



The Royal Australasian
College of Physicians

The Public Health Education and Research Program administered through the Australasian Faculty of Public Health Medicine

Final Report, August 2011

Prepared by: Ms Susanne Engelhard, Associate Director of Education, Training and Development; and
Dr Lynne Madden, Chair Faculty Education Committee, and former
Associate Director of Public Health Medicine Education, Training and Development;

Contributors: Ms Belinda O'Sullivan, BOS Consulting, contributed to the following section:
Outcome Five, The introduction of learning contracts

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ACRONYMS AND ABBREVIATIONS

ACCAN	The Australian Climate Change Adaption Network
Associate Director	The Associate Director of Public Health Medicine Training and Development
AFPHM	Australasian Faculty of Public Health Medicine
AMC	Australian Medical Council
RHRC	Australian Rural Health Research Collaboration
CPD	Continuing Professional Development
DoHA	The Department of Health and Ageing
ESTP	Expanded Specialist Training Program
FEC	Faculty Education Committee
GPET	General Practice Education and Training
PBL	Problem-based learning
IPHERP	Public Health Education and Research Program
RACP	The Royal Australasian College of Physicians
RACGP	The Royal Australian College of General Practitioners
STP	Specialist Training Program
NSWPHOTP	NSW Public Health Officer Training Program

ACKNOWLEDGEMENTS

The Australasian Faculty of Public Health Medicine (AFPHM), a Faculty of the Royal Australasian College of Physicians, gratefully acknowledges the contribution made by the Commonwealth through the Department of Health and Ageing, to support this project.

The position of the Associate Director of Public Health Medicine Training and Development funded through the Public Health Education Research Program has supported a process of transformational change to the AFPHM Training Program and an expansion of activities to underpin the continuing professional development of Fellows. These initiatives have allowed AFPHM to respond to other developments within the national medical workforce development agenda, such as the rollout of Specialist Training Program (STP) funding. Consequently the PHERP Project has made a significant contribution to strengthening public health medicine workforce capacity in Australia.

The AFPHM would like to thank the following individuals and groups for their contributions to the success of the PHERP Project:

Members of the Management Committee:

- Dr Lynne Madden, *Chair of AFPHM Education Committee, and former Associate Director*
- Dr Greg Stewart, *AFPHM Treasurer*
- Dr Ruth Anderson, *Director Fellowship Relations RACP*, and Ms Rebecca Forbes the former Head of the Faculty and Chapters
- Dr Yvonne Luxford, Ms Kath Bates, Ms Nina Darling and Ms Claire Maskell, *former Senior Executive Officer(s) AFPHM*
- Ms Susanne Engelhard, *Associate Director of Public Health Medicine Education, Training and Development*

Members of AFPHM Education Committee who formed the Advisory Committee:

- Dr Lynne Madden, *Chair of AFPHM Education Committee* and the former Chair, Professor Rufus Clarke
- A/Professor Robyn Lucas, Lead Fellow Assessment and the former Lead Fellow, Dr Judy Straton
- Dr Michael Ackland, Lead Fellow Accreditation
- Dr Neil Parker, Lead Fellow Teaching and Learning and the former Lead Fellow, A/Prof. Mavis Duncanson
- Dr Steve Corbett, Lead Fellow Continuing Professional Development
Dr Julie Wang, Trainee Representative and the former Representative, Dr Marion Abouzeid

Members of AFPHM Office:

- Ms Kath Bates, Mrs Neridah Callaghan, Ms Claire Maskell, Ms Emma Darsana and Ms Natalie Vlatko

Finally, many thanks to our AFPHM trainees for their enthusiastic engagement with the Training Program.

EXECUTIVE SUMMARY

The Australasian Faculty of Public Health Medicine (AFPHM) ,a Faculty of the Royal Australasian College of Physicians (RACP) is pleased to have the opportunity to present the results of the Public Health Education Research Program (PHERP) project. The funding allocation given to the College of some \$589 996 is gratefully acknowledged and has been utilised within the Faculty to deliver a range of improvements for the advanced training programme in Public Health Medicine in accordance with the contractual agreement.

The body of the report is structured under the five broad outcomes sought by the Department of Health and Ageing (DoHA), and highlights the major achievements of the PHERP Project over the past three years. The work is summarised using this structure and is supported by a comprehensive series of Appendices. The report has an introduction that places the work in a broader context and a conclusion that summarises the key points of the report and how the aim of the PHERP Project has been achieved.

The AFPHM Advanced Training Program has been through a three year period of transformational change through the journey taken to systematically redesign the delivery and assessment of each of the various components of the Program. The intent of the redesign was to strengthen the Training Program through achieving a clearer 'constructive alignment'^{1,2} between the work of a public health physician (as described in the Curriculum) and the learning and assessment processes offered to the trainees.

OUTCOME ONE - Broaden the link between public health training and education with general practice through the provision of training and education in public health medicine and general practice

Throughout the duration of the PHERP Project, links between AFPHM and general practice have been actively maintained. The ways that the AFPHM has engaged with general practice through this project include: examining changing models of care, seeking to examine international models and involving general practice representation on major projects.

The PHERP Project has enabled extensive collaborative links to be forged and maintained with a range of population health education and training agencies. These collaborations have enhanced the learning environment and further expanded the resources available to trainees and Fellows. This has included internal collaboration across the RACP, national intersectoral collaboration and international collaborations.

¹ Biggs, J. B. and Tang, C. (2007, 3rd edition) *Teaching for Quality Learning at University*, Maidenhead, UK: Open University Press/McGraw Hill, 2007.

² Biggs, J (2003): *Aligning Teaching and Assessment to Curriculum Objectives*, (Imaginative Curriculum Project, LTSN Generic Centre).

OUTCOME TWO - Provide leadership in further developing and coordinating the public health medicine program

1. Introduction of the new advanced training curriculum

In 2010, *The Australasian Competencies for Public Health Medicine* was translated into an advanced training curriculum format consistent with the RACP standards and meeting the requirements of the Australian Medical Council (AMC). The curriculum links workplace based training, and the formative and summative assessments and its development is an important milestone for the AFPHM training program.

2. Introduction of the accreditation of training sites

At the beginning of this project AFPHM did not have criteria or a process for accrediting training sites. In 2009, the Associate Director led the development of Faculty position papers on site accreditation (Appendix 6). A Faculty Accreditation Sub-committee was formed under the Lead Fellow Accreditation to support a Faculty-wide consultation process. The papers were endorsed by Council and later informed the whole of College approach by the RACP to accreditation. The papers led to the development of the AFPHM Accreditation Survey (Appendix 7) which was trialled in October 2010 in a pilot across 24 public health medicine STPs. In the future all training settings will be accredited. The developmental work and the pilot led by the Associate Director helped to achieve an effective and sustainable accreditation process. The introduction of the first site accreditation process in public health medicine is a significant outcome for AFPHM, and made possible through the Commonwealth funding for this project.

3. Development and delivery of supervisor workshops

Effective communication with supervisors about the changes and new processes associated with the new Education Program is essential to ensure high quality supervision. In the first half of 2011, AFPHM developed a supervisor workshop that was piloted with the assistance of the Regional Education Coordinators from each state, and members of the Faculty Education Committee (FEC). Following refinements, the workshop was rolled out across the country (Melbourne, Adelaide, Perth, Canberra, Brisbane, Sydney and Darwin). It was offered to all current supervisors, new supervisors in 2011, and those interested in being a supervisor in the future. A total of 94 people participated across the eight workshops. The workshops were evaluated and a copy of the report *Evaluation and Recommendations from the AFPHM Supervisor Workshops 2011* is attached (Appendix 9). Offering the workshops in a concentrated period of time across the country has created a common understanding among the current group of regional supervisors about the development and implementation of the new Education Program. The workshops have been an important step in ensuring that the new Education Program is implemented smoothly.

OUTCOME THREE - Strengthen the basis for high-level and consistent quality education and vocational training programs by building on the existing

Australasian Faculty of Public Health Medicine supervision and training programs

1. Funded training positions

In early 2010, the Commonwealth announced an application round for new training posts, now called the Specialist Training Program (STP). The priority areas for the STP funding included chronic disease and indigenous health - both core areas of public health concern. Although applications were the responsibility of each employment site, AFPHM promoted the initiative to its Fellowship and supported the application process. Twenty-two public health medicine training positions were funded. This successful result was an important step for AFPHM as trainees for the first time had the opportunity to apply for funded training positions across the country that are accredited.

2. A National Training Plan

Under the new Education Program, learning activities are closely aligned with the Curriculum and new and existing learning activities have been brought together as a coherent whole – the National Training Plan. The elements of the Plan are a planned orientation for all trainees, monthly videoconference sessions and annual face-to-face meeting that all trainees are encouraged to attend (the National Training Days).

3. Continuing Professional Development (CPD)

A focus of the PHERP Project was to support the AFPHM CPD Sub-committee to increase the number of Faculty Fellows actively engaged with AFPHM's CPD Program and the range of CPD activities available to Fellows. The Associate Director worked closely with the CPD Unit of the RACP in the development and implementation of online training modules to be delivered through webinar technology. The objective of the training was to support the introduction of the *MyCPD* software, and to increase the uptake of physicians engaging with CPD activities. Five training sessions were offered in February 2011, and there were a total of 107 attendees across all sessions.

The PHERP Project has also strengthened CPD by funding the development of the following workshops specifically tailored to meet the needs of Public Health Physicians:

- Scientific Writing Skills Workshops.
- International & Global Health Post Fellowship Curriculum development.
- Climate Change, Sustainability and Health Workshops.
- Communication Skills Workshops.
- National Videoconference on pandemic (H1N1) influenza.

