NEW CURRICULA

Learning, teaching and assessment programs

Advanced Training in Public Health Medicine

RACP
Specialists. Together

About this document

The new Advanced Training in Public Health Medicine curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the Advanced Training in Public Health Medicine LTA programs for trainees and supervisors. It should be used in conjunction with the Advanced Training in Public Health Medicine curriculum standards.

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Program overview

CURRICULUM STANDARDS

The curriculum standards are summarised as **19** learning goals. The learning goals articulate what trainees need to be, do and know, and are assessed throughout training.

BE	1. Professional behaviours
DO	2. Leadership and accountability 3. **Australia:** Aboriginal and Torres Strait Islander health equity 3. **Aotearoa New Zealand:** Effective allyship for equitable Māori health 4. Supervision and teaching 5. Quality improvement 6. Incident response 7. Population and public health interventions 8. Population health information 9. Communication and engagement for population health gain 10. Inclusive public health 11. Policy analysis, development and planning 12. Organisational unit management 13. Public Health Advocacy
KNOW	14. Scientific foundations of public health medicine 15. **Australia:** Aboriginal and Torres Strait Islander peoples' health and wellbeing in Australia 15. **Aotearoa New Zealand:** Māori health and wellbeing in Aotearoa New Zealand 16. Communicable disease prevention and control 17. Non-communicable diseases and conditions, prevention and control 18. Preventing, detecting, and managing environmental risks to health 19. Determinants of health

LTA STRUCTURE

The learning, teaching, and assessment (LTA) structure defines the framework for delivery and trainee achievement of the curriculum standards in the program.

The program is structured in three phases. These phases establish clear checkpoints for trainee progression and completion.



Entry criteria

Prospective trainees must have:

- general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand.
- completed 3 years FTE postgraduate clinical experience (PGY1-3) in a well-structured position with appropriate supervision and regular face-to-face patient contact
- completed a Master of Public Health (MPH) or equivalent, that satisfies AFPHM compulsory core discipline areas (usually completed within 10 years prior to submission of an application for eligibility)
- an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position.

LTA PROGRAMS

The LTA programs outline the strategies and methods to learn, teach, and assess the curriculum standards.

Entry

1 training application

Learning

Minimum 36 months FTE professional experience

1 rotation plan per rotation

1 National Training Day attendance

RACP Advanced Training Orientation resource

RACP Supervisor Professional Development Program

RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource

RACP Health Policy, Systems and Advocacy resource

RACP Communication skills resource

RACP Ethics resource

RACP Leadership, management and teamwork resource

1 Trainee Video Conferencing Session per phase (recommended)

Recommended resources

Teaching

1 Rotation Supervisor per rotation

1 mentor (Education Supervisor)

1 Regional Education Coordinator (REC)

1 research project supervisor

Assessment

12 learning captures per phase

12 observation captures per phase

4 progress reports per phase

1 AFPHM Oral Examination

1 research project

About the program

Purpose of Advanced Training

The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

The purpose of Advanced Training is to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.

Overview of specialty

Public health physicians are medical specialists with a duty of care for populations, rather than individuals. They lead multidisciplinary teams to solve complex health problems and make sound evidence-based decisions at a systems level to act effectively to protect and improve the health and wellbeing of whole populations, including Aboriginal and Torres Strait Islander peoples and Māori (tangata whenua).

Public health medicine focuses on prioritising upstream prevention, bringing evidence-informed approaches and leading interventions across the broad determinants of health. Public health physicians mobilise action to protect, promote, and improve the health of populations. As a contemporary medical speciality, public health medicine recognises the historical and continuing conditions of British colonisation causing inequities in population health and wellbeing in both Australia and Aotearoa New Zealand.

Public health physicians work at the interface of population needs assessment, evidence generation, clinical medicine, health administration, and sociopolitical action. They recognise the critical role of the social determinants of health in shaping individual and population health outcomes.

Public health physicians work in multidisciplinary teams across a variety of settings, including:

- state and federal government
- non-governmental organisations
- Aboriginal, Torres Strait Islander, and Māori (tangata whenua) community-controlled peak bodies and service organisations
- research and educational institutions.

Public health physicians provide expert advice and leadership on a diverse range of public health issues by understanding critical structural determinants, interdependencies, risks, evidence, and uncertainty. They are most deeply cognisant of the ‘causes of the causes’ of ill health. They are also trained to identify and address health disparities, expanding

focus to strengths-based strategies, sustainability, and proven enablers for positive health improvement.

Public health physicians protect, promote, and improve the health of populations through regulation, programs, and policy, and lead and manage staff in population health settings. They develop and contribute to strategies to prevent disease, including primordial prevention, action on social and physical environments, and individual prevention, such as national immunisation schedules and screening programs. They lead case, contact, and outbreak management. Public health physicians are also trained to communicate effectively with stakeholders and the community for social impact.

Public health physicians have knowledge and expertise in:

- **Health research, epidemiology and surveillance, including:**
  - gathering and assessing scientific evidence to translate findings to real-world policy and practice
  - using quantitative and qualitative analytic methods to describe, monitor, and model disease occurrence and specific health needs within populations and determine the drivers of ill health
  - research ethics, and emerging tools such as network analysis, big data and data linkage, whole genome sequencing, and artificial intelligence (AI)
- **Systems thinking, including:**
  - identifying and incorporating structural and upstream factors acting through non-linear, complex dynamics to population health problems
  - applying concepts and engaging partners to accelerate health equity and prevent the preventable
- **Communicable disease prevention and control, including:**
  - management of outbreaks of infectious diseases
  - cost-effective immunisation policies and practice
  - protecting communities from existing and emerging health risks
- **Non-communicable disease prevention and control, including:**
  - chronic disease prevention and public health management
  - assessing, ameliorating, and preventing risk factor exposure
- **Environmental health risks, including:**
  - health impact and environmental risk assessments to respond to risks, including work hazards
  - global climate change
  - emergency and disaster planning and response
  - regulatory practice to reduce public health risks
  - coordinating accurate disease and early lead indicator surveillance to detect and identify emerging health threats and risks
- **Broader determinants of health, with a focus on equity, including:**
  - identifying social, cultural, economic, political, historical, and commercial determinants of health
  - identifying the relativity of these determinants as factors influencing population and public health
  - identifying how these determinants of health appear as barriers in public health governance, policy, programs, and workplaces.

Public health medicine is complex, multidisciplinary, collaborative, and accountable over long-term timeframes to entire societies.

