NEW CURRICULA

Advanced Training in Public Health Medicine

Training Application Entry Pack

RACP Specialists. Together

About this document

This pack provides information for trainees applying to enter the Public Health Medicine (PHM) Advanced Training program in the new curriculum.

Entering the PHM Advanced Training program is a two-stage process. At Stage 1, you apply for provisional approval by submitting your application in TMP. At Stage 2, once you have secured a position, you submit your rotation plan to finalise your enrolment.

Applications are accepted on a rolling basis throughout the year.

For questions, contact PublicHealthMedicine@racp.edu.au.

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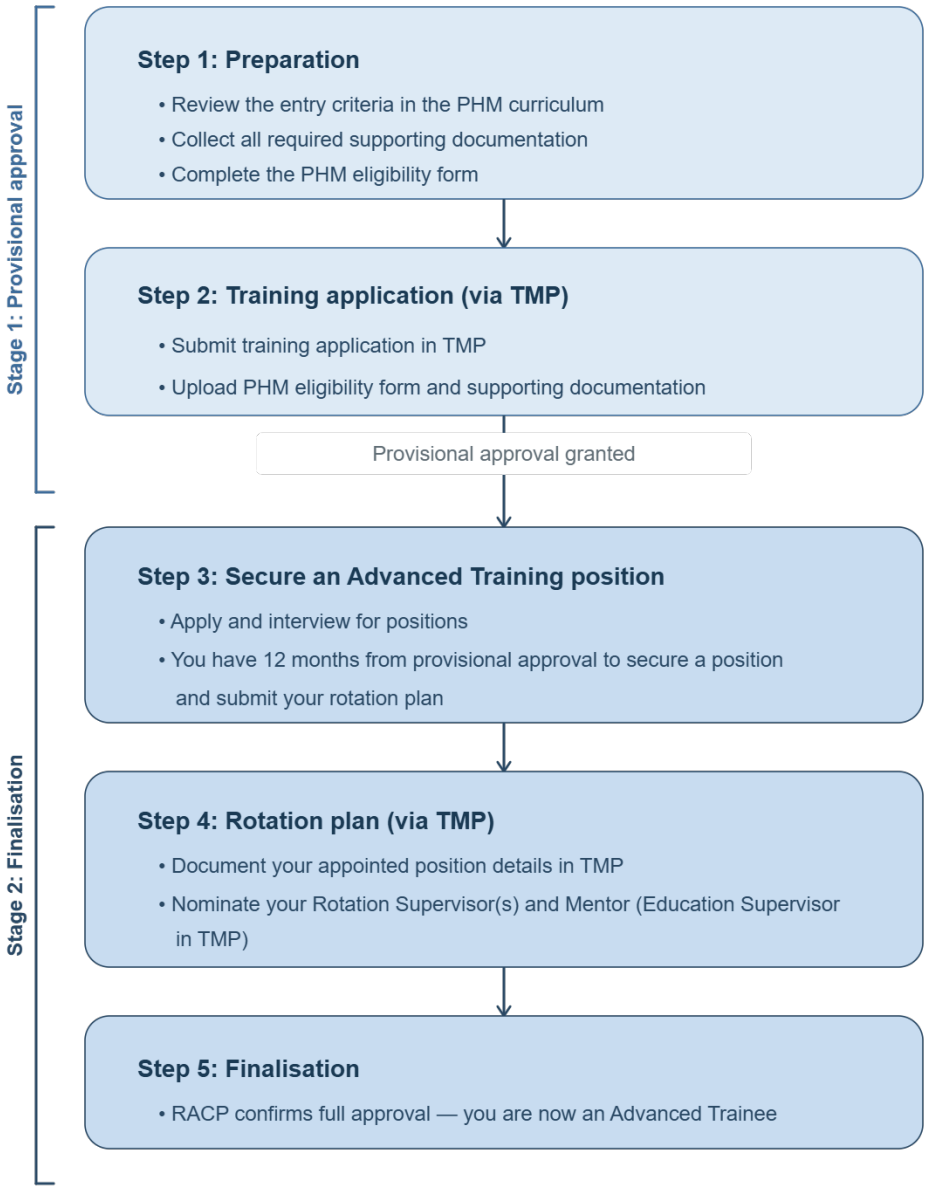
Introduction

This entry pack guides you through applying to enter the Public Health Medicine (PHM) Advanced Training program. All applications are submitted through the Training Management Platform (TMP).

