



**FACULTY OF  
PUBLIC HEALTH  
MEDICINE**

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

# PUBLIC HEALTH MEDICINE



**This curriculum of training in Public Health Medicine was developed in 2010 and undergoes an annual review by Dr Mairin Boland, National Specialty Director, Leah O’Toole, Head of Postgraduate Training and Education, and by the Public Health Medicine Training Committee. The curriculum is approved by the Faculty of Public Health Medicine.**

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## Introduction

### Public health physicians who practise Public Health Medicine (PHM)

- Work within national and international policy frameworks at many levels
- Deliver comprehensive Public Health Programmes for populations, including vulnerable groups
- Improve and protect health; respond to health threats whether biological, chemical or other; provide surveillance and public health risk assessments, infectious diseases prevention and control and respond to public health emergencies
- Promote health and well-being of the population
- Develop and maintain partnerships with communities and local government and voluntary sector
- Work through a legislative mandate as the Medical Officer of Health
- Engage in activities which provide an assessment of the health of the population

The legal role of Medical Officer of Health is held by the Director of Public Health and delegated as appropriate to other Public Health physicians.

Clinical experience provides an important background for the domains of public health medicine practice:

- Health improvement
- Health protection
- Health service quality improvement
- Health intelligence

Specialists in public health medicine have an advisory and contributory function in health and well-being, health service planning, health needs assessment, evidence based health policy, health service evaluation, clinical effectiveness, clinical governance, healthcare economic evaluation, clinical audit, inter-sectoral working and reduction of health inequalities.

The specialty activities of public health physicians can be considered at three levels:

1. Core activities that they lead on e.g. health protection issues including on-call out of working time hours, communicable disease control, issues related to environment and health, managing health threats, emergency preparedness, epidemiological investigations of disease patterns, interfacing with clinicians in the health service provision of evidence-based medical advice, policy analysis and clinical service developments,.
2. Activities that they lead or jointly lead e.g. health impact assessment, evaluation of health services and strategic planning in disease prevention.
3. Activities where they have a significant input e.g. health and well-being, chronic disease prevention, health promotion, needs assessment, planning, meeting needs of vulnerable populations and social inclusion.

Besides these specialty specific elements, Specialist Registrars in Public Health Medicine must also acquire certain core competencies which are essential for good medical practice. These comprise the generic components of the curriculum.

## Aims of HST in Public Health Medicine

Upon satisfactory completion of specialist training in Public Health Medicine, the doctor will be **competent** to undertake comprehensive medical practice in that specialty in a **professional** manner, unsupervised and independently and/or within a team, in keeping with the needs of the healthcare system and the domains of public health practice:

- Health improvement
- Health protection
- Health service quality improvement
- Health intelligence

**Competencies**, at a level consistent with practice in the specialty of Public Health Medicine, include the following:

- Medical knowledge in the basic biomedical, behavioural and clinical sciences, medical ethics and medical jurisprudence and application of such knowledge in patient and population care.
- Knowledge of Public Health and health policy issues: awareness and responsiveness in the larger context of the Irish health care system, including the organisation of health care, partnership with health care providers and managers, the practice of cost-effective health care, health economics and resource allocations.
- Ability to support analysis of and improve health intelligence.
- Ability to understand the health reforms such as 'Healthy Ireland' and 'Towards 2026' and efforts to prioritise health and prevention of disease rather than a focus on illness.
- Ability to understand health care, and identify and plan system-based improvement of care.
- Interpersonal and communication skills that ensure effective information exchange with individual patients, their families, communities and non-governmental agencies and teamwork with other health professionals, the scientific community and the public.
- Ability to appraise and utilise new scientific knowledge to update and continuously improve clinical practice and support policy development.
- The ability to function as a supervisor, trainer and teacher in relation to colleagues, medical students and other health professionals.
- Professionalism.
- Ability in risk assessment, risk communication and risk management.
- Capability to be a scholar, contributing to development and research in the field of Public Health Medicine.
- Advocacy for the promotion and protection of the health of the population.

### **Professionalism**

According to the Medical Council (Guide to Professional Conduct and Ethics for Registered Medical Practitioners) medical professionalism is a core element of being a good doctor. Good medical practice is based on a relationship of trust between profession and society, in which doctors are expected to meet the highest standards of professional practice and behaviour. It involves partnership between patient/ community and doctor that is based on mutual respect, confidentiality, honesty, responsibility and accountability. In addition to maintaining clinical competence, a doctor should also:

- Show integrity, compassion and concern for others in day-to-day practice
- Develop and maintain a sensitive and understanding attitude with patients
- Exercise good judgment and communicate sound clinical advice to patients
- Search for the best evidence to guide professional practice
- Be committed to continuous improvement and excellence in the provision of health care whether working alone or as part of a team

## Entry Requirements

Higher Specialist Training (HST) in the Faculty of Public Health Medicine of the Royal College of Physicians of Ireland is open to fully registered medical doctors.

- Two years approved BST including CCBST where appropriate; and exceptional cases will be considered on a case by case basis

## Desirable

- Masters in Public Health
- Part 1 of the Membership of the Faculty of Public Health Medicine of the Royal College of Physicians of Ireland (MFPHMI) or Part A MFPH (UK) or equivalent
- Experience in Public Health / Clinical infectious diseases or related disciplines

The attainment of an MRCPI/MRCGP or other equivalent higher qualification is not required for eligibility. However additional qualifications by applicants will be viewed favourably during the SpR interview process.

**Note 1:** Doctors entering the programme who do not currently hold Part 1 of the Membership of the Faculty of Public Health Medicine of the Royal College of Physicians of Ireland (MFPHMI) or Part A MFPH (UK) or equivalent will be required to sit Part 1 of the MFPHMI in Year 1 of the training programme and must have passed the exam by the end of Year 2 of the training programme. Doctors who do not meet this requirement will not be certified to progress on the training programme

**Note 2:** For the doctors who will sit the Part 1 of the MFPHMI during training, and who are undertaking academic training for this, the Royal College of Physicians of Ireland may make a financial contribution towards the cost of a Masters in Public Health or equivalent in support of taking Part 1 MFPHMI.

**Note 3:** Doctors who have successfully completed Part 1 of the MFPHMI or Part A MFPH (UK) or equivalent before entering the training programme will be expected to complete Part II MFPHMI as outlined in the curriculum.

## Duration & Organisation of Training

The duration of HST in Public Health Medicine is 4 years in supervised approved training posts.

Phase One - The first 2 years (2.5 years if academic programme for Part 1 is required) are spent in a clinical post in one regional Department of Public Health.

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 of training with the balance of training time taking place in a regional Department of Public Health other than the Department of initial appointment.

The training programme will provide opportunities to fulfil all the requirements of the curriculum of training for Public Health Medicine. All Specialist Registrars are required to rotate through more than one location as approved by RCPI and the Faculty. Most training posts are based in regional Departments of Public Health as above. Specialty training locations available may include the HSE Health Intelligence Unit, Department of Health (DoH), the Health Protection Surveillance Centre (HPSC), National Immunisation Office, Safefood, National Cancer Control Programme (NCCP) and university academic departments, WHO where available. Additional locations may become available in the future. The first two / 2.5 years are spent in the clinical setting (i.e. Public Health Department posts). Out of programme clinical experience is limited to the final two years of training as per the ICHMT.

In certain circumstances where, for example, an SpR may wish to pursue further training in an area of special interest approved by the Faculty of Public Health Medicine, the possibility of a fifth year in training may be accredited i.e. for example post CSCST Fellowship, dependent on development and funding.

The earlier years in training will usually be directed towards acquiring a broad general experience of Public Health Medicine under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence grows and abilities are acquired, the Specialist Registrar will be encouraged to assume a greater degree of responsibility and independence.

### *Phases of Training and Milestones*

Year 1	<ul style="list-style-type: none"> <li>Health Protection induction / on call</li> <li>Sit Part 1 MFPHMI for those who have not yet passed Part1. This is a requirement of the scheme.</li> <li>Completion of MPH/ Part 1 academic training for those undertaking this</li> <li>Initial coverage of core competencies in public health medicine</li> <li>Initial coverage of generic components</li> </ul>
Year 2	<ul style="list-style-type: none"> <li>Part 1 MFPHMI should be completed by the end of year 1 of training, and must be completed by the end of year 2 of training (requirement of scheme)</li> <li>Further coverage of core competencies in public health medicine</li> <li>Further coverage of generic components</li> </ul>
Year 3-4	<ul style="list-style-type: none"> <li>Part II MFPHMI preparation - initiation of short reports</li> <li>Part II MFPHMI completion expected by end of third year of training</li> <li>Health policy experience</li> <li>Advocacy experience</li> <li>Increase in leadership roles</li> <li>Senior public health experience at regional level</li> <li>Senior health protection experience</li> <li>Specialist sites including health intelligence, cancer control, health protection, Safefood, and academic Public Health, Department of Health etc.</li> <li>Rotation to a second Dept of Public Health. Senior responsibility including shadowing/ acting for SPHM on call.</li> <li>Further coverage of generic components</li> </ul>

### Milestones

Part 1 MFPHMI should be completed by the end of year 1 of training (must be sat during year 1 of training) and must be completed by the end of year 2 of training. Doctors who do not meet this requirement will not be certified to progress.

It is expected that Specialist Registrars complete Part II by the end of the third year in training. Part II MFPHMI must be completed by the end of training

Specialists in public health medicine operate an out-of-hours service (this is a 24/7 on call service for health protection including infectious diseases, environmental health and public health emergencies). Therefore Specialist Registrars have to become competent in health protection at various levels throughout their training. In the first two years this is at the level of first/second responder on call during working hours under supervision of SPHM. In the 3<sup>rd</sup> year Specialist Registrars will be expected to take a lead in health protection incidents/investigations. In the final year Specialist Registrars may work as acting Specialist on-call. Specialist Registrars are responsible for ensuring they remain up to date with on-call issues and maintaining their on-call competencies throughout their cycle of training.