Public health physicians address complex population health needs to engage and lead in:

- **Responses to urgent and/or evolving public health issues, including:**
  - outbreaks of infectious diseases
  - risks to health from environmental exposures, including climate change
  - disasters and other emergencies with a health element
- **Designing, developing, implementing, operating, and evaluating projects, programs, health services, regulatory bodies, and systems levels interventions for:**
  - promotion, maintenance, and improvement of health and wellbeing
  - prevention of ill health and disease
  - assessing the health needs of populations, analysing proposals from economic, equity, and ethical perspectives, conducting priority setting, and planning, implementation, and evaluation
  - gathering, critically appraising, analysing, and synthesising population health information to drive public health action
- **Analysing, developing, and planning health policy and legislation:**
  - Providing technical expertise for policy decisions, including legislation and mobilising statutory regulatory actions
- **Intersectoral and health service planning, operation, and management, including:**
  - intersectoral systems and public health approaches
  - healthcare service redesign, including effective strategies to eliminate institutional racism through codesign
  - working across all branches of government
  - high-value health care, quality, and safety.

Public health physicians combine their clinical knowledge and experience with the scientific foundations of epidemiology and other disciplines to inform their practice to promote, protect, and improve the health of populations. They collaborate with and enable populations and communities, clinicians, policymakers, and other health and non-health stakeholders to identify and manage health threats using robust, culturally appropriate evidence to guide practice.

To support self-determination by Aboriginal and Torres Strait Islander peoples and Māori (tangata whenua), public health physicians exhibit cultural humility and, in acknowledging disciplinary limitations, foster effective culturally informed, multidisciplinary and participatory public health action.

Public health physicians demonstrate the following attributes, behaviours and qualities:

- **Leadership and accountability:**
  - Developing effective solutions for population and public health by combining public health disciplines with professional medical insights gained through clinical experience
  - Managing complex decision making in rapidly changing environments across a variety of portfolios
  - Leading and managing the public health workforce
  - Managing uncertainty
  - Accepting responsibility and accountability for decisions and actions
  - Adopting a flexible and tailored approach, leading, supporting, or linking depending on the needs of the situation and stakeholders

- Acknowledging structural and historical social determinants of health, and mobilising capabilities and strengths at system, institutional, and individual levels, leading as required with discipline-specific expertise

- **Teamwork and collaboration:**
  - Working in a variety of teams with health and non-health professionals

- **Context and cultural awareness:**
  - Appreciating that population health and the uptake of public health strategies reflects social, cultural, political, and intergenerational factors, and practise accordingly
  - Tailoring and adapting roles to unmet needs in context, and amplifying public health action as required for the context of the public health problem
  - Acting as cross-cultural partners
  - Contextualising and sharing disciplinary knowledge
  - Identifying and addressing the impacts of colonisation and 'white capitalism' in public health systems on non-white populations, and acting to reverse these impacts
  - Seeking and incorporating the knowledge and ways of being, knowing, and doing of Aboriginal and Torres Strait Islander peoples and Māori (tangata whenua)
  - Redressing power inequities that affect health and wellbeing

- **Knowledge translation and effective communication:**
  - Bringing expertise in evidence gathering and interdisciplinary approaches to population and public health to initiate and sustain partnerships and increase capacity for more effective interventions, strategies, policy, and practice
  - Surveying and analysing disease trends and early lead indicators for health and wellbeing
  - Effective risk communication, including using mass media effectively
  - Tailoring health information to populations, media, colleagues, policymakers, and others using varied formats, feedback, and evaluation for precise, culturally appropriate, and effective health messages

- **Quality improvement and safety:**
  - Regularly reviewing and evaluating their practice alongside peers and best practice standards
  - Conducting continuous quality improvement activities

- **Lifelong learning and continuing professional development:**
  - Always practising safely and effectively
  - Ensuring personal and professional capabilities to practise in culturally responsive ways
  - Seeking feedback on cultural safety as a human right for Aboriginal and Torres Strait Islander peoples and Māori (tangata whenua)

- **Mentoring, teaching, and supervision:**
  - Contributing to professional practice standards through workplace supervision, academic teaching, and collegial fellowship
  - Addressing structural impediments to equitable access to training, workforce, and career advancement

- **Research:**
  - Supporting the creation, dissemination, and translation of knowledge and practices applicable to health
  - Critically appraising research and applying it to policy and practice to improve the health of populations

- **Ethics and professional behaviour:**
  - High standards of personal behaviour
  - Treating colleagues and community in a caring and respectful manner
  - Acting ethically in all facets of practice
- **Advocacy:**
  - Applying medical and population health expertise to earn professional and public trust and advocate for better health for all people
  - Working with other organisations and groups who may be marginalised or discriminated against, including as a good 'ally'
  - Recognising when it is most appropriate for the organisation / group to lead and the public health physician to provide support, such as with technical skills, or taking the lead when appropriate in advocacy action
  - Leading by example, such as being environmentally responsible
- **Equity:**
  - Contributing to positive health for all and the elimination of inequities in health outcomes in collaboration with priority populations
  - Recognising the institutionalisation of injustice and acknowledging the importance of the leadership of Aboriginal and Torres Strait Islander peoples and Māori (tangata whenua) in ethical research methods and Indigenist enquiry.

In Public Health Medicine, cultural safety is a core expectation of professional practice. It is defined by those receiving care or public health services and requires public health physicians to engage in critical self-reflection, recognise and address power imbalances, and actively identify and mitigate bias, racism, and inequity in their practice. In Public Health Medicine, cultural safety extends beyond individual interactions to encompass policies, systems, and population-level interventions, requiring a transformative, equity-focused approach to improving health outcomes.

Public Health Medicine training within the Australasian Faculty of Public Health Medicine recognises the unique status, rights and knowledges of Aboriginal and Torres Strait Islander Peoples in Australia and Māori in Aotearoa New Zealand. The discipline is grounded in respect for Indigenous rights, a commitment to health equity, and the principles of partnership with Indigenous peoples. In Australia, this includes a commitment to Aboriginal and Torres Strait Islander health justice principles, including self-determination, recognition of the protective importance of connection to Country, culture, family and community, and the leadership of Aboriginal and Torres Strait Islander Peoples in decisions that affect their health and wellbeing. In Aotearoa New Zealand, it also includes the principles and obligations of Te Tiriti o Waitangi.

