

Australian College of Rural
and Remote Medicine



FELLOWSHIP HANDBOOK

ADVANCED SPECIALISED TRAINING

Population health

Australian College of Rural and Remote Medicine
Level 1, 324 Queen Street
GPO Box 2507
Brisbane QLD 4000
Ph: 07 3105 8200 Fax: 07 3105 8299
Website: www.acrrm.org.au
ABN: 12 078 081 848

Copyright

© 2021 Australian College of Rural and Remote Medicine. All rights reserved. No part of this document may be reproduced by any means or in any form without express permission in writing from the Australian College of Rural and Remote Medicine.

Version 1.0/2021

Date published: March 2021

ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live and pay respect to their elders past present and future.

Contents

| | |
|------------------------|----|
| Introduction | 4 |
| Rationale | 4 |
| Credentials | 5 |
| Eligibility | 5 |
| Training | 5 |
| Education | 5 |
| Assessment..... | 7 |
| Training posts..... | 7 |
| Supervision | 8 |
| Competencies | 9 |
| Syllabus..... | 10 |
| Knowledge..... | 10 |
| Skills | 11 |
| Attributes | 13 |
| Acknowledgements | 14 |

Introduction

Fellows of ACRRM receive specialist registration as a general practitioner with the Medical Board of Australia and can practise in any location throughout Australia.

ACRRM's standards and training also prepare doctors to be rural generalists.

A rural generalist is a general practitioner who has specific expertise in providing medical care for rural and remote communities. A rural generalist understands and responds to the diverse needs of Aboriginal, Torres Strait Islander and other rural communities; this includes applying a population approach, providing safe primary, secondary and emergency care as required and providing specialised medical care in at least one additional discipline.

Population Health is recognised as one of the additional disciplines in which a rural generalist may undertake Advanced Specialised Training.

Advanced Specialised Training in Population Health is a training program that builds on ACRRM Core Generalist Training in Population Health.

Rationale

Population health has been defined as:

"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 several reasons:

- inequity of health outcomes in rural and remote communities
- 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.

Credentials

A rural generalist who has completed the advanced specialised training program in Population Health can take a leadership role in rural communities:

- designing and implementing community health strategy
- undertaking rural population research
- responding to infectious disease outbreaks
- advocating for funding for interventions that address determinants of population health.

Eligibility

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

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

There is an assumption that candidates already have core generalist population health knowledge and skills, as outlined in the [Rural Generalist Curriculum](#).

Training

Advanced Specialised Training in population health requires a minimum 12 months full time (FTE) or equivalent part time training in an ACRRM accredited training post. The training may be undertaken in two or more blocks or concurrently with Core Generalist Training.

The 12 months FTE is generally spent working full time in a clinical post. At a minimum 0.8 FTE must be in the clinical post and up to 0.2 FTE undertaking work related to the project.

Education

Registrars are expected to average a minimum of four hours per week engaged in educational activities related to the AST. A record of education must be kept by the registrar and discussed with the Supervisor and Medical Educator regularly throughout training.

Registrars undertaking Advanced Specialised Training in Population Health are generally working towards or have completed academic qualifications in Population or Public Health.

Registrars must at a minimum successfully complete an Epidemiology course at Graduate Certificate level or higher, covering:

- fundamental principles of epidemiology
- critical appraisal of epidemiological publications
- application of study design to a research situation and
- the strengths and weaknesses of the main study designs.

Registrars not completing in an academic qualification, may undertake appropriate open university courses such as those provided in the links below. A certificate of completion must be provided.

<http://ocw.jhsph.edu/index.cfm/go/viewCourse/course/FundEpi/coursePage/index/>

<https://www.coursera.org/search?query=epidemiology>

Registrars will supplement their learning by completing other academic courses or ACRRM online courses which have content relevant to Population Health, for example:

- Introduction to Population Health
- Approach to Care courses
- Effective Communication Skills
- Youth Friendly Consultation Skills
- Digital Health Rural Australia - Better Health, Easier to Deliver
- Clinical Bytes
- Alcohol and other Drugs courses
- Rural Doctors Family and Domestic Violence Education Package
- Rural Sexual Health 1, 2 & 3
- Q Fever - Early Diagnosis and Vaccination
- Tuberculosis in Australia
- Yellow Fever Vaccination Course

Academic qualifications

Courses that may articulate with Advanced Specialised Training in Population Health include but are not limited to:

- Master of Public Health and Tropical Medicine – James Cook University
- Master of Rural and Remote Medicine – James Cook University
- Master of Public Health – Menzies School of Health Research in Darwin
- Master of Public Health - University of Queensland
- Master of Public Health - Griffith University, Griffith also offers speciality in Agricultural health which can be done externally
- Graduate Certificate of Agricultural Health and Medicine - Deakin University
- Postgraduate courses in public health and health promotion offered by Swansea University
- Master of Remote Health Practice Program conducted by Flinders University's Centre for Remote Health in Alice Springs
- Graduate Diploma in Indigenous and Remote Child Health – Flinders University
- Master of Public Health and Tropical Medicine conducted by James Cook University in Townsville
- Master of Rural and Remote Medicine conducted by James Cook University in Townsville
- Master of Public Health (Remote and Polar Health) conducted by University of Tasmania and Australian Antarctic Division
- Master of Public Health conducted by Menzies School of Health Research in Darwin

Assessment

The assessments required for Advanced Specialised Training are additional to the assessments undertaken for Core Generalist Training.

Registrars must submit to their training organisation and ACRRM:

- AST Plan and Progress Report completed by registrar and supervisor every three months
- Academic supervisor reports with project proposal and completed project

Project

Registrars must successfully complete a Project, during the AST, that relates to Population Health.

Projects are a substantial piece of original work done by the registrar. Options for projects may include:

- research and development of a practical resource
- research and development of a local disease prevention or health promotion project
- a research project that contributes to current knowledge in a particular discipline and relating to key learning objectives in the specific curriculum.

The academic standard expected for a completed project is at or near master's Level.

All projects will require ethics approval. A candidate's project proposal, academic supervisor's report including details of ethics approval must be submitted to the College for review and approval by the Censor in Chief **before commencement** of the actual project.

Completed projects must include submission of a piece of assessable written work of approximately 4000–5000 words in length.

See the Fellowship Assessment Handbook for further information on the project requirements.

Training posts

Training for the Advanced Specialised Training year in population health may be undertaken across one or more posts. An appropriate post or combination of posts must be prospectively accredited by ACRRM.

Training may take place in

- a dedicated public population health service such as population health units or a public health centre or
- in a post accredited by ACRRM for Core Generalist Training.

A training post accredited for Australian Faculty of Public Health will generally be suitable but must also be accredited by ACRRM for an AST.

Institutions with established educational links to other institutions and involvement with undergraduate teaching and other vocational training would be highly desirable.

See Supervisor and Training Post Standards for further information.

The AST registrar must be employed as a Registrar or in an equivalent position.

Supervision

Candidates undertaking AST in Population health will require specific medical, professional and personal support and supervision arrangements.

This will include at least one:

- *Specialist supervisor* – a doctor holding a Fellowship with relevant qualifications and experience who is overall responsible for the clinical and educational supervision of the registrar.
- *Academic supervisor* - 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 a tertiary qualification ideally in public health or population health. The supervisor may hold a medical qualification.

See [Supervisor and Training Post Standards](#) for further information.

Competencies

Rural Generalist competencies are grouped under the eight domains of rural and remote practice. They describe the key competencies that are required in each context of practice. They are described in the [Rural Generalist Curriculum](#).

The sixth domain defines the competencies in Population Health that are required to be met by all Rural Generalists prior to Fellowship.

The table below describes the competencies and the standard required in Core Generalist and Advanced Specialised Training.

| Competencies | | Core Generalist | Advanced Specialised |
|--------------|--|---|---|
| 5.1 | Analyse the social, environmental, economic and occupational determinants of health that affect the community | Analyses the social, environmental, economic and occupational determinants of health that affect the community burden of disease and access to health-related services | Acts as a medical advocate in the design, implementation and evaluation of interventions that address determinants of population health |
| 5.2 | Describe the local community profile, including health, age groups, ethnicity, occupations | Presents and explains the implications of the local community profile Monitors population health trends and recognises 'red flags' that require action | Conducts community health status assessments |
| 5.3 | Apply a population health approach that is relevant to the community profile | Actively participates in local community and regional groups and forums to advocate in the design, implementation and evaluation of interventions that address determinants of population health for their community | Designs and implements a community health strategy in response to community need Conducts population health program evaluation |
| 5.4 | Integrate evidence-based prevention, early detection and health maintenance activities into practise at a population level | Integrates evidence-based prevention, early detection and health maintenance activities into practise at a systems level | Designs and implements evidence-based prevention, early detection and health maintenance activities into practise at a systems level |
| 5.5 | Fulfil reporting requirements in relation to statutory notification of health conditions | Independently fulfils reporting requirements in relation to statutory notification of health conditions | Analyses and responds to trends in reporting in relation to statutory notification of health conditions |
| 5.6 | Participate in disaster planning and implementation of disaster plans, and post-incident analysis and debriefing | Actively contributes to disaster planning with reference to previous post-incident analyses Collaborates with others to implement disaster planning Facilitates and actively contributes to post-incident analysis and debriefing | Coordinates disaster planning for the community Arranges post-incident analysis and debriefing |

Syllabus

The Core Generalist Training knowledge and skills for population health required by all rural generalists are defined in the Rural Generalist Curriculum. The Advanced Specialised Training population health knowledge, skills and attributes that build on this core are described below.

