ROYAL COLLEGE OF PHYSICIANS OF IRELAND

# Regulations and Information for Candidates

# Membership of the Faculty of Public Health Medicine of the Royal College of Physicians of Ireland – Parts I, II and III

**Version 2024**

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# Contents


1. Introduction ..... 4
2. MFPHMI Examination ..... 4
2.1 Purpose of the examination ..... 4
2.2 Entry requirements ..... 4
2.3 Examination pathway ..... 4
2.5 Examination frequency and location ..... 5
2.6 Exemptions ..... 5
2.7 Attempts and repeat attempts ..... 5
3. How to enter the MFPHMI Examinations ..... 7
3.1 Method of application ..... 7
3.2 Visas ..... 8
3.3 Examination fees ..... 8
3.4 Withdrawal from the examination ..... 8
3.5 Examination registration ..... 8
4. MFPHMI Part I Examination ..... 9
4.1 Part I Examination format ..... 9
4.2 Knowledge and skills ..... 10
4.3 Marking ..... 10
4.4 Calculators ..... 10
4.5 Syllabus ..... 10
4.6 Part I past exam papers ..... 11
5. MFPHMI Part II Examination ..... 12
5.1 Part II Examination Format ..... 12
5.2 Public Health Reports ..... 12
5.2.1 Requirements for Public Health Reports ..... 12
5.2.2 Format of Reports ..... 13
5.2.3 Plagiarism ..... 14
5.2.4 Testimonials ..... 14
5.2.5 Research Ethics ..... 14
5.3 Part IIA and IIB - Marking Scheme and Examination Outcome ..... 14
6. MFPHMI Part III Examination ..... 16
6.1 Part III Examination Format ..... 16
6.2 Knowledge and skills ..... 16
6.3 Marking ..... 16
7. Examination Rules and Procedures ..... 17

8. Emergency and Fire Evacuation ..... 19
9. Code of Conduct ..... 20
10 Reporting of Misconduct and Investigation Procedures ..... 21
10.1 Report procedure ..... 21
10.2 Investigation procedure ..... 21
11 Adapted Examination Arrangements ..... 22
12. Examination Results ..... 23
13. Recheck Procedure and Appeals Policy ..... 24
14. Admission to Membership of the Faculty of Public Health Medicine in Ireland ..... 25
Appendix A – MFPHMI Part I Syllabus ..... 26
1. Epidemiology, statistics and research methods ..... 26
2. Health intelligence ..... 28
3. Health and wellbeing ..... 28
4. Health Protection ..... 30
5. Social policy and health economics ..... 30
6. Medical sociology and health psychology ..... 31
7. Organisation and management of health care ..... 31

# 1. Introduction

The following Regulations apply to all candidates entering for the MFPHMI Examinations. It is the candidate's responsibility to ensure compliance with the Regulations. Any decision made by the College on the interpretation of these Regulations is binding. The acceptance of any application is at the sole discretion of the College.

The MFPHMI Examination is in three parts. Part I is a written examination. Part II takes the form of submissions of two written Public Health Reports (PHRs). Part III is the Public Health Oral Examination of Professional Competence (OEPC).

Every candidate for the Membership of the Faculty of Public Health Medicine of the Royal College of Physicians of Ireland must pass all parts of the Membership Examination unless exemption (for Part I) has been granted (see Section 2.6).

# 2. MFPHMI Examination

## 2.1 Purpose of the examination

The overall purpose of the MFPHMI examination is to assess that the candidate's knowledge, attitudes and skills in public health medicine are appropriate for a senior medical practitioner in the speciality.

The aim of the Part I examination is to demonstrate satisfactory knowledge and comprehension across the range of public health topics, together with basic skills in research methods, data analysis, problem solving and communications.

The aim of the Part II examination is to test the ability of the candidate to apply their knowledge to all aspects of Public Health Medicine and to enable the candidate to display specialist skills. Two written reports (Part IIA and Par IIB) are assessed to demonstrate that the candidate has the capacity at the appropriate standard to critically study an epidemiological or public health question, to carry out in-depth investigations of the issues and to propose appropriate solutions.

The aim of the Part III Oral Examination of Professional Competence (OEPC) is to demonstrate that the candidate has retained and built on the knowledge, understanding and skills demonstrated in the Part I and Part II examinations across the range of public health topics, at a level appropriate to a senior public health medical practitioner.

## 2.2 Entry requirements

Every candidate for the Membership Examination of the Faculty must hold a medical qualification acceptable to the Board of the Faculty and the College.

Candidates for the MFPHMI Part I examination are not required to be on a register of medical practitioners. Those whose names do not appear on the Register of Medical Practitioners in Ireland or in the United Kingdom must submit certified copies of their original diplomas of medical qualification which must be adjudged to be satisfactory.

Candidates for the MFPHMI Part II and Part III examinations are required to be registered medical practitioners.

