PHM HST Policy on SpR assignment and Trainer appointment

Agreed at STC September 6th 2018

This policy is an update to the Policy on SpR assignment and Trainer appointment of 2016 and considers:

- SpR placement on appointment to training
- Allocation of trainers to SpRs
- Rotations during training
- Duration and number of specialty attachments
- Service level agreement with HSE medical education and training
- Comments from Directors of Public Health Group June 2018

The policy takes cognisance of the following documents:

- The PHM training handbook
- RCPI document on the role of the trainer 2015, 2016
- RCPI document on the role of the NSD 2016
- The Imrie Report
- The McCraith Review

Training duration is of four years for those entering with the MPH/ Part 1. For those entering without the MPH/ part 1, training duration will be of 4.5 years in general, with review by NSD prior to commencement to set out duration of training.

**SpR placement on appointment to training**

The purpose of the initial training placement (phase one of training) is:

- to provide the opportunity to work as an integral part of a public health team
- to provide a broad generic experience in all three domains of public health practice

The initial training placement is a decision for the NSD informed by advice from a subgroup of the STC where required. SpRs should be informed of their initial training placement in advance of commencing training. All initial placements should be for 2 years (whole time equivalent training time) and will be based in regional departments of public health capable of providing training in all curriculum competency areas. Entrants without the part 1 examination and who need to take formal academic training to achieve this will be required to spend 2-2½ years in the initial training
post (whole time equivalent training time). Site allocation for those undertaking part time training will generally take place on a pro-rata basis. This model of training allocation should be kept under review especially in the light of examination performance.

Factors to be taken into consideration for decisions on training location include:

- Incoming SpR preferences (intentions)
- Availability and geographical location of vacant training SpR posts
- Fair distribution of posts across the training locations
- Availability of training posts with sufficient numbers of trainers meeting all RCPI criteria and working in locations that have been inspected and approved by RCPI
- Participation of SpRs in academic Part 1 training does not influence decision making regarding training placements.

**Appointment of trainers**

The Trainer Roles and Responsibilities Proposal Document Feb 2015 (Trainer Engagement Project) sets out the roles and responsibilities of an RPCI trainer, makes recommendations on structures to support trainers, and proposes a governance framework for trainers. The Role and Responsibilities of the Trainer 2016 RCPI document details core responsibilities (below).

![Appendix II - Trainer Responsibilities](image)

Trainers must be accredited, CPD compliant, in good standing with the Faculty and up to date with proscribed RCPI courses for trainers. The NSD with the advice of the STC subgroup decides on the training location. Subsequently, the head of department in consultation with the liaison trainer will decide on the appointment of the trainer. New trainers should generally be appointed for each trainee on an annual basis.
Trainers with very senior roles (considered above DPH level) will in general be assigned as co-trainers from 2019, with the specific arrangements with another co-trainer to be agreed with the NSD at the outset of each placement. The aim is to maintain valuable training opportunities while managing the risk of exceptional circumstances impacting on the contribution which very senior personnel may make to training, given their reduced capacity to fulfil all of the responsibilities of the trainer role during any period of heightened demand, crisis, outbreak or emergency situation. In a situation where a trainer is not meeting core responsibilities, the situation will be reviewed by the NSD and Dean. Non-performing Trainers will not be permitted to continue as trainers for PHM HST.

**Rotations during training**

Two phases of training are envisaged. Phase one comprises the initial training placement for the first 2 to 2½ years. Phase two includes the remainder of the training programme and includes specialised training placements.

It is recommended that all initial training placements would be to a regional department of public health and will be for 2 years for those who have already passed the Part 1 examination and may be 2½ years for those who have not. There would be no rotation within these initial placement periods. It is recommended that there should be no compulsory training locations in the system. Performance to date should be reviewed where possible towards the end of the phase one training placement and should inform decisions regarding phase two training placements.

Phase two training will normally include two specialised training attachments* of six months duration each. These should occur during the final two years/eighteen months (Part 1 dependent) of training with the balance of training time taking place in a regional department which should not be the department of initial appointment. There may be potential for an additional six months specialised training placement subject to successful completion of the Part 2 MFPHMI Examination and also the availability of a suitable funded post.

The final six to twelve months of training should be spent in a Dept of Public Health where possible. Out of programme training is dealt with separately in the training handbook.

*Approved specialised training locations at October 2018 include
- Department of Health
- Health Protection Surveillance Centre
- National Immunisation Office
- National Cancer Control Programme
- Health Intelligence Unit
- University College Dublin
- World Health Organization, Geneva
- Quality Improvement Division, Dr Steevens’ Hospital
- Child Health Programme, Tullamore

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