Each post within the programme will have a named trainer and programmes will be under the direction of the National Specialty Director.

The structure of the training programme may vary according to the qualifications, experience and career intentions of the individual Specialist Registrar. The outline structure of training and the allocation of trainers for SpRs in PHM is described here.

The experience gained through rotation around different departments is recognised as an essential part of HST. Specialist Registrar should not as a rule remain in the same training location for longer than 2.5 years. Specialist Registrars should rotate trainers annually, where possible. Where an essential element of the curriculum is missing from a programme, it needs to be identified at an early stage to ensure access to it can be arranged, by day release, or if necessary by secondment.

A date of appointment to the approved post will be the starting point of the training programme and the Specialist Registrar will start in Year I of the training programme. Retrospective recognition may be granted if the Specialist Registrar is transferring from a similar training programme elsewhere. The Specialist Registrars will be formally advised of the date of enrolment into the training programme by the Medical Training Department. The Specialist Registrar will also be advised of the expected date of completion of Higher Specialist Training. The Specialist Registrar will be entitled to a Certificate of Satisfactory Completion of Specialist Training (CSCST) on satisfactory completion of the training programme. To qualify for a CSCST, a Registrar must have satisfactorily completed HST based on annual reviews **and** have been admitted to MFPHMI by examination. On receipt of the Accreditation Committee's recommendation the applicant will be notified whether or not issue of a CSCST has been authorised through the Medical Training Department.

All training locations are inspected by RCPI. All trainers must be accredited by the Faculty of Public Health Medicine and RCPI.

Other experience related to the Specialist Registrar's personal specialist interests and overseas experiences, if applicable, may be applied for, and requires educational approval to be obtained in advance.

### Generic Components

Generic knowledge, skills and attitudes support competencies which are common to good medical practice in Medical specialties. It is intended that all Specialist Registrars should re-affirm these competencies during Higher Specialist Training. No time-scale of acquisition is offered, but failure to make progress towards meeting these important objectives at an early stage would cause concern about a Specialist Registrar's suitability and ability to become independently capable as a Specialist in Public Health Medicine (SPHM).

## Examinations

Exam regulations can be found on the RCPI website and candidates are advised to refer to these for full up-to-date details.

### **Examination – Part I and Part II MFPHMI (See Examination Regulations for fully up-to-date information [www.rcpi.ie](http://www.rcpi.ie))**

Doctors entering the programme who do not currently hold Part 1 of the Membership of the Faculty of Public Health Medicine of the Royal College of Physicians of Ireland (MFPHMI) or Part A MFPH (UK) or equivalent will be required to sit Part I of the MFPHMI in Year 1 of the training programme and must have passed the exam by the end of Year 2 of the training programme. Doctors who do not meet this requirement will not be certified to progress on the training programme. It is expected that candidates will have passed Part II by the end of Year 3.

#### Part II

Each candidate is strongly advised that they must sit the Part II examination within 4 years of passing Part I. The Membership of the Faculty of Public Health Medicine in Ireland (MFPHMI) Part II exam assesses candidate knowledge and skills across the full range of public health medicine, at a level appropriate to a senior public health medical practitioner. The Part II exam tests the candidate's ability to critically examine an epidemiological or public health question, carry out in-depth investigations of the issues, and propose appropriate solutions.

#### **MFPHMI Part I: Public Health Reports**

The three Part II public health reports should describe projects, which must demonstrate:

- Theoretical and practical knowledge of candidate's chosen topic area. Familiarity with the relevant literature
- Candidate's power of independent observation and judgement

#### **MFPHMI Part II Public Health Reports - oral**

The Part II public health reports oral is where candidates are required to do an oral test on the subject of their written work, including its relevance to the practice of public health medicine. This is about 30 minutes in duration.

#### **General oral**

The general oral is conducted as a separate exam and is about 30 minutes in duration. It is held on the same day as the public health reports oral.

The general oral exam tests that the candidate has retained and built on the knowledge, attitudes and skills demonstrated in the Part I exam and aims to test a candidate's ability to discuss challenges and problems that may present in the practice of public health medicine.

## Assessment Process through each placement

The methods used to assess progress through training must be valid and reliable.. Time should be set aside for appraisal following the assessment e.g. of presentations, case/ outbreak management, observation of procedures. As progress is being made, the lower levels of competence will be replaced progressively by those that are higher. Where the grade for an item is judged to be deficient for the stage of training, the assessment should be supported by a detailed note which can later be referred to at the Annual Evaluation Meeting. The assessment of training may utilise the Mini-CEX, DOPS and Case Based Discussions (CBD) methods adapted for the purpose. These methods of assessment have been made available by HST for use at the discretion of the NSD and nominated trainer. They are offered as a means of providing the trainee with attested evidence of achievement in certain areas of the Curriculum e.g. competence in procedural skills, or in generic components. Assessment will also

be supported by the trainee's portfolio of achievements and performance at relevant meetings, presentations, audit, in tests of knowledge, attendance at courses and educational events. An initial training plan should be drawn up at the start of each placement, with timely quarterly reviews and feedback.

## **Generic Components**

**This chapter covers the generic components which are relevant to HST trainees of all specialties but with varying degrees of relevance and appropriateness, depending on the specialty.**

**As such, this chapter needs to be viewed as an appropriate guide of the level of knowledge and skills required from all HST trainees with differing application levels in practice.**

## Good Professional Practice

**Objective:** Trainees must appreciate that medical professionalism is a core element of being a good doctor and that good medical practice is based on a relationship of trust between the profession and society, in which doctors are expected to meet the highest standards of professional practice and behaviour.

**Medical Council Domains of Good Professional Practice:** Relating to Patients, Communication and Interpersonal Skills, Professionalism, Patient Safety and Quality of Patient Care.

### KNOWLEDGE

#### Effective Communication

- How to listen to patients and colleagues
- The principles of open disclosure
- Knowledge and understanding of valid consent
- Teamwork
- Continuity of care

#### Ethics

- Respect for autonomy and shared decision making
- How to enable patients to make their own decisions about their health care
- How to place the patient at the centre of care
- How to protect and properly use sensitive and private patient information in accordance with data protection legislation and how to maintain confidentiality
- The judicious sharing of information with other healthcare professionals where necessary for care following Medical Council Guidelines
- Maintaining competence and assuring quality of medical practice
- How to work within ethical and legal guideline when providing clinical care, carrying research and dealing with end of life issues

#### Honesty, openness and transparency (mistakes and near misses)

- Preventing and managing near misses and adverse events.
- When and how to report a near miss or adverse event
- Incident reporting; root cause and system analysis
- Understanding and learning from errors
- Understanding and managing clinical risk
- Managing complaints
- Following open disclosure practices
- Knowledge of national policy and National Guidelines on Open Disclosure

#### Raising concerns about patient safety

- Safe working practice, role of procedures and protocols in optimal practice
- The importance of standardising practice through the use of checklists, and being vigilant
- Safe healthcare systems and provision of a safe working environment
- Awareness of the multiple factors involved in failures
- Knowledge and understanding of Reason's Swiss cheese model
- Understanding how and why systems break down and why errors are made
- Health care errors and system failures
- Human and economic costs in system failures
- The important of informing a person of authority of systems or service structures that may lead to unsafe practices which may put patients, yourself or other colleagues at risk
- Awareness of the Irish Medical Councils policy on raising concerns about safety in the environment in which you work

**SKILLS**

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with colleagues to achieve safe and effective quality patient care
- Being an effective team player
- Ethical and legal decision making skills
- Minimising errors during invasive procedures by developing and adhering to best-practice guidelines for safe surgery
- Minimising medication errors by practicing safe prescribing principles
- Ability to learn from errors and near misses to prevent future errors
- Managing errors and near-misses
- Using relevant information from complaints, incident reports, litigation and quality improvement reports in order to control risks
- Managing complaints
- Using the Open Disclosure Process Algorithm

**ASSESSMENT & LEARNING METHODS**

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in practice
- RCPI HST Leadership in Clinical Practice
- RCPI Ethics programmes
- Medical Council Guide to Professional Conduct and Ethics
- Reflective learning around ethical dilemmas encountered in clinical practice
- Quality improvement methodology course - recommended

## Infection Control

**Objective:** To be able to appropriately manage infections and risk factors for infection at an institutional level, including the prevention of cross-infections and hospital acquired infection

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Management (including Self-Management).

### KNOWLEDGE

#### Within a consultation

- The principles of infection control as defined by the HIQA
- How to minimise the risk of cross-infection during a patient encounter by adhering to best practice guidelines available, including the 5 Moments for Hand Hygiene guidelines
- The principles of preventing infection in high risk groups e.g. managing antibiotic use to prevent *Clostridium difficile*
- Knowledge and understanding of the local antibiotic prescribing policy
- Awareness of infections of concern, e.g. MRSA, *Clostridium difficile*
- Best practice in isolation precautions
- When and how to notify relevant authorities in the case of notifiable infectious disease
- Understanding the increased risk of infection to patients in surgery or during an invasive procedure and adhering to guidelines for minimising infection in such cases
- The guidelines for needle-stick injury prevention and management

#### During an outbreak

- Guidelines for minimising infection in the wider community in cases of communicable diseases and how to seek expert opinion or guidance from infection control specialists where necessary
- Hospital policy/seeking guidance from occupational health professional regarding the need to stay off work/restrict duties when experiencing infections the onward transmission of which might impact on the health of others

### SKILLS

- Practicing aseptic techniques and hand hygiene
- Following local and national guidelines for infection control and management
- Prescribing antibiotics according to antibiotic guidelines
- Encouraging staff, patients and relatives to observe infection control principles
- Communicating effectively with patients regarding treatment and measures recommended to prevent re-infection or spread
- Collaborating with infection control colleagues to manage more complex or uncommon types of infection including those requiring isolation e.g. transplant cases, immunocompromised host
- In the case of infectious diseases requiring disclosure:
  - Working knowledge of those infections requiring notification
  - Undertaking notification promptly
  - Collaborating with external agencies regarding reporting, investigating and management of notifiable diseases
  - Enlisting / requiring patients' involvement in solving their health problems, providing information and education
  - Utilising and valuing contributions of health education and disease prevention and infection control to health in a community

**ASSESSMENT & LEARNING METHODS**

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): practicing aseptic techniques as appropriate to the case and setting, investigating and managing infection, prescribing antibiotics according to guidelines
- Completion of infection control induction in the workplace
- Personal Protective Equipment Training Course (In hospital)

## Self-Care and Maintaining Well-Being

### Objectives:

1. To ensure that trainees understand how their personal histories and current personal lives, as well as their values, attitudes, and biases affect their care of patients so that they can use their emotional responses in patient care to their patients' benefit
2. To ensure that trainees care for themselves physically and emotionally, and seek opportunities for enhancing their self-awareness and personal growth

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care, Relating to Patients, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (including self-management).