Outcome Four - Foster collaborative partnerships with relevant key agencies such as RACGP to ensure that the development of the program is aligned with other key education and vocational training for both public health registrars and general practitioners

1. Defining the unique contribution of public health physicians

AFPHM undertook a major study '*The Unique Contribution of Public Health Physicians to the Public Health Workforce*'. The purpose of the study was to clarify what the Australian workplace needs and expects of Public Health Physicians. At the time, the information was not readily available and is required to inform the development and delivery of both AFPHM Training Program and the CPD Program. The study was assisted by an actively engaged high level intersectoral multidisciplinary Advisory Council in consultation with the RACP and senior representation from health departments across Australia; the final report was released in 2010 and is attached (Appendix 16).

2. Climate Change, sustainability and health workshops

These workshops are based on a model initially developed for a public health trainee audience (UK Faculty of Public Health) by the National Health Service Sustainable Development Unit (SDU) (www.sdu.nhs.uk). A pilot workshop was held in Sydney on Friday 17th June 2011, with feedback from the pilot used to further modify and refine the workshop material. Three workshops were offered to trainees and Fellows of the AFPHM, on the 21st, 22nd and 23rd June 2011. All workshops were delivered in Sydney, with the final workshop also offered via videoconference to seven sites around Australia; 43 participants attended the workshops.

The workshops demonstrated:

- A demand for this learning from Trainees and Fellows.
- That the 'train the trainer' model (the model of delivery) can be applied in Australia.
- That both face-to-face and videoconferencing formats are effective for delivery.

The full details of this project, the evaluation and recommendations are attached (Appendix 17).

Outcome Five - Promote innovative approaches to education and training public health medicine

1. Improvements to the education and training program

Throughout the PHERP Project period, the Associate Director has worked together with AFPHM's Education Committee and RACP to introduce improvements to the education and training program. In particular, strengthening workplace learning by driving the application of a new competency framework and continuous assessment. Many of these changes have involved promoting innovative new approaches to delivering education and assessment across the training program. In summary, they have included:

- RACP has developed an e-learning platform referred to as the Advanced Training Portal - this is a virtual learning environment designed to support both the AFPHM Education Program, and other College training programs, by

providing trainees and supervisors with a repository for resources and online tools to support learning and assessment.

- Improvements to the entry into the training program – the FEC has introduced new requirements, which instead of an entry exam, now include the attainment of a Master of Public Health (or comparable Masters degree) which includes AFPHM's core discipline areas. The changes to the entry requirements have improved access to the training program. It is intended they will be further streamlined through the introduction of an online registration program to be developed and introduced in 2012.
- The Lead Fellow Assessment, in conjunction with the AFPHM assessment sub-committee, has introduced progressive changes to the assessment scheme. These changes include replacing bound volumes with written workplace reports and developing an oral presentation tool.
- Learning contracts describe the activities in the workplace that contribute to learning, including a description of professional roles, public health projects, training attended, and link these to learning objectives/competencies. Between May and August 2010, Learning Contracts were piloted (adapted with permission from the NSW Public Health Officer Training Program, NSW Department of Health) across five AFPHM workplace training sites. In November 2010, Phase 2 of the rollout commenced across all AFPHM trainees. Reports on Phase 1 and Phase 2 of the rollout are attached (Appendices 19 and 20).

2. Post-Fellowship Curriculum in International and Global Health

In late 2010, developmental work began on a post-fellowship curriculum that covered International and Global Health. The work was led by Associate Professor Rosemary Aldrich, the Lead Fellow Workforce and Chair of the AFPHM Workforce Committee. It was envisaged that the post-Fellowship curriculum would be used to guide AFPHM Fellows who were interested in working in this field and may have wider applicability with other public health agencies.

3. Introducing medical students to the public health medicine training pathway

The John Snow Scholarship has been offered since 2010 and is a concept developed by A/Professor Donna Mak, who is a member of the AFPHM Council. It aims to increase the proportion of medical students who are able to identify a) public health medicine as a medical specialty and therefore as a potential career and b) the RACP as the learned college for public health medicine training, by providing an opportunity to present at the AFPHM Annual Scientific Meeting. This has been extremely well received by the participants and the Fellows. This and other initiatives have demonstrated the capability to develop closer links to pre-vocational practice.

Conclusion

Achieving the vision of the new education and training program, and strengthening the CPD program has required transformational change which has been achieved through the combined efforts of the FEC and Council, AFPHM Office, the Fellows

and Trainees, and the RACP supported by the Associate Director. A systematic, evidence-based approach has been applied to develop and execute the PHERP Project aim:

To increase the workforce capacity for public health medicine, through the public health medicine training and supervision programs delivered through the Australasian Faculty of Public Health Medicine.

BACKGROUND

The principal agreement between the Commonwealth of Australia acting through the Department of Health and Ageing (DoHA), and the Royal Australasian College of Physicians (RACP) was signed on 12th February 2008. For the Commonwealth, the agreement was administered through the Public Health Education and Research Program (PHERP) office at DoHA, and for the RACP, through the Australasian Faculty of Public Health Medicine (AFPHM). The funding agreement stipulates the agreed outcomes and activities of the AFPHM PHERP project, which throughout this report is referred to as the PHERP Project.

The PHERP Project completion date contained within the principal agreement was 30 June 2010. To allow for a delay in the commencement and ensure sufficient time for implementation, AFPHM requested an extension of the project period. This was granted and DoHA and RACP agreed to a Variation to Contract that extended the completion date until 30 June 2011.

Throughout the PHERP Project period, progress reports have been submitted to DoHA in accordance with the agreed schedule. The exception was the final progress report (due 6 March 2011) for which AFPHM requested a reprieve given the proximity to the final report. This was agreed to by DoHA on the basis that the final project report acknowledges that it includes the work that would otherwise have been contained within the final progress report. In recognition of this request, the authors confirm that *The Public Health Research and Education Program: Final Report, August 2011, Administered through the Australasian Faculty of Public Health Medicine 2008 – 2011* covers the work achieved over the entirety of the PHERP Project period, including the final progress report.

Project Aim

In the principal agreement, the aim of the PHERP Project was defined as:

To increase the workforce capacity for public health medicine, through the public health medicine training and supervision programs delivered through the Australasian Faculty of Public Health Medicine.

In particular, the Program will fund the role of the AFPHM Associate Director of Public Health Medicine Training and Development who will be responsible for ensuring that high quality education, training, supervision and continuing professional development is delivered to public health medicine registrars throughout Australia.

Project Outcomes

In the principal agreement, there were five broad outcomes of the PHERP Project, which were to:

1. *Broaden the link between public health training and education with general practice through the provision of training and education in public health medicine and general practice.*
2. *Provide leadership in further developing and coordinating the public health medicine program.*
3. *Strengthen the basis for high-level and consistent quality education and vocational training programs by building on the existing Australasian Faculty of Public Health Medicine supervision and training programs.*
4. *Foster collaborative partnerships with relevant key agencies such as RACGP to ensure that the development of the program is aligned with other key education and vocational training for both public health registrars and general practitioners.*
5. *Promote innovative approaches to education and training public health medicine.*

In the principal agreement, there was a list of activities to guide the work of the Associate Director of Public Health Medicine Training and Development:

- *Develop and maintain collaborative links between relevant population health education and training agencies throughout Australia.*
- *Collaborate with the RACGP to develop and implement a strategic framework for an agreed joint training program that enables public health medicine registrars to achieve joint qualifications on the Fellowship of the RACP and the RACGP.*
- *Provide leadership in further developing and coordinating training across the AFPHM for advanced trainees throughout Australia.*
- *Work to increase the number of public health registrars and general practitioners with the relevant knowledge, skills and competencies to practice public health medicine.*
- *Ensure that high quality supervision is provided to public health medicine registrar advanced trainees through Australia.*
- *Ensure the maintenance and development of the Participant's mentoring program, which involves experienced fellows of the Participant mentoring public health medicine registrar advanced trainees.*
- *Ensure that population health education, training and resource materials utilised by AFPHM, including those materials developed for distance*

- *Develop appropriate population health training modules and resource materials for public health Trainees, including those used for distance modes.*
- *Review and strengthen the AFPHM CPD program.*
- *Conduct a stock take of existing population health education and training that is available to medical graduates, general practitioners and clinicians.*
- *Consult with relevant key stakeholders such as the RACGP, GPET, the Australian Network of Academic Public Health Institutions (ANAPHI), the Commonwealth and State and Territory health departments to identify key issues in relation to education and training in public health medicine.*
- *Increase communication between public health and general practice, including articulation of the public health medicine registrars program with other key public health education and vocational training programs for public health practitioners and general practitioners.*
- *Identify opportunities for prevocational training in public health medicine and initiate action to create such positions*

Report Structure

The AFPHM is pleased to have this opportunity to present the results of this project. The body of the report is structured under the five broad outcomes sought by DoHA; under each outcome are listed the relevant overarching activities (identified by DoHA as linked to that outcome in the reporting templates). The work of the PHERP Project is summarised using this structure and is supported by a comprehensive series of Appendices. The report has an introduction that places the PHERP Project in a broader context and a conclusion that summarises the key points of the report and addresses whether in the view of the AFPHM, the aim of the PHERP Project has been achieved. The report highlights the major achievements over the past 3 years and includes the outcomes that would have been featured in the final progress report.

