Advanced Training Curricula Renewal

Learning, teaching and assessment program

Public Health Medicine

Wave 3

V0.7

RACP Specialists. Together

About this document

This document is to assist Advanced Training Curricula Renewal (ATCR) specialist contractors to draft learning, teaching, and assessment (LTA) program requirements.

Information documented in this template will be refined by Curriculum Review Groups and used to develop LTA program handbooks for the revised Advanced Training programs.

For more information or to provide feedback contact curriculum@racp.edu.au.

Contents

1 - Entry criteria

ENTRY CRITERIA

Summary of proposed changes

- Postgraduate clinical experience no longer allows for one year full-time equivalent (FTE) in a health-related field
- Master of Public Health (MPH) or equivalent compulsory core discipline areas:
  - Health Protection divided into two distinct areas: environmental health and communicable disease prevention and control.
  - Health Policy, Planning or Management changed to "Health policy".
  - Addition of Indigenous health

Current PHM entry criteria

1. Medical registration

Prospective trainees must hold a:

- full general medical registration with the Medical Board of Australia

OR

- medical registration with general scope of practice with the Medical Council of New Zealand and a current practising certificate

2. Postgraduate clinical experience

New trainees must hold 3 years full-time equivalent of postgraduate clinical experience comprised of:

- an internship year containing regular face-to-face clinical patient contact
- at least 1-year full-time equivalent clinical experience in a well-structured position in addition to an internship, with appropriate supervision with regular face-to-face patient contact
- a further clinical year or 1 year in a health-related field

3. Completed Master of Public Health (MPH) or equivalent

You must have completed a Master of Public Health (MPH) (or equivalent) that satisfies the 5 Australasian Faculty of Public Health Medicine (AFPHM) compulsory core discipline areas:

- Epidemiology
- Biostatistics
- Health Protection (includes Environmental Health and/or Communicable Disease Prevention and Control)
- Health Promotion
- Health Policy, Planning or Management

All MPH courses must be an assessed course, not an attendance course.

4. Approved training position

Applicants must have secured an approved training position at an accredited setting before commencing training.

Proposed PHM entry criteria

Prospective trainees must have:

1. **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 practicing certificate if applying in Aotearoa New Zealand.
2. **completed 3 years FTE postgraduate clinical experience (PGY1-3)** in a well-structured position with appropriate supervision and regular face-to-face patient contact
3. **completed a Master of Public Health (MPH) or equivalent**, that satisfies 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
   - Aboriginal and Torres Strait Islander Health (Australian-based trainees) or Māori Health (NZ-based trainees)

   All subjects must be an assessed course, not an attendance course.
4. **been appointed to an appropriate Advanced Training position.**

Satisfying the first three criteria will meet the requirements for provisional approval for 3 months, pending appointment to an approved Advanced Training position.

PHM entry criteria details and rationale	
Requirement change	**Requirement rationale** (how the requirement meets the principles of review)
• Completed 3 years FTE postgraduate clinical experience (PGY1-3) in a well-structured position with appropriate supervision and regular face-to-face patient contact	**Value and educational impact** Public health medicine focuses on health and well-being in populations, typically without face-to-face patient care, but relying on medical training and clinical experience. CRG felt that it was essential for trainees to have additional depth in clinical, face-to-face patient care prior to commencing Advanced Training in PHM (which does not feature further individual-level clinical training). The skills obtained with the additional one-year requirement for clinical experience (compared to the current requirement) is the opportunity to build clinical experience, to build leadership skills, build experience in decision making and living with the consequences of those decisions, and collaborating with clinical colleagues. **Consistent and fair** The requirement would be consistent across all prospective trainees in the PHM Advanced Training Program. It would be essential if this new requirement is approved that trainees are given adequate notice of the change. The proposed change could affect trainees who come to PHM later in their careers and who have not undertaken the required three years of clinical experience (and who would thus need to secure a position in an appropriate setting and return to being a junior medical officer). This is acknowledged as a risk, but the benefits of the change outweigh this risk. The change is also consistent with training time in other RACP specialties. **Feasible and sustainable** PGY3 positions are available in Australia and New Zealand, so this should be feasible and sustainable.