## 2.3 Examination pathway

A candidate is eligible to apply to sit the MFPHMI Part I examination a minimum of one year after the date of his/her original qualification in medicine. Candidates who do not pass may re-enter, subject to the limits set out in Section 2.7.

Part I must be passed or exemption have been granted (see Section 2.6) before applying for the MFPHMI Part II examination. For their first sitting of the Part II, candidates may submit one (Part IIA) or two PHRs (Part IIA and Part II B) and attend the oral examination on reports submitted. If candidates do not pass both components at one sitting of Part II, they may 'bank' the report they have passed. The Part III MFPHMI examination can only be entered after the candidate has successfully passed all components of the Part II (i.e. Part IIA and Part IIB) of the examination.

A candidate must pass the MFPHMI Part III examination within seven calendar years of passing the Part I examination, or of passing the examination for which exemption from the Part I was granted.

### 2.5 Examination frequency and location

The MFPHMI Part I examination is held once a year in Dublin, usually in April. The Part II examination (written PHRs – Part IIA and Part IIB) is held twice a year in Dublin, usually in April and October. The Part III Public Health OEPC will be held in Dublin from Spring 2022. The number of sittings is subject to change following the first year. Specific examination dates are set out in the examinations calendar on the RCPI website.

### 2.6 Exemptions

Candidates who wish to claim exemption from Part I of the Membership of the Faculty of Public Health Medicine must submit the required proof of qualification and have the exemption granted prior to applying for the Part II.

Exemption from Part I is granted to a registered medical practitioner who has been successful in the Diplomate Examination of the Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom (DFPH), formerly Part A.

Candidates claiming exemption must accompany their application with attested/certified proof of this qualification. Documents can be attested by any one the following:

- Issuing authority
- Commissioner for oaths
- Solicitor
- An Garda Síochána (Police)

### 2.7 Attempts and repeat attempts

Each candidate is limited to **six** attempts at the MFPHMI Part I examination, including attempts at the DFPH, formerly Part A examination of the Faculty of Public Health in the United Kingdom.

If a candidate in the Part 1 examination scores more than 1000/2000 marks overall but fails a paper, they may be able to 'bank' the papers they have passed, in specific circumstances. Where a candidate passes Papers 1 & 2 or Papers 3 & 4, but fails one or both of the other papers, they may bank the two passed papers for the next sitting of the Part I examination. This means that they will only be required to repeat two papers at the following Part I sitting. If the candidate is unsuccessful in the next sitting of the Part I examination the banked papers will be lost and the full examination must be retaken.

Candidates will be allowed:

- Three attempts at the Part II examination (Part IIA and Part IIB PHRs) irrespective of the number of PHRs submitted for examination at one attempt/sitting; *and*
- two attempts at the Part III examination (Public Health OEPC).

Candidates are advised that one attempt/sitting of the Part II examination is taken when one or more PHRs are submitted for examination. Each Part II attempt/sitting may involve submission of either one PHR only (i.e. submission of Part IIA only or submission of Part IIB only for that attempt/sitting) *or* submission of two PHRs at the same time (i.e. submission of Part IIA and Part IIB at the same attempt/sitting).

Candidates have **seven calendar years** from the date of passing the MFPHMI Part I in which to pass the MFPHMI Part III. A candidate who has not passed MFPHMI Part III within seven years of passing the Part I may re-sit the Part I examination providing he or she has attended the Part I examination on fewer than six occasions and the Part II and Part III examinations (combined) on fewer than five occasions.

**Val Barry prize**
If a candidate performs to the highest standard in the exams the Val Barry prize may be awarded by the Board of the Faculty on the recommendation of the Convenor of Examinations. This is awarded to a candidate who presents two PHRs of the highest standard on first submission, and who has also performed to the highest standard on the Part 3 Oral Examination of Professional Competence.

# 3. How to enter the MFPHMI Examinations

### 3.1 Method of application

All application forms, together with supplemental documentation and payment must be completed online. The method of payment is by credit card and Debit/Laser cards.

Applications will not be accepted by the College before the published opening date or after the published closing date and time.

Candidates must upload certified copies of their original diplomas (first time entrants only) of medical qualification, which must be adjudged to be satisfactory to the College. Copy diplomas must be attested by:
(i) a member of An Garda Síochána (police)
(ii) a solicitor
(iii) a commissioner for oaths
(iv) or the issuing authority

The receipt of the retention fee issued by the Medical Council is not acceptable as evidence of registration. Official translations will only be accepted if they have been prepared and/or authenticated by:
(i) the issuing university or medical school
(ii) an Irish or British Consulate
(iii) the candidate's own embassy or high commissioner

**Application checklist Part I**

- Online application form
- Proof of medical qualification. There must be at least 12 months between the date of your primary medical degree graduation and the date of the exam.