Equity, cultural safety, anti-racism, Indigenous self-determination, partnership, and, in Aotearoa New Zealand, Te Tiriti o Waitangi are foundational principles that underpin all domains of public health medicine practice. These principles are embedded across all aspects of training, assessment, and professional practice, informing how public health physicians work with communities to improve population health and reduce inequities.

Supervising committee

The program is supervised by the Training Program Committee (TPC) in Public Health Medicine.

Qualification

Once trainees have completed all requirements of their training and the TPC in Public Health Medicine has recommended them for admission, the College will invite the trainee to apply for Fellowship of the Australasian Faculty of Public Health Medicine.

Learning goals and progression criteria

Learning, teaching, and assessment structure

The learning, teaching and assessment structure defines the framework for delivery and trainee achievement of the curriculum standards in the Advanced Training program.

Advanced Training is structured in three phases. These phases will establish clear checkpoints for trainee progression and completion.

1	**Specialty foundation**	• Orient trainees and confirm their readiness to progress in the Advanced Training program.
2	**Specialty consolidation**	• Continue trainees' professional development in the specialty and support progress towards the learning goals.
3	**Transition to Fellowship**	• Confirm trainees' achievement of the curriculum standards, completion of Advanced Training, and admission to Fellowship. • Support trainees' transition to unsupervised practice.



Figure: Advanced Training learning, teaching, and assessment structure

- An **entry decision** is made before entry into the program.
- **Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.



Advanced Training is a **hybrid time- and competency-based training program**. There is a minimum time requirement of full-time equivalent (FTE) experience, and progression and completion decisions are based on evidence of trainees' competence.

Entry criteria

Entry attributes	Prospective trainees can demonstrate:
	• a commitment and capability to pursue a career as a physician in public health medicine
	• the ability and willingness to achieve the common learning goals for Advanced Training:
	  ○ team leadership
	  ○ supervision and teaching
	  ○ the professional behaviours, as outlined in the Competencies

Entry criteria	Prospective trainees must have:
	• **general medical registration** with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand.
	• **completed 3 years FTE postgraduate clinical experience (PGY1-3)** in a well-structured position with appropriate supervision and regular face-to-face patient contact
	• **A master's level degree in the field of public health**. As a minimum, the degree must have a core focus on health at a population level. Masters level degrees in social sciences or specific clinical or core science specialty areas will generally not be appropriate.
	  ○ MPH equivalent master's degrees will usually include all or most of the required core compulsory subjects, that satisfy the following AFPHM compulsory core discipline areas (usually completed within 10 years prior to submission of an AFPHM application for eligibility):
	  - Epidemiology
	  - Biostatistics
	  - Environmental health
	  - Communicable disease prevention and control
	  - Health promotion
	  - Health policy
	  - Indigenous health
	  (All subjects must be an assessed course, not an attendance course)
	• **been appointed to an appropriate Advanced Training position**.

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

Progression criteria

To progress to the next phase or to complete the program, trainees must demonstrate:

- the ability to plan and manage their learning and to complete their learning and assessment requirements in a timely manner
- achievement of the learning goals to the levels outlined in the learning goal progression criteria.

Training committees or delegated progress review panels will consider evidence supporting trainees' achievement of the progression criteria and make progress decisions.

If criteria have not been met, committees or panels may decide to place conditions on trainees' progression to the next phase of training or not to progress trainees until all criteria have been achieved.

Learning goals

The curriculum standards are summarised as **19** learning goals.

The learning goals articulate what trainees need to be, do, and know, and are assessed throughout training on a five-point scale. This scale determines the expected standard for each learning goal at the end of each training phase. Trainees must meet these standards to progress to the next phase or complete the program.

Learning and assessment tools are linked to the learning goals that allow trainees to demonstrate competence across each learning goal.

Levels	1	2	3	4	5
Be: Competencies (professional behaviours)	Needs to work on behaviour in **more than five domains** of professional practice	Needs to work on behaviour in **four or five domains** of professional practice	Needs to work on behaviour in **two or three domains** of professional practice	Needs to work on behaviour in **one domain** of professional practice	**Consistently** behaves in line with all 10 domains of professional practice
Do: Entrustable Professional Activities (EPAs)	Is able to **be present and observe**	Is able to **act with direct supervision**	Is able to **act with indirect supervision** (i.e., ready access to a supervisor)	Is able to **act with supervision at a distance** (i.e., limited access to a supervisor)	Is able to supervise others
Know: Knowledge guides	Has **heard of** some of the topics in this knowledge guide	**Knows the topics and concepts** in this knowledge guide	**Knows how to apply** this knowledge to practice	**Frequently shows they apply** this knowledge to practice	**Consistently** demonstrates application of this knowledge to practice

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to fellowship *By the end of training, trainees will:*
Be	**1. Professional behaviours**	**Level 4** needs to work on behaviour in **one domain** of professional practice	**Level 4** needs to work on behaviour in **one domain** of professional practice	**Level 5** **consistently** behaves in line with all 10 domains of professional practice	**Level 5** **consistently** behaves in line with all 10 domains of professional practice
Do	**2. Leadership and accountability:** Lead effective population and public health responses, programs, and organisations, adapting the leadership style to the situation	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	3. Australia: Aboriginal and Torres Strait Islander health equity: Working in partnership for the health and wellbeing of Aboriginal and Torres Strait Islander peoples and communities	**Level 1** is able to be present and observe	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** is able to supervise others
	3. Aotearoa New Zealand: Effective allyship for equitable Māori health: Supporting health and wellbeing in partnership with Māori, their communities, leadership, and community health organisations	**Level 1** is able to be present and observe	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** is able to supervise others
	4. Supervision and teaching: Provide high-quality learner-centred teaching and supervision for professional colleagues	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	5. Quality improvement: Identify and address opportunities to improve systems, investments, teams and strategies to advance population health outcomes including own practice	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	6. Incident response: Assess and respond to urgent and/or evolving public health issues including communicable disease outbreaks, disasters and events threatening population health	**Level 1** is able to be present and observe	**Level 2** is able to act with direct supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to fellowship *By the end of training, trainees will:*
	7. Population and public health interventions: Design, develop, implement, and evaluate projects, programs, and systems-level interventions to improve population health and prevent preventable mortality and morbidity	**Level 1** is able to be present and observe	**Level 2** is able to act with direct supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	8. Population health information: Gather, critically appraise, analyse, and synthesise information to ensure public health actions are effective, equitable and efficient	**Level 1** is able to be present and observe	**Level 2** is able to act with direct supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	9. Communication and engagement for population health gain: Engage with communities, and communicate complex health information including preventive messages for population health gain	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	10. Inclusive public health: Identify, navigate and practice within multi-sector, complex, trust-dependent and culturally bounded societies and social systems	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	11. Policy analysis, development and planning: Develop, influence and lead policy to improve public health and purposefully address aspects of health inequities	**Level 1** is able to be present and observe	**Level 2** is able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 5** be able to supervise others
	12. Organisational unit management: Lead and manage organisational units effectively	**Level 1** is able to be present and observe	**Level 2** is able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 5** be able to supervise others
	13. Public Health Advocacy: Advocate effectively with diverse decision-makers, communities and stakeholders to prevent, promote and protect the public's health	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
Know	**14. Scientific foundations of public health medicine**	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to fellowship *By the end of training, trainees will:*
	15. Australia: Aboriginal and Torres Strait Islander peoples' health and wellbeing in Australia	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	15. Aotearoa New Zealand: Māori health and wellbeing in Aotearoa New Zealand	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	16. Communicable disease prevention and control	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	17. Non-communicable diseases and conditions, prevention and control	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	18. Preventing, detecting, and managing environmental risks to health	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	19. Determinants of health	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice

