

ENTRY CRITERIA

Summary of proposed changes

- Postgraduate clinical experience no longer allows for one year full-time equivalent (FTE) in a health-related field
- Master of Public Health (MPH) compulsory core discipline areas:
 - Health Protection divided into two distinct areas: environmental health and communicable disease prevention and control.
 - Health Policy, Planning or Management changed to “Health policy”.
- “Equivalent” of MPH removed as an option. Only MPH will be accepted in new program.

Current PHM entry criteria

1. Medical registration

Prospective trainees must hold a:

- full general medical registration with the Medical Board of Australia

OR

- medical registration with general scope of practice with the Medical Council of New Zealand and a current practising certificate

2. Postgraduate clinical experience

New trainees must hold 3 years full-time equivalent of postgraduate clinical experience comprised of:

- an internship year containing regular face-to-face clinical patient contact
- at least 1-year full-time equivalent clinical experience in a well-structured position in addition to an internship, with appropriate supervision with regular face-to-face patient contact
- a further clinical year or 1 year in a health-related field

3. Completed Master of Public Health (MPH) or equivalent

You must have completed a Master of Public Health (MPH) (or equivalent) that satisfies the 5 Australasian Faculty of Public Health Medicine (AFPHM) compulsory core discipline areas:

- Epidemiology
- Biostatistics
- Health Protection (includes Environmental Health and/or Communicable Disease Prevention and Control)
- Health Promotion
- Health Policy, Planning or Management

All MPH courses must be an assessed course, not an attendance course.

4. Approved training position

Applicants must have secured an approved training position at an accredited setting before commencing training.

Proposed PHM entry criteria

Prospective trainees must have:

- General medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practicing certificate if applying in Aotearoa New Zealand.
- completed 3 years FTE postgraduate clinical experience, including:
 - An internship year containing regular face-to-face clinical patient contact
 - At least two years FTE clinical experience (in addition to an internship) in a well-structured position with appropriate supervisor and regular face-to-face patient contact
- completed a Masters of Public Health that satisfies the following AFPHM compulsory core discipline areas (usually completed within 10 years prior to submission of an AFPHM application for eligibility):
 - Epidemiology
 - Biostatistics
 - Environmental health
 - Communicable disease prevention and control
 - Health promotion
 - Health policy
- been appointed to an appropriate Advanced Training position.

PROFESSIONAL EXPERIENCE

Summary of proposed changes

- Added requirement to complete 6 months of training in an approved communicable disease prevention and control position.

CURRENT REQUIREMENT	<ul style="list-style-type: none"> 36 months of certified training time <ul style="list-style-type: none"> Maximum 12 units/months clinical and/or laboratory work. Maximum 12 units/months of PHM relevant PhD-related activity. Maximum 3 units/months coursework, provided that the coursework relates to a competency area that cannot be met through a training position.
PROPOSED REQUIREMENT	<p>Complete at least 36 months full-time equivalent (FTE) of relevant professional experience in approved positions, including at least 6 months FTE of training in an approved communicable disease prevention and control position.</p> <ul style="list-style-type: none"> A maximum one-third of any training placement may consist of clinical work. A maximum of 12 months FTE spent completing a PHM-related PhD undertaken while at an accredited training setting may be counted towards training time A maximum of 3 months FTE of time spent undertaking course work may count towards training time, provided the course work relates to a learning goal that cannot be met through a training position

LOCATION OF TRAINING

Summary of proposed changes

- Number of AFPHM accredited training settings or approved overseas training positions required over the course of training has been increased from one to two.

CURRENT REQUIREMENT	<ul style="list-style-type: none"> You may be employed at an individual training position, meaning that you're based at 1 primary or base location for an entire placement. In this situation, you may be required to travel to other locations to participate in learning opportunities and/or service provision You can only complete 1 year (12 units/months) of Advanced Training in Public Health Medicine overseas You must complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand. Related postgraduate activity completed overseas will be considered as overseas training. Additional training overseas exceeding 1 year will not be approved.
PROPOSED REQUIREMENT	<ul style="list-style-type: none"> Complete training in at least 2 different AFPHM accredited training settings or approved overseas training positions* Complete at least 24 months FTE of AFPHM training at accredited training settings in Australia and/or Aotearoa New Zealand.

*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.

LEARNING PROGRAM

Summary of proposed changes

- Learning contract replaced with learning plan
- Professional Qualities Reflections replaced with learning capture work-based learning tool

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • 1 Learning Contract (minimum) per training year • 3 Professional Qualities Reflection
PROPOSED REQUIREMENT	<ul style="list-style-type: none"> • 1 Learning plan at the start of each phase, reviewed quarterly

LEARNING COURSES

Summary of proposed changes

- Adoption of new RACP learning courses

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, by the end of Advanced Training
PROPOSED REQUIREMENT	<ul style="list-style-type: none"> • RACP Advanced Training Orientation resource (within the first six months of Advanced Training) • RACP Health Policy, Systems and Advocacy resource (recommended completion before the Transition to Fellowship phase) • RACP Supervisor Professional Development Program, by the end of Advanced Training • Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, by the end of Advanced Training • RACP Communication skills resource (recommended completion before the specialty consolidation phase) • RACP Ethics and Professional Behaviour resource (recommended completion before the specialty consolidation phase) • RACP Leadership, Management and Teamwork resource (recommended completion before the specialty consolidation phase)