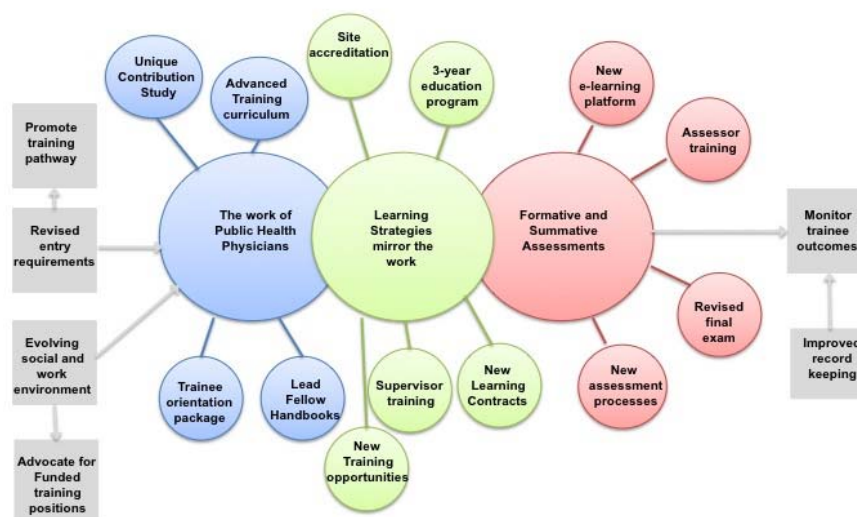
INTRODUCTION

The Australasian Faculty of Public Health Medicine (AFPHM) training program is in a period of change that has seen the redesign of the delivery and assessment of many aspects of its Advanced Training Program. This redesign was initiated in part by the dissatisfaction of the Trainees with their training experience, the decline in Trainee numbers, and to meet the standards of the Australian Medical Council (AMC). Over the past three years, supported by the resources provided by DoHA through this Project, AFPHM has undertaken a systematic review of every aspect of the Education Program and the delivery of the Training Program. We have adopted an evidenced based approach to identify new processes, have consulted nationally on developments with trainees and Fellows, piloted new methods and undertaken an initial evaluation of interventions and projects.

Defining the vision for the new Education and Training Program

The intent of the redesign was to strengthen the Training Program through achieving a clearer 'constructive alignment'^{3,4} between the work of a public health physician (as described in the Curriculum) and the learning and assessment processes offered to the trainees. The individual projects implemented as part of the redesign are described under the five outcomes that structure the body of this report. The breadth of the undertaking and the range of projects is summarised below, and demonstrates the constructive alignment of learning and assessment processes (Figure 1).

Figure 1 Schematic diagram of the components of the new education program for the AFPHM Training Program.



³ Biggs, J. B. and Tang, C. (2007, 3rd edition) Teaching for Quality Learning at University, Maidenhead, UK: Open University Press/McGraw Hill, 2007.

⁴ Biggs, J (2003): Aligning Teaching and Assessment to Curriculum Objectives, (Imaginative Curriculum Project, LTSN Generic Centre)

Implementing the vision for the new Education and Training program

The role of the Associate Director of Public Health Medicine Training and Development (Associate Director), funded through the PHERP Project, has underpinned the capacity of the AFPHM to drive through these changes. The position has had a leadership and coordination role and enabled an evidenced based approach to implementation. The Associate Director first presented the proposed outline of the new Education Program and Assessment Scheme for the AFPHM Training Program to the RACP College Education Committee on behalf of the AFPHM FEC in July 2009, where it was approved. Since then the position has supported the FEC and its Sub-committees to action the approach. The major components of the redesign as illustrated in Figure 1 were:

1. Reconsider the entry requirements to Advanced Training.
2. Advocate for funded training positions.
3. Re-scope the competency framework and develop a curriculum.
4. Work with employers to gain a clearer understanding of the work of public health physicians.
5. Redesign the delivery of the off-the-job and on-the-job learning.
6. Redesign the formative and summative assessment processes.
7. Review the underpinning record keeping and monitor outcomes.

The Associate Director has been involved at a strategic level in bringing about change to the Training Program and for continuing professional development (CPD) by working collaboratively with other agencies, and generally progressing initiatives to enhance the public health medicine workforce. Over the past three years, two people have held the position: Dr Lynne Madden (15 months) and Ms Susanne Engelhard (22 months). Dr Madden, who is a Fellow, also became the Chair of the FEC in the later part of her tenure. The role, created through this Project, has supported AFPHM to achieve its aim of strengthening the training program.

A collaborative approach within the AFPHM and the RACP

The outcomes of this project have been achieved by many people and through collaborative relationships between many groups and individuals. These include the AFPHM Council, the FEC and its Sub-committees, other AFPHM staff, divisions within the RACP, and other health agencies. The building of these collaborations has been important for the success of this project, and to the sustainability of this work beyond the terms of this contract.

The FEC is charged with the responsibility for the development and oversight of the delivery of the Training and CPD Programs by RACP. Together with the AFPHM office, the FEC has ensured that during this time of change, as the new Education Program was developed and implemented, that the processes associated with delivering the existing program and CPD processes to the trainees and Fellows has continued smoothly. The FEC will also continue to have oversight of, and contribute

to, the execution of the vision for the new education program and CPD at the conclusion of the PHERP Project.

The Associate Director has worked with the AFPHM Council and the Workforce Committee, another Faculty committee. An example is in March 2009, the AFPHM Council, through the direction of the Faculty President Dr Leena Gupta, submitted a discussion paper to DoHA titled *An enhanced national approach to training public health physicians in Australia*. The Associate Director was an important resource to this undertaking, drafting the initial document and contributing content knowledge about medical education and training.

The Associate Director was a member of the team of AFPHM staff and has enjoyed a close working relationship with the whole education team including the four RACP funded positions within the Faculty Office. For example, together with the Executive Officer, a number of important infrastructure developments were completed to support the delivery of the Training Program. Early in the PHERP Project they undertook a comprehensive review of all the trainee records and, in parallel with this, created a more comprehensive and current file for each trainee. A Learning and Assessment Tool was introduced (a document adapted for AFPHM use from the NSWPHOTP) and summary data describing each trainee in each jurisdiction was produced. This allowed summary descriptive statistics describing all the trainees and their progress to be provided on a regular basis for the first time. This information has improved the management of the Training Program by:

- Allowing summary statistics to be generated to monitor the Training Program, including trends over time
- Allowing reporting to the FEC and Council about the profile of the national trainee group including Overseas Trained Physicians
- Facilitating communication between AFPHM Office and the Regional Committees regarding the progress of individual Trainees
- Assisting with the identification of learning needs of groups of Trainees, and
- Assisting with strategic planning, for example identifying the number of Trainees eligible to sit the Final Program Assessment.

An example of the summary statistics is included as part of Appendix 9.

A three year map of teaching and learning activities against the list of AFPHM training competencies was completed. A gap analysis identified those competencies that trainees were unlikely or would have a limited opportunity to attain in the workplace. Subsequently these were assigned to learning modes (videoconferences and National Training Days) that were implemented from 2009-2011. The learning modes included the monthly videoconferences (open to both trainees and Fellows) and face-to-face National Training Days. The introduction of a three year approach to planning off-the-job learning provides trainees with a more systematic exposure to a breadth of competencies. The next three year cycle will commence in 2012. These developments create a solid foundation for the delivery of a quality Training Program.

Other AFPHM staff collaborations include working closely with both the Project Officer in the implementation of education initiatives that included the National

Training Days, videoconference program and development of the Advanced Training Curriculum. The implementation of the accreditation pilot in 2010 was achieved through the combined efforts of the Associate Director and the Administration Officer.

RACP has supported the work of the Associate Director and ensured that AFPHM developments under PHERP were aligned with broader changes to education across the RACP and its Faculties. The development of the education portal is an example of a college-wide development that has been tailored to the needs of the AFPHM. The strength of the collaboration is demonstrated by the fact that A/Prof Alison Jones, Manager Educational Development, Research and Evaluation of the Education Deanery, was a member of the Advisory Group for the *Unique Contribution of Public Health Physicians* study, along with representatives across a wide range of health agencies in Australia. The Associate Director also contributed to the work of the RACP and was appointed co-chair of the RACP Accreditation Sub-Committee by the RACP Education Dean to support the process of college-wide accreditation.

The Training Program and CPD Program are now fundamentally different to how they were three years ago; these changes are described in the body of this report.

OUTCOME ONE

Broaden the link between public health training and education with general practice through the provision of training and education in public health medicine and general practice

Many Faculty Fellows maintain dual Fellowship with the RACGP and the AFPHM and this group provide the potential to build further links between both organisations. Throughout the duration of the PHERP Project, links between AFPHM and general practice have been actively maintained. The ways that the AFPHM has engaged with general practice through this project include:

Examining changing models of care

A full day workshop that examined Clinical Preventive Medicine: Building Our Capacity, including representatives from the RACGP, took place on the 24 September 2008. Future service delivery models for clinical preventive medicine will:

- Be multi-disciplinary
- Include a wide variety of medical specialists (public health physicians, general practitioners, occupational and environmental physicians, adult medicine physicians and others), and
- Be undertaken in a number of different settings including primary care, workplaces, hospitals and others.

This workshop explored these issues and strategies for capacity building in this area. The RACP Policy and Advocacy Committee took up the recommendations from the workshop.

Seeking to examine international models

In the National Health System (NHS) in England, public health delivery is increasingly integrated within primary care. The Associate Director, during a self-funded visit to England, visited the Public Health Director of the Cumbria Primary Care Trust (PCT), Professor John Ashton. Prof. Ashton was planning to lead a group from the Cumbria PCT to Australia in 2009 and the AFPHM was to have been involved with this visit. Unfortunately the Global Financial Crisis and its impact on the NHS resulted in the visit being cancelled. However this remains an avenue for exploring successful models for integrating public health and primary care.

Involving general practice representation on major projects

AFPHM initiated a project to clarify how the Australian workplace currently uses the skills of public health physicians. In particular it sought to define:

- i) The experience and competencies that specialist public health physicians bring to the public health workforce that other discipline backgrounds cannot easily emulate, and

- ii) The unique contribution to public health work that public health physicians provide.

This major project commenced in July 2009 and was completed a year later; it is described under Objective 4 in this report. The PHERP Project was supported by a high level national Advisory Group that included representation of general practice by Professor Mark Harris, Executive Director, Centre for Primary Health Care and Equity, University of NSW.

In May 2011 as part of a communication strategy, the findings were presented to the Fellows and trainees at the Annual Scientific Meeting of the RACP in Darwin. The session also included presentations on the National Preventive Survey and the contribution of Fellows with dual qualifications in General Practice and Public Health to the development of Public Health in the Northern Territory.

Overarching Activity/Activities

(taken from Item A of the Schedule Page 32-33)

Develop and maintain collaborative links between relevant population health education and training agencies throughout Australia.