Updated list of MPH compulsory core discipline areas: ○ Epidemiology ○ Biostatistics ○ Environmental health ○ Communicable disease prevention and control ○ Health promotion ○ Health policy ○ Aboriginal and Torres Strait Islander health (Australia-based trainees) or Māori health (NZ-based trainees)	As PHM trainees do not enter the program through Basic Training, completion of a Master of Public Health (MPH) or equivalent is required to ensure trainees attain essential basic training in the foundations of population health prior to entry. **Value and educational impact** The proposed change is to have separate requirements for Environmental Health and Communicable Disease Prevention and Control (these were previously a requirement for a single course in 'Health Protection' that could be weighted to one or other of Environmental Health or Communicable Disease Prevention and Control). These two courses are both foundational to the Advanced Training Program in PHM and it is considered inadequate that entering trainees have only one or the other. An additional proposed change is to introduce a requirement for an Indigenous Health course (Māori health for NZ-based trainees; Aboriginal and Torres Strait Islander health for Australia-based trainees). A focus on Indigenous health and understanding the drivers of inequity and the health gap between Indigenous and non-Indigenous people in both Australia and Aotearoa New Zealand is core to public health medicine and potential trainees must bring foundations acquired before Advanced Training to be progressed in Advanced Training. The other PHM training body in New Zealand, the NZCPHM requires successful completion of an MPH paper in Māori health before progression to Advanced Training. It is essential that AFPHM trainees in Aotearoa NZ are at least equivalent to NZCPHM trainees for training placements in the centralised service that will be provided for all registrars (AFPHM and NZCPHM) by Te Whatu Ora HealthNZ from 2025, future job prospects and the standing of the AFPHM program (and RACP) in Aotearoa New Zealand. **Consistent and fair** The proposed change brings consistency across Australia and Aotearoa New Zealand as trainees in Aotearoa New Zealand already need to ensure a high level of knowledge about Māori health for workplaces in Aotearoa New Zealand. It also addresses a gap in AFPHM training in Australia in an area that is consistently one of the least well-addressed by trainees in the oral examination. **Feasible and sustainable** There are well-established Māori health courses within the MPH programs of both the University of Auckland and the University of Otago. Indigenous health courses are less common in Australia, but most major universities offering an MPH offer some form of Masters level course in Indigenous health, some are available by distance as standalone

	courses. Making this a requirement of PHM training is also likely to build provision and improvement of such courses in Australian universities.

2 – Professional experience

The purpose of professional experience requirements are to ensure that trainees have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts.

PROFESSIONAL EXPERIENCE

Summary of proposed changes

- Added requirement to complete 6 months of training in an approved health protection placement.
- Trainees can no longer have time spent in clinical and/or laboratory work count towards their training time.

CURRENT REQUIREMENT	• **36 months of certified training time**
	  ○ Maximum 12 units/months clinical and/or laboratory work.
	  ○ Maximum 12 units/months of PHM relevant PhD-related activity.
	  ○ Maximum 3 units/months coursework, provided that the coursework relates to a competency area that cannot be met through a training position.
		PROPOSED REQUIREMENT	Complete at least **36 months full-time equivalent (FTE) of relevant professional experience** in approved positions, including:
			• **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

PHM professional experience details and rationale	
Requirement change	**Requirement rationale** (how the requirement meets the principles of review)
Addition of at least 6 months FTE of training in an approved health protection position.	**Details** Health protection (including communicable disease control and prevention and environmental health) is core to the practice of PHM. All trainees need to gain hands-on experience in this area. **Value and educational impact** Trainees will learn not just how to respond to communicable disease outbreaks and environmental health threats, but the skills of leadership, communication to a broad variety of audiences, collaborating with other health workers and institutions to manage urgent situations. While some of the steps can be learned from guidelines, the on-the-ground aspects are considered essential and can only be achieved in an appropriate training position. Six months is considered essential to have the opportunity to be involved in these sporadic situations (while staying for more than 12 months in a dedicated health protection position would need to be carefully considered by the Progress Review Panel to ensure that the trainee could achieve experience in the full breadth of the PHM AT program). **Consistent and fair** There are insufficient dedicated communicable disease prevention and control positions for all trainees, particularly in smaller jurisdictions. However, by making this requirement as 6 months of health protection (rather than CDC alone), this broadens the availability of positions. Bringing in this requirement will also put pressure on the rotation of trainees through these positions which will be advantageous. Trainees working in rural locations or small jurisdictions would be able to make the case that their 'general' position encompassed sufficient health protection work for this requirement to be satisfied. **Feasible and sustainable** As noted above, this new requirement will drive the development and rotation of suitable positions such that it will be feasible in both Australia and Aotearoa New Zealand.