LEARNING ACTIVITIES

Summary of proposed changes

- National Training Days attendance changed from required to recommended

CURRENT LEARNING ACTIVITIES	<ul style="list-style-type: none"> • Attend National Training Days once over the course of training (required) • Attend Trainee Video Conferencing Sessions each training year (recommended)
PROPOSED RECOMMENDED LEARNING ACTIVITIES	<ul style="list-style-type: none"> • Attend National Training Days once over the course of training (recommended) • Attend Trainee Video Conferencing Sessions each training year (recommended)

TEACHING PROGRAM

Summary of proposed changes

- Introduction of Progress Review Panels
- No changes to current supervision and mentor requirements.

Current PHM supervision requirements

You are required to have:

- 1 x supervisor (minimum) for each public health training position
- 1 x mentor (minimum) over the course of your training experience
- A [Regional Education Coordinator](#) (REC) for each region oversees your work experience

Supervisor

Your supervisor must be a:

- person with direct responsibility for overseeing you at your workplace
- Fellow of AFPHM

If it's not possible for your supervisor to be a Fellow of AFPHM, they can be a:

- non-medical public health practitioner
- specialist in another field of medicine
- scientist or researcher in a public health area, such as health economics, biostatistics or health services evaluation

When your workplace supervisor isn't a Fellow of the AFPHM, you must have a Fellow of the AFPHM as co-supervisor.

Your supervisor will:

- assess and report on your training
- establish a learning plan with you
- meet with you fortnightly to review your performance and provide constructive feedback to help you meet the competencies for Public Health Medicine

Mentor

The mentor:

- provides an overview of the training and your development as a public health physician
- doesn't need to be in the same region that you're currently training
- is the first contact if you are having difficulty with training or assessment items
- must be a Fellow of the AFPHM

Your mentor will:

- sign off on Application to Commence Training, Learning Contracts and Learning Contract Reports
- be familiar with training program requirements

- be available for regular communication with you

Discuss your choice of mentor with your REC. For more information about mentors, see Advanced Training Supervision.

REC

Each region has a senior Fellow of the AFPHM who acts as REC. Their role is to:

- advise trainees and prospective trainees of training opportunities in their region
- discuss choice of supervisor and mentor with trainees
- review all applications and supervisor reports and present them to the regional committee
- assist in remediation for trainees where appropriate
- attend the national teaching and learning subcommittee meetings
- keep regional committees informed of training matters

Proposed PHM supervision requirements

- **1 supervisor per training period**, who is a Fellow of the AFPHM
 - If the workplace doesn't have an AFPHM Fellow on site, the trainee must nominate one supervisor on site who has direct responsibility for overseeing the trainee at the workplace and a second supervisor with AFPHM who can be external to the site.
- *The following are appropriate types of supervisors if a FAFPHM supervisor is not available on site:
 - Non-medical public health practitioner
 - Specialist in another field of medicine, e.g. holds FRACP
 - Scientist or researcher in a PHM area, such as health economics, biostatistics.
- **1 mentor** over the course of training, who is a Fellow of the AFPHM (unless exemption is granted by the Faculty Training Committee)
- **1 Regional Education Coordinator (REC)**
- **1 individual for the role of Research Project Supervisor** (may or may not be the Education Supervisor)
- **1 RACP committee to act as a Progress Review Panel**

ASSESSMENT PROGRAM

Summary of proposed changes

- Direct Observation of Practical Professional skills and workplace reports replaced with new Observation Capture work-based assessment
- Learning contract reports replaced by Progress Report
- Oral presentation summative assessments removed
- Oral examination to be completed during Transition to Fellowship phase.

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • 1 Learning contract report for each learning contract • 2 Workplace reports • 3 Direct Observations of Practical Professional Skills • 1 Research project • 1 Oral examination • 2 Oral presentation summative assessments
PROPOSED REQUIREMENT	<ul style="list-style-type: none"> • 12 Observation captures per phase* • 12 Learning captures per phase* • 4 Progress reports per phase • 1 Research project over the course of training • 1 Oral examination, during Transition to Fellowship phase

*Trainees will be expected to complete a minimum of 3 observation captures for written tasks (e.g., literature review, preparation of a ministerial Minute, report) and 3 observation captures for oral/performed tasks (e.g., journal club presentation, abstract presentation, chairing a meeting). The remaining 6 observation captures can relate to either task description.

ORAL EXAMINATION ELIGIBILITY REQUIREMENTS

Summary of proposed changes

- Eligibility now dependent on having progressed to the Transition to Fellowship phase.