The application process has two stages:

- **Apply for entry.** Submit your entry application via TMP, with all supporting documentation. Your application will be assessed against the first three entry criteria. If approved, you will receive provisional approval of entry.
- **Confirm your training position.** Once you have secured an appropriate Advanced Training position, submit your rotation plan via TMP. This satisfies the final entry criterion. Your entry will then be fully approved.

Figure 1: PHM Advanced Training application process



Entry criteria

To be eligible for the PHM Advanced Training program, applicants must meet the published entry criteria and demonstrate the required professional attributes. The entry attributes and entry criteria are outlined in the Public Health Medicine Learning, Teaching and Assessment program.

Entry attributes

Prospective trainees can demonstrate:

- a commitment and capability to pursue a career as a physician in public health medicine
- the ability and willingness to achieve the common learning goals for Advanced Training:
  - team leadership
  - supervision and teaching
- the professional behaviours, as outlined in the Competencies

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 practising certificate if applying in Aotearoa New Zealand.
- **completed 3 years FTE postgraduate clinical experience (PGY1-3)** in a well-structured position with appropriate supervision and regular face-to-face patient contact
- **A master's level degree in the field of public health**. As a minimum, the degree must have a core focus on health at a population level. Masters level degrees in social sciences or specific clinical or core science specialty areas will generally not be appropriate.
  - MPH equivalent master's degrees will usually include all or most of the required core compulsory subjects, that satisfy 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
    - Indigenous health

  (All subjects must be an assessed course, not an attendance course)
- **been appointed to an appropriate Advanced Training position**.

Satisfying the first three criteria will meet the requirements for provisional approval for 12 months, pending appointment to an approved Advanced Training position.

Application checklist

This checklist summarises the eligibility criteria outlined above. Use it to confirm you have gathered all required documentation before submitting your application.

Supporting documentation for criteria 1 to 3 must be uploaded in TMP at the time of application. The final criterion (appointment to an appropriate training position) is confirmed when you submit your rotation plan in TMP.

#	Criteria	Evidence uploaded in Training Application	Details confirmed in Rotation Plan	✓
1	Confirm you hold either: • General medical registration with the Medical Board of Australia (if applying in Australia), OR; • Medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate (if applying in Aotearoa New Zealand) This will be validated via AHPRA register or MCNZ register	Registration number will be validated automatically	-	☐
2	Submit evidence of completion of 3 years FTE postgraduate clinical experience (PGY1-3) in a well-structured position with appropriate supervision and regular face-to-face patient contact	Completed PHM eligibility form (section 1) and employer-issued Statements of Service	-	☐
3	Submit evidence of completion of a master's level degree in the field of public health. *As a minimum, the degree must have a core focus on health at a population level. Masters level degrees in social sciences or specific clinical or core science specialty areas will generally not be appropriate.* Submit evidence that your postgraduate qualification includes assessed coursework that meets the AFPHM compulsory core discipline areas (usually completed within 10 years prior to application).	Certified copy of your academic transcript for your MPH or equivalent degree Completed PHM eligibility form (section 2)	-	☐ ☐
4	Confirm details of appointment to an appropriate position in an RACP-accredited training setting or network *This criterion is confirmed when you submit your rotation plan in TMP.*	–	Appointed position details recorded	☐

Frequently Asked Questions

What are the different role types that trainees need to be aware of?

Role	In TMP	What they do
Rotation Supervisor	Nominated as Rotation Supervisor (per rotation)	Provides direct oversight during your training rotation. If your on-site supervisor is not a FAFPHM, you must also nominate an additional FAFPHM Rotation Supervisor, who can be external to your workplace.
Mentor	Nominated as Education Supervisor	A Fellow of the AFPHM who provides an overview of your training and development as a public health physician. You nominate your Mentor in your first rotation plan or separately in TMP.
Regional Education Coordinator (REC)	Assigned as a Progress Review Panel Member	Oversees trainee work experience in your region. The REC is assigned to you - you do not need to nominate them.
Training Program Committee (TPC)	Assigned as the Progress Review Panel	Acts as your primary Progress Review Panel and oversees your progress throughout training. You do not need to nominate the TPC.
Research Project Supervisor	Nominated as Research Project Supervisor	Guides trainees with their project choice, method, data analysis and interpretation, and quality of written and oral presentation.