Learning, teaching, and assessment requirements

Overview

Requirements over the course of training

What do trainees need to do?	When do trainees need to do it?
Entry	
1 training application	At the start of the specialty foundation phase.
Learning	
Minimum 36 months full time equivalent (FTE) professional experience	Minimum 12 months FTE during each phase.
RACP Advanced Training Orientation resource	During the first 6 months of the specialty foundation phase.
RACP Supervisor Professional Development Program	Before the end of Advanced Training.
RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	Before the end of Advanced Training, if not completed during Basic Training. Recommended completion before the specialty consolidation phase.
RACP Health Policy, Systems and Advocacy resource	Before the end of Advanced Training. Recommended completion before the transition to fellowship phase.
RACP Communication skills resource	Before the end of Advanced Training, if not completed during Basic Training. Recommended completion before the Specialty Consolidation phase.
RACP Ethics resource	Before the end of Advanced Training, if not completed during Basic Training. Recommended completion before the Specialty Consolidation phase.
RACP Leadership, Management, and Teamwork resource	Before the end of Advanced Training, if not completed during Basic Training. Recommended completion before the Specialty Consolidation phase.
National training day attendance	Before the end of Advanced Training.
Recommended resources	Recommended completion over the course of Advanced Training.
Teaching	
Nominate 1 mentor	At the start of the program, for the course of training. Nominated as Education Supervisor in TMP.
Know who their Regional Education Coordinator is and how to contact them	Assigned by the RACP at the start of the training program
Nominate 1 research project supervisor	Recommended to be nominated before the specialty consolidation phase.
Assessment	
1 research project	Before the end of Advanced Training. Recommended submission before the transition to fellowship phase.

Requirements per phase

What do trainees need to do?	When do trainees need to do it?
Learning	
1 rotation plan per rotation	At the start of (or prior to starting) the rotation.
1 Trainee Video Conferencing Session	Recommended once per phase
Teaching	
Nominate 1 supervisors per rotation	At the start of each accredited or approved training rotation.
Assessment	
12 learning captures	Minimum 1 per month.
12 observation captures	Minimum 1 per month.
4 progress reports	Minimum 1 every 3 months.

Entry

Training application

Requirement
1 training application, at the start of the specialty foundation phase.
Purpose
The training application supports trainees to: • confirm they meet the program entry criteria • provide essential details for program enrolment, ensuring compliance with RACP standards • establish a formal foundation for their training pathway, enabling access to program resources and support The application process has two stages. At Stage 1, the training application and eligibility form will be reviewed by the TPC and RACP staff for trainees to receive provisional approval. Trainees will be able to track the status of applications through the College's new Training Management Platform (TMP). At Stage 2, trainees submit a rotation plan in the TMP to confirm their appointment to an appropriate Advanced Training position. RACP staff will verify the details and the trainee will receive confirmation of full approval.
How to apply
Approval into training is a two-stage process. Stage 1 is provisional approval and Stage 2 is finalisation. To gain provisional approval, trainees are to submit a training application for the program using the TMP. To complete an application: 1. Review the entry criteria 2. Complete the eligibility form 3. Collect and prepare all required evidence listed in the checklist 4. Submit the application in TMP, including the eligibility form and all required evidence To gain full approval into training, trainees have 12-months to submit a rotation plan using TMP. Within the rotation plan, ensure you: 5. Nominate your Rotation Supervisor and, if not already nominated, your Mentor (Education Supervisor in TMP) 6. Detail the appointment to an appropriate Advanced training position RACP staff will verify details and the trainee will receive confirmation of full approval. **Due dates** Applications are accepted on a rolling basis throughout the year.
Resources
PHM entry pack PHM eligibility form TMP user instructions

Learning

Learning blueprint

This high-level learning program blueprint outlines which of the learning goals *could align* and *will align* with the learning requirements.

	Professional experience			Learning requirements		
Learning goals	**Six months approved health protection position**	**PHM-related PhD**	**3 months FTE of time spent undertaking course work**	**Rotation plan**	**National Training Days**	**Trainee Video Conferencing Sessions (recommended)**
1 Professional behaviours	Could align	Could align	Could align	Will align	Could align	Could align
2 Leadership and accountability	Could align	Could align	Could align	x	Could align	Could align
3 Australia: Aboriginal and Torres Strait Islander health equity	Could align	Could align	Could align	x	Could align	Could align
3 Aotearoa New Zealand: Effective allyship for equitable Māori health	Could align	Could align	Could align	x	Could align	Could align
4 Supervision and teaching	Could align	Could align	Could align	x	Could align	Could align
5 Quality improvement	Could align	Could align	Could align	x	Could align	Could align
6 Incident response	Could align	x	x	x	Could align	Could align
7 Population and public health interventions:	Could align	Could align	Could align	x	Could align	Could align
8 Population health information	Could align	Could align	Could align	x	Could align	Could align
9 Communication and engagement for population health gain	Could align	Could align	Could align	x	Could align	Could align
10 Inclusive and public health	Could align	Could align	Could align	x	Could align	Could align
11 Policy analysis, development and planning	Could align	Could align	Could align	x	Could align	Could align
12 Organisational unit management	Could align	Could align	Could align	x	Could align	Could align
13 Public health advocacy	Could align	Could align	Could align	x	Could align	Could align