### KNOWLEDGE

- Self-awareness including preferences and biases
- Personal psychological strengths and limitations
- Understand how personality characteristics, such as need for approval, judgemental tendencies, needs for perfection and control etc., affect relationships with patients and others
- Knowledge of core beliefs, ideals, and personal philosophies of life, and how these relate to own goals in medicine
- Know how family-of-origin, race, class, religion and gender issues have shaped own attitudes and abilities to discuss these issues with patients
- Understand the difference between feelings of sympathy and feelings of empathy
- Know the factors between a doctor and patient that enhance or interfere with abilities to experience and convey empathy
- Understanding of own attitudes toward uncertainty and risk taking and own need for reassurance
- How own relationships with certain patients can reflect attitudes toward paternalism, autonomy, benevolence, non-maleficence and justice
- Recognise own feelings in straightforward and complex patient-doctor interactions
- Recognising the symptoms of stress and burn out

### SKILLS

- Exhibiting empathy and showing consideration for all patients, their impairments and attitudes irrespective of cultural and other differences
- Ability to create boundaries with patients that allow for therapeutic alliance
- Challenge authority appropriately from a firm sense of own values and integrity and respond appropriately to situations that involve abuse, unethical behaviour and coercion
- Recognise own limits and seek appropriate support and consultation
- Work collaboratively and effectively with colleagues and other members of health care teams
- Manage effectively commitments to work and personal lives, taking the time to nurture important relationship and oneself
- Ability to recognise when falling behind and adjusting accordingly
- Demonstrating the ability to cope with changing circumstances, variable demand, being prepared to re-prioritise and ask for help
- Utilising a non-judgemental approach to patient's problem
- Recognise the warning signs of emotional ill-health in self and others and be able to ask for appropriate help
- Commitment to lifelong process of developing and fostering self-awareness, personal growth and well being
- Be open to receiving feedback from others as to how attitudes and behaviours are affecting their care of patients and their interactions with others
- Holding realistic expectations of own and of others' performance, time-conscious, punctual
- Valuing the breadth and depth of experience that can be accessed by associating with professional colleagues

**ASSESSMENT & LEARNING METHODS**

- On-going supervision
- RCPI Ethics programmes
- Wellness Matters Course
- RCPI HST Leadership in Clinical Practice course

## Communication in Clinical and Professional Setting

**Objective:** To demonstrate the ability to communicate effectively and sensitively with patients, their relatives, carers and with professional colleagues in different situations.

**Medical Council Domains of Good Professional Practice:** Relating to Patients; Communication and Interpersonal Skills.

### KNOWLEDGE

#### Within a consultation

- How to effectively listen and attend to patients
- How to structure an interview to obtain/convey information; identify concerns, expectations and priorities; promote understanding, reach conclusions; use appropriate language.
- How to empower the patient and encourage self-management

#### Difficult circumstances

- Understanding of potential areas for difficulty and awkward situations
- How to negotiate cultural, language barriers, dealing with sensory or psychological and/or intellectual impairments and how to deal with challenging or aggressive behaviour
- Knowing how and when to break bad news
- How to communicate essential information where difficulties exist, how to appropriately utilise the assistance of interpreters, chaperones, and relatives.
- How to deal with anger and frustration in self and others
- Selecting appropriate environment; seeking assistance, making and taking time

#### Dealing with professional colleagues and others

- How to communicate with doctors and other members of the healthcare team
- How to provide a concise, written, verbal, or electronic, problem-orientated statement of facts and opinions
- The legal context of status of records and reports, of data protection confidentiality
- Freedom of Information (FOI) issues
- Understanding of the importance of legible, accessible, records to continuity of care
- Knowing when urgent contact becomes necessary and the appropriate place for verbal, telephone, electronic, or written communication
- Recognition of roles and skills of other health professionals
- Awareness of own abilities/limitations and when to seek help or give assistance, advice to others; when to delegate responsibility and when to refer

#### Maintaining continuity of care

- Understanding the relevance of continuity of care to outcome, within and between phases of healthcare management
- The importance of completion of tasks and documentation, e.g. before handover to another team, department, specialty, including identifying outstanding issues and uncertainties
- Knowledge of the required attitudes, skills and behaviours which facilitate continuity of care including, being available and contactable, alerting others to avoid potential confusion or misunderstanding through communications failure

#### Giving explanations

- The importance of possessing the facts, and of recognising uncertainty and conflicting evidence on which decisions have to be based
- How to secure and retain attention avoiding distraction
- Understanding how adults receive information best, the relative value of the spoken, written, visual means of communication, use of reinforcement to assist retention
- Knowledge of the risks of information overload
- Tailoring the communication of information to the level of understanding of the recipient
- Strategies to achieve the level of understanding necessary to gain co-operation and partnership; compliance, informed choice, acceptance of opinion, advice, recommendation

**Responding to complaints**

- Value of hearing and dealing with complaints promptly; the appropriate level, the procedures (departmental and institutional); sources of advice, and assistance available
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources
- Knowledge of how to establish facts, identify issues and respond quickly and appropriately to a complaint received

**SKILLS**

- Ability to appropriately elicit facts, using a mix of open and closed-ended questions
- Using “active listening” techniques such as nodding and eye contact
- Giving information clearly, avoiding jargon, confirming understanding, ability to encourage co-operation, compliance; obtaining informed consent
- Showing consideration and respect for other’s culture, opinions, patient’s right to be informed and make choices
- Respecting another’s right to opinions and to accept or reject advice
- Valuing perspectives of others contributing to management decisions
- Conflict resolution
- Dealing with complaints
- Communicating decisions in a clear and thoughtful manner
- Presentation skills
- Maintaining (legible) records
- being available, contactable, time-conscious
- Setting realistic objectives, identifying and prioritising outstanding problems
- Using language, literature (e.g. leaflets) diagrams, educational aids and resources appropriately
- Establish facts, identify issues and respond quickly and appropriately to a complaint received
- Accepting responsibility, involving others, and consulting appropriately
- Obtaining informed consent
- Discussing informed consent
- Giving and receiving feedback

**ASSESSMENT & LEARNING METHODS**

- Mastering Communication course (Year 1)
- Consultant feedback at annual assessment
  - Workplace based assessment e.g. Mini-CEX, DOPS, CBD
  - Educational supervisor’s reports on observed performance (in the workplace): communication with others e.g. at handover. ward rounds, multidisciplinary team members
- Presentations
- RCPI Ethics programmes
- RCPI HST Leadership in Clinical Practice Course

## Leadership

**Objective:** To have the knowledge, skills and attitudes to act in a leadership role and work with colleagues to plan, deliver and develop services for improved patient care and service delivery.

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Communication and Interpersonal Skill; Collaboration and Teamwork; Management (including Self-Management); Scholarship.

### KNOWLEDGE

#### Personal qualities of leaders

- Knowledge of what leadership is in the context of the healthcare system appropriate to training level
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

#### Working with others

- Awareness of own personal style and other styles and their impact on team performance
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

#### Managing services

- The structure and function of Irish health care system
- Awareness of the challenges of managing in healthcare
  - Role of governance
  - Clinical directors
- Knowledge of planning and design of services
- Knowledge and understanding of the financing of the health service
  - Knowledge of how to prepare a budget
  - Defining value
  - Managing resources
- Knowledge and understanding of the importance of human factors in service delivery
  - How to manage staff training, development and education
- Managing performance
  - How to perform staff appraisal and deal effectively with poor staff performance
  - How to rewards and incentivise staff for quality and efficiency

#### Setting direction

- The external and internal drivers setting the context for change
- Knowledge of systems and resource management that guide service development
- How to make decisions using evidence-based medicine and performance measures
- How to evaluate the impact of change on health outcomes through ongoing service evaluation

**SKILLS**

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with others; patients, service users, carers colleagues within and across systems
- Being an effective team player
- Ability to manage resources and people
- Managing performance and performance indicators

**Demonstrating personal qualities**

- Efficiently and effectively managing one-self and one's time especially when faced with challenging situations
- Continues personal and professional development through scholarship and further training and education where appropriate
- Acting with integrity and honesty with all people at all times
- Developing networks to expand knowledge and sphere of influence
- Building and maintaining key relationships
- Adapting style to work with different people and different situations
- Contributing to the planning and design of services

**ASSESSMENT & LEARNING METHODS**

- Mastering Communication course (Year 1)
- RCPI HST Leadership in Clinical Practice (Year 3 – 5)
- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): on management and leadership skills
- Involvement in hospital committees where possible e.g. Division of Medicine, Drugs and Therapeutics, Infection Control etc.

## Quality Improvement

**Objective:** To demonstrate the ability to identify areas for improvement and implement basic quality improvement skills and knowledge to improve patient safety and quality in the healthcare system.

