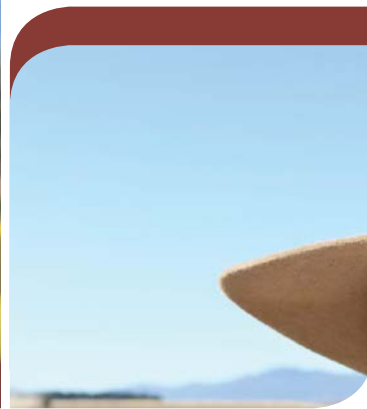




Advanced Specialised Training Population Health

Curriculum



FELLOWSHIP

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1. Background

Completion of a minimum 12 months Advanced Specialised Training (AST) is an essential component of training towards ACRRM Fellowship. Candidates can select from a number of training areas which reflect rural and remote clinical practice needs. Population health is one of these priority areas.

Population health has been defined as:¹

"The prevention of illness, injury and disability, reduction in the burden of illness and rehabilitation of those with a chronic disease. This recognises the social, cultural and political determinants of health. This is achieved through the organised and systematic responses to improve, protect and restore the health of populations and individuals. This includes both opportunistic and planned interventions in the general practice setting."

AST in population health is considered a priority for rural and remote general practitioners for a number of reasons:

- inequity of health outcomes in rural and remote communities
- all rural or remote general practitioners have the opportunity and responsibility to address health inequalities through population health interventions, and
- rural and remote general practitioners are likely to be first responders in infectious disease outbreaks and other health promotion and prevention situations.

The importance of population health in general practice is acknowledged by ACRRM in the structure of this AST curriculum and the ACRRM Primary Curriculum. As a domain, population health intersects every aspect of rural and remote medical practice. However, it is also acknowledged as a specialty discipline in its own right, with specialist study and practice in this field being critical to the ongoing advancement of rural and remote health outcomes.

This AST Curriculum in population health includes and builds on the population health domain of the Primary Curriculum.

2. Purpose and requirements

2.1 Purpose

The purpose of this curriculum is to reduce health inequalities in Australian populations, particularly those involving rural and remote communities by encouraging greater numbers of rural general practitioners to develop independent leadership level skills in population health.

This curriculum outlines the competencies required for rural general practitioners to lead population health initiatives in their communities.

2.2 Target group

This curriculum targets ACRRM candidates who are undertaking an AST year in population health.

In particular, the following groups are likely to pursue an AST in Population Health:

- candidates settled in a rural or remote community who wish to remain in situ while undertaking their AST in Population Health and apply it to their local community
- candidates pursuing formal public health credentials such as a Masters in Public Health and/or Tropical Medicine and wanting to apply this locally at the population level, and / or
- candidates who are pursuing fellowship of the Faculty of Public Health Medicine in the College of Physicians while simultaneously while pursuing ACRRM Fellowship. See Appendix 1. Intersection with FAFPHM, for more information.

2.3 Training requirements

Clinical Training

AST in Population Health requires a minimum 12 months full time or equivalent part time training. Training must integrate population health experience with a clinical workload.

The training program will take into account other professional, personal and family needs and will offer the flexibility for individuals to undertake part time training in two or more blocks.

Education

Doctors undertaking an AST in population health are required to satisfactorily complete the following courses:

- An epidemiology course at Grad. Cert. level or higher. This course must provide the following learning outcomes for the candidate:
 - ability to competently apply knowledge of study design to a research situation
 - ability to read and understand epidemiological publications critically
 - fundamental understanding of the principles of epidemiology, and
 - sound understanding of the strengths and weaknesses of the main study designs
 - The ACRRM 'Introduction to Population Health' online learning module at www.acrrm.org.au

It is strongly recommended that candidates undertake an academic program in public health to support the acquisition of appropriate theoretical knowledge. See the Potential Articulation section of this curriculum for suggestions on suitable courses.

2.4 Potential posts

Training for the AST year in population health may take place in any post accredited by ACRRM for Primary Rural and Remote Training providing that it has the following features:

- ability to offer a suitable range and depth of population health learning opportunities to enable the candidate to achieve the required learning outcomes
- ability to integrate population health experience with clinical workload, and
- ability to offer appropriate supervision.