	Professional experience			Learning requirements		
Learning goals	**Six months approved health protection position**	**PHM-related PhD**	**3 months FTE of time spent undertaking course work**	**Rotation plan**	**National Training Days**	**Trainee Video Conferencing Sessions (recommended)**
14 Scientific foundations of public health medicine	Could align	Could align	Could align	x	Could align	Could align
15 Australia: Aboriginal and Torres Strait Islander peoples' health and wellbeing in Australia	Could align	Could align	Could align	x	Could align	Could align
15 Aotearoa New Zealand: Māori health and wellbeing in Aotearoa New Zealand	Could align	Could align	Could align	x	Could align	Could align
16 Communicable disease prevention and control	Could align	Could align	Could align	x	Could align	Could align
17 Non-communicable diseases and conditions, prevention and control	Could align	Could align	Could align	x	Could align	Could align
18 Preventing, detecting and managing environmental risks to health	Could align	Could align	Could align	x	Could align	Could align
19 Determinants of health	Could align	Could align	Could align	x	Could align	Could align

	Learning requirements						
Learning goals	**RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource**	**RACP Orientation to Advanced Training resource**	**RACP Health Policy, Systems and Advocacy resource**	**RACP Supervisor Professional Development Program**	**RACP Communication skills resource**	**RACP Ethics and Professional Behaviour resource**	**RACP Leadership, Management, and Teamwork resource**
1 Professional behaviours	Will align	Will align	Will align	Will align	Will align	Will align	Will align
2 Leadership and accountability	Could align	Could align	Could align	Could align	Will align	Will align	Will align
3 Australia: Aboriginal and Torres Strait Islander health equity	Will align	x	Could align	x	Could align	Could align	Could align
3 Aotearoa New Zealand: Effective allyship for equitable Māori health	Will align	x	Could align	x	Could align	Could align	Could align
4 Supervision and teaching	Could align	Could align	x	Will align	Will align	Will align	Could align
5 Quality improvement	Could align	Could align	Could align	Could align	x	Will align	x
6 Incident response	Could align	x	Could align	x	Will align	Will align	Could align
7 Population and public health interventions:	Could align	x	Could align	x	Will align	Will align	Could align
8 Population health information	Will align	x	Could align	x	Will align	Will align	x
9 Communication and engagement for population health gain	Could align	x	Could align	x	Will align	Will align	Could align
10 Inclusive and public health	Could align	x	Could align	x	Will align	Will align	Could align
11 Policy analysis, development and planning	Could align	x	Will align	x	Will align	Will align	Could align
12 Organisational unit management	Could align	x	Could align	x	Will align	Will align	Could align
13 Public health advocacy	Could align	x	Will align	Could align	Could align	Could align	Could align
14 Scientific foundations of public health medicine	Could align	x	x	x	x	x	x

	Learning requirements						
Learning goals	**RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource**	**RACP Orientation to Advanced Training resource**	**RACP Health Policy, Systems and Advocacy resource**	**RACP Supervisor Professional Development Program**	**RACP Communication skills resource**	**RACP Ethics and Professional Behaviour resource**	**RACP Leadership, Management, and Teamwork resource**
15 Australia: Aboriginal and Torres Strait Islander peoples' health and wellbeing in Australia	Will align	x	Could align	x	x	Could align	x
15 Aotearoa New Zealand: Māori health and wellbeing in Aotearoa New Zealand	Will align	x	Could align	x	x	Could align	x
16 Communicable disease prevention and control	Could align	x	Could align	x	Will align	Could align	Could align
17 Non-communicable diseases and conditions, prevention and control	Could align	x	Could align	x	Will align	Could align	Could align
18 Preventing, detecting and managing environmental risks to health	Could align	x	Could align	x	Could align	Could align	Could align
19 Determinants of health	Will align	x	Could align	x	Will align	Could align	Could align

Professional experience

These requirements can be completed in any sequence over the course of training.

Professional experience

- Complete at least 36 months of relevant professional experience in approved rotations.

Location of training

- Complete training in at least 2 different AFPHM accredited training settings or approved overseas training positions*
- Complete at least 24 months FTE of AFPHM training at accredited training settings in Australia and/or Aotearoa New Zealand.

* Trainees pursuing Advanced Training for Fellowship with the Australasian Faculty of Public Health Medicine will require a minimum of two different accredited training placements during training to ensure a diversity of workplace cultures, daily work, roles and responsibilities in order to maximise learning goals. While exceptions may be considered prospectively for trainees pursuing their entire training period in a single institution located in a regional or remote area of need, supervision and training activities must be tailored to trainee learning goals.

Experiential training

- At least 6 months FTE of training in an approved health protection placement
- A maximum of 12 months FTE spent completing a PHM-related PhD undertaken while at an accredited training setting may be counted towards training time
- A maximum of 3 months FTE of time spent undertaking course work may count towards training time, provided the course work relates to a learning goal that cannot be met through a training position

Rotation plan

Requirement

1 rotation plan per rotation.

Description

The rotation plan is a work-based tool to document details of a training rotation and how a trainee intends to cover their program learning goals over the rotation period.

Purpose

The rotation plan helps trainees evaluate their learning gaps, curriculum needs, and local opportunities to meet expected standards. It is validated by College staff to ensure it aligns with the professional experience requirements for the program.

How to complete it

Trainees can submit a rotation plan in TMP under the training plan tab.

Trainees undertaking their first rotation of their training program must select the checkbox labelled, 'The rotation start date is also the start date of my Training Program' to record the start date for their training program.

If a trainee is expecting a learning goal to be covered during a rotation, they must select “yes” for “coverage offered” and outline the learning opportunities available.

This information will be used by supervisors and the overseeing RACP training committee to determine the relevance of the rotation to the program’s professional experience requirements.

Trainees should upload a copy of the position description and any other supporting information that outlines the training position being undertaken. This should include regular/weekly activities that the trainee will be undertaking during the rotation (e.g. timetable).

Trainees can also set custom goals to define personal objectives they want to achieve during the rotation. These goals should be measurable and align with the trainee’s professional objectives, skill gaps, or personal interests.

Trainees need to nominate their rotation supervisor and, if not already nominated, their mentor (nominated as Education Supervisor in TMP) in the plan. The supervisors will need to approve the plan in TMP via ‘my assigned actions’.

For more information on how to complete a rotation plan review the training resources.

