General Introduction to Public Health Training Programme in LKSS
Who are we?
- The Training Programme Directors (TPDs)

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Policy stake holders

Health Education England (HEE) established as a special health authority 28 June 2012, took over SHA role from 1st April 2013

• 13 Local Education and Training Boards (LETBs) in England responsible for training and education of all NHS staff (clinical and non-clinical) within their area
• 3 LETBs in London
• Proposals to change HEE structure
Local Education and Training Boards
HEE core functions and responsibilities

- Providing national leadership
- Supporting development of Local Education and Training Boards (LETBs)
- Promoting high quality education and training
- Allocating and accounting for NHS education and training resources
- Ensuring security of supply of the workforce

PS - Medical Education England (MEE) – reviewing effects of reduced hours on training
Education and Training System

Secretary of State
- Duty to maintain an effective system of education and training as part of comprehensive health service

Department of Health
- Set Education Outcomes Framework
- Sponsor for HEE
- Hold system to account, via HEE

Health Education England
- Accountable to SofS, via DH
- Compliant with DH Education Outcomes and Performance Assurance Frameworks
- Accountable to DH for allocation of education and training funding
- Set strategic Education Operating Framework (responding to input from PHE and NHSCB)

NHS Commissioning Board
- Input service commissioning priorities to HEE strategic Education Operating Framework

Public Health England
- Input public health priorities to HEE strategic Education Operating Framework

Local Education and Training Boards
- Bring together Health, Education and Research sectors
- Accountable to HEE for delivery against Education Operating Framework
- Assessed against Education Outcomes Framework and Professional Regulators

Education and Research

Health Service Providers

Local Stakeholders, including local authorities
Local Education and Training Boards (LETBs) core functions

• Ensuring security of supply of the local health and care workforce and supporting national workforce priorities
• Workforce planning and identifying local priorities for education and training
• Holding and allocating funding for the provision of education and training
• Commissioning education and training on behalf of member organisations, securing quality and value from education and training providers in accordance with the requirements of professional regulators and the Education Outcomes Framework
• Securing effective partnerships with clinicians, local authorities, health and well-being boards, universities and other providers of education and research and providing a forum for developing the whole health and care workforce
Organisational lead - South London HEE

- Oversees public health on behalf of all three London and one Kent & Surrey Sussex LETBs.
- Operations Department / Shared services – runs Annual Reviews of Competence Progression (ARCP), keeps track though Notification of Change (NOC) forms ..etc
- Quality and Commissioning Team provides support for School and educational supervisors, commissions lead employer…etc
General Medical Council (GMC)

- The GMC was established by the Medical Act 1858
- Legal purpose to protect, promote and maintain the health and safety of the public by making sure that doctors meet standards for good medical practice.
- Overarching organisation for medical postgraduate training – by statute

- Leads to a medical model of training eg revalidation
General Medical Council (GMC)

- Establishes, monitors and develops standards and requirements for all post graduate medical education
- Standards for training/curricula
- Revalidation
- Specialist registration for doctors needs a certificate of completion of training (CCT)
UKPHR

- United Kingdom Public Health Register
- Accredited Voluntary Register under Professional Standards Authority for Health and Social Care
- Registers those successfully completing training who have CCT
- Wider remit for PH practitioners
- Now proposing to offer voluntary registration to all registrars
Faculty of Public Health
Professional body for standards

• Sets standards for consultant practice
• 2010 curriculum states what level of competency should be achieved and when in training
• Includes competency assessment of registrars
• Moving towards trainer competencies and assessment
• E-portfolio – revision due November 2014
• Recommends registrar who has successfully completed training to GMC or UKPHR
• 2010 curriculum being updated
Training ‘Bibles’

• The Gold Guide 2014 (NHS/MMC)
  5th Edition

• Faculty of Public Health Curriculum 2010
Academic trainees

- Participate in the training programme, alongside non academic registrars, treated the same as far as possible
- Must get exams and competencies
- Participation in monthly training, access to study leave, etc
- Training programme leads to CCT in programme
- Service registrars also have access to academic training
As well as the required core, trainees may select special interest options during phase 3.

The move between the three phases is dependant both on exam success and achievement of learning outcomes. The timing is not exact.

Training pathway:

- Phase 1
- Phase 2
- Phase 3

Selection path:

- Foundation
- Higher Specialist Training

Exams:

- Basic shows
- Advanced shows/shows how

Others also selected through this portal.

Health protection unit attachment by the end of phase 2.

On-call:

Time out of training for research leading to a PhD under the Walport initiative, or equivalent for other graduate entrants, is taken after completion of phase 2 with re-entry after three years to complete phase 3.
Work-based Training

• The essence of public health training is that it is work-based
• Trainees are employed…..
• and will spend most of their time delivering services in health related organisations
• Trainees should take responsibility, make decisions and be integrated into the organisations in which they are based
MSc or MPH

- On recruitment each registrar’s academic needs are assessed by TPD and Educational Supervisor
- Aim of MSc/MPH is to get Part A MFPH!
- Some will require MSc/MPH
- Some will require modules
- Timing of MSc/MPH and Part A
- Keep in touch / work during academic holidays
Supervision

- Educational supervisor (ES) oversees work and signs off competencies
- ES is trained, keeps portfolio of their development
- Project supervisor oversees day to day work and specific projects
- At end of each year of training, Deanery organises Annual Review of Competency Progression (ARCP) – may be a paper exercise or in person
Annual Review of Competence Progression (ARCP)

- Plan early!!!
- End of year 1 ARCP- at least 2 or 3 competences fully signed off. If on a four year programme, the registrar will be expected to have taken part A
- By end of Year 2 ARCP- Phase 1 competences completed and Part A MFPH passed
Training programme directors (TPDs)

- Direct training within sub programme boundaries and give general advice and support
- Listen
- Can help you negotiate, deal with situations and/or people you find difficult
- Can help you problem solve
- Give career suggestions and advice
- Support educational supervisors etc
Training Events

• Variety of events
  – programme wide
  – within sub-programme
  – within placement organisations
• For trainees (led by trainee representatives)
• For educational supervisors & project supervisors
• May include others (F2, GP VTS, CPD)
• Success depends on collaborative input
• Annual conference 10th November
Out of Programme Experience

- Time out of training programme to undertake a range of activities (OOPE)
- Out of programme for a career break (OOPC)
- Out of programme for research (OOPR)
- Out of programme for clinical training (OOPT)
- Can apply to Faculty for recognition of OOP time towards CCT
- No OOP until after Parts A&B MFPH pass
- Deanery does not fund OOP activities