To achieve curriculum outcomes, it may be necessary for a candidate to split training across more than one facility. Suitable facilities may include but are not limited to one or more of the following:

- private practice
- rural hospitals
- Aboriginal Medical Services
- Australian Defence Forces
- population health units
- public health centres
- Rural Clinical Schools
- Department of Rural Health
- remote state health run primary care clinics, and / or
- Primary Health Networks or other facilities that undertake population health activities.

2.5 Pre-requisites

Prior to undertaking this post, candidates must meet the following minimum criteria:

- satisfactory completion of the 12 months Core Clinical Training component of ACRRM Fellowship training, or
- completion of postgraduate year two for those doctors who are not in Fellowship Training.

There is an assumption that candidates already have basic population health competence, as outlined in the ACRRM Primary Curriculum. This includes:

- an understanding of the application of population health principles
- knowledge and practical skills required to integrate population health strategies into routine medical practice
- an understanding of the importance of local management of population health issues
- an understanding of the roles of other health professionals and the responsibility of rural or remote general practitioners to promote inter-professional collaboration, and
- a commitment to self-directed learning, continuing education and quality improvement.

3. Rationale

There is an imperative for delivery of population health services in rural and remote areas to address inherent health inequalities. General practitioners in these areas have an opportunity to improve the health of whole communities through population health approaches.

There is a stark distinction between population health resources and services available in rural and remote areas compared to those in urban areas (2). Urban general practitioners are able to draw heavily on campaigns and resources offered by various government and not-for-profit organisations, and can also refer patients to these organisations for various services. In rural and remote regions, such resources are less readily available, and general practitioners are more likely to provide front-line population health services with greater autonomy and fewer resources.

Rural communities also experience unique population health issues related to the preponderance of agricultural industry and mining operations in rural areas. A particular issue of agricultural communities is the proximity of families to the industrial workplace and risks.

Other points of difference between population health practice in rural and remote regions compared to urban areas include:

- greater burden of chronic disease
- increased community involvement and ownership of health issues
- higher proportion of transient residents and manual workers
- specific health issues of agricultural populations, agricultural workers and their families
- presence of mining operations in rural and remote communities
- working with indigenous populations
- challenges associated with distance
- social determinants of health in isolated communities, and
- a higher turn-over of health care professionals.

This curriculum has been developed with these factors in mind.

4. Learning abilities

The curriculum defines the abilities, knowledge and skills for AST in Population Health.

The domains of rural and remote general practice, defined by ACRRM, provide a framework for organising the learning abilities for this curriculum.

The domains are:

1. provide medical care in the ambulatory and community setting
2. provide care in the hospital setting
3. respond to medical emergencies
4. apply a population health approach
5. address the health care needs of culturally diverse and disadvantaged groups
6. practise medicine within an ethical, intellectual and professional framework, and
7. practise medicine in the rural and remote context

The levels of achievement in the AST in Population Health build on the abilities in the population health domain of the ACRRM Primary Curriculum.

The abilities in the other six domains are largely as described in the Primary Curriculum; they are included here as they are requirements for all doctors undertaking a Fellowship of ACRRM.

5. Domains

Domain 1: Provide medical care in the ambulatory and community setting

Themes: Patient-centred clinical assessment, clinical reasoning, Clinical management

Abilities

- 1.1 Establish a doctor-patient relationship and use a patient-centred approach to care
- 1.2 Obtain a clinical history that reflects contextual issues including presenting problems, epidemiology, culture and geographic location
- 1.3 Perform a problem-focussed physical examination relevant to clinical history and risks, epidemiology and cultural context
- 1.4 Use specialised clinical equipment as required for further assessment and interpret findings
- 1.5 Order and/or perform diagnostic tests where required to confirm a diagnosis, monitor medical care and/or exclude treatable or serious conditions
- 1.6 Apply diagnostic reasoning to arrive at one or more provisional diagnoses, considering uncommon but clinically important differential diagnoses
- 1.7 Communicate findings of clinical assessment effectively and sensitively to the patient and/or carer
- 1.8 Formulate a management plan in concert with the patient and/or carer, judiciously applying best evidence and the advice of expert colleagues
- 1.9 Identify and manage co-morbidities in the patient and effectively communicate these to the patient and/or carer
- 1.10 Ensure safe and appropriate prescribing of medications and treatment options in the clinical context
- 1.11 Manage uncertainty and the need to evaluate the risks versus the benefits of clinical decisions
- 1.12 Refer, facilitate and coordinate access to specialised medical and diagnostic and other health and social support services
- 1.13 Provide and/or arrange follow-up and continuing medical care

