

Public Health Medicine Training Policy

Public Health Medicine Training Committee

Malta Association of Public Health Medicine

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A. Introduction

This training policy sets out the basis on which the training in Public Health Medicine in Malta is carried out. The Malta Association of Public Health Medicine has approved this Training Policy which was formulated by the Public Health Medicine Training Committee. It also meets the requirements of the Specialist Accreditation Committee.

The policy identifies aims and objectives for training and the principles that underpin such training; explores the training process; examines the expectations of trainees and trainers; describes a procedure of performance review during training and outlines an appeals mechanism.

B. The scope of Public Health Medicine

Public Health has been defined as "The science and art of preventing disease, prolonging life and promoting health through the organised efforts of society"¹. Public Health Medicine is the branch of medical practice that specialises in public health. The Malta Association of Public Health Medicine is the body responsible for setting, monitoring and promoting standards in education and training for the speciality in these Islands.

In particular the aims of Public Health Medicine are:

- To identify, define and describe the health needs of populations
- To prioritise and plan for the provision of preventive and health care services
- To monitor and evaluate the effectiveness of such services.

The eight key operational areas of the specialists in Public Health Medicine are as follows:-

- Epidemiology including applied epidemiology
- Surveillance and control of communicable and non-communicable diseases and environmental health hazards
- Health promotion, including health education, preventive medicine and the advocacy and encouragement of healthy public policy
- Health Services monitoring and evaluation
- Management and development of health information systems
- Ensuring the optimum delivery of health care to the population and advising health service providers, managers and others

- Health care planning and health services research
- International public health

C. Aims and objectives of training in Public Health Medicine

The aims of training are to develop the knowledge, skills and attitudes required to practice competently and responsibly as an accredited public health specialist.

The objectives of training are:

- To acquire all the basic competencies of the speciality;
- To enable the trainee to identify areas of special interest and ability;
- To develop the attitudes and skills of lifelong medical education and professional development;
- To acquire the skills of audit and appraisal, both of self and of other professionals.

D. The Training Committee

The Training Committee (TC) will be the body responsible for determining, monitoring and reviewing policy for training in Public Health Medicine in Malta and for instituting systems of quality control of trainers, trainees and training locations.

- The composition of the TC shall be tri-partite, with two members from the Malta Association of Public Health Medicine (MAPHM), two members from the University of Malta (Public Health) and two members representing the Employer. These members shall be nominated by the respective entities. In their turn they shall nominate one of themselves as Chair for the duration of his/her term of office, which designation shall be subject to approval by the MAPHM. A trainee, who shall be elected by and from amongst the trainees, shall be invited to attend meetings at the discretion of the TC. When in attendance the trainee shall hold a participative observer status but no voting rights.
- (a) The term of office of the members of the TC as well as that of the trainee representative shall be for a period of two years with the possibility of re-nomination. Resignation from the TC shall be done in writing to the nominating body, copied to the Chair, and giving at least one month's notice.

(b) In the first year of office of the Committee, three members (one from each representative party) shall end their term after the first twelve months starting from 1st May 2003.

(c) The nominating body shall have the right to replace its representatives at any time.

3. Meetings of the TC are to be held at least four times a year but as often as required.
4. A quorum shall consist of a representative of each constituent party, one of whom should be the chair. If this quorum is not reached within thirty minutes, the meeting shall not take place.
5. Decisions of the TC shall be taken by consensus, and only where this fails by majority vote. Each member present (including the Chair but excluding the trainee) shall have the right to vote. In the case of parity of votes or an impasse, the chair shall also have an additional casting vote.
7. The functions of the TC shall be as follows:
 - (a) to advise and recommend to the MAPHM on the competencies and content of the Training Programme
 - (b) to co-ordinate the delivery of the Training Programme, including the selection, monitoring and evaluation of training attachments and locations
 - (c) to recommend to the MAPHM upon the suitability of trainees for entry into the Training Programme
 - (d) to recommend to the MAPHM the trainers, mentors and assessors for the Training Programme
 - (e) to regularly assess trainees' progress
 - (f) to submit to MAPHM an annual report on the progress of the Training Programme for review and forwarding to the other parties represented
 - (g) at the end of the training period, to recommend or otherwise to the MAPHM the suitability of the trainee for specialist accreditation
 - (h) to advise the MAPHM on the suitability or otherwise of applicants outside the Training Programme, for specialist registration
 - (i) to deal with any other matter relating to public health medicine specialist training.