Knowledge

- AS.K.1 Discuss national public health priorities, targets and campaigns and discuss their relevance, impact and application to local rural and remote communities, including:
- cardiovascular disease
 - cancer
 - mental health
 - injury
 - diabetes
 - asthma
 - immunisation
 - drug and alcohol
- AS.K.2 Illustrate an understanding of epidemiology, including:
- 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
- AS.K.3 Discuss barriers to health care and services for Aboriginal and Torres Strait Islander peoples 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.
- AS.K.4 Describe the links between historic and social factors and the health of Aboriginal and Torres Strait Islander peoples 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
 - the importance and health impact of family relationships, social support, access to transport, and a sense of control over one's life.
- AS.K.5 Describe the specific and differing profile of over-represented conditions among Aboriginal and Torres Strait Islander peoples and demonstrate an understanding of how population health strategies can be used to address these issues.

- AS.K.6 Detail the 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.
- AS.K.7 Discuss 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.
- AS.K.8 Explain legislation regarding confidentiality, consent and disease notification, including:
- the principles of public health acts
 - privacy legislation
 - tobacco and liquor legislation.
- AS.K.9 Discuss population health principles in crisis situations, such as:
- climate variation and change impacting upon rural industry and families
 - natural disaster management
 - major trauma planning and response, and
 - pandemic or epidemic response.

Skills

- AS.S.1 Design and implement evidence-based prevention, early detection and health maintenance activities into practice at a systems level, including:
- screening and early detection
 - health checks
 - preventive measures
 - 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
- AS.S.2 Identify and critically appraise resources of public health information, including:
- 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.
- AS.S.3 Take a leadership role in population health research, including:
- appraising research proposals
 - building partnerships
 - ensuring research priorities are aligned with community needs
 - ensuring appropriate trial design
 - ensuring compliance with legislative and ethical requirements
- AS.S.4 Coordinate development and implementation of extended population health initiatives, including:
- 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
- AS.S.5 Conduct a community health status assessment, including:
- monitoring of health trends
 - disease burden
 - identifying disease and injury patterns
 - assessing environmental, occupational, behavioural, social and economic factors
- AS.S.6 Design and implement a community health strategy in response to community need, including:
- identifying the health issue
 - identifying current services
 - identifying health professional, patient and stakeholder needs
 - identifying areas for collaboration
- AS.S.7 Complete a funding application for and implement socially, culturally and economically appropriate local population health programs, eg:
- health promotion and community development
 - screening and early detection

- disease, mental illness and injury prevention
 - holistic care and integrated models of care.
- AS.S.8 Conduct a population health program evaluation, including:
- 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
- AS.S.9 Act as a medical advocate in the design, implementation and evaluation of interventions that address determinants of population health, including:
- 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

Attributes

- At.3 Agency
- At.17 Resourcefulness
- At.5 Commitment

Acknowledgements

The College thanks the following people for their time and expertise in the development of the initial or revised versions of this AST:

- Dr Carole Reeve – Centre for Remote Health, Flinders University - Principal writer
- A/Prof Elizabeth Chalmers – Flinders University
- Dr Tracy Cheffins – James Cook University Rural Health Research Unit
- Dr Catrina Felton Busch – Mt Isa Centre for Rural and Remote Health
- Dr Lauren Gale – Rural Flying Doctors
- Ms Maggie Grant – formerly James Cook University
- Prof Scott Kitchener – Rural, School of Medicine, Griffith University
- Ms Heather Mumme – Mt Isa Centre for Rural and Remote Health
- Dr Carmel Nelson – Clinical Director, Institute for Urban Indigenous Health
- Prof Jonathan Newbury – University of Adelaide
- Prof Dennis Pashen – Past President, Rural Doctors Association Australia, Adjunct Professor, James Cook University, Clinical Professor, University of Tasmania
- A/Prof Janie Dade-Smith – Director and Curriculum Consultant, RhED Consulting.