Domain 2: Provide care in the hospital setting

Themes: Medical care of admitted patients, medical leadership in a hospital team, health care quality and safety

Abilities

- 2.1 Manage admission of patients to hospital in accordance with institutional policies
- 2.2 Develop, implement and maintain a management plan for hospitalised patients in concert with the patient and/or carer
- 2.3 Apply relevant checklists and clinical management pathways
- 2.4 Monitor clinical progress, regularly re-evaluate the problem list and modify management accordingly
- 2.5 Maintain a clinically relevant plan of fluid, electrolyte and blood product use with relevant pathology testing
- 2.6 Order and perform a range of diagnostic and therapeutic procedures
- 2.7 Maintain timely and accurate patient documentation in hospital records including drug prescription and administration
- 2.8 Communicate effectively with the health care team, patient and/or carer including effective clinical handover
- 2.9 Recognise and respond early to the deteriorating patient
- 2.10 Anticipate and judiciously arrange safe patient transfer to other facilities, considering clinical indications, service capabilities, patient preferences, transportation and geography
- 2.11 Undertake early, planned and multi-disciplinary discharge planning
- 2.12 Contribute medical expertise and leadership in a hospital team
- 2.13 Provide direct and remote clinical supervision and support to nurses, junior medical staff and students
- 2.14 Recognise, document and manage adverse events and near misses
- 2.15 Participate in institutional quality and safety improvement and risk management activities

Domain 3: Respond to medical emergencies

Themes: Initial assessment and triage, emergency medical intervention, communication and planning

Abilities

- 3.1 Undertake initial assessment and triage of patients with acute or life-threatening conditions
- 3.2 Stabilise critically ill patients and provide primary and secondary care
- 3.3 Provide definitive emergency resuscitation and management across the lifespan in keeping with clinical need, own capabilities and local context and resources
- 3.4 Perform required emergency procedures
- 3.5 Arrange and/or perform emergency patient transport or evacuation when needed
- 3.6 Demonstrate resourcefulness in knowing how to access and use available resources
- 3.7 Communicate effectively at a distance with consulting or receiving clinical personnel
- 3.8 Participate in disaster planning and implementation of disaster plans, and post-incident analysis and debriefing
- 3.9 Provide inter-professional team leadership in emergency care that includes quality assurance and risk management assessment

Domain 4: Apply a population health approach

Themes: Community health assessment, population-level health intervention, evaluation of health care, collaboration with agencies

Abilities

- 4.1 Analyse the social, environmental, economic and occupational determinants of health that affect the community burden of disease and access to health-related services
- 4.2 Apply a population health approach that is relevant to the clinical practice profile
- 4.3 Design and implement basic evidence-based prevention, early detection and health maintenance activities into practice at a systems level
- 4.4 Coordinate development and implementation of extended population health initiatives
- 4.5 Provide continuity and coordination of care for own practice population
- 4.6 Evaluate quality of health care for practice populations
- 4.7 Embed community and stakeholder engagement in all projects and services
- 4.8 Conduct a community health status assessment including monitoring of health trends
- 4.9 Design and implement a community health strategy in response to community need
- 4.10 Design, secure funding for and implement a socially, culturally and economically appropriate local population health programs
- 4.11 Conduct a population health program evaluation
- 4.12 Fulfil reporting requirements in relation to statutory notification of health conditions
- 4.13 Access and collaborate with agencies responsible for key population health functions including public health services, employer groups and local government
- 4.14 Act as a medical advocate in the design, implementation and evaluation of interventions that address determinants of population health
- 4.15 Contribute to population health policy at the local, state and/or national level
- 4.16 Recognise potential infectious outbreaks, initiate investigation and communicate with public health authorities
- 4.17 Remain observant of changing trends over longer periods (e.g. rural communities recovering from natural disaster, e.g. post traumatic stress disorder (PTSD) after bush fire / floods / mass loss of life

Where an area in the ability statements is *italicized and underlined* further information relating to this phrase is found under the Definition of terms section that follows.