The Malta Association of Public Health Medicine is the specialist association responsible for the Training Programme, both content and delivery. The Tripartite Committee acts as the mechanism ensuring the active contribution of the relevant parties to all aspects of training.

E. Guiding principles

At the completion of training, the public health specialist shall be equipped with the knowledge, skills, competencies, and attitudes that are necessary for independent practice. There are a number of key principles which underpin this approach.

The philosophy of training in Public Health Medicine is one based on objectivity, transparency, accountability and explicitness at all stages. Once accepted for training in the speciality, trainees should expect clarity regarding what it is they are expected to achieve during their training, and explicit assessment and feedback on their performance. In addition the structures and processes involved in training will be clear and published as part of this Training Policy.

In return, the trainees are expected to be committed, to make maximum use of the opportunity afforded by training and to internalise public health values.

F. Definitions and Roles

Principal training co-ordinator (PTC): This Trainer has responsibility for the organisation and smooth running of the training programme and will be directly accountable to the TC.

Trainer: A trainer must be a registered specialist in public health medicine, in accordance with the Healthcare Professions Act (2003). Non-medical practitioners may be trainers if they are recognised by the TC if (i) they have sufficient qualifications (ii) have demonstrated competence in their area of practice and (iii) are experienced trainers of other healthcare professionals.

Mentor: An experienced trainer who advises and counsels trainees. A group of two or three experienced physicians will be designated as mentors. A trainer may not act as mentor and trainer to the same individual concurrently.

Trainee: A medical doctor who has through a competitive interview acquired an appointment within the Administrative Stream. An additional interview by the TC will be carried out to acquire a numbered Training Posts. Other doctors not employed by the Department of Health may enter a numbered training post on payment of a Training Charge and following interview by TC. Both employed and paying trainees will be expected to comply with all aspects of the Training Policy.

Specialist: A doctor registered and practising as a specialist in public health medicine by the Medical Council of Malta.

Assessor: A specialist who is to act as an Assessor during the Annual Assessment or the assessment of Training Locations must have acted as a trainer for at least two years. An assessor must not be directly involved with the trainee or Training Location being assessed.

G. Expectations

During their training, trainees will have trainers with different responsibilities. An academic supervisor will provide an academic perspective to the work of the trainee during the MSc dissertation. An Attachment trainer will be involved in supervising specific pieces of work or particular attachments (and this may include non-medical or non-Public Health supervision where appropriate). Trainees can expect to have trainers who show a commitment to training. This will include the trainer being accessible, and regularly involved in their own continuing professional development (including the development of knowledge and skills for training). Trainees can expect their trainers to assess their previous experience as part of a process of jointly determining their current and future training needs; agree with them the details of a training programme; provide an induction programme at the start of new attachments; and encourage, support and offer constructive criticism, as part of an ongoing assessment of progress.

Similarly, there are expectations of trainees, depending on the stage of training they have reached and their experience.

H. Content of Training

The training programme will be flexible and shaped according to the qualifications, experience and career intentions of the individual trainee. The four year supervised training programme will consist of periods of attachment within approved locations (see page 9), the first part of which will be mandatory and part of core public health medicine training. In addition the trainee will be required to undertake other training in relevant competencies (outlined later in this document). By the end of the training programme the trainee will have to show the attainment of specialist level competency in all the ten competencies listed in the Public Health Training Portfolio². The length of the training programme may be adjusted by the Training Committee according to the results of the assessment process.

The ten training Competencies are²:

- Surveillance and assessment of the population's health and well-being
- Promoting and protecting the population's health and well-being
- Developing quality and risk management within an evaluative culture
- Collaborative working for health
- Developing health programmes and services and reducing inequalities
- Policy and strategy development and implementation
- Working with and for communities
- Strategic leadership for health
- Research and development
- Ethically managing self, people and resources

I. Structure of Training Programme

The Training Programme will be organised and run by the Principal Training Co-ordinator who will be directly accountable to the Specialist Training Committee.