CURRENT REQUIREMENT	<p>To be eligible to sit the exam, you must:</p> <ul style="list-style-type: none"> • apply and pay for the exam by the due date • hold a current general medical registration • have completed at least 29 units/months of training by 31 December in the same year of the exam • have completed or passed these assessments by 31 July in the same year of the exam: <ul style="list-style-type: none"> ○ 2 x Direct Observation of Practical Professional Skills ○ 2 x Professional Qualities Reflections ○ 1 x Oral Presentation summative assessment ○ 2 x Workplace Reports or ○ 1 x Workplace Report and 1 x Advanced Training Research Project* • meet the requirements in the Progression Through Training Policy <p>* Trainees who have been granted Recognition of Prior Learning for the Advanced Training Research Project must submit 2 x Workplace Reports to be eligible to sit the exam.</p> <p>If you have outstanding training fees, you're ineligible to sit the exam. See College Fees Terms and Conditions.</p>
PROPOSED REQUIREMENT	<p>To be eligible to sit the exam, you must:</p> <ul style="list-style-type: none"> • apply and pay for the exam by the due date • hold a current general medical registration • have progressed to the Transition to Fellowship Phase of training • have passed the Advanced Training Research Project by 31 July in the same year of the exam • meet the requirements in the Progression Through Training Policy • have no outstanding training fees. <p>If you have outstanding training fees, you're ineligible to sit the exam. See College Fees Terms and Conditions.</p>

LTA STRUCTURE



- A learning, teaching and assessment (LTA) structure defines the framework for delivery and trainee achievement of the curriculum standards
- Advanced Training is structured in three phases that establish checkpoints for progression and completion.

PROGRESS POINTS

- An **entry decision** is made before entry into the program.
- **Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.

RATING SCALES

Levels	1	2	3	4	5
Entrustable Professional Activities (EPAs)	Is able to be present and observe	Is able to act with direct supervision	Is able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	Is able to act with supervision at a distance (e.g. supervisor available to assist via phone)	Is able to provide supervision
Knowledge guides	Has heard of some of the topics in this knowledge guide that underpin patient care (<i>heard of</i>)	Knows the topics and concepts in this knowledge guide that underpin patient care (<i>knows</i>)	Knows how to apply the knowledge in this knowledge guide to patient care (<i>knows how</i>)	Frequently shows they can apply knowledge in this knowledge guide to patient care (<i>shows how</i>)	Consistently applies sound knowledge in this knowledge guide to patient care (<i>does</i>)
Professional Behaviours (competencies)	Needs to work on behaviour in more than 5 domains of professional practice	Needs to work on behaviour in 4 or 5 domains of professional practice	Needs to work on behaviour in 2 or 3 domains of professional practice	Needs to work on behaviour in 1 or 2 domains of professional practice	Consistently behaves in line with all 10 domains of professional practice

	PROGRESSION CRITERIA	Entry criteria	Progression criteria		Completion criteria
	Learning goals	At entry into training	End of specialty foundation	End of specialty consolidation	End of Transition to Fellowship
Be	1. Professional behaviours	Level 5	Level 5	Level 5	Level 5
Do (work tasks)	1. Leadership and accountability: Lead public health responses, programs, projects, and organisations adapting the leadership style to the situation	Level 1	Level 2	Level 4	Level 5
	2. Supervision and teaching: Provide high quality teaching and supervision for professional colleagues	Level 1	Level 3	Level 4	Level 5
	3. Quality improvement: Identify and address opportunities to improve one’s own practice and the health care system	Level 1	Level 2	Level 4	Level 5
	4. Incident response: Assess and respond to urgent and/or evolving public health issues	Level 1	Level 2	Level 4	Level 5
	5. Populations and public health interventions: Design, develop, implement and evaluate projects, programs, and systems-level interventions to improve health and well-being	Level 1	Level 2	Level 4	Level 5
	6. Population health information: Gather, critically appraise, analyse and synthesise information to drive public health actions	Level 1	Level 2	Level 4	Level 5
	7. Communication and engagement for population health gain: Engage with communities and communicate complex health information for population health gain	Level 1	Level 2	Level 4	Level 5
	8. Multi-cultural population and public health : Identify and practice within multi-level, complex, trust-dependent and culturally-bounded social systems	Level 1	Level 2	Level 4	Level 5
	9. Policy analysis, development and planning: Develop and influence policy to improve public health and purposefully address aspects of health inequities	Level 1	Level 2	Level 3	Level 5
	10. Organisational unit management: Lead and manage organisational units effectively	Level 1	Level 2	Level 3	Level 5
	11. The AFPHM plans to co-design this learning goal with Australian Aboriginal, Torres Strait Islander, Māori (tangata whenua), and Pacific Peoples stakeholders.				
Know (Knowledge Guides)	1. Scientific foundations of public health medicine	Level 1	Level 3	Level 4	Level 5
	2. Communicable disease prevention and control	Level 1	Level 3	Level 4	Level 5
	3. Non-communicable disease and injury prevention and control	Level 1	Level 3	Level 4	Level 5
	4. Health and the physical environment	Level 1	Level 3	Level 4	Level 5
	5. Determinants of health	Level 1	Level 3	Level 4	Level 5
	6. The AFPHM plans to co-design this learning goal with Australian Aboriginal, Torres Strait Islander, Māori (tangata whenua), and Pacific Peoples stakeholders				