Domain 5. Address the health care needs of culturally diverse and disadvantaged groups

Themes: Differing epidemiology, cultural safety and respect, working with groups to improve health outcomes

Abilities

- 5.1 Apply knowledge of the differing profile of disease and health risks among culturally diverse and disadvantaged groups
- 5.2 Communicate effectively and in a culturally safe manner, using interpreters, key community contacts and networks as appropriate
- 5.3 Reflect on own assumptions, cultural beliefs and emotional reactions in providing culturally safe care
- 5.4 Community and stakeholder engagement seeks to include all members of the community and seeks ways to engage with those of culturally diverse and disadvantaged groups
- 5.4 Apply principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care delivery, health surveillance and research
- 5.5 Harness the resources available in the health care team, the local community and family to improve outcomes of care
- 5.6 Work with culturally diverse and disadvantaged groups to address barriers in access to health services and improve the determinants of health

Domain 6: Practise medicine within an ethical, intellectual and professional framework

Themes: Ethical practice, professional obligations, Intellectual engagement including teaching and research

Abilities

- 6.1 Ensure safety, privacy and confidentiality in patient care
- 6.2 Maintain appropriate professional boundaries
- 6.3 Be aware of duty of care issues arising from providing health care to self, family, colleagues, patients and the community
- 6.4 Recognise unprofessional behaviour and signs of the practitioner in difficulty among colleagues and respond according to ethical guidelines and statutory requirements
- 6.5 Keep clinical documentation in accordance with legal and professional standards
- 6.6 Demonstrate commitment to teamwork, collaboration, coordination and continuity of care
- 6.7 Contribute to the management of human and financial resources within a health service
- 6.8 Work within relevant national and state legislation and professional and ethical guidelines
- 6.9 Promote and monitor adherence to legislation regarding confidentiality, consent and disease notification
- 6.10 Provide accurate and ethical certification when required for sickness, employment, social benefits and other purposes
- 6.11 Manage, appraise and assess own performance in the provision of medical care for patients
- 6.12 Develop and apply strategies for self-care, personal support and caring for family
- 6.13 Teach and clinically supervise health students, junior doctors and other health professionals in population health approaches
- 6.14 Communicate clearly and effectively with a wide range of audiences
- 6.15 Produce reports and express ideas succinctly
- 6.16 Engage in continuous learning and professional development
- 6.17 Identify and critically appraise resources of public health information
- 6.18 Take a leadership role in population health research

Domain 7: Practise medicine in the rural and remote context

Themes: Resourcefulness, flexibility, teamwork and technology, responsiveness to context

Abilities

- 7.1 Demonstrate resourcefulness, independence and self-reliance while working effectively in geographic, social and professional isolation
- 7.2 Provide effective clinical care when away from ready access to specialist medical, diagnostic and allied health services
- 7.3 Arrange referral to distant services in concert with the patient and/or carer considering the balance of potential benefits, harms and costs
- 7.4 Provide direct and distant clinical supervision and support for other rural and remote health care personnel
- 7.5 Use information and communication technology to provide medical care or facilitate access to specialised care for patients
- 7.6 Use information and communication technology to network and exchange information with distant colleagues
- 7.7 Respect local community norms and values in own life and work practices
- 7.8 Identify and acquire extended knowledge and skills as may be required to meet health care needs of the local population