**Application checklist for re-entry to Part I**

- Online application form

**Application checklist for all applicants to Part II**

- Online application form that can be accessed on the College website
- Proof of Medical Council registration (or equivalent)
- Supplementary application form
- A Testimonial for each of the two reports
- Electronic copies of your public health reports (in a Word format) to be uploaded during an online application process. If the upload isn't working, please email your reports to exams@rcpi.ie by 5pm on the closing date for applications
- Resubmission of PHRs that fail form (if applicable)

**See the most up-to-date information on the website HERE.**

**Application checklist (in addition to above) for entry to Part II with exemption from Part I**

- Proof of medical qualification
- Proof of exemption qualification

**Application checklist for all applicants to Part III**

- Online application form
- Proof of Medical Council registration (or equivalent)
- Proof of successful completion of Part II examination and submission of final electronic copies of the candidate's two PHRs to the Faculty office

**Application checklist for all re-entry to Part III**

- Online application form

The candidate's full name must be given at the time of first entry to the MFPHMI examination and must agree with the name(s) given on evidence of medical qualification or Medical Council documentation submitted when applying. The name you provide will be used on all official correspondence (such as diplomas, qualifications and certificates) issued by the RCPI. Candidates who change their name(s) by marriage or deed poll must upload documentary proof of this change if they wish to be admitted to the examination in their new name.

### 3.2 Visas

If a candidate requires a visa to sit an examination, it is the responsibility of the individual to ensure the visa application is made in sufficient time before the examination date for which it has been sought. The College has no influence in granting or refusing visas. A refund will **not** be given if a candidate is unable to attend the examination as a result of a visa-related problem.

### 3.3 Examination fees

The fees payable on entry to the MFPHMI Parts I, II and III examinations are published annually. No candidate will be permitted to take any part of the examination unless all outstanding fees are paid in full.

### 3.4 Withdrawal from the examination

Notice of withdrawal from an examination must be given in writing to the College. A refund less 10% will be made if written notice of withdrawal is received by the College on or before the closing date of entry to the examination. Refunds will not be made where candidates submit their withdrawal request after the closing date. For Written examinations, candidates may request a deferral of their application to the next diet, for a fee of €100. No fee will be held over to a future clinical examination unless there are exceptional extenuating circumstances. For details of the RCPI Cancellation policy, please go to the website HERE or contact exams@rcpi.ie.

### 3.5 Examination registration

Part I candidates are advised to be in their chosen examination location 20 to 30 minutes before their scheduled examination start time in order to login, enter the examination and go through the system checks. 15 minutes before examination, the "connect" option will activate, and candidates can click on this to commence the pre-validation process.
Registration will take place 30 minutes prior to the commencement of the examination for Parts II and III.

# 4. MFPHMI Part I Examination

### 4.1 Part I Examination format

Part I is delivered by remote invigilation instead of at a physical location. Remote invigilation means that you sit the same examination (structure, format and length) but online, in a quiet, secure place of your choosing. More information about remote invigilation can be found:
1. https://www.rcpi.ie/examinations/remote-invigilation/
OR
2. https://www.testreach.com/exam-candidate-testreach.html

Part I is designed to test the candidate's knowledge and understanding of epidemiology, statistics, social sciences in relation to public health medicine, and the principles of administration and management in relation to health and social services.

The examination consists of **four written** papers held over **two days** as follows:

- Papers 1 and 2 are designed primarily to test knowledge
- Papers 3 and 4 are designed primarily to test skills

Note: there is a "rest day" between Day 1 and Day 2.

The knowledge part of the syllabus (see 4.5 below) is broken down into sections which broadly relate to the structure of Papers 1 and 2 of the examination. Material from any part of the syllabus may be tested in the skills part of the examination.

**Paper 1 (Day 1 morning) and Paper 2 (Day 2 morning)**
Candidates are required to answer ten compulsory short answer questions (which may include some internal choice) across the range of the syllabus, in order to demonstrate their knowledge of the core sciences of public health medicine.

**Paper 1 – (2 hours)**
Candidates are required to answer five questions covering the following subjects:
Epidemiology, statistics and research methods
Health and wellbeing
Health protection

**Paper 2 – (2 hours)**
Candidates are required to answer five questions covering the following subjects:
Health intelligence
Social policy and health economics
Medical sociology and health psychology
Organisation and management of health care

**Paper 3 (Day 1 afternoon) and Paper 4 (Day 2 afternoon)**
These papers are designed to test candidates' public health medicine skills.

**Paper 3 – (2 hours)**
Critical appraisal: Commentary on and application of material in a scientific/medical article from a peer reviewed journal. The article will be provided at the start of the examination paper.

**Paper 4 – (2 hours)**

Preparation of a written communication on some aspect of public health to the press, health authority, chief executive, Director of Public Health or a similar person / organisation. Candidates are expected

to demonstrate their ability to apply the basic skills of public health medicine to a set problem. This may include data manipulation and interpretation.