National training day

Requirement
1 National training day (NTD) attendance, completed by the end of Advanced Training.
Description
NTDs consist of several sessions presented across 1 to 2 days during the AFPHM Annual Training Day (ATD). Sessions feature interactive workshops on identified public health topics and associated competencies that may not be readily available in some workplace settings.
Purpose
Attending AFPHM National Training Days (NTDs) supports your workplace-based learning and competency achievement.
How to complete it
See AFPHM resources on RACP website for more details. Trainees are to submit evidence of attendance via the training requirements tab in TMP.

Courses

RACP Advanced Training Orientation resource

Requirement
1 RACP Advanced Training Orientation resource, completed during the first 6 months of the specialty foundation phase.
Description
This resource is designed to orient trainees to Advanced Training. It covers areas such as transition to Advanced Training, training and assessment, and trainee support. It's a "one-stop shop" trainees can return to if they ever want to find a useful resource, or need a refresher on the supporting resources, policies, and systems available to them. Estimated completion time: 1-1.5 hours.
Purpose
The resource is intended to support trainees to successfully navigate their transition to Advanced Training and prepare for unsupervised practice as a specialist physician.
How to complete it
Trainees can complete the Advanced Training Orientation resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

RACP Supervisor Professional Development Program

Requirement
1 RACP Supervisor Professional Development Program (SPDP), consisting of 3 workshops, completed by the end of Advanced Training.
Description
The SPDP consists of 3 workshops: • Educational Leadership and Management • Learning Environment and Culture • Teaching and Facilitating Learning for Safe Practice See the Supervisor Professional Development Program for more information.
Purpose
This requirement aims to prepare trainees for a supervisory/educator role in the workplace and supports trainees' learning aligned with the 'team leadership' and 'supervision and teaching' learning goals.

How to complete it
Register for a supervisor workshop. Trainees can complete the SPDP in 3 ways: • virtual workshops • face-to-face workshops • online courses. Workshops are free and presented by volunteer Fellows trained in SPDP facilitation.

RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource

Requirement
1 Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, if not completed during Basic Training. Trainees must complete the resource by the end of their Advanced Training. Completion is recommended before the specialty consolidation phase.
Description
The Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource teaches best practice medicine for Aboriginal, Torres Strait Islander and Māori patients through reflection on the trainee's own cultural values and recognition of their influence on professional practice. Estimated completion time: 2 hours.
Purpose
This resource supports trainees' learning aligned with the "professional behaviours" learning goal. Specialist training requires trainees to: • examine their own implicit biases • be mindful of power differentials • develop reflective practice • undertake transformative unlearning • contribute to a decolonisation of health services for Indigenous peoples
How to complete it
Trainees can complete the Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

RACP Health Policy, Systems and Advocacy resource

Requirement
1 RACP Health Policy, Systems and Advocacy resource, completed by the end of Advanced Training.
Description
This resource has been designed for Advanced Trainees, as an introduction to health policy, systems, and advocacy. Estimated completion time: 5 hours.
Purpose
The resource aims to support Advanced Trainees in meeting the health policy, systems, and advocacy professional standard and underpinning competencies outlined in their specialty curriculum, and to enable connections between Advanced Trainees' own practice and the nature and attributes of local, national, and global health systems.
How to complete it
Trainees can complete the RACP Health Policy, Systems and Advocacy resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

RACP Communication Skills resource

Requirement
1 RACP Communication Skills resource, completed by the end of Advanced Training, if not completed during Basic Training.
Description
The communication skills online resource is a self-directed resource covering communication skills and frameworks to help trainees work through everyday conversations they will have as a physician. Estimated completion time: 2.5 hours.
How to complete it
Trainees can complete the RACP Communication Skills resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in the Training Management Platform.

RACP Ethics resource

Requirement
1 RACP Ethics resource, completed by the end of Advanced Training, if not completed during Basic Training.
Description
In this resource trainees will learn about, discuss and reflect on the main ethical issues facing physicians. Estimated completion time: 3.5 hours.
How to complete it
Trainees can complete the RACP Ethics resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in the Training Management Platform.

RACP Introduction to Leadership, Management and Teamwork resource

Requirement
1 RACP Introduction to Leadership, Management and Teamwork resource, completed by the end of Advanced Training, if not completed during Basic Training.
Description
This resource supports trainee development in leadership, management and teamwork skills and work effectively in multi-disciplinary teams. Estimated completion time: 1 hour.
How to complete it
Trainees can complete the RACP Introduction to Leadership, Management and Teamwork resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in the Training Management Platform.

Trainee video conferencing sessions (recommended)

Requirement
1 Trainee video conferencing session attendance, recommended to be completed each phase
Description
These sessions feature subject matter experts presenting alongside a public health medicine trainee on a range of public health topics. Each session runs for up to 90 minutes in length and are available to all trainees. Supervisors and mentors are also encouraged to attend.
Purpose
Trainee video conferences support your workplace-based learning and competency achievement.
How to complete it
Past sessions can be found under AFPHM resources. Although a non-compulsory component of training, participation is highly recommended, especially for those trainees in rural or more isolated regions of Australia or Aotearoa New Zealand.

Recommended resources

- RACP Research Projects resource
- RACP eLearning resources
- RACP curated collections

Teaching

Supervision

Rotation supervisors

Trainees are to nominate the following supervisor(s) per rotation:

- 1 Rotation Supervisor who is a Fellow of the AFPHM:
  - If the workplace doesn't have an AFPHM Fellow on site, the trainee must nominate one supervisor on site who has direct responsibility for overseeing the trainee at the workplace and a second supervisor with AFPHM who can be external to the site.
  - The following are some examples of appropriate types of supervisors if a FAFPHM supervisor is not available on site:
    - Fellow of another Public Health Medicine body, e.g. NZCPHM
    - Non-medical public health practitioner
    - Specialist in another field of medicine, e.g. holds FRACP
    - Scientist or researcher in a PHM area, such as health economics, biostatistics.

Nominating eligible supervisors

Trainees will be asked to nominate rotation supervisors as part of their rotation plan. Trainees are required to nominate eligible supervisors who meet the above requirements.

A list of eligible supervisors can be found on MyRACP. The list is not available for post-Fellowship trainees. Post-Fellowship trainees can contact the College to confirm supervisor eligibility.

Mentor

Trainees are to nominate 1 mentor over the course of training, who is a Fellow of the AFPHM (unless exemption is granted by the Training Program Committee).

- In TMP, the **mentor is assigned as the Education Supervisor**.
- Trainees can nominate their Mentor in their rotation plan, or separately in TMP, and can cover multiple rotations up to the length of the training program.