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Communication and Interpersonal Skills; Collaboration and Teamwork; Management; Relating to Patients; Professionalism

### KNOWLEDGE

#### Personal qualities of leaders

- The importance of prioritising the patient and patient safety in all clinical activities and interactions

#### Managing services

- Knowledge of systems design and the role of microsystems
- Understanding of human factors and culture on patient safety and quality

#### Improving services

- How to ensure patient safety by adopting and incorporating a patient safety culture
- How to critically evaluate where services can be improved by measuring performance, and acting to improve quality standards where possible
- How to encourage a culture of improvement and innovation

#### Setting direction

- How to create a 'burning platform' and motivate other healthcare professionals to work together within quality improvement
- Knowledge of the wider healthcare system direction and how that may impact local organisations

### SKILLS

- Improvement approach to all problems or issues
- Engaging colleagues, patients and the wider system to identify issues and implement improvements
- Use of quality improvement methodologies, tools and techniques within every day practice
- Ensuring patient safety by adopting and incorporating a patient safety culture
- Critically evaluating where services can be improved by measuring performance, and acting to raise standards where possible
- Encouraging a culture of improvement and innovation

#### Demonstrating personal qualities

- Encouraging contributions and involvement from others including patients, carers, members of the multidisciplinary team and the wider community
- Considering process and system design, contributing to the planning and design of services

### ASSESSMENT & LEARNING METHODS

- RCPI HST Leadership in Clinical Practice
- Consultant feedback at annual assessment
- Involvement in hospital committees where possible e.g. Division of Medicine, Drugs and Therapeutics, Infection Control etc.

## Scholarship

**Objective:** To develop skills in personal/professional development, teaching, educational supervision and research

**Medical Council Domains of Good Professional Practice:** Scholarship

### KNOWLEDGE

#### Teaching, educational supervision and assessment

- Principles of adult learning, teaching and learning methods available and strategies
- Educational principles directing assessment methods including, formative vs. summative methods
- The value of regular appraisal / assessment in informing training process
- How to set effective educational objectives and map benefits to learner
- Design and delivery of an effective teaching event, both small and large group
- Use of appropriate technology / materials

#### Research, methodology and critical evaluation

- Designing and resourcing a research project
- Research methodology, valid statistical analysis, writing and publishing papers
- Ethical considerations and obtaining ethical approval
- Reviewing literature, framing questions, designing a project capable of providing an answer
- How to write results and conclusions, writing and/or presenting a paper
- How to present data in a clear, honest and critical fashion

#### Audit

- Basis for developing evidence-based medicine, kinds of evidence, evaluation; methodologies of clinical trials
- Sources from which useful data for audit can be obtained, the methods of collection, handling data, the audit cycle
- Means of determining best practice, preparing protocols, guidelines, evaluating their performance
- The importance of re-audit

### SKILLS

- Bed-side undergraduate and post graduate teaching
- Developing and delivering lectures
- Carrying out research in an ethical and professional manner
- Performing an audit
- Presentation and writing skills – remaining impartial and objective
- Adequate preparation, timekeeping
- Using technology / materials

### ASSESSMENT & LEARNING METHODS

- An Introduction to Health Research (online)
- Performing audit course (online)
- Effective Teaching and Supervising Skills course (online) - recommended
- Educational Assessment Skills course - recommended
- Health Research Methods for Clinicians - recommended

## Management

**Objective:** To understand the organisation, regulation and structures of the health services, nationally and locally, and to be competent in the use and management of information on health and health services, to develop personal effectiveness and the skills applicable to the management of staff and activities within a healthcare team.

**Medical Council Domains of Good Professional Practice:** Management.

### KNOWLEDGE

#### Health service structure, management and organisation

- The administrative structure of the Irish Health Service, services provided in Ireland and their funding and how to engage with these for best results
- Department of Health, HSE and hospital management structures and systems
- The national regulatory bodies, health agencies and patient representative groups
- Understanding the need for business plans, annual hospital budgets, the relationship between the hospital and PCCC

#### The provision and use of information in order to regulate and improve service provision

- Methods of collecting, analysing and presenting information relevant to the health of a population and the apportionment of healthcare resources
- The common ways in which data is presented, knowing of the sources which can provide information relevant to national or to local services and publications available

#### Maintaining medical knowledge with a view to delivering effective clinical care

- Understanding the contribution that current, accurate knowledge can make to establishing clinical effectiveness, best practice and treatment protocols
- Knowledge of sources providing updates, literature reviews and digests

#### Delegation skills, empowerment and conflict management

- How to assess and develop personal effectiveness, improve negotiating, influencing and leadership skills
- How to manage time efficiently, deal with pressure and stress
- How to motivate others and operate within a multidisciplinary team

### SKILLS

- Chairing, organising and participating in effective meetings
- Managing risks
- Managing time
- Delegating tasks effectively
- Managing conflicts
- Exploring, directing and pursuing a project, negotiating through the relevant departments at an appropriate level
- Ability to achieve results through an understanding of the organisation and its operation
- Ability to seek / locate information in order to define an issue needing attention e.g. to provide data relevant to a proposal for change, establishing a priority, obtaining resources
- Ability to make use of information, use IT, undertake searches and obtain aggregated data, to critically evaluate proposals for change e.g. innovative treatments, new technologies
- Ability to adjust to change, apply management, negotiating skills to manage change
- Appropriately using management techniques and seeking to improve these skills and personal effectiveness

**ASSESSMENT & LEARNING METHODS**

- Mastering Communication course
- Performing audit course (online)
- RCPI HST Leadership in Clinical Practice
- Annual audit
- Consultant feedback on management and leadership skills
- Involvement in hospital committees

## Standards of Care

**Objective:** To be able to consistently and effectively assess and treat patients' problems

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Relating to Patients; Communication and Interpersonal Skills; Collaboration and Teamwork: Management (including Self-Management); Clinical Skills.

### KNOWLEDGE

#### Diagnosing Patients

- How to carry out appropriate history taking
- How to appropriately examine a patient
- How to make a differential diagnosis

#### Investigation, indications, risks, cost-effectiveness

- The pathophysiological basis of the investigation
- Understand the clinical significance of reference ranges, positive and negative predictive value and potential risks of inappropriate tests
- The procedures for commonly used investigations, common or/and serious risks
- Understanding of the sensitivity and specificity of results, artefacts, PPV and NPV
- Understanding significance, interpreting and explaining results of investigations
- Logical approach in choosing, sequencing and prioritising investigations

#### Treatment and management of disease

- Natural history of diseases
- Quality of life concepts
- How to accurately assess patient's needs, prescribe, arrange treatment, recognise and deal with reactions / side effects
- How to set realistic therapeutic goals, to utilise rehabilitation services, and use palliative care approach appropriately
- Recognising that illness (especially chronic and/or incapacity) has an impact on relationships and family, having financial as well as social effects e.g. driving

#### Disease prevention and health education

- Screening for disease: methods, advantages and limitations
- Health promotion and support agencies; means of providing sources of information for patients
- Risk factors, preventive measures, and change strategies applicable to smoking, alcohol, drug abuse, and lifestyle
- Disease notification; methods of collection and sources of data

#### Notes, records, correspondence

- Functions of medical records, their value as an accurate up-to-date commentary and source of data
- An understanding of the need and appropriate use of problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports and focused reviews
- Appreciating the importance of up-to-date, easily available, accurate information, and the need for communicating promptly e.g. with primary care

#### Prioritising, resourcing and decision taking

- How to prioritise demands, respond to patients' needs and sequence urgent tasks
- Establishing (clinical) priorities e.g. for investigations, intervention; how to set realistic goals; understanding the need to allocate sufficient time, knowing when to seek help
- Understanding the need to complete tasks, reach a conclusion, make a decision, and take action within allocated time
- Knowing how and when to conclude

**Handover**

- Know what are the essential requirements to run an effective handover meeting
  - Sufficient and accurate patients information
  - Adequate time
  - Clear roles and leadership
  - Adequate IT
- Know how to prioritise patient safety
  - Identify most clinically unstable patients
  - Use ISBAR (Identify, Situation, Background, Assessment, Recommendations)
  - Proper identification of tasks and follow-ups required
  - Contingency plans in place
- Know how to focus the team on actions
  - Tasks are prioritised
  - Plans for further care are put in place
  - Unstable patients are reviewed

**Relevance of professional bodies**

- Understanding the relevance to practice of standards of care set down by recognised professional bodies – the Medical Council, Medical Colleges and their Faculties, and the additional support available from professional organisations e.g. IMO, Medical Defence Organisations and from the various specialist and learned societies

**SKILLS**

- Taking and analysing a clinical history and performing a reliable and appropriate examination, arriving at a diagnosis and a differential diagnosis
- Liaising, discussing and negotiating effectively with those undertaking the investigation
- Selecting investigations carefully and appropriately, considering (patients') needs, risks, value and cost effectiveness
- Appropriately selecting treatment and management of disease
- Discussing, planning and delivering care appropriate to patient's needs and wishes
- Preventing disease using the appropriate channels and providing appropriate health education and promotion
- Collating evidence, summarising, recognising when objective has been met
- Screening
- Working effectively with others including
  - Effective listening
  - Ability to articulate and deliver instructions
  - Encourage questions and openness
  - Leadership skills
- Ability to prioritise
- Ability to delegate effectively
- Ability to advise on and promote lifestyle change, stopping smoking, control of alcohol intake, exercise and nutrition
- Ability to assess and explain risk, encourage positive behaviours e.g. immunisation and preventive measures
- Involve patients' in solving their health problems, by providing information and education
- Availing of support provided by voluntary agencies and patient support groups, as well as expert services e.g. detoxification / psychiatric services
- Act in accordance with, up to date standards on palliative care needs assessment
- Valuing contributions of health education and disease prevention to health in a community
- Compile accurate and appropriate detailed medical notes and care reports including the results of examinations, investigations, procedures performed, sufficient to provide an accurate, detailed account of the diagnostic and management process and outcome, providing concise, informative progress reports (both written and oral)
- Transfer information in an appropriate and timely manner

- Maintaining legible records in line with the Guide to Professional Conduct and Ethics for Registered Medical Practitioners in Ireland
- Actively engaging with professional/representative/specialist bodies

#### **ASSESSMENT & LEARNING METHODS**

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace)
- Annual Audit
- Medical Council Guide to Professional Conduct and Ethics

## Dealing with & Managing Acutely Ill Patients in Appropriate Specialties

**Objectives:** To be able to assess and initiate management of patients presenting as emergencies, and to appropriately communicate the diagnosis and prognosis. Trainees should be able to recognise the critically ill and immediately assess and resuscitate if necessary, formulate a differential diagnosis, treat and/or refer as appropriate, elect relevant investigations and accurately interpret reports.