The PHERP Project has enabled extensive collaborative links to be forged and maintained with a range of population health education and training agencies identified below. These collaborations have enhanced the learning environment and further expanded the resources available to trainees and Fellows. This has included internal collaboration across the RACP, national intersectoral collaboration and international collaborations which are described below.

Australian Network of Academic Public Health Institutions - (ANAPHI)

From 2009 the Part 1 exam, the entrance exam to Advanced Training, was replaced by the entry criteria of a Masters in Public Health (see further detail Objective 5). A number of core content areas that the degree program must cover to be acceptable for AFPHM were identified, including the core strands of public health as previously identified by the PHERP project. Consequently there was regular communication with ANAPHI regarding these developments. The release of the *Foundation Competency Standards for Masters of Public Health Graduates in Australia* informed AFPHM core requirements. Further ANAPHI was invited to join AFPHM's Accreditation Subcommittee following the endorsement of proposed accreditation criteria and implementation process for the Training Program by Faculty Council.

In an effort to enhance the learning environment and build further links to academic centres of public health excellence non-Fellow speakers were invited to contribute to the AFPHM National Training Days (see Outcome Three). Professor Cate D'Este, Professor of Biostatistics, School of Medicine and Public Health, University of Newcastle and Associate Professor Stephen Jan, Senior Health Economist, Faculty of Medicine, University of Sydney were invited to participate in the 2009 National

Training Days. The subsequent evaluation demonstrated that these two speakers provided the most popular sessions. The evaluations of the National Training Days in 2009, 2010 and 2011 are attached (Appendices 1, 2, 3).

Public health training programs in Australia

The AFPHM Training Program has always maintained close links with the NSW Public Health Officer Training Program (NSWPHOTP). For instance, Fellows responsible for establishing AFPHM and its Training Program were involved in establishing the multidisciplinary NSWPHOTP. The NSWPHOTP is also a competency - based training program requiring entrants to have completed a Masters of Public Health and is delivered through the workplace. As such the two programs offer a benchmark to each other for measuring practice.

Models of delivery developed by the NSWPHOTP have contributed to the evidence considered by the AFPHM Education Committee when developing the new Faculty Education Program. For example, after a comprehensive review of the existing Faculty Training documents, AFPHM sought permission from the NSW Department of Health to adapt the Learning Contract currently used by the NSWPHOTP for its purposes - permission was granted by the Chief Health Officer of NSW. The work to introduce Learning Contracts is described under Outcome Five. A Learning and Assessment Tool developed by the NSWPHOTP to summarise trainee information has also been adopted. *Bug Breakfast*, a monthly videoconference learning session delivered by the NSWPHOTP on communicable diseases is an established accredited CPD activity for Faculty Fellows and current Faculty trainees have requested national access ; this possibility is being explored.

Collaborations with public health organisations in Australia

Through collaboration with the Climate Change Adaptation Research Network on Human Health (established at the Australian National University in 2008 <http://climatehealthresearch.org/about-network>), a number of training and continuing professional development activities have been developed for AFPHM. These included sessions on the human health consequences of climate change organised for the 2009, 2010 and 2011 Physician Week Annual Scientific Meetings.

In 2009 Climate Change was a major theme and copies of the special issue of the *NSW Public Health Bulletin* on Climate Change and Human Health were available for inclusion in the satchels for all delegates. The Associate Director negotiated for the Network to sponsor a session at the World Congress of Internal Medicine in 2010 on *The Health Co-benefits of Action to Mitigate Climate Change*, thus further building this collaborative partnership. The Network subsequently also contributed to the Annual Scientific Meeting in 2011.

Through a collaborative approach, AFPHM together with The Australian Climate Change Adaption Network (ACCAN), and the Australian Rural Health Research Collaboration (RHRC) brought Elisabeth Heseltine to Australia to facilitate six intensive three and five day Scientific Writing Skills Workshops. Professor Elisabeth Heseltine, a distinguished science editor, has worked as an editor and report writer

for United Nations organisations such as the World Health Organization and the United Nations Environment Program.

The workshops were held in January - February 2010. To increase the opportunity for Fellows to attend, the workshops were held in three locations – Canberra, Sydney and Newcastle. In addition to working with the ACCAN and the RHRC to host the workshops, AFPHM also offered places on the workshops to other public health organisations on a pay-per-participant basis. The organisations that took this opportunity were the Sax Institute who sent two researchers who are part of an Aboriginal Capacity Building Grant, the Department of Health (NSW) and other sections within the RACP.

Trainees and Fellows of AFPHM were invited to participate in the workshops, and 58 people from AFPHM attended. Feedback from course evaluations was extremely positive about all aspects of this training opportunity. A summary of feedback is provided in a short report (Appendix 4).

Collaborations with public health organisations internationally

The Associate Director position has built links to the UK Faculty of Public Health (UK FPH). In particular the approaches used by UK FPH to award distinction grades and their approach to scenario-based exams were reviewed. The Associate Director was invited to join the UK FPH Objective Structured Public Health Examination (OSPHE) in October 2008. This has allowed AFPHM to establish a relationship through which to work collaboratively with the Examination Committee of the UK FPH.

The Peoples-uni is seeking to build international Public Health capacity using Internet-based e-learning. The AFPHM Council endorsed AFPHM involvement with supporting the Peoples-uni and this is further described under Outcome Five.

OUTCOME TWO

Provide leadership in further developing and coordinating the public health medicine program

On 1 January 2010 AFPHM began a transition to the new Education Program for Advanced Training. As described in the introduction to this report, the changes have achieved a greater alignment between the learning and assessment processes and the work that trainees perform as specialists in Public Health Medicine. This has required a significant redesign of the delivery of both learning and assessment within the Advanced Training Program and this has occurred incrementally through a process of staged implementation that has spanned the past three years.

Under this objective we describe the:

- Introduction of the new advanced training curriculum
- Introduction of the accreditation of training sites, and
- Development and delivery of supervisor workshops.

Overarching Activity/Activities

(taken from Item A of the Schedule Page 32-33)

Provide leadership in further developing and coordinating training across the AFPHM for advanced trainees throughout Australia.

The introduction of an advanced training curriculum

The Training Program has successfully used a Competency Framework to guide the learning and experience of its trainees since 2000. In 2008, AFPHM undertook an extensive review of the competency framework. This review led to the introduction of *The Australasian Competencies for Public Health Medicine*, which were adapted from those originally developed by the AFPHM in New Zealand, led by Dr Michael Baker, Director of CPD, AFPHM New Zealand. The process involved consideration of the UK Faculty of Public Health Learning Outcomes and material developed by the US Public Health Leadership Society. In addition, a reference group of Aboriginal and Torres Strait Islander Fellows and trainees advised on the development of a set of competencies for Aboriginal and Torres Strait Islander Health, to complement those already developed for Maori health. There was extensive consultation with trainees and Fellows, and these responses shaped the final version.

In 2010, the Associate Director worked with other Faculty and RACP staff, and representatives of the FEC to translate *The Australasian Competencies for Public Health Medicine* into an advanced training curriculum format consistent with the

RACP standards and meeting the requirements of the AMC. The curriculum structure uses domains, themes and learning objectives.

The evolution from a competency framework in 2000, to the introduction of a *Public Health Medicine Advanced Training Curriculum* in 2011 is an important milestone for the AFPHM training program. It outlines the broad concepts and learning objectives relevant to the attainment of competencies (and associated theoretical knowledge, skills, attitudes and behaviours) needed by public health physicians in Australia and New Zealand in fulfilling their roles. The curriculum links workplace based training, and the formative and summative assessments. The format of the curriculum is also conducive to the development of software that supports an interactive online application that trainees and supervisors can use to monitor progress throughout training. As the new teaching and learning tools and assessments are transitioned into online versions, it will become possible to electronically link all of these tools with the curriculum. Trainees and Supervisors have been provided with printed copies of the advanced training curriculum, and it is publicly available on the AFPHM website (Appendix 5).

The introduction of site accreditation

Ensuring that a safe and effective learning environment exists within the organisations that offer training sites is a responsibility of AFPHM. One of the mechanisms that has been used to achieve this is site accreditation. It is for this reason the AMC requires accreditation of training sites. At the beginning of this project AFPHM did not have criteria or a process for accrediting training sites. In 2009, the Associate Director led the development of Faculty position papers on site accreditation (Appendix 6). A Faculty Accreditation Sub-committee was formed under the Lead Fellow Accreditation, Dr Michael Ackland, to support an AFPHM-wide consultation process. The papers were endorsed by Council and later informed the whole of college approach to accreditation. This development was helpful to AFPHM as Faculty Trainees are located in very different training sites to other RACP trainees. The Associate Director was appointed co-chair of the RACP Accreditation Sub-Committee to support the process of college-wide accreditation.

The papers led to the development of the AFPHM Accreditation Survey (Appendix 7) which was trialled in October 2010 in a pilot across 24 public health medicine Specialist Training Positions. Feedback on the Survey was gathered from the sites, faculty staff, and the accreditation panel, and formed the basis of a discussion paper presented to the AFPHM Education Committee (FEC) in May 2011 (Appendix 8). The discussion paper recommends revisions to the Survey, presents a draft flow chart of responsibilities, and presents options to roll out the accreditation process. The FEC will consult with relevant stakeholders on these recommendations before finalising the accreditation process to be rolled out to all remaining sites in the second half of 2011.

In the future all training settings will be accredited. The developmental work and the pilot led by the Associate Director helped to achieve an effective and sustainable accreditation process. The introduction of the first site accreditation process in public

health medicine is a significant outcome for the AFPHM, and made possible through the Commonwealth funding for this project.

Overarching Activity/Activities

(taken from Item A of the Schedule Page 32-33)

Ensure that high quality supervision is provided to public health medicine registrar advanced trainees through Australia.