6. Definition of terms

<p>Basic evidence-based prevention, early detection and health maintenance activities include</p>	<ul style="list-style-type: none"> • screening and early detection • preventive measures (e.g. immunisation and chemo-prophylaxis) • patient education and counselling • brief interventions • chronic disease management based on national and state strategies • recall and reminder systems • developing risk factor and disease registers • utilising available web-based registers
<p>Extended population health initiatives</p>	<ul style="list-style-type: none"> • screening programs • immunisation • outbreak management, including outbreaks in health care facilities • chronic disease management • health promotion events or programs • mental health promotion • disease prevention • injury prevention
<p>Community health status assessment includes</p>	<ul style="list-style-type: none"> • disease burden • identifying disease and injury patterns • assessing environmental, occupational, behavioural, social and economic factors
<p>Design and implement a community health strategy includes</p>	<ul style="list-style-type: none"> • identifying the health issue • identifying current services • identifying health professional, patient and stakeholder needs • identifying areas for collaboration • identifying most appropriate and cost-effective interventions
<p>Local population health programs from the following areas</p>	<ul style="list-style-type: none"> • health promotion and community development • screening and early detection • disease, mental illness and injury prevention • holistic care and integrated models of care.
<p>Program evaluation including</p>	<ul style="list-style-type: none"> • negotiating with key stakeholders and consumers • selecting appropriate evaluation methods • using formative, process, outcome and impact evaluation methods • using quantitative and qualitative techniques, such as clinical audits and surveys • collecting and analysing health outcome and quality of care data • communicating findings meaningfully to a range of audiences, including official reports to funding bodies and presentations to communities and other stakeholders.
<p>Medical advocate, including:</p>	<ul style="list-style-type: none"> • understanding the links between social and economic factors and health outcomes in the local community • communicating these links to various audiences, as appropriate • being aware of the political context in which they are working • working with government agencies and making submissions as appropriate • working with local community leaders and different cultural groups • being aware of local community history, sensitivities and priorities • being multi-skilled and flexible.

<p>Legislation regarding confidentiality, consent and disease notification</p>	<ul style="list-style-type: none"> • understanding the principles of public health acts • understanding privacy legislation • being aware of tobacco and liquor legislation.
<p>Identify and critically appraise resources of public health information</p>	<ul style="list-style-type: none"> • conducting effective literature reviews • identifying a range of appropriate sources including websites, journals, databases, clinical practice guidelines, government departments and other agencies • using data to describe the health of populations • critically appraising evidence • using evidence-based management guidelines to inform clinical decisions.
<p>Leadership role in population health research including</p>	<ul style="list-style-type: none"> • appraising research proposals • building partnerships • ensuring research priorities are aligned with community needs • ensuring appropriate trial design • ensuring compliance with legislative and ethical requirements.

7. Knowledge

Essential knowledge required

The candidate will demonstrate an in-depth understanding of national public health priorities, targets and campaigns and discuss their relevance, impact and application to local rural and remote communities. In particular, this applies to the following national health priority areas:

- arthritis and musculoskeletal conditions
- asthma
- cardiovascular health
- cancer control
- diabetes mellitus
- injury prevention and control
- mental health
- obesity, and
- tobacco and alcohol control and harm minimisation.
- Epidemiology:
 - study design to a research situation
 - ability to read and understand epidemiological publications critically
 - fundamental understanding of the principles of epidemiology, and
 - sound understanding of the pros and cons of the main study designs
- Barriers to health care and services for Indigenous and people in the community, such as:
 - difficulty accessing services
 - culturally inappropriate health services, policies and procedures
 - health impact of dispossession, and
 - administrative issues such as entitlement cards and transport policies.
- Links between historic and social factors and the health of Indigenous populations including:
 - the psychological impact of colonisation, disempowerment, removal from family and country, institutionalisation, marginalisation and discrimination
 - health consequences of poverty, inadequate education, lack of economic opportunity, poor food access and childhood nutrition, poor housing availability and maintenance, and inadequate community infrastructure
 - the complex background and impact of issues such as substance misuse, domestic violence, child abuse and neglect, and
 - the importance and health impact of family relationships, social support, access to transport, and a sense of control over ones life.
- Specific and differing profile of over-represented conditions among Aboriginal and Torres Strait Islander people, and demonstrate an understanding of how population health strategies can be used to address these issues.

- Characteristics of rural and remote settings and their impact on population health, including:
 - types of conditions likely to be encountered
 - impact of rural and remote attitudes and the historical events leading to these attitudes
 - impact of current and previous health professionals
 - distance
 - limited resource availability
 - rural/remote environmental factors
 - unique agricultural health and medical issues impacting upon workers and their families, and
 - unique mining health issues in rural and remote areas.
- Understanding of your community and working with people from Culturally and Linguistically Diverse Communities.
- Population health principles and practice relating to infection control in primary, secondary and tertiary care settings, including:
 - personal hygiene
 - protective equipment
 - management of sharps
 - sterilisation procedures, and
 - hazardous waste disposal.
 - Population health principles in crisis situations, such as:
 - climatic variation impacting upon rural industry and families
 - natural disaster management
 - major trauma planning and response, and
 - pandemic or epidemic response.