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care, Clinical Skills.

### KNOWLEDGE

#### Management of acutely ill patients with medical problems

- Presentation of potentially life-threatening problems
- Indications for urgent intervention, the additional information necessary to support action (e.g. results of investigations) and treatment protocols
- When to seek help, refer/transfer to another specialty
- ACLS protocols
- Ethical and legal principles relevant to resuscitation and DNAR in line with National Consent Policy
- How to manage acute medical intake, receive and refer patients appropriately, interact efficiently and effectively with other members of the medical team, accept/undertake responsibility appropriately
- Management of overdose
- How to anticipate / recognise, assess and manage life-threatening emergencies, recognise significantly abnormal physiology e.g. dysrhythmia and provide the means to correct e.g. defibrillation
- How to convey essential information quickly to relevant personnel: maintaining legible up-to-date records documenting results of investigations, making lists of problems dealt with or remaining, identifying areas of uncertainty; ensuring safe handover

#### Managing the deteriorating patient

- How to categorise a patients' severity of illness using Early Warning Scores (EWS) guidelines
- How to perform an early detection of patient deterioration
- How to use a structured communication tool (ISBAR)
- How to promote an early medical review, prompted by specific trigger points
- How to use a definitive escalation plan

#### Discharge planning

- Knowledge of patient pathways
- How to distinguish between illness and disease, disability and dependency
- Understanding the potential impact of illness and impairment on activities of daily living, family relationships, status, independence, awareness of quality of life issues
- Role and skills of other members of the healthcare team, how to devise and deliver a care package
- The support available from other agencies e.g. specialist nurses, social workers, community care
- Principles of shared care with the general practitioner service
- Awareness of the pressures/dynamics within a family, the economic factors delaying discharge but recognise the limit to benefit derived from in-patient care

**SKILLS**

- BLS/ACLS (or APLS for Paediatrics)
- Dealing with common medical emergencies
- Interpreting blood results, ECG/Rhythm strips, chest X-Ray, CT brain
- Giving clear instructions to both medical and hospital staff
- Ordering relevant follow up investigations
- Discharge planning, including complex discharge
- Knowledge of HIPE (Hospital In-Patient Enquiry)
- Multidisciplinary team working
- Communication skills
- Delivering early, regular and on-going consultation with family members (with the patient's permission) and primary care physicians
- Remaining calm, delegating appropriately, ensuring good communication
- Attempting to meet patients'/ relatives' needs and concerns, respecting their views and right to be informed in accordance with Medical Council Guidelines
- Establishing liaison with family and community care, primary care, communicate / report to agencies involved
- Demonstrating awareness of the wide ranging effects of illness and the need to bridge the gap between hospital and home
- Categorising a patients' severity of illness
- Performing an early detection of patient deterioration
- Use of structured communication tools (e.g. ISBAR)

**ASSESSMENT & LEARNING METHODS**

- ACLS course
- Record of on call experience
- Mini-CEX (acute setting)
- Case Based Discussion (CBD)
- Consultant feedback

## Therapeutics and Safe Prescribing

**Objective:** To progressively develop ability to prescribe, review and monitor appropriate therapeutic interventions relevant to clinical practice in specific specialities including non-pharmacological therapies and preventative care.

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care.

### KNOWLEDGE

- Pharmacology, therapeutics of treatments prescribed, choice of routes of administration, dosing schedules, compliance strategies; the objectives, risks and complications of treatment cost-effectiveness
- Indications, contraindications, side effects, drug interaction, dosage and route of administration of commonly used drugs
- Commonly prescribed medications
- Adverse drug reactions to commonly used drugs, including complementary medicines
- Identifying common prescribing hazards
- Identifying high risk medications
- Drugs requiring therapeutic drug monitoring and interpretation of results
- The effects of age, body size, organ dysfunction and concurrent illness or physiological state e.g. pregnancy on drug distribution and metabolism relevant to own practice
- Recognising the roles of regulatory agencies involved in drug use, monitoring and licensing e.g. IMB, and hospital formulary committees
- Procedure for monitoring, managing and reporting adverse drug reaction
- Effects of medications on patient activities including potential effects on a patient's fitness to drive
- The role of The National Medicines Information Centre (NMIC) in promoting safe and efficient use of medicine
- Differentiating drug allergy from drug side effects
- Know the difference between an early and late drug allergy, and drug side-effects
- Good Clinical Practice guidelines for seeing and managing patients who are on clinical research trials
- Best practice in the pharmacological management of cancer pain
- The management of constipation in adult patients receiving palliative care

### SKILLS

- Writing a prescription in line with guidelines
- Appropriately prescribing for the elderly, children and pregnant and breast feeding women
- Making appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)
- Reviewing and revising patients' long term medications
- Anticipating and avoiding defined drug interactions, including complementary medicines
- Advising patients (and carers) about important interactions and adverse drug effects including effects on driving
- Providing comprehensible explanations to the patient, and carers when relevant, for the use of medicines
- Being open to advice and input from other health professionals on prescribing
- Participating in adverse drug event reporting
- Take and record an accurate drug allergy history and history of previous side effects

**ASSESSMENT & LEARNING METHODS**

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in prescribing practice
- Guidance for health and social care providers - Principles of good practice in medication reconciliation (HIQA)

## **Specialty Section**

## Applied Epidemiology

Epidemiology underpins the practice of public health medicine; while many of the theoretical aspects are covered in Masters in Public Health or equivalent training, it is essential that competency in its everyday application in health intelligence is honed to the highest degree.

**Objective:** To acquire and develop the skills, knowledge and attitudes needed for exploiting a range of fundamental epidemiological principles and tools used to promote health in the Irish and international context.

### KNOWLEDGE

- Principles of epidemiology e.g. cause, effect, confounding, analysis by person, place and time, standardisation, determinants of health and illness
- Health measurement e.g. health status, life expectancy, morbidity, mortality, quality of life, deprivation
- Service activity/performance/outcome/evaluation/accessibility measures in primary care and hospital settings
- Irish and international public health priorities e.g. chronic disease, infectious disease, trauma, inequality and the global burden of disease including non-communicable disease

### SKILLS

- Apply epidemiological principles in everyday public health practice
- Exploit available health-related data/information/intelligence
- Taking projects/studies from conception, design, implementation, analysis to completion of final report/publication/presentation within the expected time frame using available resources

### ASSESSMENT & LEARNING METHODS

- Self-directed learning
- Active participation/assistance/leading in initiatives/projects/studies
- Responding to service pressures & training opportunities in a timely, focused and balanced manner
- Attendance at scientific meetings and conferences (local/regional/national/international)
- Attendance & participation at journal clubs, courses, study days, modules, seminars etc.
- Attachment to units/departments/centres providing appropriate training opportunities
- Completion of timely, high quality reports/commentary
- Presentation at local/regional/national/international level
- Publications in peer reviewed journals
- Trainer observation/feedback: performance at meetings, workshops, presentations etc; interaction with colleagues; feedback from colleagues
- Teaching/mentoring/supporting colleagues at undergraduate/postgraduate levels
- MFPHMI Part 1 by end of year 1 (expected)
- MFPHMI Part 1 by end of year 2 (required)
- MFPHMI Part II by end of year 3 expected)
- MFPHMI Part II by end of year 4 (required)

## Research

**Objective:** To acquire and develop the skills, knowledge and attitudes for conducting high-quality research in public health medicine.

### KNOWLEDGE

- Quantitative and qualitative research methods e.g. uses, strengths, weaknesses
- Information governance e.g. data protection, freedom of information legislation
- Study designs e.g. cross-sectional, prospective, randomised control trials
- Ethical considerations e.g. ethics committees, consent, conflicts of interest, authorship
- Study protocol development e.g. literature review, aims, objectives, methods, analysis, logistics
- Literature review techniques e.g. assimilating and interpreting current states of knowledge
- Study population selection e.g. inclusion, exclusion criteria, sampling, sample size (significance, power)
- Questionnaire design and development e.g. format, clarity of presentation, computerisation
- Safe and secure data collection and processing e.g. recording, inputting, quality control, back-up, personal identifiers, sensitive data, encryption/hashing
- Analytical techniques e.g. descriptive, comparative, trend, spatial
- Interpretative considerations e.g. non-response, statistical v clinical significance, assimilation with other knowledge
- Report writing/presentation - abstract, introduction, literature review, methods, results, discussion, conclusion, referencing, acknowledgements, authorship
- Challenges of both qualitative and quantitative research in developing world setting

### SKILLS

- Use relevant software e.g. word processing, spreadsheet, statistical analysis, database, geographic analysis, reference management tools
- Collaborate with colleagues in undertaking research studies/projects including operational research
- Produce high quality reports/presentations

### ASSESSMENT & LEARNING METHODS

- Self-directed learning
- Active participation in initiatives/projects/studies
- Attendance at scientific meetings and conferences (local/regional/national/international).
- Attendance & participation at journal clubs, courses, study days, modules, seminars – research methods, statistics etc.
- Attachment to units/departments/centres providing appropriate training opportunities
- Completion of timely, high quality reports/commentary
- Presentation at local/regional/national/international level
- Publication in peer reviewed journals
- Trainer observation/feedback: performance at meetings, workshops, presentations etc; interaction with colleagues; feedback from colleagues
- Teaching/mentoring/supporting colleagues at undergraduate/postgraduate levels
- MFPHMI Part 1 by end of year 1 (expected)
- MFPHMI Part 1 by end of year 2 (required)
- MFPHMI Part II by end of year 3 (expected)
- MFPHMI Part II by end of year 4 (required)

## Knowledge Management Including Health Intelligence

**Objective:** To acquire and develop the skills, knowledge and attitudes needed for exploiting a range of fundamental epidemiological principles and tools used to promote health intelligence in the Irish and international context. It is important to note that epidemiology underpins the practice of public health medicine; while many of the theoretical aspects are covered in Masters in Public Health or equivalent training, it is essential that competency in its everyday application in health intelligence is honed to the highest degree. Available training courses should be exploited.