Supervisor workshops

Effective communication with supervisors about the changes and new processes associated with the new Education Program is essential to ensure high quality supervision. To achieve this, in the first half of 2011 AFPHM coordinated eight supervisor workshops around Australia. Supervisor workshops were planned to:

- Provide an overview of the development to date of the new Faculty Education Program
- Explain what the final program will look like and when this will be fully implemented
- Explain the staged introduction of the major components (the curriculum, the learning contracts and formative and summative assessments)
- Provide an in depth learning opportunity regarding the new tools to be used (in particular the use of the learning contract) and formative assessment (for example the oral presentation assessment tool)
- Explain the summative assessment process that occurs at the national level and how this is linked to what happens in the workplace.

The delivery of the workshop was piloted with the assistance of the Regional Education Coordinators from each state, and members of the FEC and, following refinements, was rolled out across the country (Melbourne, Adelaide, Perth, Canberra, Brisbane, Sydney and Darwin). It was offered to all current supervisors, new supervisors in 2011, and those interested in being a supervisor in the future. A total of 94 people participated across the eight workshops.

The workshops were evaluated and a copy of the report *Evaluation and Recommendations from the AFPHM Supervisor Workshops 2011* is attached at (Appendix 9). The report describes the content of the workshop and contains a copy of the workbook that was prepared to support the delivery. The workbook comprised a comprehensive set of handouts that were used as background materials and for exercises. The evaluation demonstrated that the workshops met the objectives and were perceived by the participants to be a valuable experience that will assist them in providing effective supervision. All participants indicated that they felt more confident to supervise at the end of the workshop.

The workshops benefited from the intensive involvement of three members of AFPHM's Education Committee, the Associate Director and others intimately

involved in the development and delivery of the training program. The workshops also provided a natural opportunity for supervisors and the representatives of the FEC to communicate face-to-face allowing the supervisors in the various locations the opportunity to express any issues of concern. One of the issues raised was the continuing role and responsibilities of the mentor for which there was widespread support.

A set of recommendations has been developed to:

- Ensure that future workshops build on the experience of the 2011 workshops
- Ensure that supervisors are provided with the support they need to provide high quality supervision to AFPHM trainees, and
- Allow feedback between the workshop participants, the FEC and its Sub-committees.

Offering the workshops in a concentrated period of time across the country has created a common understanding among the current group of regional supervisors about the development and implementation of the new Education Program. In conclusion, the supervisor workshops were well received by the participants, identified ways that AFPHM can support supervisors to fulfil their role and identified ways to ensure the sustainability of supervisor training. The workshops were an important step in ensuring that the new Education Program is implemented smoothly.

OUTCOME THREE

Strengthen the basis for high-level and consistent quality education and vocational training programs by building on the existing Australasian Faculty of Public Health Medicine supervision and training programs

Overarching Activity/Activities

(taken from Item A of the Schedule Page 32-33)

Work to increase the number of public health registrars and general practitioners with the relevant knowledge, skills and competencies to practice public health medicine.

A consistent limitation to increasing the workforce capacity in Public Health Medicine, by increasing the number of public health registrars and providing a well rounded learning experience, has been the lack of funded training positions. Doctors seeking to specialise in Public Health Medicine had to find and apply for a job in the public health arena and then retrospectively seek approval for its suitability for training.

Securing a core group of nationally funded training positions has therefore been a goal for AFPHM since it was formed. This has been recently achieved through the sustained efforts of the Fellowship led by the Faculty President and supported by the Associate Director. In this section we describe how this has been achieved; the National Training Plan that provides a coherent approach to off-the-job learning; the exploration of different roles associated with the delivery of the Education Program including mentors, and the significant developments in the AFPHM CPD program.

Growing the public health medicine training program

In 2008, five Public Health Medicine Specialist positions were successful in obtaining funding through the Expanded Specialist Training Program (ESTP), an initiative of the Council of Australian Governments. The purpose of the program is to expand the range of new settings for specialist medical training beyond traditional teaching hospitals to reflect the changing nature of healthcare in Australia. Subsequently a position with Aboriginal Health and Medical Research Council (NSW) also received funding. The ESTP program provided two years of funding; AFPHM has sought to build from these initial positions.

In early 2010, the Commonwealth announced a further application round for new training posts which would be funded throughout the 2011-2013 academic years, now called the Specialist Training Program (STP). The priority areas for the 2011-2013 STP application round included chronic disease and indigenous health - both core areas of public health concern. This funding round presented an invaluable opportunity to grow the training opportunities for the public health medicine training program further.

While it was the responsibility of individual workplaces to submit applications for STP funding, AFPHM, through the Associate Director provided support throughout this process. A communication plan was developed to promote the STP funding across AFPHM membership and the Associate Director liaised directly with the STP Unit within the RACP and at the Commonwealth to clarify issues relevant to the application process.

All sites were required to include with their application a letter of support from AFPHM/RACP confirming that the position was suitable for training and that the setting was accredited for training purposes. To action this, the FEC convened a panel, comprising the Associate Director, the Lead Fellow Accreditation, and the Lead Fellow Teaching and Learning, to review the applications for STP funding to be submitted through AFPHM. The panel made recommendations to some sites on how to improve the learning opportunity they offered, and to others about the clarity of their application. The panel provided letters of support to 24 applications (for 26 positions) in public health medicine.

In mid 2010, the Commonwealth announced the funding outcome and 17 of the AFPHM applications were successful. In addition a public health medicine position located in the Pilbara, Western Australia, was refunded, giving a total of 18 public health medicine training positions funded for three years commencing from January 2011.

The funding of 18 new training positions is of strategic importance to the AFPHM. Together with those previously funded, these 22 positions are the first funded training positions in public health medicine in Australia. Faculty trainees now have the opportunity to apply for a position that is approved for training in an accredited training setting. Figure 2 illustrates where these positions are located around Australia. In addition, AFPHM has worked collaboratively with Paediatrics within the RACP to provide dual accreditation for a further two positions.

Figure 2: The location across Australia of AFPHM training positions funded through the DoHA STP



Recruitment to STP positions

In 2008, two positions located in rural Western Australia funded under ESTP had to return their funding as they were unable to recruit. Consequently AFPHM was aware that the successful recruitment to these new positions was an important next step. The Associate Director in conjunction with the AFPHM Office implemented a comprehensive communication plan which included: promotion of the positions publicly on the AFPHM website; direct promotion to current trainees and Fellows, and making contact with the 22 universities around Australia that offer Masters of Public Health programs.

Universities were requested to forward information about the public health medicine training pathway to medical graduates completing a public health masters program. They were also invited to accept an invitation for a representative of AFPHM to visit the university to speak with interested candidates. Consequently the Associate Director and Chair of the FEC met with representatives from Sydney University and Flinders University and worked in partnership with these universities to promote this opportunity to their students.

Establishing training networks

A number of successful applications for STP funding included local networked training opportunities. With the intent to build on these initiatives the Associate Director developed a discussion paper about establishing coordinated training networks around Australia that work alongside the already existing local and national AFPHM education governance committees and individuals. A first round of consultation with AFPHM Fellows occurred from December 2010 – February 2011. Feedback was collated and reported to the AFPHM Council for their consideration. A copy of the discussion paper and summary of feedback is attached (Appendices 10 and 11). An article featuring one of AFPHM's STP positions that has networked a number of locations appeared in the June 2011 issue of RACP News (Appendix 12).

The 2012 STP application round has recently closed and again, AFPHM has been proactive promoting this through the Faculty e-newsletter and on our website and resulting in the submission of a further 17 applications. This year, two AFPHM Fellows were active in contributing to the RACP-wide process of considering all STP applications to be offered by the RACP for consideration by the Commonwealth for funding for 2012-2013 academic years. The AFPHM is hopeful that once again it will be successful in securing some additional new posts thereby increasing further our capacity to train high quality, appropriate opportunities for public health medicine trainees on their pathway towards fellowship in Australia.

Overarching Activity/Activities

(taken from Item A of the Schedule Page 32-33)

Ensure that population health education, training and resource materials utilised by AFPHM, including those materials developed for distance education, are of a high quality and are easily accessible to medical graduates, general practitioners and clinicians.

Overarching Activity/Activities

(taken from Item A of the Schedule Page 32-33)

Develop appropriate population health training modules and resource materials for public health trainees, including those used for distance modes.

A National Training Plan

Under the new Education Program, learning activities are closely aligned with the Curriculum and new and existing learning activities have been brought together as a coherent whole – the National Training Plan. The elements of the Plan are a planned orientation for all trainees, monthly videoconference sessions and an annual face-to-face meeting that all trainees are encouraged to attend (the National Training Days).

Element 1 – Welcome / Orientation

All Trainees now receive a comprehensive introduction to the RACP and AFPHM Training Program. This is seen as the first step towards competency attainment and comprises:

A welcome – a letter welcomes trainees to the RACP, AFPHM and AFPHM Advanced Training Program.

An orientation – orientates trainees to the organisation of the RACP, AFPHM and AFPHM Advanced Training Program and provides the background necessary to be an effective participant in the Program. This helps the trainee to develop an understanding of the environment that supports their training and usually takes place at the National Training Days.

An orientation pack – developed in 2009 and updated in 2010 and 2011 it supports learning by providing information about all aspects of the delivery of the training program.

Element 2 – A monthly videoconference lecture series

Videoconferencing is well established in health services in Australia as a means of increasing access for workforces to education and learning. The use of this technique offers equity of access to learning opportunities by enabling geographically dispersed practitioners to receive education sessions of a consistent quality. It also enables trainees to form mutually supportive learning communities.

The AFPHM Trainee Videoconference Program is a series of two hour-long presentations organised by AFPHM on topics relevant to the learning of the AFPHM trainees. The sessions have been held every month since February 2008, following initial piloting of two sessions at the end of 2007.

An early task undertaken by the Associate Director during July-September 2008 was to evaluate the program to assess whether it offered a cost-effective means of delivering learning. The evaluation (Appendix 13) found that the AFPHM Trainee Videoconference Program consists of professionally delivered learning sessions associated with a sophisticated archive. Participants are offered a 'turn up and turn on' experience that is relatively free of technical disruption. It is a valued learning resource offered by AFPHM to support trainees who are dispersed across the country and at a cost that is comparable to sessions offered by other organisations using this technique. This means of delivery of learning also aligns AFPHM training with that for the adult medicine stream of the RACP Physician Training Program.