The core training competencies to be acquired will be those of:

1. Health Information & Epidemiology
2. Health Promotion
3. Public Health

These will normally be attained by attachments to specific locations, each consisting of a minimum of eight months duration.

4. Health Policy and Planning (six months duration)

A total of thirty (30) months of training is mandatory.

The other competencies necessary will be as follows):-

5. Health care management including hospital management
6. Health & Health services regulation
7. Primary Health Care
8. International Public Health
9. Occupational Health & Safety

Attachments to locations which provide training in competencies 5 to 9 shall be of a minimum of three months duration. Other locations may be considered suitable for attachment by the TC. Locations will be subject to satisfactory inspection visits by the Training Committee. Overseas locations may also be recognised, provided prior approval by the TC is given.

At the start of training, the trainee together with the Principal Training Co-ordinator, taking into account the specific training needs and training plan, will submit to the TC a preliminary schedule of attachments for the whole training period. The trainee should rotate between these locations to ensure exposure to different experiences and training from trainers at each location. Rotations must be agreed by the TC in advance.

A call for applications for trainers will be issued and an interview panel will assess the most suitable candidates according to agreed criteria. The trainer will be remunerated and committed to providing ten hours training per week. Each location will have a maximum of two trainees during the same time period.

J. Entry requirements to the Training Programme

Entry into the Training Programme is via a competitive structured interview for a defined number of training posts. During the short-listing and interview process, three main areas will be assessed:

- Academic qualifications including any degrees or diplomas, teaching experience
- Personal attributes such as attitude to self appraisal and criticism, dealing with long time frames; good communication skills both verbal and written; ability to work in multi-disciplinary teams; personal effectiveness; commitment to the goals of public health medicine.
- Clinical experience with a wide and varied range of experience being desirable, including six months each of acute general medicine and acute general surgery.

The minimum requirement is a medical qualification recognised and registered by the Medical Council of Malta (i.e. has completed the pre-registration period).

Unless in possession of, or already reading for, an MSc in Public Health Medicine, candidates must formally declare that they are willing to undertake this academic course and to commence it by not later than the third year of training. An equivalent or higher degree may be recognised. They must also be willing to undergo the regular assessment process as described below with the aim of gaining the Certificate of Completion of Specialist Training (CCST) certificate.

K. Assessment of training needs

The assessment of needs applies to both trainees and trainers. The whole of training is geared towards meeting the needs of each individual trainee in order to equip them to be able to fulfil their role as a generic Public Health Medicine specialist. Their training will also assist trainees in developing specialist interests and skills. The identification of the training needs of the trainee, and the formulation of personal training objectives, will occur before, and at least once every year during the training period. Trainers need to be equipped with the appropriate knowledge, skills and attitudes to fulfil their responsibilities in a competent manner.

L. Training quality control

The PTC will be responsible for assuring the quality of training. This will include requirements for trainers to attend trainer courses, a process for appointment and re-appointment; and assessment, monitoring and review of the training they provide. These procedures will be established by the TC and disseminated for consultation before being finalised and implemented. The PTC will need to consult with trainees on quality of training on a regular basis.

M. Assessment of training locations

The whole training location will be explicitly committed to training. Each location and the training it provides will be assessed on a cyclical basis every three years or more frequently if deemed necessary. This assessment will be carried out by a subcommittee of the TC consisting of representatives of the MAPHM, university, employer and trainee. A predetermined format will be followed for every training location, in order to ensure transparency and trust in the process.

N. Academic component of training

The academic input for trainees in Public Health Medicine is supplied through the Masters in Public Health course organised by the Department of Public Health within the Faculty of Medicine and Surgery in the University of Malta. The TC may consider other equivalent degrees or qualifications as suitable. The TC together with the Faculty should review at least annually the MSc to ensure that it is responsive to evaluation of the course, changes in overall objectives of training in Public Health Medicine, current public health priorities and assessment of the needs of new trainees.

O. Induction

Trainees will undergo an induction programme at the start of an attachment at a new training location.

The induction will be a specified period of about one week at the start of the new attachment, designed to make the trainee familiar with the location, staff and workload of the training location.