### KNOWLEDGE

- Sources of health related data e.g. census, population dynamics, mortality, morbidity, registries, road collision, physical and social environment, health & service measures
- Sources of health information e.g. local, national and international, including published and grey literature
- Challenges of data quality and limitations of population and health information systems within and between countries
- Hierarchy of evidence, critical appraisal of primary & secondary research (i.e. EBHC)
- Implementation of evidence based healthcare (e.g. service planning, guidelines, care pathways)
- Principles & practice of implementation science

### SKILLS

- Summarise and assimilate complex data into useful and effective evidence-based health intelligence in text, slide or other formats for different audiences, e.g. scientific, clinical, management and the public
- Exploit the potential of large national health related datasets e.g. Health Atlas Ireland
- Ability to critically appraise primary and secondary research
- Ability to implement evidence-based healthcare

### ASSESSMENT & LEARNING METHODS

- Self-directed learning
- Active participation/assistance/leading in initiatives/projects/studies
- Attendance at scientific meetings and conferences (local/regional/national/international)
- Attendance & participation at journal clubs, courses, study days, modules, seminars etc.
- Attachment to units/departments/centres providing appropriate training opportunities
- Completion of timely, high quality reports/commentary
- Presentation at local/regional/national/international level
- Publications in peer reviewed journals
- Trainer observation/feedback: performance at meetings, workshops, presentations etc; interaction with colleagues; feedback from colleagues
- Teaching/mentoring/supporting colleagues at undergraduate/postgraduate levels
- MFPHMI Part 1 by end of year 1 (expected)
- MFPHMI Part 1 by end of year 2 (required)
- MFPHMI Part II by end of year 3 expected)
- MFPHMI Part II by end of year 4 (required)

## Health Improvement

**Objective:** To acquire and develop the knowledge, skills and attitudes required to provide the public health medicine input and support necessary to promote health through a range of effective means including healthy public policy, health education and specific health promoting initiatives. This work should have a particular focus on reducing health inequalities and the prevention of chronic disease.

### KNOWLEDGE

- Theoretical models of health promotion
- Transformation and scaling up health promotion to population level
- Health determinants including social determinants
- Factors contributing to health inequalities
- Population diversity and its influences on health, disease, health outcomes and health service utilisation
- The importance of health and well-being and mental health in society,
- Importance of health and well being to health service sustainability
- Understanding of the role and limitations of health screening programmes
- Models of health needs assessment including their strengths and weaknesses
- Public health approach to prioritisation within the strategic planning cycle
- Knowledge of health impact assessment tools
- Sources of evidence of effectiveness of health promotion activities
- Major national and international priorities for health promotion based on disease epidemiology
- Major stakeholders and their key and differing roles in promoting health e.g. government, industry, professionals, NGO, lobby groups, local authorities
- Relative importance of public policy, health legislation and the environment as well as individual behavior as determinants of health
- Evidence base of the epidemiology and management of disease

### SKILLS

- Communicate health promoting messages in line with best practice standards
- Work effectively in multidisciplinary settings
- Realistic approach based on available resources, political climate etc.
- Ability to undertake health needs assessment projects
- Ability to undertake health improvements projects including planning, execution and evaluation
- Ability to participate in health impact assessment exercises

### ASSESSMENT & LEARNING METHODS

- Self-directed learning
- Active participation in health needs assessment/impact assessment/meetings/initiatives
- Active participation in prevention including mental illness, injury, chronic disease e.g. plan and evaluate a programme
- Completion of timely, high quality reports/commentary
- Attendance & participation at journal clubs, courses, study days, modules, seminars
- Attachment to units/departments/centres providing appropriate training opportunities
- Trainer observation/feedback: performance at meetings, workshops, presentations etc; interaction with colleagues; feedback from colleagues
- Teaching/mentoring/supporting colleagues at undergraduate/postgraduate levels

## Communicable Disease Prevention, Surveillance & Control

**Objective:** To acquire and develop the skills, knowledge and attitudes to detect, assess and respond appropriately to infectious diseases and to potential public health threats. This includes the acquisition of skills in surveillance, communicable disease control, risk assessment, risk management and risk communication, outbreak management, and multiagency and multidisciplinary working.

### KNOWLEDGE

- Organisation of communicable disease surveillance and control at local, national and international level e.g. European Centre for Disease Control (ECDC), World Health Organisation (WHO)
- Complementary roles of other colleagues in communicable disease control: environmental health officers, infection-control nursing (hospital and community), clinical microbiologists, infectious disease consultants, and surveillance scientists. Experience in working with these disciplines, routinely and during incidents
- Legal basis for infectious disease (ID) surveillance and control in national, international and global contexts, including national, EU, and international health regulations
- Recognition of the value of surveillance and response systems, information networks and effective communications in order to prevent, detect and control communicable diseases; competency in surveillance data management, descriptive analysis, interpretation of trends, assessment of the need for and development of surveillance systems; understanding how to formally evaluate a surveillance system (and ideally undertake an evaluation)
- Sources of information about possible public health threats, including the use of event-based surveillance (e.g. epidemic intelligence) to detect health threats
- Principles of infection control and how infection control is organised in Ireland; ability to apply effective and appropriate procedures and policies and legislations to reduce risk; familiarity with local implementation, e.g. on Regional Infection Committees
- Transmission dynamics of infectious diseases
- Communicable disease prevention measures including infection control, immunization and immunization programme
- Global epidemiology of major disease threats - infectious diseases, especially TB, HIV, Malaria, including other tropical diseases on the Irish list of notifiable diseases

### SKILLS

- Respond in an outbreak situation, to liaise and communicate with other professionals and agencies, and to supporting and undertake timely control measures, experience on outbreak control teams (OCTs) throughout training
- Correctly interpret the diagnostic and epidemiological significance of reports from laboratory tests, and familiarity with different methods for diagnosing and typing, including molecular tests;
- Respond to immunisation queries and issues based on understanding of the design, management and implementation of immunisation programmes
- Conduct risk assessments, verifying, using critical thinking, whether a public health ID problem exists, and describing its magnitude and communicating risk to different groups;
- Ability to participate regularly in on-call rota for ID, acting for the Medical Officer of Health (MOH)
- Ability to implement preventative measures

**ASSESSMENT & LEARNING METHODS**

- Self-directed learning
- On-call activity record
- Course - Introduction to computerised Infectious disease reporting (CIDR) for public health users (HPSC)
- Course - HPSC/EPICONCEPT epidemiology, outbreak, computer tools, logistic regression (optional)
- Course - ECDC training (optional)
- Committee member/medical secretary e.g. SPHM Communicable Disease (CD) group including hepatitis and STI special interest groups, vaccine preventable disease working groups; national guidance committees
- Attachment to microbiology department (optional)
- Involvement in rapid assessment and response e.g. needs assessment, infectious diseases, new immunisation programmes
- Descriptive and analytical epidemiological reports for outbreak control teams
- Multidisciplinary and interagency working
- MOH case or incident-based discussion reports
- Trainer observation/feedback: performance at meetings, workshops, presentations etc; interaction with colleagues; feedback from colleagues
- Teaching/mentoring/supporting colleagues at undergraduate/postgraduate levels

## Environmental Health

**Objective:** To acquire and develop the skills, attitudes and knowledge to detect, assess and respond appropriately to potential non-infectious environmental hazards. This includes the acquisition of skills in surveillance and control of environmental incidents and hazards, identification of the population exposed, risk assessment, risk management and risk communication, and multiagency and multidisciplinary working in planning preparedness, and in response.