Over the period of the PHERP Project, the videoconferences have further evolved. Now the sessions are shorter and last from 1 - 1 ½ hours. The main lecture is delivered by a content expert, usually a Fellow, followed by a shorter presentation from a trainee who describes a project they are working on in this area. The sessions are interactive and the audience has the opportunity to ask questions of the speakers. Over three years the topics are drawn from the whole of the curriculum. The videoconferences have been running monthly (10 per year) over the period of this project and an archive of topics is developing that is a useful learning resource for trainees and Fellows. A list of videoconference sessions implemented from 2008-2011 is attached (Appendix 14).

Element 3 – The National Training Days

To complement the monthly lecture series, each year AFPHM coordinates the National Training Days. The first National Training Day took place in Canberra in May 2004. Since then two further one day National Training Days have been held in 2005 (Sydney) and 2008 (Brisbane). The Training Days held in 2009 (Sydney) covered two days for the first time and were comprehensively evaluated.

The aims for the Training Days are to:

- Provide trainees with structured learning sessions that are linked to the competency framework.

- Provide trainees with the opportunity to meet and network with other trainees and Fellows.
- Orientate new trainees to the Training Program, the AFPHM and the RACP as a whole.
- Provide trainees presenting for the Final Assessment with information regarding preparation for the examination.
- Link the delivery of the National Training Days with the local Regional Committee.

The evaluation confirmed the value that trainees place on this training delivery method. Also of real value is that the Training Days bring the trainees together which contributes to building a stronger learning community. Many trainees return to locations where they are largely isolated learners and attending the Training Days would appear to help them to carry on more confidently with training.

Since 2008, the National Training Days are delivered through a collaborative effort between the Associate Director along with the AFPHM Office and members of the FEC (in particular the Lead Fellow Teaching and Learning and the Lead Fellow Assessment), and invited speakers (both Fellows and non-Fellows). Since 2009 they have been located in the RACP Education Centre in Sydney, and the cost of flights of trainees covered by RACP. In 2009, the second day included a problem based learning exercise examining pandemic (H1N1) influenza. Following positive feedback from participants, the training days in 2010 and 2011 have included workshop-based interactive sessions, with didactic sessions restricted to one hour. The feedback from trainees about the Training Days has been very positive. The evaluations from 2009, 2010 and 2011 are attached (Appendix 1, Appendix 2, and Appendix 3).

In addition to these three elements (orientation, videoconference lectures and National Training Days) trainees who are sitting for the Final Oral Assessment are offered a series of teleconferences to support their preparation.

Overarching Activity/Activities

(taken from Item A of the Schedule Page 32-33)

Ensure the maintenance and development of the Participant's mentoring program, which involves experienced fellows of the Participant mentoring public health medicine registrar advanced trainees.

Consideration of the roles associated with the delivery of the Education Program

The substantial redesign of the program has required the reconsideration of previously established roles like supervisor, assessor, mentor and trainers. The RACP has also been reconsidering these roles across the RACP and considering the introduction of new roles such as the Professional Development Advisor. The Lead Fellow Assessment, Dr Judy Straton, developed a discussion paper that described

the changing roles, and this was used to inform a consultation with Fellows and Trainees.

The FEC determined that during this period of change for the Education Program a consistent learning experience had to be ensured for the trainees and that this could only be achieved by centralising some roles. As an example of this the roll out of learning contracts has been piloted and delivered by the one individual (described in Outcome Five) who has oversight over the implementation the learning contracts. This arrangement ensures consistency between how training tool is being utilised and ensures all individuals receive training on their appropriate use.

Given the centrality of the supervisor role to learning and the formative assessment processes, this has been the first to be clearly determined within the new Education Program (see Outcome Two). Meanwhile the mentor role has continued and from feedback gathered by participants of the Supervisor workshops the mentor role is highly valued by trainees and Fellows. The FEC is seeking to create clear roles and ensure sustainability of responsibilities at all levels in the delivery of the program. As part of this one challenge will be to determine which roles should remain centralised and which are best delivered in the jurisdictions.

Overarching Activity/Activities

(taken from Item A of the Schedule Page 32-33)

Review and strengthen the AFPHM CPD program.

Continuing Professional Development

A focus of the PHERP Project was to support the AFPHM CPD Sub-committee to increase the number of AFPHM Fellows actively engaged with AFPHM's CPD Program and the range of CPD activities available to Fellows. Fellows are responsible for their own CPD, which they may obtain through opportunities provided by their employer as well as through attendance at educational opportunities organised by the AFPHM. For example, the recent AFPHM education activities such as the Scientific Writing Workshops, Communication workshop and Climate Change Advocacy Workshops, and the monthly videoconference program are all recognised by the RACP as CPD activities.

From 2011, to maintain medical registration, physicians must meet CPD minimum standards determined by the AMC. Over the past three years, the AFPHM CPD Sub-committee has developed a communication strategy to increase Fellow engagement with CPD. During the PHERP Project period, a major focus of the RACP and AFPHM CPD Sub-committee was the migration to new software (*MyCPD*) for Fellows to use to record and monitor their CPD activities online. This took place in April 2010. Webinar technology was first used in 2009 to introduce Fellows to *MyCPD*.

Development of webinar training modules

Following the success of this trial the Associate Director worked closely with the CPD Unit of the RACP in the development and implementation of online training modules

to be delivered through webinar technology to public health physicians. The objective of the training was to support the introduction of the *MyCPD* software, and to increase the uptake of physicians engaging with CPD activities.

In early 2010, Fellows were invited to participate in an online learning webinar to introduce the new system. The response to this mode of delivery and the new system was very positive, and a further three sessions were offered at the end of April 2010. In early 2011, another two training modules were developed. They focused on how to code activities using the new system, and the benefits and method for completing a personal reflection after attending a CPD activity. Five training sessions were offered in February 2011, and there were a total of 107 attendees across all sessions.

The webinar technology provided a cost effective and timely way to deliver training, and was accessible to physicians across Australia including those located in rural and remote areas.

Development and delivery of Education and Training Sessions supporting CPD

The PHERP Project has strengthened CPD by providing a number of learning sessions specifically tailored to meet the needs of Public Health Physicians. These are:

- Scientific Writing Skills Workshops (described under Outcome One).
- International & Global Health Post Fellowship Curriculum development (described under Objective Five).
- Climate Change, Sustainability and Health Workshops (described under Outcome Four).
- Communication Skills Workshops (described below).
- National Videoconference on pandemic (H1N1) influenza and Communication skills workshop described below.

1. National Videoconference on pandemic (H1N1) influenza

The Associate Director helped to coordinate the first national videoconference session for all Faculty Fellows and trainees. The session in pandemic (H1N1) influenza provided:

- an update and opportunity to reflect on how the pandemic had evolved, and
- the public health response in Australia and New Zealand.

2. Communication Skills Workshop

Personal communication skills are particularly relevant for public health medicine physicians who generally work in multidisciplinary teams and manage staff.

The communication course was offered as a two-day training opportunity for trainees and Fellows. Dr Elysebeth Leigh, a communications consultant and trained facilitator in Process Communication Management facilitated the workshops. This particular tool is designed to help physicians understand differences among personalities, deal effectively with difficult situations, understand different ways of getting things done, and use relevant techniques to communicate with, and motivate, others. The course feedback indicated very positive results for all aspects of the

course, and a number of participants indicated a desire to further their training in this tool. A summary of participant feedback is provided (Appendix 15).

OUTCOME FOUR

Foster collaborative partnerships with relevant key agencies such as RACGP to ensure that the development of the program is aligned with other key education and vocational training for both public health registrars and general practitioners

Overarching Activity/Activities

(taken from Item A of the Schedule Page 32-33)

Consult with relevant key stakeholders such as the RACGP, GPET, the Australian Network of Academic Public Health Institutions (ANAPHI), the Commonwealth and State and Territory health departments to identify key issues in relation to education and training in public health medicine.

Under Outcome One, the communication between AFPHM and ANAPHI has been described in the development of entry criteria for the Training Program. Here we describe the *Unique contribution of Public Health Physicians to the Public Health Workforce* study which required national consultation with all health departments to detail the current and anticipated work of public health physicians and also two other projects that required intersectoral collaboration for their success: the implementation of Climate Change Advocacy and Awareness workshops and the development of problem based learning exercises.

Defining the Unique contribution of Public Health Physicians

At the time that the Associate Director position was created in 2008 there was an active debate about the role of the public health physicians and how this was evolving within an expanding population health workforce. AFPHM undertook a major study - *The Unique Contribution of Public Health Physicians to the Public Health Workforce*. The purpose of the study was to clarify what the Australian workplace needs and expects of Public Health Physicians. This information was not readily available and yet it was required to inform the development and delivery of both AFPHM Training Program and the CPD Program. As previously described under Objective One, this study was assisted by an actively engaged high level intersectoral multidisciplinary Advisory Council; the final report was released in 2010 and is attached at Appendix 16.

This study was lead by Human Capital Alliance supported by the Associate Director and sought to define:

- the experience and competencies specialist public health physicians bring to the public health workforce that other discipline backgrounds can't easily emulate, and
- the unique contribution to public health work that public health physicians provide.

This project commenced in July 2009. The Project Plan for the study was refined with the assistance of the Advisory Group that included senior representation from: NT Health, WA Health, Qld Health, NSW Health, South Eastern Sydney Illawarra Health Service, Sydney South West Area Health Service, the University of NSW, the Peoples-Uni, the RACP and the NSW Institute of Medical Education and Training.

Ethics approval was gained for a mixed method approach. The first stage of the project sought to enumerate the number of Public Health Physicians in Australia; the second stage to determine the extent to which the legislation requires public health training or medical expertise for employment and a third stage that collected 105 position descriptions of jobs held by Public Health Physicians around the country. As part of this final stage critical incident analysis interviews were held with 20 Public Health Physicians to identify what skills they believed were necessary to perform their role. This information was supplemented with interviews with senior managers supervising the work of these public health physicians.