8. Teaching and learning approaches

The emphasis for AST in Population Health will be on acquiring population health skills through practical experience. Learning approaches will include, but are not limited to:

- formal academic study- university courses or programs relevant to the curriculum
- experience based learning – working in rural or remote clinical practice and gaining experience in applying population health approaches
- face to face education meetings – these may be linked with training providers, undertaken by teleconference or video conference, or opportunistically through relevant conferences
- distance learning modes – these are available via the internet, using Rural and Remote Medical Education Online (RRMEO) and other sources
- tele-tutorials and other activities offered by training providers, and
- self-directed or supervised project development – including planning, implementation and evaluation.

9. Supervision and support

Candidates undertaking AST in Population Health will require specific clinical, educational/academic and personal support supervision arrangements. This will require:

1. *Specialist Supervisor/s* to fulfil the following roles:

- A doctor who is overall responsible for the academic supervision of the candidate, and assists the candidate with the population health project.

The academic supervisor will hold Fellowship of the Australian Faculty of Public Health or a general practice Fellowship and hold a Public or Population Health tertiary qualification.

- A doctor who is overall responsible for the clinical supervision of the candidate and provides supervision as appropriate to the candidates experience and stage of training.

The clinical supervisor may be an ACRRM accredited supervisor for Primary Rural and Remote training or a doctor who holds an appropriate qualifications and experience relevant to the clinical environment.

2. *General Practitioner mentor* – a general practitioner who is working, or has worked in a similar situation to where the registrar intends to use their advanced skill. The mentor provides pastoral care and opportunities to debrief or act as a sounding board about cultural or personal issues. The supervisor should be a rural doctor who can put specialist information into rural context. This role may be filled by a specialist supervisor who fits these criteria.

10. Assessment

The assessments required for Advanced Specialised Training in population health are additional to the assessments undertaken for Core Clinical Training and Primary Rural and Remote Training.

Candidates undertaking AST in Population Health are required to complete the following additional assessment tasks:

Formative tasks:

- Formative population health supervisor feedback reports – at 6 months

Summative tasks:

- Summative population health supervisor feedback reports – at 12 months
- Epidemiology course- successful completion of an epidemiology course at Graduate Certificate level or higher
- Population health project – a substantial project which addresses an area of need in the local community.

10.1 Population health supervisor feedback reports

An Academic Supervisor report is required to be submitted by the candidate with the project proposal and with the final written work for the project. The supervisor report is initiated by the candidate. The candidate completes their section first and then the supervisor.

The Clinical Supervisor will continue to submit 6 monthly supervisor reports as required during Primary Rural and Remote Training.

10.2 Population health project

The population health project is a summative task which must be completed satisfactorily in order to pass the advanced specialised training in Population Health.

Candidates are required to enrol in the AST project at the beginning of the AST year.

Enrolments are submitted at <http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/dates-and-enrolment>.

The project must:

- be original work done by the candidate
- address key learning objectives from the Population Health curriculum;
- have gained support/approval from employer, supervisor/s, medical educator and ACRRM
- have gained ethics approval or has written confirmation from the Censor in Chief that it is not required (see [National Statement on Ethical Conduct in Human Research](#)).
- demonstrate clear consideration of population health principles, and
- demonstrate the candidate's in depth understanding of the field chosen.

Options for the project include, but are not limited to:

- development of a practical resource – e.g. funding or accreditation submission, chronic disease register
- a local disease prevention or health promotion project – e.g. clinical audit of practice against protocols, community burden of disease survey or agricultural health project
- a research project
- development of a health promotion web page, and / or
- development of an interactive computer program.

Completed projects must include submission of a piece of assessable written work of approximately 4000–5000 words in length. The academic standard expected for a completed project is at or near Masters Level.

The written submission must include:

- the projects aim/question
- the projects value or importance
- that appropriate permissions were gained
- a critique of the relevant literature
- the methodology used in the project
- interpretation of results
- a discussion of major findings
- an evaluation of success
- a sound conclusion and
- recommendations for further work.