What roles do I need to nominate in my rotation plan?

When submitting your rotation plan in TMP, you will need to nominate:

- **Rotation Supervisor(s) –** a consultant who provides direct oversight during your training rotation. If your on-site supervisor is not a Fellow of the AFPHM (FAFPHM), you must also nominate an additional Rotation Supervisor who is a FAFPHM (this can be external to your workplace)
- **Mentor (Education Supervisor in TMP) -** a Fellow of the AFPHM who provides oversight of your training and development across the program. Your Mentor is nominated as your Education Supervisor in TMP and can cover multiple rotations up to the length of the program. You can nominate your Mentor in your rotation plan or separately in TMP.

You do not need to nominate your Regional Education Coordinator (REC) or Training Program Committee (TPC) members. They form part of your Progress Review Panel.

See TMP user instructions for further guidance.

Public health is a largely non-clinical specialty. Why is there an emphasis on clinical experience?

Although Public Health Medicine is generally non-patient-facing, clinical experience helps physicians understand how healthcare is delivered, the challenges faced by patients and clinicians, and how public health policies and interventions affect clinical practice. This foundation is typically developed during prevocational training, which is the first 2 years after completing your medical degree.

How do I gain the clinical experience required for entry into Public Health Medicine?

The required clinical experience is typically gained during prevocational training, which is the first 2 years after completing your medical degree. The Confederation of Postgraduate Medical Education Councils (CPMEC), comprised of Postgraduate Medical Councils in each state and territory of Australia and the Medical Council of New Zealand, is responsible for ensuring junior doctors undertake structured prevocational training with appropriate educational activities and assessments.

The CPMEC promotes competency development in a structured workplace environment and the importance of consolidating your learning as part of your preparation for a career in Public Health Medicine.

Can locum work be recognised as clinical experience?

Locum work is unlikely to meet the Confederation of Postgraduate Medical Education Councils (CPMEC) criteria. This is particularly the case if the position consists of unstructured training which lacks supervision.

In these cases, it is difficult to determine whether the required competencies and professional development for a prevocational doctor have been achieved through the locum work.

Claims for locum experience will need to demonstrate that training was structured and supervised appropriately. Claims will be considered on a case-by-case basis.

Can telehealth consultations be recognised as clinical experience?

Maybe. Telehealth consultations provided by general practitioners and specialists in response to COVID-19 restrictions may be acceptable if your clinical setting included capacity for face-to-face consultations and appropriate supervision.

Time spent working in services that solely provide telehealth consultations, where neither face-to-face patient contact nor appropriate supervision were provided, are unlikely to meet the requirements for previous clinical experience. To discuss your situation, contact PublicHealthMedicine@racp.edu.au.

Can a surgical assistant position be recognised as clinical experience?

No. While surgical assisting may provide patient contact, it does not allow for the development of independent decision-making skills under supervision. The development of these skills under supervision is a training requirement prescribed by CPMEC.

Can a home doctor service position be recognised as clinical experience?

No. Working for a home doctor service doesn't meet the CPMEC criteria as it is unstructured training that lacks supervision and a structured assessment process.

Is part-time prevocational training allowed?

Yes, as long as your part-time work, which is calculated at a pro rata basis, meets the training period full-time equivalent for clinical experience.

Further information on accredited prevocational training sites/positions is available through the Postgraduate Medical Councils for each state and territory in Australia and the Medical Council of New Zealand.

Do I still meet the eligibility requirements if my qualification is not an MPH?

Eligibility requirements include the completion of an MPH degree or equivalent master's degree. Complete a PHM eligibility form (section 2) and describe how your study addresses the 7 compulsory core discipline areas.

Can I apply for entry if I've been given credit for a subject(s) towards the completion of my MPH?

Yes. Provide complete documentation of the credit towards your MPH with your application.

Can I apply for entry if my MPH was completed at an overseas university?

Yes. Complete a PHM eligibility form (section 2) describing how your study addresses the 7 compulsory core discipline areas and provide an academic transcript for consideration by the Faculty Training Program Committee (FTPC).

What happens if I haven't completed my MPH when I apply, or my subjects don't satisfy the 7 compulsory core discipline areas?

The FTPC will assess your eligibility to apply and contact you with the outcome. You may be given conditional eligibility if you provide information showing you can complete the requirements within a reasonable timeframe.