Regional Education Coordinator

A Regional Education Coordinator (REC) for each region oversees trainee work experience. REC's will be assigned by the RACP - trainees do not need to nominate them in their rotation plan.

Research project supervisor

Trainees are to nominate 1 individual for the role of Research Project Supervisor (may or may not be the Rotation Supervisor) over the course of Advanced Training. Nominations are recommended before the specialty consolidation phase.

The research project supervisor guides trainees with their project choice, method, data analysis and interpretation, and quality of written and oral presentation.

More information about this role can be found in the Advanced Training research project guidelines.

Assessment

Assessment blueprint

This high-level assessment program blueprint outlines which of the learning goals *could be* and *will be* assessed by the assessment tools.

	Assessments				
Learning goals	**Learning capture**	**Observation capture**	**Progress report**	**Research project**	**Oral examination**
1 Professional behaviours	Could assess	Could assess	Will assess	Will assess	Could assess
2 Leadership and accountability	Could assess	Could assess	Will assess	x	Could assess
3 Australia: Aboriginal and Torres Strait Islander health equity	Could assess	Could assess	Will assess	Could assess	Could assess
3 Aotearoa New Zealand: Effective allyship for equitable Māori health	Could assess	Could assess	Will assess	Could assess	Could assess
4 Supervision and teaching	Could assess	Could assess	Will assess	x	Could assess
5 Quality improvement	Could assess	Could assess	Will assess	Could assess	Could assess
6 Incident response	Could assess	Could assess	Will assess	Could assess	Could assess
7 Population and public health interventions:	Could assess	Could assess	Will assess	Could assess	Could assess
8 Population health information	Could assess	Could assess	Will assess	Could assess	Could assess
9 Communication and engagement for population health gain	Could assess	Could assess	Will assess	Could assess	Could assess
10 Inclusive and public health	Could assess	Could assess	Will assess	Could assess	Could assess
11 Policy analysis, development and planning	Could assess	Could assess	Will assess	Could assess	Could assess
12 Organisational unit management	Could assess	Could assess	Will assess	x	Could assess
13 Public health advocacy	Could assess	Could assess	Will assess	Could assess	Could assess
14 Scientific foundations of public health medicine	Could assess	Could assess	Will assess	Could assess	Could assess
15 Australia: Aboriginal and Torres Strait Islander peoples' health and wellbeing in Australia	Could assess	Could assess	Will assess	Could assess	Could assess
15 Aotearoa New Zealand: Māori health and wellbeing in Aotearoa New Zealand	Could assess	Could assess	Will assess	Could assess	Could assess
16 Communicable disease prevention and control	Could assess	Could assess	Will assess	Could assess	Could assess
17 Non-communicable conditions, prevention and control	Could assess	Could assess	Will assess	Could assess	Could assess
18 Preventing, detecting and managing environmental risks to health	Could assess	Could assess	Will assess	Could assess	Could assess
19 Determinants of health	Could assess	Could assess	Will assess	Could assess	Could assess

Learning capture

Requirement

12 learning captures per phase of training, minimum 1 per month, of which:

- 1 learning capture over the course of training must be in outbreak management.

Refer to RACP Flexible Training Policy for information on part-time training (item 4.2).

Description

The learning capture is a work-based assessment that involves a trainee capturing, and reflecting on, professional development activities, including evidence of work-based learning linked to specific learning goals.

Purpose

The learning capture assists trainees to reflect on experiences, promotes critical thinking, and connects these to a trainee's learning goals and professional development. It is also a valuable mechanism for trainees to enhance their understanding of complex topics and less common experiences that may be difficult to encounter in traditional training.

How to complete it

The learning capture is completed via TMP under the assessment requirements tab.

For more information on how to complete a learning capture review the training resources.

Observation capture

Requirement

12 observation captures per phase of training, minimum 1 per month, of which:

- 3 observation captures (minimum) per phase of training must be completed for written tasks (e.g., literature review, preparation of ministerial minutes, and reports)
- 3 observation captures (minimum) per phase must be completed in oral/performed tasks (e.g., journal club presentation, abstract presentation, chairing a meeting)
- 1 observation capture over the course of training should be in outbreak management.

Refer to RACP Flexible Training Policy for information on part-time training (item 4.2).

Description

An observation capture is a work-based assessment which provides a structured process for trainees to demonstrate their knowledge and skills in real-time workplace situations, while assessors observe and evaluate performance.

Purpose

The purpose of the observation capture is to assess skill development, track progress, and provide targeted feedback for improvement for trainees against specific learning goals.

How to complete it
Observation captures are completed via TMP under the assessment requirements tab. For more information on how to complete an observation capture review the training resources.

Progress report

Requirement
4 progress reports per phase of training, minimum 1 every 3 months. *Refer to RACP Flexible Training Policy for information on part-time training (item 4.2).*
Description
A progress report is an assessment that documents trainees' and supervisors' assessment of trainee progress against the training program learning goals over a period of training.
Purpose
Progress reports assess knowledge and skill development, track progress against the phase criteria, and provide targeted feedback for improvement.
How to complete it
Progress reports are completed via TMP under the assessment requirements tab. Trainees must: • self-assess against the program's learning goals • record any leave taken during the covered training period • provide summary comments about the rotation For more information on how to complete a progress report review the training resources.

AFPHM Oral Examination

Requirement
1 oral examination to complete Advanced Training
Description
The AFPHM Oral Examination demonstrates trainee knowledge of key areas in public health as outlined in the Public Health Medicine Advanced Training Curriculum. Trainees will be tested on their ability to respond to real-life public health scenarios in a manner appropriate to a specialist in public health medicine.
How to complete it
To be eligible to sit the exam, you must: • hold a current general medical registration • have progressed to the Transition to Fellowship Phase of training • have passed the Advanced Training Research Project by 31 July in the same year of the exam • meet the requirements in the Progression Through Training Policy • apply and pay for the exam by the due date • have no outstanding training fees. If you have outstanding training fees, you're ineligible to sit the exam. See College Fees Terms and Conditions.

Research project

Requirement
1 research project over the course of Advanced Training.
Description

The research project should be one with which the trainee has had significant involvement in designing, conducting the research and analysing data. Trainees may work as part of a larger research project but must have significant input into a particular aspect of the study.
 	
Research projects are not required to be specialty-specific but are required to be broadly relevant to trainees' area of specialty. Broadly relevant can be defined as topics that can enhance, complement and inform trainees' practice in the chosen specialty.
 	