### KNOWLEDGE

- Evidence-based cluster response to assertions of human health risks or effects from environmental exposures including risk communication
- Surveillance of public health status in the light of exposure to non-infectious environmental hazards, including sentinel events, indicators of exposure, biological and environmental sampling, bio-monitoring, and their indications, scope and limitations
- Strategy and planning (EU Developments, European Environment and Health Committee (EEHC), Environmental Health Information System, sustainable development and health impact assessment, National Environment and Health Action Plans (NEHAP), and current EU research with focus on child health and environmental influences (SCALE), environmental indicators, environmental justice
- Role of expert medical environmental advice on planning, licensing (Integrated Pollution Prevention Control (IPPC)) and environmental enforcement, and a working knowledge of the relevant environmental legislation
- Sources of information about non-infectious environmental hazards including Health Protection Agency (HPA), Chemical Hazards and Poisons Division (CHaPD), Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Disease Control and Prevention (CDC), WHO, and International Commission on Non-Ionising Radiation Protection (ICNARP), as well as published guidelines, reference texts, and relevant on-line web sites
- Professional networks and relationships with EPA, HSA and the National Poisons Information Centre
- Drinking water legislation, understanding of the respective roles and responsibilities of the relevant agencies and professional groups involved; understanding of the communication and information exchange mechanisms within the HSE and between the HSE and other agencies
- Understanding the impact of wider environmental issues on health e.g. built environment, climate change etc

### SKILLS

- Undertake timely scientific investigation of environment and health incidents
- Participate in establishing chemical incident surveillance and response systems, information networks and effective communications in order to prevent, detect and control non-infectious environmental hazards
- Respond to an incident involving exposure of members of the public to a non-infectious environmental hazard, (chemical, radiological or nuclear)
- Identify the population exposed to a non-infectious environmental hazard (those injured; those potentially harmed who may need health surveillance, and those who are unharmed or who may experience transient effects and who need full information)
- Assess public health risk from exposure to a noxious substance - acute and chronic toxicant effects
- Undertake risk assessments for exceedences, incidents and departures; ability to formulate advice on mechanisms for protecting human health
- Communicate the risk posed by a non-infectious environmental hazard and provide guidance to key health and other professionals and to the public to address concerns
- Ability to interpret the diagnostic and epidemiologic significance of laboratory reports especially in relation to water quality

**ASSESSMENT & LEARNING METHODS**

- Self-directed learning
- Involvement in cluster investigations with multidisciplinary/multiagency involvement
- Medical secretary to a regional or national group
- Completion of timely, high quality reports/commentary
- Attendance & participation at journal clubs, courses, study days, modules, seminars
- Attachment to units/departments/centres providing appropriate training opportunities
- Trainer observation/feedback: performance at meetings, workshops, presentations etc; interaction with colleagues; feedback from colleagues
- Teaching/mentoring/supporting colleagues at undergraduate/postgraduate levels

## Emergency Planning & Response

**Objective:** To acquire and develop the skills, attitudes and knowledge to prepare for, detect, assess and respond appropriately to potential public health emergencies and other major emergencies. This includes the acquisition of skills in surveillance, risk assessment, risk management and risk communication, exercise planning and participation, incident management, and multiagency and multidisciplinary working.

### KNOWLEDGE

- Role of the public health physician in major emergency management and ability to participate in major emergency planning and preparedness for chemical incidents and to assist the Specialist in Public Health Medicine (SPHM) on the interagency group of local competent authorities responsible for External Emergency Plans for SEVESO II sites
- Role of public health and other agencies in major emergencies, and public health emergencies; knowledge of emergency planning structures and organisation nationally, locally and internationally
- International Health Regulations and procedures for dealing with potential public health emergencies of international concern (PHEIC), communications protocols, and national focal point communications
- Structures and processes pertaining to port health
- Local response to a port health event including PHEIC
- Stakeholders & policies: National taskforce, Office for Emergency Planning, national framework for major emergency planning, and public health emergency planning, National Public Health Emergency planning policies, including risk assessment and mitigation of risk, planning and preparedness, response and recovery
- Risk assessment, risk communication and risk management of potential public health emergencies of international concern threats
- Familiarity with Chemical, Biological, Radio-Nuclear (CBRN) and climate related: knowledge of hazards, roles of agencies and protocols for management

### SKILLS

- Respond appropriately in a public health emergency situation

### ASSESSMENT & LEARNING METHODS

- Self-directed learning
- Medical secretary to a regional or national group
- Involvement in local, regional or national simulation exercises
- Participating in RCMT (Regional Crisis Management Team)
- Participating in Port Health Network/port health incident
- Completion of timely, high quality reports/commentary
- Attendance & participation at journal clubs, courses, study days, modules, seminars
- Attachment to units/departments/centres providing appropriate training opportunities
- Trainer observation/feedback: performance at meetings, workshops, presentations etc; interaction with colleagues; feedback from colleagues
- Teaching/mentoring/supporting colleagues at undergraduate/postgraduate levels
- Participation in major emergency planning and preparedness including desktop exercise

## Quality and Safety in Healthcare

**Objective:** To acquire and develop the skills, attitudes and knowledge, and attitudes required for a quality care and risk management approach to all aspects of practice.

### KNOWLEDGE

- Elements of effective governance in healthcare and the role of public health in their support
- How quality, risk and governance apply to public health practice and health care services
- Factors that contribute to patient safety in health care settings and to leading causes of threats to this safety
- Internal health service monitoring and interventions together with external regulatory interventions and agencies in assuring quality and driving improvement including HIQA, IMC, HSE, FSAI, IMB, QPS, together with relevant legislation
- Methods used to measure quality and their strengths and weaknesses
- Steps involved in hazard identification, risk assessment and risk management including role of risk registers
- Managing clinical and non-clinical health information including issues relating to information sharing and performance reporting
- Concepts of quality assurance and quality improvement
- Clinical indemnity scheme
- Role of evidence-based health care and best practice guidelines in health care practice
- Effective strategies that encourage evidence-based practice
- Outcome theory, types of evaluation and their methodological limitations
- National and international sources of information on effectiveness and outcome
- Outcome measures e.g. clinical, population health, national performance indicators
- Patient satisfaction and quality of life measures - with their inclusion in relevant evaluation projects
- Elements of evaluation (e.g. structure, process, outcomes, accessibility, equity), including the limitations of outcomes measurement
- Audit principles and processes, application, strengths, and weakness
- Public health and clinical audit
- Role of audit in improving the quality of health care

### SKILLS

- Supporting quality care and risk management/effective in governance in health care as it applies to public health practice including health care delivery and the wider healthcare system
- Identify and prioritise areas for public health audit
- Undertake public health audit
- Achieve consensus with relevant stakeholders on the implementation of changes identified through the audit cycle

### ASSESSMENT & LEARNING METHODS

- Self-directed learning
- Active participation in incident investigations/meetings/initiatives
- Completion of timely, high quality reports/commentary
- Attendance & participation at journal clubs, courses, study days, modules, seminars etc.
- Attachment to units/departments/centres providing appropriate training opportunities
- Trainer observation/feedback: performance at meetings, workshops, presentations etc; interaction with colleagues; feedback from colleagues
- Teaching/mentoring/supporting colleagues at undergraduate/postgraduate levels

## Health Economics

**Objectives:** To acquire and develop the knowledge, skills and attitudes related to the principles of health economics and the role of health economic in public health planning

### KNOWLEDGE

- Macroeconomic principles and how these can impact health and health services
- Principles of health economics and economic appraisal including health technology assessment
- Financial resource allocation
- Role of health economics in health care planning , decision making and decision analysis
- Understanding of all the steps involved in performing a health economic evaluation
- Health service funding including health markets and health insurance markets
- Resource allocation in health services
- Role of funding in achieving policy objectives and desired outcomes

### SKILLS

- Ability to appraise published health Economic Evaluations
- Understand the HTA process
- Ability to contribute to the development of a Health Economic Evaluation

### ASSESSMENT & LEARNING METHODS

- Health economics course
- Conduct a critical appraisal of a health economic evaluation
- Contribute to a business case or Budget Impact Analysis of a proposed health service change
- Contribute to the development of a full Health Technology Assessment or perform a mini HTA de novo
- Lead an exercise in horizon scanning for new technologies or treatments which may impact on planning decisions
- Take a lead role in costing a new programme/service or performing a marginal cost analysis in the context of business planning, option appraisal or disinvestment

## Public Health Communication and Advocacy

**Objectives:** To acquire and develop the knowledge, skills and attitudes required to advocate for public health and to communicate public health messages to different audiences using a variety of methods.

To acquire and develop the knowledge, skills and attitudes required to advocate on public health.

### KNOWLEDGE

- Definitions of health
- Determinants of health and Healthy Ireland initiative
- Effective communication in the practice of public health medicine
- Functions and processes of the communications infrastructure within the HSE/training location
- Theory and practice of public health advocacy including public health advocacy toolkit (Institute of Public Health – IPH)
- Functions and processes of the communications infrastructure within the HSE/training location
- Communicating with general and vulnerable and specific populations, stakeholders, service providers
- Health messages and the importance of a social marketing approach to health promotion messages

### SKILLS

- Produce reports to a satisfactory standard and within given timeframes on matters of public health importance
- Present information (including reports and recommendations) both written and oral to a variety of audiences in a manner appropriate to the audience, e.g. colleagues, peers, supervisors, Regional Health Fora, voluntary groups and community groups
- Liaise with and provide feedback to colleagues, supervisors, subordinates, other professionals, and the public
- Prepare press statements on matters of public health importance
- Media interview to communicate an issue of public health importance
- Advocate the proactive role which public health practitioners can play in influencing other professionals, politicians and the public to ensure maximum population health gain;
- Use of local or national media to promote public health-related messages
- Collaborate with the wider healthcare community and sectors in advocacy-related work
- Lead and advocate positive action on public health initiatives, including RCPI and HSE groups
- Ability to identify opportunities to improve population health and putting effective action for this into local and national level work programmes
- Identify and work with social networks and community groups to achieve public health goals

### ASSESSMENT & LEARNING METHODS

- Self-directed learning
- Active participation in communication processes/meetings/initiatives
- Active participation in advocacy processes/meetings/initiatives
- Active participation in the preparation of press statements (written/oral)
- Media interviews (written/oral)
- Completion of timely, high quality reports/commentary
- Presentation at local/regional/national/international level
- Publication in peer reviewed journals
- Attendance & participation at journal clubs, courses, study days, modules, seminars etc.
- Attachment to units/departments/centres providing appropriate training opportunities
- Trainer observation/feedback: performance at meetings, workshops, presentations etc; interaction with colleagues; feedback from colleagues
- Teaching/mentoring/supporting colleagues at undergraduate/postgraduate levels
- Media training

## Public Health Leadership and Management

**Objective:** To acquire and develop the knowledge, skills and attitudes required to understand the organisation, regulation and structures of health services internationally, nationally and locally, and to demonstrate management competencies