In summary, the results from the final report *The Unique Contribution of Public Health Physicians to the Public Health Workforce* indicated:

- That the growth of the public health physician workforce was negligible, the training rate at 3% was at that time barely satisfying replacement demand. Comparison to the expansion of overall clinician workforce since 1997 (45,000 to nearly 65,000) the public health physician workforce is diminishing in size.
- Contrary to popular belief there are no statutory public health jobs that require a Public Health Physician.
- Public Health Physicians are one of the few professional groups in the multi-professional public health workforce that work across the span of public health: from environmental health, communicable disease control, health promotion to disaster management.
- Public Health Physicians' foundation training in medicine underpins a comprehensive understanding of the cause of disease and the physiological basis of its expression that aids in the interpretation of public health issues.
- This also confers a higher credibility in comparison with other types of public health worker (perhaps even other types of medical practitioner in some circumstances) for the general public.
- Public Health Physicians are more likely to take a systems approach to identify solutions to address issues for public health.
- Public Health Physicians add an evidence-based value to critical public health issues.

The literature and interviews with managers suggest that it is the broad combination of the skills from training as a medical practitioner and then completing public health training that contributes to competence that is difficult for other public health practitioners to replicate. People see this as a set of skills that enables Public Health Physicians to be champions for public health and evidence-based 'change agents' for the health of populations. They often take this role within multidisciplinary teams that increase the overall productivity of these groups by leading within teams.

These findings continue to inform the strategic planning processes of AFPHM.

Climate change advocacy awareness workshops

The workshops implemented as part of the PHERP Project are based on a model initially developed for a public health trainee audience by the National Health Service Sustainable Development Unit (SDU) (www.sdu.nhs.uk) with financial support from the Department of Health of England (DH) Public Health Leadership and Workforce stream [File reference: B060]. This version was adapted for an Australian public health audience by Dr Kate Charlesworth.

This training initiative was possible through collaboration with the SDU. At a meeting in London in June 2010, Dr Lynne Madden (Chair, AFPHM Faculty Education Committee) and Professor Tony Capon (Chair, RACP Climate Change Working Group, Director of the Australian Climate Change Adaptation Network for Human Health) met with Dr David Pencheon the Director of the SDU, and Dr Kate Charlesworth also from the SDU. Dr Charlesworth is an AFPHM trainee currently based in the UK who has been employed at the NHS SDU as a Public Health Researcher. In her role, she was responsible for leading on the climate change advocacy workshops.

The meeting discussed the possibility of collaborating with the SDU to bring the workshops to Australia. The SDU is publicly funded and has a policy of sharing learnings with other public sector bodies. Dr Pencheon agreed to allow the use of the SDU materials without monetary reimbursement on the following conditions:

- i) The materials are used for the public good in a non-profit making context.
- ii) All possible opportunities are taken to evaluate the interventions under a framework of clear research governance.
- iii) All such learning and development should be made available in the public domain for similar non-profit implementation and the development of related interventions.

The PHERP funding was utilised to adapt the materials and implement a pilot and three subsequent workshops for public health medicine trainees and Fellows. The pilot workshop was held in Sydney on Friday 17th June 2011, with members from the RACP Climate Change Working Group, a whole of College Working Group. Feedback from the pilot was used to further modify and refine the workshop material. Three workshops were offered to trainees and Fellows of the AFPHM, on the 21st, 22nd and 23rd June 2011. All workshops were delivered in Sydney, with the final workshop also offered via videoconference to seven sites around Australia. 43 participants attended the workshops.

The evaluation demonstrated that as a result of participating in the workshop, participants felt more confident in their knowledge of and ability to advocate about sustainability within the health system. 82% of participants rated this issue as 'extremely important' for health professionals (with the remaining 18% rating it as

'important') and there was very strong support for the RACP to take a lead advocacy role on this issue.

This 'proof of concept' project has demonstrated: a demand for these workshops; that the 'train the trainer' model (the model of delivery) can be applied in Australia and; that both face-to-face and videoconferencing formats are effective for delivery. The full details of this project, the evaluation and recommendations are attached (Appendix 17).

Overarching Activity/Activities

(taken from Item A of the Schedule Page 32-33)

Conduct a stock take of existing population health education and training that is available to medical graduates, general practitioners and clinicians.

The development of problem-based learning approaches

Problem solving skills in complex situations are particularly valued by health services and in general we need to develop this capacity within the health workforce. The international literature around public health workforce suggests that systematically we need to improve how we build or refresh skills and knowledge. One challenge is that professional development is managed through a fairly narrow range of activities, activities that can be queried whether they are fit for the purpose of equipping the workforce with skills.

Problem based learning (PBL) is well established in undergraduate and graduate medical education. The question is whether PBL can be usefully applied in public health medicine training and in particular in a dispersed group of trainees. As part of the National Training Days held in 2009 an exercise on pandemic influenza planning allowed problem-based learning methods to be trialed. This learner centered approach was warmly received by the trainees; consequently it was decided to investigate the development of exercises for the Training Program. The intention was to develop a suite of PBL exercises that could be delivered across the country through regional training groups.

In October 2010, a meeting was held between the Associate Director, the Chair of the FEC and Professor Michael Frommer from the University of Sydney and also a Fellow of AFPHM. Professor Frommer is responsible for the PBL curriculum and delivery for the Medical School. The purpose of the meeting was to scope the feasibility of introducing problem based learning exercises into the AFPHM training program, including how to determine the mechanics of developing these exercises. A second meeting was convened in December 2010 to discuss the potential to pilot a PBL exercise. Attendees at this second meeting included representatives from the University of NSW, Sydney South West Area Health Service, NSWPHOTP and the Climate Change Adaptation Network. It was agreed that a small working group would progress the development of a pilot PBL exercise as a collaborative exercise

between all the groups. The pilot was trialled in May 2011 with a small group of public health practitioners, and it is anticipated it will be rolled out to trainees in 2012.

Overarching Activity/Activities

(taken from Item A of the Schedule Page 32-33)

Collaborate with the RACGP to develop and implement a strategic framework for an agreed joint training program that enables public health medicine registrars to achieve joint qualifications on the Fellowship of the RACP and the RACGP

In 2003, a joint training model workshop was convened by DoHA that included representation from AFPHM and the RACGP. The objectives included:

- i) To determine how the existing training programs can be adapted to deliver skills for doctors with both general practice and public health qualifications
- ii) To produce a model structure for joint training.

The *Report from the Joint Training Model Workshop* indicated that there was no final commitment between the training organisations and funders on any future model (pg 22), and that AFPHM may not be the best agency to negotiate action on some of the remaining issues (pg 24). During the PHERP Project period, AFPHM has however attempted to build on synergies with the general practice program. A letter co-authored by the President of the RACP, and the President of AFPHM was sent to the President of the RACGP in August 2010 (Appendix 18). The purpose of the letter was to request a meeting to discuss two areas: first, to identify if there are any new opportunities for collaboration, and second, if there is merit to follow up the six GPs who participated in the traineeship in 2002-2005 to identify what, if any, new opportunities opened up for them because of the dual qualification. No response was received and therefore this overarching activity is one that AFPHM has not progressed further.

OUTCOME FIVE

Promote innovative approaches to education and training public health medicine

Many changes to the Education Program have involved promoting innovative new approaches to delivering education and assessment. In this section, the key approaches are described including the development of an e-learning platform, changes to the entry requirements to the Training Program, new forms of assessment, and the introduction of learning contracts.

Development of e-learning platform

RACP has introduced an e-learning platform across all of its training programs including AFPHM - referred to as the Advanced Training Portal. has worked in collaboration with other divisions in the RACP to introduce an. This work is continuing and further improvements and new functionality will be introduced in a staged transition over the next 18 months. The Information Technology unit in the RACP was responsible for the development of an AFPHM training portal over 2009-2010. It is a virtual learning environment tailored to support all RACP programs, including the AFPHM Education Program by providing trainees and supervisors with a repository for resources and online tools to support learning and assessment. The first stage of development is the provision of a feature that allows trainees to upload their workplace based reports for assessment, and also access results. The portal has been available to trainees since April 2010 with the basic features, and will be upgraded with more functionality in late 2011. The portal is accessed via a link on the AFPHM website and is password protected.

Improvements to the entry into the training program

In 2009, the Part 1 entry exam for Australian and New Zealand candidates was offered for the last time. The exam was considered by many to be a barrier to encouraging new trainees onto the program. The FEC introduced new requirements. In order to enter the AFPHM training program, a candidate must now demonstrate they meet the following prerequisites:

1. Have obtained medical registration in Australia through the Australian Medical Council (AMC).
2. Have completed basic training requirements:
 - at least three years of medical experience since graduating (including at least two years of clinical experience, one of which being the intern year); and
 - have completed, or are enrolled in, a Masters of Public Health (or comparable Masters degree), which includes AFPHM's core discipline areas; epidemiology, biostatistics, health protection (includes Environmental health and / or communicable disease prevention and control), health promotion,

The changes to the entry requirements have improved access to the training program. They will be further streamlined through the introduction of an online registration program that will be developed and introduced in 2012.

Improvements to the Assessment Scheme

The Lead Fellow Assessment in conjunction with the AFPHM assessment Subcommittee has introduced progressive changes to the assessment scheme. A summary of the main changes to the program are:

- In 2010, bound volumes were replaced with written workplace reports.
- In 2010, an oral presentation was developed and introduced as a formative assessment, and in 2011 it was transitioned to a formative assessment.
- In 2011, development for new assessment tools has commenced including multi-source feedback, case/scenario based discussion, preparation of professional development portfolio, and reflective commentary.