Conditional eligibility requirements must be clearly outlined, completed and emailed to PublicHealthMedicine@racp.edu.au

If you can't meet the timeframes specified, you can re-apply when outstanding eligibility requirements have been met.

Where can I get further advice about whether my intended or completed subjects are likely to be satisfactory?

Contact PublicHealthMedicine@racp.edu.au

Note: Final decisions about eligibility are made by the Training Program Committee following consideration of completed forms and supporting documents.

Appendix

Master of Public Health (MPH) overview

A Master of Public Health (MPH) usually requires 1 to 2 years of full-time equivalent (FTE) study and is comprised of a range of coursework subjects and may include a research project.

Students must satisfactorily complete core and non-core subjects to fulfil the total number of points required to complete an MPH. Core subjects such as Epidemiology, Biostatistics and Health Promotion are consistent across MPH degrees at many universities in Australia and Aotearoa New Zealand.

The number of points allocated to each subject and the total number needed to complete an MPH varies by university. Individual subjects range in size but typically require 120 hours of work, with time spent in lectures, tutorials, individual study and preparation for assessments.

Compulsory core discipline areas

These subjects can be used as a guide to satisfy the 7 AFPHM compulsory core discipline areas:

Epidemiology

- measures of the frequency of disease — incidence, prevalence, population at risk
- measures of association in epidemiological studies
- different study designs — observational studies, experimental study designs
- bias associated with study designs, misclassification, confounding and effect modification
- the ability to critically appraise different epidemiological studies

Biostatistics

- classifying health data
- summarising data using simple statistical methods and graphical presentation
- sampling distributions
- quantifying uncertainty in results from a sample
- working with statistical distributions
- comparing two or more groups using methods involving confidence intervals and hypothesis tests (p-values)
- assessing the association between an outcome and an exposure using the chi-squared test
- using risk comparisons (RR and OR)
- predicting an event or identifying risk factors for an event of interest where the event is measured on a continuous scale or a binary scale (yes/no) using multiple regression

Environmental Health

- current concepts in environmental health using tools of toxicology, epidemiology and social science
- the consideration of pollution in different media (air, water and soil etc), chemicals and pesticides
- epidemics and food borne illness
- the impact of climate change
- the creation and interpretation of risk
- environmental health risk assessment and health impact assessment
- equity in environmental health
- environmental politics/health and environmental sustainability/health

Communicable Disease Prevention and Control

- infectious diseases as a consequence of complex interactions between microbiological agents, physical/social environments and human hosts
- examine how controlling communicable disease requires a variety of strategies to address these interactions
- the principles and practice of public health surveillance
- disease outbreak recognition and responses
- immunisation
- variety of other disease control strategies

Health Promotion

- models of health and health promotion
- consideration of underlying determinants of health
- key theoretical approaches explaining change in individuals, organisations and systems
- fundamental elements of successful health promotion, its application to different health issues in various settings, sectors and in different populations
- overview of contemporary social and cultural perspectives on health/healthcare, and on people's everyday lived experience of health and illness
- exploration of the role of health promotion in addressing contemporary public health problems
- assessment of health promotion programs

Health Policy

- the nature of health policy, types of policy instruments, policy making processes including agenda setting, the influence of policy on frameworks and theories
- the role of evidence in policy formation including the significance of the balance between effectiveness, efficiency and equity as objectives of health policy
- introduction to the importance and process of policy analysis, overview of the relevant perspectives (legal, political, managerial, sociological, ethical, epidemiological and economic) that influence policy selection and implementation across a range of health policies
- conceptual approaches and key methods used to conduct a health needs assessment, and prioritise the identified needs for subsequent strategic planning

Indigenous Health

- the health of First Nations peoples in historical context and the impact of colonial processes on health outcomes
- key comparative indicators regarding the determinants of health for First Nations peoples
- health promotion, primary health care and human rights strategies and principles designed to improve health and wellbeing of First Nations peoples, including their implementation in diverse settings.
- principles of economic evaluation in public health programs for First Nations peoples with a particular focus on allocation of resources relative to need
- personal, organisational, and societal beliefs and values and how they impact on personal practice, organisational systems, and social constructs in professional practice and interrelationship with First Nations peoples.

Additional requirements for trainees based in Aotearoa New Zealand:

- practise in accordance with te Tiriti o Waitangi
- utilise te reo Māori and tikanga in hauora ā-iwi/public health practice