Removal of allowance for clinical and/or laboratory work,	**Details** **T**he current curriculum allows a maximum of 12 units/months clinical and/or laboratory work. CRG separated these elements. The new curriculum retains the option for trainees to apply to include a maximum of 12 units/months of PhD-related activity in their training program. The REC must prospectively approve the training plan by assessing the relevance of the PhD to the Public Health Medicine Advanced Training Curriculum. All standard application, assessment and accreditation procedures apply". Face-to-face patient care is not a feature of Advanced Training for PHM as CRG recognised and strengthened clinical requirement for eligibility to enter Advanced Training for PHM. Laboratory work is not a feature of Advanced Training for PHM. **Value and Educational impact** The proposed change is to strengthen the focus on training in public health medicine and to allow trainees to have coverage of the whole of the curriculum. Trainees can undertake clinical work, but this would not be counted toward their training time in PHM. **Consistent and fair** Ensuring that all trainees spend their training time in PHM-related activities strengthens PHM training. It allows all trainees to spend comparable time in PHM-related activities, rather than having some trainees completing the PHM AT program with a considerable proportion of their training experience in non-PHM activities. **Feasible and sustainable** The proposed change will make getting two speciality Fellowships, one clinical and one PHM, take longer, with less of the training time in the clinical specialty able to be counted towards PHM. This career intention will apply to very few trainees and have additional CPD requirements to maintain competence beyond training in both specialties which will further reduce interest. This change is outweighed by the benefit of strengthening the Advanced Training in PHM.
Previously, trainees can apply to have a maximum of 3 units/months coursework accredited during training,	Retained provided that: • The proposed coursework relates to a competency area that represents a gap in training • It cannot otherwise be met during the overall training program • Approved prospectively by the REC and relevant committee.

3 – Location of training

LOCATION OF TRAINING

Summary of proposed changes

- Number of AFPHM accredited training settings or approved overseas training positions required over the course of training has been increased from one to two.

CURRENT REQUIREMENT	PROPOSED REQUIREMENT
• You may be employed at an individual training position, meaning that you're based at 1 primary or base location for an entire placement. In this situation, you may be required to travel to other locations to participate in learning opportunities and/or service provision • You can only complete 1 year (12 units/months) of Advanced Training in Public Health Medicine overseas • You must complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand. • Related postgraduate activity completed overseas will be considered as overseas training. Additional training overseas exceeding 1 year will not be approved.	• Complete training in at least 2 different AFPHM accredited training placements • Complete at least 24 months FTE of AFPHM training in accredited training placements 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.

PHM location of training details and rationale

Requirement change	**Requirement rationale** (how the requirement meets the principles of review)
Complete training in at least 2 different AFPHM accredited training placements	CRG agreed trainees would benefit from rotating to at least 2 different placements and suggested this will be required to facilitate the necessary training experiences/exposure to achieve the learning goals. **Details** The proposed change will ensure that trainees have at least two different placements to ensure exposure to a diversity of workplace cultures, daily work, roles and responsibilities. CRG have clarified that the two placements can be within one large institution, provided the requirements for a different supervisor, different work setting etc are met.

	Value and educational impact PHM has a broad curriculum that is unlikely to be able to be covered within a single placement. Requiring that trainees have at least two placements ensures that they graduate from the training program with the requirement breadth of experience of not just topics in PHM but ways of working, experience of different supervisory styles, and ideally of different jurisdictions and populations. **Consistent and fair** The proposed change addresses a current inconsistency, whereby some trainees are in programs that rotate every 6 months, while others may have one position for three years. While one position, e.g. within a small public health unit, may provide a variety of public health medicine experiences, it cannot provide the breadth of experience in more intangible factors (such as supervisory styles, workplace cultures etc) that is essential to training in PHM. **Feasible and sustainable** The proposed change should be feasible and sustainable and may drive the development of more organised rotating training positions.