### 4.2 Knowledge and skills

Division of material into sections is only a guide; candidates should expect questions that draw together knowledge from different sections, and should note particularly that inclusion of a subject area within one section of the syllabus does not preclude its use in a different section of the examination. Candidates should especially note that there will be sharing of subject material between Papers 1 and 2, and Papers 3 and 4.

The examination is designed to accommodate candidates with experience outside the Irish health care system. In setting questions, the aim is for generic questions which, where appropriate, allow candidates to relate answers to their particular settings. Candidates are expected to be familiar with recent relevant theoretical developments.

The level of knowledge, skill and understanding required within all sections of the syllabus is that which could reasonably be expected of a competent practitioner in public health medicine. Some basic data handling skills and the ability to perform basic statistical techniques will be required in the examination. Although many public health practitioners will not need to be able to execute more complex statistical techniques, they will need to understand and interpret results from them: this level of understanding is expected from candidates.

The skills tested at Part I are not the same as those tested at Parts II and III. An ability to extract and manipulate data, to criticise research evidence and to communicate in writing to a non-specialist audience is required, rather than the more complex skills tested at Parts II and III.

### 4.3 Marking

The papers are prepared by designated examiners who are also responsible for marking the scripts. An External Examiner is also appointed.

a) Each question is marked by a separate pair of Examiners.
b) Paper 1 - 500 marks
   Paper 2 - 500 marks
   There are five questions each marked out of 100 marks. The total marks available per paper are 500. Candidates must achieve a minimum of 200 marks in each paper and a total of 500 marks between Papers 1 and 2 in order to pass and/or to bank both Papers 1 and 2.
   In addition, to pass and/or bank Papers 1 and 2, candidates must achieve a pass mark in at least 2 questions in each paper and 5 questions overall between Papers 1 and 2.
c) Paper 3 - 500 marks
   Paper 4 - 500 marks
   Candidates must achieve a minimum of 200 marks in each paper and a total of 500 marks between Papers 3 and 4.

### 4.4 Calculators

Relevant statistical formulae will be provided. Virtual calculator is provided by the exam platform.

### 4.5 Syllabus

All MFPHMI examinations are conducted in the English language. A guideline syllabus to assist with the preparation for the MFPHMI Part I examination is appended (see Appendix A). The main divisions set out below are not distinct entities; an understanding of their inter-relationships and application to public health medicine is essential.

### 4.6 Part I Past Exam papers

Candidates for the MFPHMI Part I examination can obtain specimens of the Part I questions set in recent years, by completing a past papers form that can be found on our website HERE and paying the standard fee of €25. Please email exams@rcpi.ie for further information on payment options. Copies of theses and reports which have been submitted for previous MFPHMI Part II examinations are available for perusal in an online repository.

Any exam enquiries should be addressed to exams@rcpi.ie.

For other queries please email helpdesk@rcpi.ie.

# 5. MFPHMI Part II Examination

## 5.1 Part II Examination Format

Part II is designed to test the ability of the candidate to apply their knowledge to aspects of public health medicine and to enable the candidate to display specialist skills. It is split into two distinct components, Part IIA and Part IIB which consist of the examination of two Public Health Reports (PHRs) and an oral test on the subject of the written work presented in each PHR. These two parts can be examined either simultaneously or on different occasions. The Public Health OEPC (Part III) may only be attempted following successful completion of the Parts IIA and Part IIB.

## 5.2 Public Health Reports

The aim of examining Public Health Reports (PHRs) is to set the MFPHMI Part II written component in the context of the candidate's day to day work. For candidates in Higher Specialist Training the reports are based on topics arising in their training location(s). For other candidates, reports should be in a similar format.

Examples of reports that may be acceptable include: (Note: this list is not exhaustive)

- Report of an outbreak investigation
- Report of a cluster investigation
- Report of a risk assessment
- Report of a needs assessment
- Report of a health impact assessment
- Report of an environmental incident or hazard
- Report based on analysis and synthesis of routinely collected data
- Comprehensive literature review with synthesis of evidence
- Evaluation of public health policy or intervention
- Analysis of health policy
- Policy analysis relevant to a population health initiative

A published paper may be used as the basis for a PHR and should be submitted along with the report.

Written material submitted for another postgraduate qualification may be included as part of a PHR but the PHR should mainly contain further original research which can be clearly identified as such. The extent to which there is new work in the PHR should also be outlined in the Testimonial signed by the Member of the Faculty of Public Health Medicine of Ireland or the United Kingdom.

### 5.2.1 Requirements for Public Health Reports

Candidates are required to submit two PHRs. Candidates should choose reports which develop and apply a range of competencies from those outlined in the curriculum for Higher Specialist Training in Public Health Medicine.