### KNOWLEDGE

- Project management - theory & practice
- Organisational structure of the health service and its component parts
- Role of the Health Service Executive (HSE), Department of Health & Children and other agencies arising from the Health Acts
- Health sector corporate and clinical governance mechanisms - nationally, regionally, locally.
- Health sector funding mechanisms
- Health sector resource allocation and prioritisation mechanisms
- Health sector service management processes
- Health sector evaluation/monitoring processes
- Financial legislation relevant to the health sector
- Financial accountability, budget statements, projection
- Management team functions & processes

### SKILLS

- Manage projects to completion in an efficient, effective manner
- Secretary/chair group meetings
- Work with other disciplines and agencies, recognising competing priorities and differences in cultures and values
- Respond to unpredictable service demands and to search, find, appraise and analyse data and produce reports of an acceptable quality within an appropriate timeframe
- Advising decision makers as to appropriate policies/objectives/actions & options

### ASSESSMENT & LEARNING METHOD

- Self-directed learning
- Active participation in management processes/meetings/initiatives
- Medical secretary/chair to local, regional, national groups e.g. NIAC, HPSC, Safefood, DOHC
- Completion of timely, high quality reports/commentary
- Attendance & participation at journal clubs, courses, study days, modules, seminars – leadership, health economics, and project management
- Attachment to units/departments/centres providing appropriate training opportunities
- Trainer observation/feedback: performance at meetings, workshops, presentations etc.; interaction with colleagues; feedback from colleagues
- Teaching/mentoring/supporting colleagues at undergraduate/postgraduate levels
- Project Management course

## Health Policy

**Objective:** To acquire and develop the knowledge, skills and attitudes required to understand health policy development and factors influencing policy

### KNOWLEDGE

- Policy framework i.e. context, process and power
- Comparative healthcare and healthcare systems internationally
- Influence of different political systems on health / healthcare
- Policy making and the role of government, interest groups
- The influence of the international arena

### SKILLS

- Secretary/chair group meetings
- Work with other disciplines and agencies, recognising competing priorities and differences in cultures and values
- Advising decision makers as to appropriate policies/objectives/actions & options

### ASSESSMENT & LEARNING METHOD

- Self-directed learning
- Active participation in management processes/meetings/initiatives
- Medical secretary/chair to local, regional, national groups e.g. NIAC, HPSC, Safefood, DOHC
- Completion of timely, high quality reports/commentary
- Attendance & participation at journal clubs, courses, study days, modules, seminars – leadership, health economics, and project management
- Attachment to units/departments/centres providing appropriate training opportunities
- Trainer observation/feedback: performance at meetings, workshops, presentations etc.; interaction with colleagues; feedback from colleagues
- Teaching/mentoring/supporting colleagues at undergraduate/postgraduate levels

**Appendix 1 - Competency Log – Quarterly Review**

Scoring guide: 1 = Some understanding/experience/ability 2 = Good understanding/experience/ability  
 3 = Competent 4 = Exceptional – = Not addressed or observed

Ref	Competency elements	Year 1 quarter				Year 2 quarter				Year 3 quarter				Year 4 quarter					
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
<b>1</b>	<b>APPLIED EPIDEMIOLOGY</b>																		
1	Understanding epidemiological methods & limitations																		
2	Irish & international health priorities, including the global burden of disease																		
3	Application of epidemiological principles																		
<b>2</b>	<b>RESEARCH</b>																		
1	Quantitative & qualitative research methods, study designs, data collection/processing, challenges of both qualitative and quantitative research																		
2	Information governance – ethics, data protection, legislation, safe & secure data collection/processing																		
3	Analytical techniques & software																		
4	Participation in research including operational research																		
<b>3</b>	<b>KNOWLEDGE MANAGEMENT INCL HEALTH INTELLIGENCE</b>																		
1	Sources of health related data/information, health & service measures, Challenges of data quality																		
2	Hierarchy of evidence, critical appraisal of primary & secondary research (i.e. EBHC)																		
3	Implementation of evidence based healthcare (e.g. service planning, guidelines, care pathways)																		
4	Principles & practice of implementation science																		
5	Limitations of population and health information systems within and between countries																		
<b>4</b>	<b>HEALTH IMPROVEMENT</b>																		
1	Understanding of health determinants, inequalities, population diversity, impact of transnational movements on health etc Understanding the importance of physical health & wellbeing including mental health to society and to health service sustainability																		
2	Understanding of the role & limitations of health screening programmes																		
3	Principles of health needs assessment																		
4	Participation in health improvement e.g. plan/evaluate a programme																		
5	Participation in disease prevention including mental illness, injury, chronic disease etc e.g. plan/evaluate a programme																		
6	Translating PH knowledge into practice e.g. brief interventions i.e. smoking cessation																		





## Documentation of Minimum Requirements for Training

- These are the minimum number of cases you are asked to document as part of your training. It is recommended you seek opportunities to attain a higher level of exposure as part of your self-directed learning and development of expertise.
- You should expect the demands of your post to exceed the minimum required number of cases documented for training.
- If you are having difficulty meeting a particular requirement, please contact your specialty coordinator.

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
<b>Section 1 - Training Plan</b>				
<b>Personal Goals Plan</b> (Copy of agreed Training Plan for your current training year signed by both Trainee & Trainer)	Required	1	Training Post	Personal Goals Form
<b>On Call Rota</b>	Required	2	Training Programme	Clinical Activities
<b>Section 2 - Training Activities</b>				
<b>Record of Training Activities</b>				Public Health Training Activities
• Applied epidemiology	Required	1	Training Programme	
• Research	Required	1	Training Programme	
• Knowledge management including health intelligence	Required	1	Training Programme	
• Health improvement	Required	1	Training Programme	
• Communicable disease prevention, surveillance & control	Required	1	Training Programme	
• Environmental Health	Required	1	Training Programme	
• Emergency planning & response	Required	1	Training Programme	
• Quality and safety in healthcare	Required	1	Training Programme	
• Health economics	Required	1	Training Programme	
• Public health communication and advocacy	Required	1	Training Programme	
• Public health leadership and management	Required	1	Training Programme	
• Health policy	Required	1	Training Programme	
<b>Additional/Special Experience Gained</b>				Cases
• Attachment to microbiology department/environmental health or other relevant clinical specialties	Desirable	1	Training Programme	
• Global health – international exposure	Desirable	1	Training Programme	
• Media interviews	Desirable	1	Training Programme	

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
<b>Management Experience</b>	Desirable	1	Training Programme	Management Experience
<b>Section 3 - Educational Activities</b>				
<b>Mandatory Courses</b>				Course Attendance
• Ethics Foundation	Required	1	Training Programme	
• Ethics For Public Health	Required	1	Training Programme	
• Health economics (online)	Required	1	Training Programme	
• An Introduction to Health Research Methods	Required	1	Training Programme	
• HST Leadership in Clinical Practice (Year 3+)	Required	1	Training Programme	
• Introduction to computerized infectious disease reporting (CIDR) for public health users (HPSC)	Required	1	Training Programme	
• Mastering Communication (Year 1)	Required	1	Training Programme	
• Media training	Required	1	Training Programme	
• Performing Audit (Year 1)	Required	1	Training Programme	
• Project management	Required	1	Training Programme	
<b>Non – Mandatory Courses</b>				Course Attendance
• ECDC /CDC or CDSC training	Desirable	1	Training Programme	
• HPSC epidemiology, outbreak, computer tools, logistic regression	Desirable	1	Training Programme	
<b>Study Days</b>	Required	4	Year of Training	Study Day Attendance
<b>National/International Meetings</b> ( <i>minimum of 2 per year</i> )	Required	2	Year of Training	Additional Professional Experience
<b>Participation at In-House Activities</b> minimum of 1 per month from the categories below:				Attendance at Hospital Based Learning
• Journal Clubs ( <i>minimum of 4 per year</i> )	Required	4	Year of Training	
• Lecture	Required	1	Year of Training	
• Seminar	Required	1	Year of Training	
• Workshop	Required	1	Year of Training	

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
<b>Examinations</b>				Examinations
MFPHMI Part I ( Expected by end of year 1, required by end of year 2)	Required	1	Training Programme	
MFPHMI Part II (Expected by end of year 3, required by end of year 4)	Required	1	Training Programme	
<b>Delivery of Teaching</b>				Delivery of Teaching
Formal teaching session	Required	2	Training Programme	
Tutorial	Desirable	2	Training Programme	
<b>Research</b> (As part of MFPHMI examination)	Required	1	Training Programme	Research Activities
<b>Audit activities and Reporting</b> (1 per year either to start or complete, Quality Improvement (QI) projects can be uploaded against audit)	Required	1	Year of Training	Audit & QI
<b>Publications</b> ( <i>peer reviewed publications</i> )	Required	1	Training Programme	Additional Professional Experience
<b>Presentations</b> ( <i>oral or poster presentation</i> )	Required	1	Year of Training	Additional Professional Experience
<b>Committee Attendance</b> • Medical secretary to a local, regional or national group	Required	1	Training Programme	Additional Professional Experience
<b>Additional Qualifications – MPH or equivalent</b>	Desirable	1	Training Programme	Additional Professional Experience
<b>Section 4 - Assessments</b>				
<b>CBD</b>	Required	1	Year of Training	CBD
<b>Competency Log</b>	Required	1	Year of Training	Public Health Medicine Assessments
<b>Training Opportunity Assessment</b>	Required	1	Year of Training	PHM Training Opportunity Assessment
<b>Quarterly Assessments/End-of-Post Assessments</b>	Required	4	Year of Training	Quarterly Assessments/ End-of-Post Assessments

<b>Curriculum Requirement</b>	<b>Required/ Desirable</b>	<b>Minimum Requirement</b>	<b>Reporting Period</b>	<b>Form Name</b>
<b>Involvement in national project contributing to the national public health policy 'Healthy Ireland'</b>	Required	1	Training Programme	Policies & Guidelines
<b>End of Year Evaluation</b>	Required	1	Training Programme	End of Year Evaluation