4 – Learning activities

LEARNING ACTIVITIES

Summary of proposed changes

- No changes

CURRENT LEARNING ACTIVITIES	• Attend National Training Days once over the course of training (required) • Attend Trainee Video Conferencing Sessions each training year (recommended)
PROPOSED RECOMMENDED LEARNING ACTIVITIES	• Attend National Training Days once over the course of training (required) • Attend Trainee Video Conferencing Sessions each training year (recommended)

PHM learning activities details and rationale	
Requirement change	**Requirement rationale** (how the requirement meets the principles of review)
No change made	National Training Days have flexible (virtual) attendance options and cover important PHM knowledge. This is not a change from the current PREP program.

5 – Teaching program

TEACHING PROGRAM

Summary of proposed changes

- Introduction of Progress Review Panels
- Added 'Fellow of another Public Health Medicine body, e.g. NZCPHM' as an additional example of appropriate on-site supervisors if a FAFPHM is not available on site.
- No changes to current supervision and mentor requirements.

Current PHM supervision requirements

- **1 Education Supervisor per training period,** 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:
    - 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.
- **1 mentor** over the course of training, who is a Fellow of the AFPHM (unless exemption is granted by the Faculty Training Committee)
- **1 Regional Education Coordinator (REC)**
- **1 individual for the role of Research Project Supervisor** (may or may not be the Education Supervisor)

Proposed PHM supervision requirements

- **1 Education Supervisor per training period,** 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.
- **1 mentor** over the course of training, who is a Fellow of the AFPHM (unless exemption is granted by the Faculty Training Committee)
- **1 Regional Education Coordinator (REC)**
- **1 individual for the role of Research Project Supervisor** (may or may not be the Education Supervisor)
- **1 Progress Review Panel**

PHM teaching program details and rationale	
Requirement change	**Requirement rationale** (how the requirement meets the principles of review)
1 Education supervisor per training period, who is a Fellow of the AFPHM	**Details** There has been no change to the requirement for an Education Supervisor who is a Fellow of AFPHM. The list of potential site supervisors if a FAFPHM is not available on

• 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 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.	site, has been slightly expanded to include a Fellow of another Public Health Medicine body (such as NZCPHM Fellowship). This has been an omission in the past that is now being rectified. Such a Fellow would be ideal if a FAFPHM supervisor is not available on site, and preferable to the other possibilities on this list. **Value and educational impact** A Fellow of another public health medicine specialist body has the required skills, expertise and knowledge to provide appropriate supervision to PHM trainees. While it is preferable for a supervisor with FAFPHM to have direct oversight, particularly with the new curriculum, this is not always feasible. CRG suggested bringing forward the existing supervision requirements, including approved exceptions to a FAFPHM supervisor in instances where that is not achievable. **Consistent and fair** PHM has a limited number of FAFPHM who are available to provide supervision to trainees of the PHM Advanced Training Program. The current requirement for a single supervisor is working well and should be maintained. **Feasible and sustainable** A single Education Supervisor is feasible and sustainable (demonstrably so given this is the current requirement). Maintaining the possibility of having a non-FAFPHM on-site supervisor, with a FAFPHM supervisor offsite (as per the current requirements), will ensure feasible and sustainable supervision of PHM Advanced Trainees. The addition to the list of possible non-FAFPHM supervisors of a public health medicine specialist accredited with Fellowship of a different public health medicine body ensures the integrity of supervision, particularly in Aotearoa New Zealand.
1 mentor over the course of training, who is a Fellow of the AFPHM (unless exemption is granted by the Faculty Training Committee)	**Details** CRG agreed that when done well, the existing mentor requirement is valuable for both trainees and mentors. It provides trainees with additional guidance and support and normalises a commitment to ongoing teaching and learning within the Faculty.

	Value and educational impact This is a current requirement and provides an important guide and support for the trainee outside of the supervisor role. It also sets up a norm for future development within the specialty. It has been working well and is a role that trainees find valuable**.** **Consistent and fair** Applies to all trainees and is a current requirement of advanced training in PHM. **Feasible and sustainable** This requirement has been demonstrated to be feasible and sustainable as a current requirement of the program.

6 – Assessment program

ASSESSMENT PROGRAM

Summary of proposed changes

- Direct Observation of Practical Professional skills and workplace reports replaced with new Observation Capture work-based assessment
- Learning contract reports replaced by Progress Report
- Oral presentation summative assessments removed
- Oral examination to be completed during Transition to Fellowship phase.