The introduction of learning contracts

In late 2009, Belinda O'Sullivan of BOS Health undertook a review of the application process completed by trainees entering the AFPHM Training Program, at the request of AFPHM. This review found that the existing application form (and also supervisor reports) did not provide enough detail of the proposed workplace learning (projects and other workplace activities) that would allow competency review by others who were external to the placement. The FEC, having examined the use of Learning Contracts by the NSW Public Health Officer Training Program, subsequently proposed that Learning Contracts be piloted. Learning Contracts are negotiated documents that describe training goals and activities that are agreed between a trainee and their supervisor to meet learning objectives/ competencies as set out in the Curriculum. They describe the activities in the workplace that contribute to learning, including a description of professional roles, public health projects, training attended and conferences, and link these to learning objectives/ competencies. The learning contract presents the commitment to intended learning outcomes through the workplace by both the trainee and supervisor.

Between May and August 2010, Learning Contracts were piloted (adapted with permission from the NSW Public Health Officer Training Program, NSW Department of Health) across five Faculty workplace-training sites. As part of the pilot the use of the learning contract was considered from multiple perspectives (trainees, supervisors, Faculty Office members, Regional Education Coordinators) to provide clarity concerning training goals. Feedback from the pilot allowed the learning contract to be refined. The national implementation of learning contracts for all trainees was endorsed through the FEC. The report on Phase 1 of the pilot is attached (Appendix 19).

In November 2010, Phase 2 of the rollout commenced across all Faculty trainees. This included:

- Developing a learning module on the use of learning contracts to be used as part of supervisor training.
- Developing a learning module for AFPHM trainees and delivering this to all trainees at the national Training Day in 2011.
- Developing appropriate tools and processes (such as written guidelines).
- Providing ongoing support for trainees, supervisors and Regional Education Coordinators by answering queries concerning workplace learning and competencies and formative assessment.
- Seeking feedback regarding issues raised during national implementation.

A report on the national implementation including recommendations to refine the process for the transition of the document through AFPHM is attached (Appendix 20).

International and Global Health Post-Fellowship Curriculum development

In late 2010, developmental work began on a post-fellowship curriculum that covered International and Global Health. Associate Professor Rosemary Aldrich, the Lead Fellow Workforce and Chair of the AFPHM Workforce Committee, led the work. It was envisaged that the post-Fellowship curriculum would be used to guide AFPHM Fellows who were interested in working in this field and may have wider applicability with other public health agencies.

In February 2011, a small working group was convened for a one-day workshop to progress this initiative. The working group consisted of Associate Professor Rosemary Aldrich, three AFPHM Fellows, the Associate Director and two RACP staff members from the curriculum development unit. The following objectives were identified for the workshop:

1. The group would have a clear concept of the purpose of the AFPHM Global Health Post-Fellowship Curriculum.
2. There would be agreement on a general content for the curriculum.
3. There would be agreement on the next steps needed to progress this initiative, including key stakeholders to engage with.

The working day met these objectives and a first draft of the general content for the curriculum was achieved. The group agreed that the next step would be engage with a wider audience to develop the curriculum in more detail.

In June 2011, a second workshop was convened, and facilitated by Associate Professor Aldrich. The group included both AFPHM and RACP Fellows, AFPHM and RACP trainees, RACP staff from the curriculum development unit, and the Associate Director. The purpose of the day was to review the content of the first draft of the post-Fellowship curriculum, and to complete as far as possible the remaining areas, specifically the learning objectives and elements of competence. Again, the working day was a great success with the participants adding significantly to the content of the curriculum. As a result a second draft has been developed that contains learning objectives and elements for some but not all of the domains. The working group

agreed to circulate the draft among them and continue to work on its development over the second half of 2011. Ideally a third writing day is needed to complete the draft that will then be circulated to stakeholders for comment. A copy of the developmental draft of the *International and Global Health post-Fellowship Curriculum* as of 10 June 2011 is attached (Appendix 21).

Overarching Activity/Activities

(taken from Item A of the Schedule Page 32-33)

Identify opportunities for prevocational training in public health medicine and initiate action to create such positions.

Australian Curriculum Framework for Junior Doctors

Professor Rufus Clarke, the Chair of the FEC when the PHERP Project commenced, was part of the group responsible for the development of the *Australian Curriculum Framework for Junior Doctors*. This curriculum includes parts that describe the public health contribution that junior doctors can make. An invitation to provide comment was extended to the AFPHM as part of the national consultation regarding revisions to the Framework. The Associate Director coordinated a response was prepared on behalf of the AFPHM.

There is only one prevocational training position in public health for junior doctors in Australia and this was developed by A/Professor Donna Mak in Western Australia. Recently, a doctor has joined the Training Program who spent time in this training position. This demonstrates the capacity to create a pipeline to public health specialist practice during prevocational training.

The John Snow Scholarships

The John Snow Scholarship is an initiative of A/Professor Donna Mak, who is a member of the AFPHM Council. The John Snow Scholarship has been offered since 2010 and aims to increase the proportion of medical students who are able to identify: i) public health medicine as a medical specialty or potential career and ii) the AFPHM as the learned college for public health medicine training. It does this by providing opportunities for medical students to present at the Annual Scientific Meeting and in doing so enable intellectual and social discourse between medical students and AFPHM Fellows and trainees.

Scholarship applicants are required to: i) identify a piece of written work relating to any of the AFPHM competencies that they have submitted for formative or summative assessment to their medical school; ii) reflect on this piece of work, and iii) submit both the piece of work and reflection for assessment and selection of a state/territory prize winner by AFPHM fellows and trainees. The winner from each state is provided with registration and travel assistance to attend the AFPHM National Annual Scientific meeting to present their work and compete for the national prize.

Over the past two years this has become a highly regarded and enjoyable part of the program at the Annual Scientific Meeting and receives very positive feedback in the conference evaluation.

CONCLUSION

This has been a period of major change for the Training Program and CPD program for AFPHM. This report describes these changes achieved largely through the PHERP Project. The aim:

To increase the workforce capacity for public health medicine, through the public health medicine training and supervision programs delivered through the Australasian Faculty of Public Health Medicine

has been achieved through combined efforts of the FEC, the AFPHM Office, the Fellows and trainees, and the RACP. The PHERP project has enabled this in three ways:

1. Through funding the position of the Associate Director
2. Through the provision of development funds, and
3. By providing a focus in the Outcomes prescribed in the Contract.

These resources have allowed the vision of a new Education Program and strengthened CPD program to emerge and be achieved.

Although the work described in this report has been presented as individual projects against the five Outcomes, Table 1 shows how in most cases these are integrated across multiple outcomes during their implementation.

Table 1: Summary of the main pieces of work described in this report, and the multiple project outcomes they address.

	OUTCOME 1	OUTCOME 2	OUTCOME 3	OUTCOME 4	OUTCOME 5
The introduction of an advanced training curriculum		✓	✓	✓	
The introduction of accreditation of training sites		✓			✓
Development and delivery of supervisor workshops	✓	✓	✓		
Growing the public health medicine training program – STP		✓	✓	✓	✓
A National Training Plan – orientation, videoconferences, National Training Days	✓	✓	✓		
Continuing Professional Development – webinar training	✓			✓	✓
Continuing Professional Development – communication skills workshop	✓		✓		
Continuing Professional Development - Scientific Writing Workshops	✓		✓	✓	
Defining the Unique Contribution of Public Health Medicine Report		✓		✓	
Climate change, sustainability and health workshops	✓		✓	✓	✓

The development of problem based learning exercises	✓	✓	✓	✓	✓
Development of e-learning platform			✓		✓
Improvements to the entry to the training program		✓	✓	✓	
Improvements to the assessment scheme		✓	✓		✓
The introduction of learning contracts		✓	✓		✓
International & Global Health Post-Fellowship Curriculum development		✓		✓	✓
The John Snow Scholarship	✓			✓	✓

While the changes are not yet complete at the conclusion of this project period, there is a real sense of optimism about the future of the AFPHM. In particular, there are a growing number of Trainees who have access to funded training positions that are located at accredited learning sites. Through the new Education Program for the first time the rich diversity of the work that the trainees experience is captured through learning contracts and the trainees are assessed using products that emerge from the workplace. The AFPHM has a clearer understanding of what the workplace expects of public health physicians and new ways to engage Fellows with the CPD program have been developed.

The area of postgraduate workplace learning in health is under-served in Australia. The contribution of organisations like the RACP to the development of evidence-based initiatives is an extremely important undertaking. This project has facilitated opportunities to work in collaboration with other agencies to generate this evidence, and has supported the work of the AFPHM in transitioning to the new Education Program.

Has the aim been addressed?

In the principal agreement, it states that the final project report should stipulate whether the aim has been met. In response, it is the position of the AFPHM that the PHERP Project aim has been met:

- The workforce capacity for public health medicine, through the public health medicine training and supervision programs delivered through the Australasian Faculty of Public Health Medicine **has been increased**.
- The role of the AFPHM Associate Director of Public Health Medicine Training and Development was to ensure that high quality education, training, supervision and continuing professional development is delivered to public health medicine registrars throughout Australia - **this was achieved**.

LIST OF APPENDICES

Appendix 1 - National Training Days evaluation 2009

Appendix 2 - National Training Days evaluation 2010

Appendix 3 - National Training Days evaluation 2011

Appendix 4 - Evaluation – Writing Workshops

Appendix 5 - AFPHM Advanced Training Curriculum

Appendix 6 - Accreditation Position Papers

Appendix 7 – Public Health Accreditation Survey 2010

Appendix 8 - Accreditation Discussion Paper

Appendix 9 - Evaluation Supervisor Workshops

Appendix 10 - Networking Discussion Paper

Appendix 11 - Networking Discussion Paper feedback

Appendix 12 - RACP News article

Appendix 13 - Evaluation – 2008 Videoconference program

Appendix 14 - Videoconference topics 2009-2011

Appendix 15 - Process Communication Workshop feedback

Appendix 16 - Unique Contribution Report

Appendix 17 - Sustainability and Health Evaluation Report

Appendix 18 - Correspondence to RACGP

Appendix 19 - Learning Contract Report – phase 1

Appendix 20 - Learning Contract Report – phase 2

Appendix 21 - Draft International & Global health curriculum