The two reports should be chosen from two of the five following topic areas:

1. Policy formation; health economics

2. Health intelligence; health information systems
3. Health needs assessment; evaluation and audit of services
4. Health promotion; screening; preventive medicine
5. Health protection; incorporating communicable disease prevention, surveillance and control; environment and health; public health emergency planning and response.

Each PHR should be explicit about the competencies covered by that report.

Each of the two PHRs should address a different disease / health issue. At least one of the reports must demonstrate advanced quantitative (e.g. regression/statistical modelling) or qualitative data analysis**.** If these criteria are not met, some or all of the written submission(s) may be rejected by the Examiners.

Each PHR should include additional material, presented in appendices, to demonstrate communication of the work. Examples of additional material include:

• Poster presentation / conference abstract
• Conference presentation(s) / presentation to Management
• Ministerial submissions / management briefing
• Responses to parliamentary questions / media questions
• Information packages / leaflets
• Media article / press release
• Risk communication with the public

### 5.2.2 Format of Reports

In each PHR, there is a need to describe the background and context of the work, to plan, execute and report on the work effectively, and to discuss the findings and their implications. The ability to present reports in a clear, concise and organised way, with correct spelling and grammar, and to reference source material accurately applies to all types of reports submitted for examination. The report should be submitted in the following format:

1. Acknowledgements
2. Summary
3. Background / context / rationale (to include aims and objectives)
4. Evidence base / literature review
5. Planning / methods
6. Results
7. Discussion / conclusions / implications for public health
8. Recommendations
9. Appendix / appendices: Communications and impact or potential impact on public health

Due to the variety of subject matter and/or types of investigations which may be presented it is not possible to be prescriptive about the contents of each of the above sections. However, the issues which will be considered when grading each section are set out in the Assessment Form which is available on the RCPI website.

The acknowledgments section at the start of the PHR should outline the specific role of the candidate in the investigation/work presented. It should include a statement of any aspects of the work on which the candidate received technical advice e.g. in relation to statistical techniques. Any component which was done by someone else should be explicitly acknowledged. This section should also describe any component of the report which was previously submitted for another higher degree. These acknowledgements should be consistent with the signed testimonial to be submitted with each report.

Candidates are encouraged to keep reports appropriately concise. Each report should state the word count of the material presented. The word count should **not exceed** 10,000 words, excluding the

acknowledgements, abbreviations, summary, appendices, and references. The word count for each PHR submitted for examination will be verified. Candidates should note that any PHR which is over the maximum permitted word count will **not** be examined.

A **pre-submission checklist** that outlines formatting and referencing requirements, has been developed to help candidates ensure that their PHRs comply with examination regulations. For PHRs submitted after January 2022, candidates will be expected to comply with the requirements set out in this checklist; it will be used when PHRs are being examined.

### 5.2.3 Plagiarism

Plagiarism is the inclusion of another person's writings or ideas, either wholly or in part, without due acknowledgement of the original source of the material through appropriate citation. This can include:

- Submitting work copied extensively with only minor textual changes from books, journals, or any other source
- Paraphrasing or summarising ideas or work of others without due acknowledgement of the original source
- Failing to cite all original sources
- Self plagiarism: presenting a piece of one's own work without reference to the original material
- Representing collaborative work as one's own

Plagiarism, whether intentional or not, is a form of misconduct, and will be treated as a violation of the Code of Conduct (Section 9).

### 5.2.4 Testimonials

Every candidate entering for the MFPHMI Part II is required to provide two testimonials (one for each PHR) stating that to the best of his/her knowledge, except where specified, all of the work submitted was carried out by the candidate. The testimonial forms also ask the candidate to specify the level of public access that is appropriate for each report, once the report is accepted into the RCPI Digital Library. These reports must be signed by a Member of the Faculty of Public Health Medicine of Ireland or the United Kingdom (usually the candidate's trainer or advisor for the Public Health Report).

### 5.2.5 Research Ethics

Research ethics issues such as data protection and confidentiality need to be considered. It may be necessary to submit the protocol to a research ethics committee for approval prior to commencing research. Information on the RCPI Research Ethics Committee is available on the RCPI website or from research@rcpi.ie.

## 5.3 Part IIA and IIB - Marking Scheme and Examination Outcome

The Public Health Reports (PHRs) are assessed by two Examiners. The outcome of assessment of each written component of the examination will be either

- Pass or Pass subject to minor corrections: Five areas have been graded/ deemed satisfactory but minor editing/typos may need to be corrected.
- Pass subject to amendments: 3-4 areas have been graded/ deemed satisfactory by the examiners with no area deemed unsatisfactory: Amendments are required to bring the report up to the standard of Pass.
- Fail: less than 3 areas are graded/ deemed satisfactory and/or any area graded/deemed unsatisfactory.

When the two PHRs have been awarded a Pass and all corrections have been accepted, the candidate is required to submit an electronic copy of each Public Health Report to the RCPI library.