CURRENT REQUIREMENT	• **1** Learning contract report for each learning contract • **2** Workplace reports • **3** Direct Observations of Practical Professional Skills • **1** Research project • **1** Oral examination • **2** Oral presentation summative assessments
PROPOSED REQUIREMENT	• **12** Observation captures per phase* • **12** Learning captures per phase* • **4** Progress reports per phase • **1** Research project over the course of training • **1** Oral examination, during Transition to Fellowship phase

*For each phase of training, Trainees will be expected to complete a minimum of 3 observation captures for written tasks (e.g., literature review, preparation of a ministerial Minute, report) and 3 observation captures for oral/performed tasks (e.g., journal club presentation, abstract presentation, chairing a meeting). In addition, 1 observation capture and 1 learning capture (over the course of training) should be in outbreak management.

ORAL EXAMINATION ELIGIBILITY REQUIREMENTS

Summary of proposed changes

- Eligibility now dependent on having progressed to the Transition to Fellowship phase.

CURRENT REQUIREMENT	To be eligible to sit the exam, you must:
	• apply and pay for the exam by the due date
	• hold a current general medical registration
	• have completed at least 29 units/months of training by 31 December in the same year of the exam
	• have completed or passed these assessments by 31 July in the same year of the exam:
	  ○ 2 x Direct Observation of Practical Professional Skills
	  ○ 2 x Professional Qualities Reflections
	  ○ 1 x Oral Presentation summative assessment
	  ○ 2 x Workplace Reports
	  or
	  ○ 1 x Workplace Report and 1 x Advanced Training Research Project*
	• meet the requirements in the Progression Through Training Policy
	* Trainees who have been granted Recognition of Prior Learning for the Advanced Training Research Project must submit 2 x Workplace Reports to be eligible to sit the exam.
	If you have outstanding training fees, you're ineligible to sit the exam. See College Fees Terms and Conditions.

PROPOSED REQUIREMENT	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.

PHM assessment program details and rationale

Requirement change	**Requirement rationale** (how the requirement meets the principles of review)
1 Oral examination, during Transition to Fellowship phase	Specialist contractor - The current Oral Examination is one of the assessments noted in the original scoping paper to be working well for PHM. It is already well-aligned with the revised curriculum standards and should not require any amendment. CRG agreed oral examination should be maintained as its removal may result in reduced quality of graduates. PHM has had a competency-based learning and programmatic assessment approach for several years, but have retained an oral examination as one of a suite of summative assessments. PHM trainees do not complete an exam prior to entry and the oral examination provides an objective check on competence, assessed by a central team of examiners (rather than the supervisor). **Details** Trainees are required to pass an oral examination in the last phase of training. **Value and educational impact** The oral examination tests critical skills of thinking on the feet, developing a structured approach to a public health issue, and communicating this clearly. The oral examination requires thinking across the breadth of the new curriculum (rather than in silos) to draw on (and demonstrate) skills acquired during training across multiple learning goals. **Consistent and fair** All trainees have to successfully pass the oral examination. Considerable efforts are made to ensure that trainees are assessed objectively across a range of topics drawn from the breadth of the curriculum. **Feasible and sustainable** There is a cost to trainees (travel and accommodation) and to the RACP (College staff, travel and accommodation for examiners). Given the small size of the AFPHM and that the oral examination is held only once annually, costs are likely to be small compared to the running of the Divisional Examinations (with PHM trainees paying the same fees as other trainees in the RACP). As the number of PHM trainees increases, it may become challenging to maintain the current form of the oral examination – this will need to be evaluated over time. At the stage the oral examination appears to be

	feasible and sustainable at least while the new curriculum beds in and there develops a level of confidence that the Learning Captures and Observation Captures are sufficient to provide assurance of competence and expertise in PHM to justify the award of Fellowship.

7 - Blueprints for learning and assessment programs

Use the below blueprint to map which of the draft learning goals could align and will align with proposed learning program requirements.