The completed project must be submitted to ACRRM for assessment and will be graded on a pass/fail basis. If a project is graded as a fail the candidate is able to make improvements and resubmit for regrading. This is recorded as a second attempt. Candidates who do not receive a pass grade after three attempts are reviewed to determine if they are permitted to make a fourth attempt.

Candidates are strongly encouraged to share their project through:

- publication in a peer-reviewed journal
- presentation in the workplace or training organisation as appropriate or
- oral presentation or poster at a conference.

An AST Project Guide, AST Project Enrolment form and Academic Supervisor report form can be found at <http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/assessment-types/ast-assessment>

11. Potential articulation

There are several university programs that offer academic support and remote academic content aligned to the Population Health AST curriculum. Candidates are encouraged to consider undertaking one of the following distance education programs or equivalent at the same time as working in a Population Health AST post.

Possible courses include but are not limited to:

- Master of Public Health and Tropical Medicine – James Cook University:
<https://www.jcu.edu.au/courses-and-study/courses/master-of-public-health-and-tropical-medicine>
- Master of Rural and Remote Medicine – James Cook University:
<https://www.jcu.edu.au/courses-and-study/courses/master-of-rural-and-remote-medicine>
- Master of Public Health – Menzies School of Health Research in Darwin,
www.menzies.edu.au
- Master of Public Health - University of Queensland, www.uq.edu.au
- Master of Public Health - Griffith University, Griffith also offers speciality in Agricultural health which can be done externally <https://degrees.griffith.edu.au/Program/5263>
- The Graduate Certificate of Agricultural Health and Medicine - Deakin University
<http://www.deakin.edu.au/future-students/courses/course.php?course=H522>
- Postgraduate courses in public health and health promotion offered by Swansea University,
<http://www.swansea.ac.uk/postgraduate/taught/humanandhealthsciences/public-health-and-health-promotion/>

12. Learning resources

Recommended texts and other resources

ACRRM Online Learning – Introduction to Population Health: www.acrrm.org.au

Rygh EM, Hjortdahl P: Continuous and integrated healthcare services. A literature study. Rural and Remote Health 7 (online), 2007: 766. Available from: www.rrh.org.au

Rural, Regional and Remote Health, Indicators of Health. AIHW; 2005, www.aihw.gov.au

13. Evaluation

The AST program in population health will be evaluated on an ongoing basis using both qualitative and quantitative methods. All stakeholders involved in the process will be asked to provide feedback regarding the content, feasibility, rigor and outcomes in preparing doctors to take on these roles. Stakeholders will include candidates, supervisors, employers and medical educators from the regional training organisations, and others who may have been involved, such as Rural Workforce Agencies, the Remote Vocational Training Scheme, universities and health service providers. The information gathered will be collated by ACRRM and will feed into a 3-5 yearly review of the curriculum.

14. References

1. The role of general practice in population health. A joint consensus statement of the General Practice Partnership Advisory Council and the National Public Health Partnership Group. Draft June 2001. Canberra: Commonwealth Department of Health and Aged Care, 2001.
2. Bourke L, Sheridan C, Russell U, Jones G, DeWitt D, Liaw S. Developing a conceptual understanding of rural health practice. *Australian Journal of Rural Health*. 2004;12:181-6.

Appendix 1. Intersection with FAFPHM

The ACRRM AST in Population Health is designed to intersect with Fellowship of the Faculty of Public Health Medicine (FAFPHM) requirements. While there are important distinctions between general practice population health and specialist public health practice, there are also significant overlaps in learning competencies.

The following table plots the intersection between the ACRRM Domains of Rural and Remote Medicine and the FAFPHM Competencies for Public Health Medicine.

	ACRRM AST DOMAINS						
	Provide medical care in the ambulatory and community setting	Provide care in the hospital setting	Respond to medical emergencies	Apply a population health approach	Address the health care needs of culturally diverse and disadvantaged groups	Practice medicine within an ethical intellectual and professional framework	Practise medicine in the rural and remote context
FAFPHM COMPETENCIES							
General professional practice competencies (1.1-2.10)			X			X	X
Cultural competencies (3.1-5.2)	X				X	X	
Information, research, evaluation and policy (6.1-9.9)				X		X	
Health promotion and disease prevention and control (10.1-13.6)	X	X		X			
Health sector development and organisational management (14.1-15.7)				X		X	X

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