When a candidate is awarded a Pass Subject to Amendments, the required amendments must be submitted to the satisfaction of the examiners within the time frame specified. If a candidate fails to meet this requirement, she/he may be required to resubmit the PHR at a future exam sitting.

If a candidate does not pass all components of the Part II written examination (i.e. Parts IIA and IIB) at the first sitting, he/she may 'bank' the written report which was awarded a pass grade.

A candidate who is unsuccessful in Part II may resubmit written material if so advised by the Examiners; they may advise the candidate to abridge, enlarge or otherwise alter any part of the PHR before resubmission or may request further written material. Alternatively, the candidate may be advised or may choose to submit a PHR on a different topic.

For details of requirements for PHRs and how they are examined, see the RCPI website HERE.

# 6. MFPHMI Part III Examination

## 6.1 Part III Examination Format

Part III of MFPHMI is the Public Health Oral of Professional Competence (OEPC). The OEPC consists of an oral examination on topics relevant to the practice of public health medicine. It is conducted as a separate examination following successful completion of the written Part IIA and Part IIB examination. The OEPC will consist of five questions and will last approximately 25 minutes, with provision of the questions 30 minutes in advance to individual candidates to enable them to prepare their answers in a supervised setting. The questions will be agreed by examiners in advance of the Part III examination. Key points will also be agreed in advance to assist with assessment/marking.

Candidates will be provided with the questions at the outset of the Part III examination and will be allowed 30 minutes preparation time, during which they can make notes for use during the examination, but which must be returned at the end of the examination. No textbooks or other resources will be allowed in the reading room or the examination area.

## 6.2 Knowledge and skills

This component of the MFPHMI examination aims to test the candidate's ability to discuss challenges and problems which may present in the practice of public health medicine. During their OEPC candidates will be expected to demonstrate an understanding of the role of the Public Health Physician as an agent of change and as a member of a multidisciplinary team. OEPC questions will usually describe real-life public health scenarios and candidates will be expected to describe how they would respond in a practical sense.

The five questions will be drawn from the following areas:

- Health Protection
- Health Promotion
- Health Services
- Leadership, Management and Advocacy
- Public Health – General

The answer to each OEPC question is assessed across the following domains:

- contribution from perspective of a Public Health Physician
- factual content,
- coherence and organisation, *and*
- demonstration of effective communication skills.

## 6.3 Marking

For each OEPC question, each of the above domains is assessed and marked as either satisfactory, marginal or unsatisfactory. There are four domains per question, there are five questions and therefore a total of 20 domains to be assessed overall.

A candidate must have no more than 1x domain assessed as unsatisfactory within each individual question and must have no more than 3x domains assessed as unsatisfactory across all 5x questions included in the OPEC examination. A candidate should also have no more than 7x domains assessed as marginal across all 5x questions included in the OEPC examination.

## 7. Examination Rules and Procedures

These Regulations apply to all candidates for examinations of the College/Faculty. Candidates should note that by applying to enter to sit an examination, they are deemed to have understood and agreed to comply by these Regulations.

7.1 Candidates will not be permitted to take the examination if they login after their start time booking slot.

7.2 Candidates must have their personal identity card as proof of identity. A passport or drivers licence may be accepted if the candidate's name is stated in the same manner as on their primary medical degree. Candidates will not be admitted taking the examination unless they produce photographic identification.

7.3 Candidates are not permitted to have in the room where they are sitting the remote exam, smart technology, laptop computers, headsets, tablets, calculators, textbooks, documents or items of any kind other than those specifically allowed for that particular examination and previously notified to them. Any candidate found to be in possession of such a device during the examination will receive an infringement warning from the exam invigilator/supervisor.

7.4 Candidates are not permitted to have any personal items at their desks during the examination.

7.5 Candidates should note that drugs will almost always be referred to by their UK approved names (National Formulary) rather than their trade names. Biochemical and other measurements will be expressed in SI units.

7.6 It is strictly forbidden for candidates to talk or attempt in any way to communicate with anyone other than the invigilator/supervisor while the exam is in progress.

7.7 Candidates are not permitted to lean out of the webcam view, block the webcam, commence hand movement that could be interpreted as sign language, glance at other areas of the room that the invigilator cannot see, behave in an unsuitable manner to the invigilator/supervisor. If a candidate engages in any of these actions, they will receive an infringement warning from the exam invigilator/supervisor.

7.8 Smoking is not permitted during the exam.

7.9 One brief (<5 minutes) toilet break is permitted during the examination.

7.10 Any candidate acting in breach of any of the above Regulations, or of any further rules and regulations communicated to them by RCPI or an Exam Provider, or 22 misbehaving in any way, may be suspended from the examination or be deemed to have failed the examination. If an infringement of the College Regulations is deemed to be particularly severe, the candidate concerned may be permanently disbarred from entering any future College examinations.