Learning requirements blueprint

	Professional experience			Learning requirements								
Learning goals	Six months approved health protection position	a PHM-related PhD	3 months FTE of time spent undertaking course work	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	National Training Days	Trainee Video Conferencing Sessions
1 Professional behaviours	Could align	Could align	Could align	Will align	Will align	Will align	Will align	Will align	Will align	Will align	Could align	Could align
EPA1: Leadership and accountability	Could align	Could align	Could align	Could align	Could align	Could align	Could align	Will align	Will align	Will align	Could align	Could align
EPA2: *Co-designed EPA*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*
EPA3: Supervision and teaching	Could align	Could align	Could align	Could align	Could align	x	Will align	Will align	Will align	Could align	Could align	Could align
EPA4: Quality improvement	Could align	Could align	Could align	Could align	Could align	Could align	Could align	x	Will align	x	Could align	Could align
EPA5: Incident response	Could align	Could align	Could align	Could align	x	Could align	x	Will align	Will align	Could align	Could align	Could align
EPA6: Population and public health interventions:	Could align	Could align	Could align	Could align	x	Could align	x	Will align	Will align	Could align	Could align	Could align
EPA7: Population health information	Could align	Could align	Could align	Will align	x	Could align	x	Will align	Will align	x	Could align	Could align
EPA8: Communication and engagement for population health gain	Could align	Could align	Could align	Could align	x	Could align	x	Will align	Will align	Could align	Could align	Could align
EPA9: Inclusive and public health	Could align	Could align	Could align	Could align	x	Could align	x	Will align	Will align	Could align	Could align	Could align
EPA10: Policy analysis, development and planning	Could align	Could align	Could align	Could align	x	Will align	x	Will align	Will align	Could align	Could align	Could align
EPA11: Organisational unit management	Could align	Could align	Could align	Could align	x	Could align	x	Will align	Will align	Could align	Could align	Could align
EPA12: Public health advocacy				Could align	x	Will align	Could align	Could align	Could align	Could align	Could align	Could align

	Professional experience			Learning requirements								
Learning goals	Six months approved health protection position	a PHM-related PhD	3 months FTE of time spent undertaking course work	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	National Training Days	Trainee Video Conferencing Sessions
KG1: Scientific foundations of public health medicine	Could align	Could align	Could align	Could align	x	x	x	x	x	x	Could align	Could align
KG2: *Co-designed KG*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*
KG3: Communicable disease prevention and control	Could align	Could align	Could align	Could align	x	Could align	x	Will align	Could align	Could align	Could align	Could align
KG4: Non-communicable diseases and conditions, prevention and control	Could align	Could align	Could align	Could align	x	Could align	x	Will align	Could align	Could align	Could align	Could align
KG5: Preventing, detecting and managing environmental risks to health	Could align	Could align	Could align	Could align	x	Could align	x	Could align	Could align	Could align	Could align	Could align
KG6: Determinants of health	Could align	Could align	Could align	Will align	x	Could align	x	Will align	Could align	Could align	Could align	Could align

Assessment requirements blueprint

	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
EPA1: Leadership and accountability	Could assess	Could assess	Will assess	x	Could assess
EPA2: Co-designed EPA	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*
EPA3: Supervision and teaching	Could assess	Could assess	Will assess	x	Could assess
EPA4: Quality improvement	Could assess	Could assess	Will assess	Could assess	Could assess
EPA5: Incident response	Could assess	Could assess	Will assess	Could assess	Could assess
EPA6: Population and public health interventions:	Could assess	Could assess	Will assess	Could assess	Could assess
EPA7: Population health information	Could assess	Could assess	Will assess	Could assess	Could assess
EPA8: Communication and engagement for population health gain	Could assess	Could assess	Will assess	Could assess	Could assess
EPA9: Inclusive and public health	Could assess	Could assess	Will assess	Could assess	Could assess
EPA10: Policy analysis, development and planning	Could assess	Could assess	Will assess	Could assess	Could assess
EPA11: Organisational unit management	Could assess	Could assess	Will assess	x	Could assess
EPA12: Public health advocacy	Could assess	Could assess	Will assess	Could assess	Could assess
KG1: Scientific foundations of public health medicine	Could assess	Could assess	Will assess	Could assess	Could assess
KG2: Co-designed KG	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*	*Not yet known*
KG3: Communicable disease prevention and control	Could assess	Could assess	Will assess	Could assess	Could assess
KG4: Non-communicable conditions, prevention and control	Could assess	Could assess	Will assess	Could assess	Could assess
KG5: Preventing, detecting and managing environmental risks to health	Could assess	Could assess	Will assess	Could assess	Could assess
KG6: Determinants of health	Could assess	Could assess	Will assess	Could assess	Could assess