The induction programme will include a preliminary meeting between the trainee and the attachment trainer to allow an assessment of training needs to be carried out and the provision of preparatory reading material such as an annual report. A tour of the Department and an introduction to key members of staff will also be carried out and an Information Pack handed to the trainee to allow reading time prior to the commencement date. Desk, telephone and computer facilities (hardware and software and internet access) will be arranged prior to the commencement date.

The Information pack will include contact lists of key people and telephone directories, organogram, departmental work programme and responsibilities if available.

P. Training Plans

Training plans will be constructed and agreed by the trainee and principal training co-ordinator at the beginning of each year or after each annual assessment. The plan will reflect, as far as possible, the training needs that have been identified, and should be subject to periodic review. At the beginning of each attachment, a training plan should be agreed upon between the attachment trainer, principal training co-ordinator and trainee on work to be carried out within that attachment. This should be in line with the annual plan for the trainee.

The Training Plan will include explicit learning objectives for the trainee, the objectives of the department for the piece of work, the learning strategy to be adopted, the resources required, the date and manner in which the work will be reviewed, the criteria for evaluation, and the knowledge, skills and attitudes to be acquired.

Q. Additional training

The trainee may be asked to undergo additional training as required to ensure competence in the following areas:

- *Information technology skills* especially word processing, spreadsheet and database use, powerpoint and statistical package use.
- *Communication skills* including report writing and presentation skills to different audiences, including patient and consumer groups.
- *Time management, leadership and management courses.*
- *Others* as may be specified by the TC.

These courses will either be those organised by the SDO (Staff Development Organisation), the University of Malta or be other courses specifically bought in from other training agencies.

R. Review of performance

The review of performance of trainees will be an essential part of training, and will be both formative and summative. The trainee will undergo a series of regular appraisals, as well as a formal Annual Assessment and the Final Assessment. **Appraisal** (formative assessment) is linked to professional development and growth, and is educational in nature. It is based on a cycle with objectives being set, progress being monitored and reviewed, and objectives redefined in the light of this review, and so on. **Assessment** (summative) will measure whether predetermined levels of achievement which are required for career progression or a qualification have been achieved. The Annual Assessment will include the involvement of the trainee, attachment trainers and the PTC, together with the Training Committee. At each formal Annual Assessment, the trainee has to submit the forms on pages 18 and 19 from the Training Portfolio to the Review Panel. The standard achieved has to be number 1s at each annual assessment in order for the trainee to progress to the next year of training.

The award of the Certificate of Completion of Specialist Training (CCST) will be the principal summative assessment of training in Public Health Medicine. Obtaining the CCST will involve satisfactory progress through the series of Annual Assessments, using a predetermined format including the use of the Training Portfolio and forms on pages 18 and 19.

The use of the Training Plans means that the tasks and level of performance to be expected from a trainee are explicit. Trainees will receive regular constructive feedback on their performance via regular meetings. These meetings between the attachment trainer, the trainee and sometimes the PTC will be used to monitor progress towards agreed objectives in the Training Plan.

S. Appeals Procedure following Annual and Final Assessment

If the trainee is dissatisfied or aggrieved with the result or conduct of the annual or final assessment, he or she will have the right to appeal. The trainee will be informed in writing within two weeks of the result of his assessment. He/she can write back to the TC within two weeks of the receipt of the letter, giving his reasons for disputing the results of the assessment.

The Appeals Panel will be a subcommittee appointed by the President of the MAPHM and will consist of two senior public health physicians who are not otherwise involved in the annual or final assessment process. For an appeal of the Final Assessment, an external assessor will be part of the Panel. The Appeals Panel will review the evidence including papers submitted by the Assessment Committee and the trainee. The Appeals Panel will inform the trainee of its decision in writing within two months.

T. Certificate of Completion of Specialist Training

When the trainee has successfully undergone the final summative assessment, he/she can apply to the Specialist Accreditation Committee to register as a specialist in accordance with the Healthcare Professions Act (2003). After consultation with the MAPHM, a Certificate of Completion of Specialist Training (CCST) will be issued.

References

1. Public Health in England. Department of Health and Social Security. London, HMSO, 1988. (The Acheson Report)
2. Malta Association of Public Health Medicine. Public Health Training Portfolio. Malta, 2003