7.11 **Dress Code for RCPI Clinical Examinations**

Dress and appearance are an important aspect of professionalism. For the Clinical component of MRCPI, you should dress in a smart and conservative manner. Your fingernails should be short and clean. You are usually required to wear a short sleeved shirt or blouse, with no neck-tie, false nails, wrist-watch or wrist jewellery (a plain wedding ring may be acceptable) at examination centres in Ireland.

7.12 To facilitate the assessment of non-verbal communication skills and interaction with patients and examiners, RCPI will require exam candidates, for the duration of the examination, to remove any clothing and/or other item which covers all, or part of, their face.

7.13 Candidates attending centres in Ireland must come prepared to meet these criteria – failure to comply will mean that you cannot sit the exam, and in these circumstances, you will not be eligible for a refund. Centres outside Ireland have not imposed dress requirements at the present time, but where such policies are introduced, candidates will be expected to comply with them.

## 8. Emergency and Fire Evacuation

8.1. For candidates taking written examinations via remote invigilation, if there is an emergency at the location you are taking the exam, notify the invigilator/supervisor and follow the evacuation guidelines for the location. The invigilator/supervisor will pause the candidate's exam and notification will be sent to the RCPI Examination Department.

8.2 If it is possible for a candidate to resume the examination within a reasonable time period, the invigilator/supervisor will resume the exam and the candidate will be notified of the revised finishing time for the exam.

8.3 In the event that it is not possible to resume the exam within a reasonable time period, the examination will be re-scheduled. In this case, invigilator/supervisor will advise the candidate that they should contact the Examinations Department regarding alternative examination arrangements.

8.4 For candidates taking clinical examinations, if there is an emergency follow the emergency policy for the centre location. The College staff member will instruct the invigilators to act as 'Fire Marshals' and these marshals will be responsible for leading their designated sections of candidates.

8.5 The Fire Marshal should collect the exam register and evacuate the candidates to the assembly point using the emergency exists.

8.6 When assembled the Fire Marshal will check the candidates against the examinations register.

8.7 If it is possible to resume the clinical examination, candidates will return to their station and time will be resumed from when the alarm was raised. Candidates will be informed of the revised finishing time for the examination.

8.8 A written report of the evacuation will be filed by the College staff member and forwarded to the Director of Examinations.

8.9 In the event that it is not possible to resume the exam within a reasonable time period, the examination will be re-scheduled. In this case, invigilators will announce to the candidates that they should contact the Examinations Department regarding alternative examination arrangements. Candidates may then leave.

## 9. Code of Conduct

This code shall apply to all candidates for examinations of the College. Candidates should note by applying to enter to sit an examination they are deemed to have understood and agreed to comply by this code. Misconduct includes, but is not restricted to:

9.1 Introduction into any examination of materials other than those specifically permitted for the examination.

9.2 Any attempt to communicate with another candidate or any person other than an invigilator on duty.

9.3 Any attempt to gain access to or plagiarise the work of another candidate.

9.4 Any attempt to gain or pass on information with regard to the content of the examination in advance of the date of the examination.

9.5 Impersonation of a candidate.

9.6 Bribery of another candidate or examination official.

9.7 Unacceptable or disruptive behaviour during an examination.

9.8 Failure to abide by the instructions of an invigilator or other examination official.

9.9 Falsification or alteration of any results document or qualification.

# 10 Reporting of Misconduct and Investigation Procedures

## 10.1 Report procedure

Suspected misconduct may be reported to the College by examiners, invigilators, candidates, patients and any other person who becomes aware of suspected misconduct.

Where an invigilator suspects a candidate of violation of examination rules and guidelines, they will:

(a) Confiscate any unauthorised material in the possession of the candidate.

(b) Make a note of the time when the alleged infringement was discovered.

(c) Allow the candidate(s) to continue the examination.

(d) For a remote invigilation exam, the invigilator may terminate the candidate's exam session in the case of major violations of the exam rules, such as leaving the room without authorisation or communicating with unauthorised persons.

(e) Inform the candidate(s) at the end of the examination that a written report of the incident will be submitted to the Director of Examinations.

(f) Within one working days of the examination, the invigilator will submit a written report on the alleged incident together with any confiscated materials to the Director of Examinations.

## 10.2 Investigation procedure

The Director of Examinations will review the report of the alleged case of misconduct and will determine whether there is sufficient evidence of a case to be answered after consulting with other members of College staff where necessary. In cases deemed to be of a very minor or technical nature, a letter of reprimand will be issued, and no further action is taken.

In all other cases the Director of Examinations will inform the candidate in writing of the allegations that have been made about them within 10 working days of receiving a report of alleged misconduct. The candidate will be invited to reply to the allegation of misconduct.

