Advanced Training Curricula Renewal

Frequently asked questions for Public Health Medicine stakeholders

September 2024

RACP Specialists. Together

About this document

This document provides information from the Curriculum Review Group (CRG) for Public Health Medicine (PHM) about the draft PHM Advanced Training curriculum. This information is intended to support stakeholders' understanding of the new curriculum to facilitate feedback during consultation.

If you have any questions, please contact curriculum@racp.edu.au.

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How does this curriculum 'fit' with the old curriculum?

The old curriculum has been revised and mapped to the new curriculum. The new curriculum includes 'the Common Competencies" which describe the attributes or qualities that we expect of Fellows of the College – how they should 'be'. The next layer includes the Entrustable Professional Activities (EPAs) – these are specific to public health medicine, but EPAs are a feature of, and at a similar 'level' to, the other College specialist training programs. The EPAs describe what new Fellows need to be able to 'do' – but these are generalised skills across public health practice. For example, EPA 4 (Incident Response) picks up the common elements of any situation that a PHP may be called on to manage, be it outbreak response, an environmental risk assessment, disaster management etc. The detail of these specific situations is provided in the Knowledge Guides (KGs) – which are also specific to public health medicine and outline what trainees should 'know'.

Do we expect trainees to be able to meet all the elements of the EPAs and KGs?

We do expect trainees to know what is in the Knowledge Guides (KGs). These are very similar to competencies of the old curriculum. The expectations for the Entrustable Professional Activities (EPAs) are that trainees will be able to demonstrate competence across all elements in the EPA Description. The Behaviours listed under each EPA are possible ways, mapped to the elements of the Common Competencies, in which trainees can demonstrate their competence of the EPA Description items. Trainees will not have to 'tick off' that they have demonstrated all these behaviours, if a supervisor is confident that they have in some other way demonstrated competence against Description items.

How do the Common Competencies relate to the EPAs and the EPAs to the KGs?

Together the Common Competencies, the Entrustable Professional Activities (EPAs), and the Knowledge Guides (KGs) are the Learning Goals (LGs). Trainees report their learning through the assessment items according to the Learning Goals. The EPAs represent higher level, more general elements of public health practice, encompassing wide bodies of knowledge and practice. The KGs provide the detail of the specific knowledge and skills required for public health medicine practice. For example, EPA 1 (Leadership and Accountability) runs across different domains of public health practice, with related behaviours demonstrated during, for example, outbreak investigation, environmental risk assessment, policy development, evaluation, First Nations health, etc. Required knowledge within the different domains of public health are outlined in the KGs.

Why are the EPAs not discrete work tasks?

The Faculty is required to conform to the visualisation of Common Competencies, EPAs and KGs that the College is using for their new curricula across all training programs. In the new RACP Curriculum there are three EPAs that are common across all Advanced Training Programs – Team Leadership, Supervision and Teaching and Quality Improvement.

Taking Team Leadership as an example, public health physicians do lead teams, and the Leadership and Accountability EPA retains those team leadership elements that are common across the College's Advanced Training programs. However, public health physicians also lead incident responses, public health programs, policy development, and others. They take account of the social, political, cultural contexts as well as physical and family contexts. Their leadership must be strategic, wide-ranging and adaptive to the context, spanning leadership of a small team to the leadership of a department, a pandemic response or, during a disaster, as part of a dedicated leadership team. EPA 1 (Leadership and accountability) describes the tasks trainees need to be able to do to demonstrate their capability in leadership, regardless of the setting.

Using outbreak investigation as an example of a discrete task, a trainee involved in outbreak investigation would address parts of KG 1 (scientific foundations of public health medicine), KG 2 (Communicable disease prevention and control), EPA 1 (Leadership and accountability), and EPA 4 (Incident response). They may also address parts of KG 4 (Health and physical environment), and EPA 10 (Organisational unit management).

Why does there appear to be so much repetition in the curriculum?

Many professional behaviours and essential skills are required across different domains of public health medicine practice. There is a lot of repetition in the curriculum because many of these behaviours may demonstrate competence in multiple EPAs and Common Competencies. Communication, leadership, cultural competence, etc. are so fundamental to public health medicine practice that they are included in several places. Competence in these is required across different situations and work tasks.

Will trainees need to have completed all Learning Goals to a Level 4 by Transition to Fellowship) to be eligible to sit the Oral Examination?

The Oral Examination will continue to be held in October of each year, with trainees committing to sit the Examination by 31 July. By this date, trainees wishing to sit the Oral Examination should have completed most LGs to a level 4 (as per the progression criteria rating scale which will very likely require at least two years of training) and have a Learning Plan in place that demonstrates how they will achieve the levels required for the completion of training. These two elements will be required for eligibility, along with a statement from the supervisor that the trainee is ready (or will be ready by the date of the examination) to sit. The Oral Examination will continue to be held only once a year, and only three attempts are permitted. Each attempt incurs a considerable cost in examination fees as well as travel/accommodation costs. The decision to sit the Oral Examination will rest with the trainee, guided by the supervisor's assessment of their readiness to sit.

How many training settings are trainees expected to train at in the proposed learning, teaching and assessment programs?

Trainees pursuing Advanced Training for Fellowship with the Australasian Faculty of Public Health Medicine will require a minimum of two different accredited training placements during training to ensure a diversity of workplace cultures, daily work, roles and responsibilities in order to maximise learning goals. Trainees working in single institutions are unlikely to acquire the necessary broad exposure to workplace experience and assessments to meet training requirements. While exceptions may be considered prospectively for trainees pursuing their entire training period in a single institution located in a regional or remote area of need, supervision and training activities must be tailored to trainee learning goals.

How are the learning and observation captures and progress reports completed over training phases?

A trainee is required to complete 12 learning captures and 12 observation captures per phase of training – specialty foundation, specialty consolidation, and transition to Fellowship. It is expected that for most trainees, each training phase will correspond to approximately 12 months of fulltime training.

Training requirements are pro-rated for part-time trainees, as per the RACP Flexible training policy). Part-time trainees are **not required to submit additional learning or observation captures;** they will need to complete the same number of work-based learning and assessment tools pro-rated to the amount of training for which they have been approved. Part-time trainees **are required to submit additional progress reports compared to fulltime trainees**– they are

not pro-rated; this is to ensure part-time trainees receive regular formal feedback on their progress.

Observation captures are work-based assessments related to observation of a specific work task. Essential work tasks for a public health physician include performed/oral tasks and written tasks. As such, the CRG proposed that trainees should be expected to complete a minimum of 3 observation captures for written tasks (i.e., literature review, preparation of a ministerial Minute, report) and 3 observation captures for oral/performed tasks (i.e., journal club presentation, abstract presentation, chairing a meeting). The remaining 6 observation captures can relate to either task description. A range of assessors can observe a trainee completing a work task and provide them with feedback. It is useful to a trainee's development to seek feedback from a variety of colleagues.

Where do RECs fit into the new structure?

This will be determined as part of implementation planning. More information on Progress Review Panels, including governance, delegated authority, panel set up, operations etc will be developed in 2025.