to learn the analytic skills required for this kind of investigation. She has been thorough in her approach to both these challenges using both the scientific literature and expert opinion to help her achieve the required level of understanding. Her approach to problemsolving is methodical and determined.

Other Comments

works very well with her colleagues. She is respectful and thoughtful and gets on well with people. She is willing to listen to the advice and opinions of others as well as to provide input into discussions and contribute her expertise. I think she is generally highly regarded by her colleagues



5/08/2016 **Date**



Name of Supervisor 2: (*if applicable*)

Click here to enter text.

□ I have discussed the Trainee's progress with other supervisors (if applicable)

□ I have discussed this report with the Trainee and make the following comments:

Provide in semi-structured format

- 1. Reflection of the learning within the workplace, areas in which trainee is developing competence related to this period of work Click here to enter text.
- 2. Challenges faced, experience of navigating barriers and dealing with unexpected circumstance Click here to enter text.
- 3. Relationship with colleagues and staff Click here to enter text.

Other Comments

Click here to enter text.

Supervisor Signature

Click here to enter a date. **Date**

MENTOR'S COMMENTS

Name of Mentor:

Dr Jonathan Jones

I agree that I have met with the trainee to discuss their progression through the AFPHM training program and matters relating to career development in general over the period of this learning contract.

Dr Trainee has a very good understanding of her competencies and she is successfully continuing to progress through her training program to be a better Public Health physician in the future.



5/08/2016 *Date*

Thank you for acting as Supervisor(s) and Mentor for this trainee and for completing this report.



TRAINEE'S REFLECTION

- I understand my obligation to complete the training requirements outlined in the relevant Advanced Training Program Requirements Handbook.
- ☑ I have familiarised myself with my obligations as documented in the *Progression through Training* and *Flexible Training* policies.
- I have discussed this assessment with my Supervisor and Mentor and make the following comments:

Personal reflection of the learning within the workplace, developing competence (reflecting on range of competencies worked across to various degrees of depth), challenges faced, experience of navigating barriers and dealing with unexpected circumstances, relationship with colleagues and staff and other

Working here provided me with the ideal learning environment for fulfilling the competencies outlined in the curriculum towards public health training. This has been my first exposure to the field of cancer epidemiology and I found it very intriguing. An important highlight of the project was gaining experience in understanding the inequalities in access to health services by socioeconomic status and remoteness of residence. The statistical methods involved in the project were technically challenging to perform. The workplace was supportive in helping me understand the nuances of survival analyses. I benefitted greatly from the weekly discussions with my supervisor as well as the head of the team. I had regular interactions with other members of the epidemiology group through journal clubs and seminars to keep myself updated with other research. The Institute also provided me with the opportunity to present my work at the national oncology conference in Adelaide.

Trainee Signature

5/08/2016

Date