Three research project types are accepted:
• research in:
  ○ human subjects, populations and communities and laboratory research
  ○ epidemiology
  ○ education
  ○ leadership
  ○ medical humanities
  ○ areas of study which can be applied to care of patients or populations
• audit
• systematic review

The trainee must have a research project supervisor who may or may not be one of their rotation supervisors.

The research project is marked by the training committee as pass, fail or resubmit, and trainees receive qualitative feedback about their project. The research project should be submitted for marking by the end of the specialty consolidation phase to allow time for resubmission in the transition to Fellowship phase if the project is unsatisfactory.

Purpose

The research project enabled trainees to gain experience in research methods; in interpretation of research literature; in participation in research at some stage of their career; and to develop quality improvement skills. Submission of a research project provides evidence of the skills of considering and defining research problems; the systematic acquisition, analysis, synthesis and interpretation of data; and effective written communication.

How to complete it

Detailed information on how to complete the research project can be found in the Advanced Training research project guidelines and can be submitted via TMP under the assessment requirements tab.

For more information on how to submit an Advanced Training Research Project review the training resources.

There are 3 deadlines that must be followed when submitting an Advanced Training Research Project. Trainees can choose to submit their Research Project on any of these 3 dates during the year.

Deadlines: 31 March, 15 June, or 15 September.

Roles and responsibilities

Advanced Trainee

Role
A member who is registered with the RACP to undertake one or more Advanced Training programs.
Responsibilities

• Maintain employment in accredited training settings.
• Act as a self-directed learner:
  ○ be aware of the educational requirements outlined in the relevant curricula and education policies
  ○ actively seek and reflect on feedback from assessors, supervisors, and other colleagues
  ○ plan, reflect on, and manage their learning and progression against the curricula standards
  ○ adhere to the deadlines for requirements of the training program.
• Actively participate in training setting / network accreditation undertaken by the RACP.
• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Rotation supervisor

Role
A consultant who provides direct oversight of an Advanced Trainee during a training rotation.
Responsibilities

• Be aware of the educational requirements outlined in the relevant curricula and education policies.
• Oversee and support the progression of Advanced Trainees within the setting:
  ○ assist trainees to plan their learning during the rotation.
  ○ support colleagues to complete observation captures with trainees.
  ○ provide feedback to trainees through progress reports.
• Actively participate in rotation accreditation undertaken by the RACP.
• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Mentor (assigned as Education Supervisor in TMP)

Role
A Fellow of the AFPHM who provides an overview of the training and trainee development as a public health physician
Responsibilities
• Review/approve rotation plans and progress reports • Be familiar with training program requirements • Be available for regular communication with you • First contact if you're having difficulty with training or assessment items

Regional Education Coordinator (REC)

Role
A regional education coordinator for each region oversees trainee work experience.
Responsibilities
• Advise trainees and potential trainees of training opportunities in their state • Discuss the choice of supervisor and mentor with trainees • Review all applications and supervisor reports and present them to the regional committee • Assist in remediation for trainees where appropriate • Attend Training Program Committee (TPC) meetings. • Inform regional committees of training matters.

Assessor

Role
A person who provides feedback to trainees via the Observation Capture or Learning Capture tool. This may include consultants and other medical professionals, allied health professionals, nursing staff, administrative staff, and consumer representatives.
Responsibilities

• Be aware of the learning goals of the training program.
• Provide feedback to support the progression of Advanced Trainees within the setting:
  ○ complete observation captures.
  ○ provide feedback on learning captures as required.

Progress Review Panel

Role

A Progress Review Panel is a group convened to meet and make evidence-based decisions on trainees' progression through training.

Progress Review Panels ensure the integrity and transparency of progression and completion decisions related to Basic and Advanced Trainees.

Panels are considered experts in the training program, including the curriculum standards, requirements, and administration of the program.

Responsibilities

1. **Make decisions on progression** for all trainees in a training program. The panel will assess if trainees have met or are on track to meet the expected standard for their phase of training, including the completion of learning, teaching and assessment requirements.

2. **Manage trainee conditions to enable trainees to progress** by reviewing trainee performance. Where required, panels will set conditions for trainees to meet, with the goal of helping trainees achieve the program learning goals and progression or completion criteria.

Types of Progress Review Panels

There are two types of RACP Progress Review Panels:

- Primary panel: A primary Progress Review Panel is an RACP committee supported by an RACP staff member. Primary panels are existing Training Program Committees/Subcommittees and will have Progress Review Panel functions included as part of their operations and delegations.
- Secondary panel: These are local panels typically set up within a specific training setting, network, or geographic area. These panels will make progression decisions on behalf of the Training Program Committee and manage conditions placed on trainees.

Trainees will be able to review the panels they are assigned to in the TMP.

Trainee progress decisions, conditions and feedback

- Panels will monitor and review trainee progress and make a phase progression decision.
- Panels may add training conditions that trainees need to meet to progress in training or during their next phase of training.

Trainees will be able to view progression decisions, conditions and panel feedback on the trainee progress tab in TMP.

RACP oversight committees

Role
RACP-administered committees with oversight of the Advanced Training Program in Australia and Aotearoa New Zealand. This includes the relevant training committee and/or Aotearoa New Zealand training subcommittee.
Responsibilities

• Oversee implementation of the Advanced Training program in Australia and Aotearoa New Zealand:
  ○ Manage and review program requirements, accreditation requirements, and supervision requirements.
  ○ Monitor implementation of training program requirements.
  ○ Implement RACP education policy.
  ○ Oversee trainees' progression through the training program.
  ○ Monitor the accreditation of training settings.
  ○ Case manage trainees on the Training Support pathway.
  ○ Review progression and certification decisions on application in accordance with the RACP Reconsideration, Review, and Appeals By-Law.
• Work collaboratively with secondary Progress Review Panels, where applicable to ensure the delivery of quality training.
• Provide feedback, guidance, recommendations, and reasoning for decision making to trainees and supervisors.
• Declare conflicts of interest and excuse themselves from decision making discussions when conflicts arise.
• Report to the overseeing RACP committee as required.

Resources

See RACP Online Learning for new curricula training and support resources.

For trainees

- Education policies
- Trainee support
- Trainee responsibilities
- Accredited settings
- Training fees

For supervisors

- Supervisor Professional Development Program
- RACP Research Supervision resource
- RACP Training Support resource
- RACP Creating a Safe Workplace resource