The candidate will provide their response in writing to the allegation within 10 working days from the date of the Director of Examinations letter. If no response is received within 10 working days, a warning letter will be sent. If no response to this warning letter is received within another 10 working days, the file will be sent to the College Executive for a final decision along with a recommendation of an appropriate penalty.

Where a candidate admits in writing to the allegations, full details of the case shall be passed to the College Executive to formally consider the case. The candidate will have the opportunity to include with their response a written statement which may be considered by the Executive. On full review of the case, the Executive will make a final decision, together with a recommendation of an appropriate penalty. The candidate will be notified of the Executive's decision in writing.

# 11 Adapted Examination Arrangements

Any candidate who has a physical disability, learning disability or any other special need that they believe could affect their performance in an examination, may be entitled to adapted examination arrangements. The purpose of any specific arrangement is to compensate for any restrictions imposed by a disability without impairing the validity of the examination. All such candidates should inform the Examinations Department at the time of application of their circumstances in writing, together with a consultant's report to support their application. Failure to include this information at the time of application may affect the arrangements that can be put in place in time for the examination. The information provided is treated strictly confidentially. **Find more information on adapted examination arrangements on our website HERE.**

### Part I MFPHMI

The Faculty adheres to the RCPI policy on trainees and examination of candidates with a disability; that the RCPI Examinations Office will, in so far as possible, facilitate candidates to meet their specific needs during examinations. Information on this is set out in the Examination Regulations. Advance notice with corroborating evidence is required of the disability and of the special supports requested by the candidate, for example additional time for the written papers. Candidates with a disability may be allowed up to 30 minutes additional time for each paper.

Examination scripts of candidates who have been granted additional supports will be appropriately labelled by the Exams Office. This is to bring to the attention of the examiner that accommodations have been made and to ensure that in the anonymous marking a candidate is not penalised for such spelling and syntax errors.

### Part II MFPHMI

There are usually no specific accommodations for the Part II examination for candidates with a disability. For this examination candidates are expected to use commonly available aids (e.g. proof reader, spell check) to assist them in this component of the examination.

### Part III MFPHMI

There are usually no specific accommodations for the Part III examination for candidates with a disability. For this examination candidates are expected to use commonly available aids (e.g. proof reader, spell check) to assist them in this component of the examination.

## 12. Examination Results

The College processes the marking of the MFPHMI Part I, Part II and Part III as quickly as possible, consistent with ensuring accuracy and fairness.

For Part I, examination results are posted to candidates approximately eight to ten weeks after the Part I examination.

For the Part II examination, the overall results when approved by the Convenor, are advised to candidates on the day of the examination. They are also sent to the candidates via email on the day of the examination. Detailed results will be sent to the candidate within two weeks of the examination.

For the Part III examination, the overall results when approved by the Convenor, are advised to candidates on the day of the examination. They are also sent to the candidates via email on the day of the examination.

- Candidates should please refrain from telephoning the College regarding their result during this period, as this will delay the process.
- Appropriate feedback will be provided by the Examinations Office with the candidate's result letter.
- Any queries arising after candidates receive their examination results, including queries regarding exam feedback, should be emailed to exams@rcpi.ie.

## 13. Recheck Procedure and Appeals Policy

Candidates can request a recheck of their examination results in the Part I or Part II Written MRCPI examination. There is a fee of €150 for this procedure. This charge will be refunded if a recheck changes the overall examination result to a pass mark. Exam marks are generated by a rigorous process with multiple safeguards, and are also reviewed by the Examinations Board before the results are released. Given the nature of single best answer questions, the quality assurance measures undertaken by the Board, and the exam being conducted via computer based testing, the margin for error is negligible and therefore it is highly unlikely that a recheck will result in a change to an exam result.

Please complete the recheck application form, available by email from exams@rcpi.ie and return to the Examinations Department within four weeks of the results release date. As the Clinical examination is a 'live' exam there is no facility for re-checking Clinical Examination results/grading. However should a candidate wish to get clarification of their detailed feedback letter they should contact the examinations department directly by email (exams@rcpi.ie) within 10 working days of result letter issue.

**Find more information on the RCPI Appeals Policies HERE or contact us at exams@rcpi.ie.**

## 14. Admission to Membership of the Faculty of Public Health Medicine in Ireland

Candidates who have satisfied the Examiners in Part II and Part III of the examination will be recommended by the Board of the Faculty to the College for admission to Membership of the Faculty.

Prior to admission to Membership of the Faculty the successful candidates shall pay a combined admission fee and first annual subscription. This will be completed online at www.rcpi.ie.

Every Member shall make the following declaration to the Director of the Faculty in the presence of the President of the Royal College of Physicians of Ireland or his/her Vicarious:

"I …… do solemnly, sincerely declare and promise that I will observe and be obedient to the Statutes, Bye-laws and Ordinances of the Royal College of Physicians of Ireland and that I will to the utmost of my power, endeavour to promote the reputation, honour, and dignity of the said College."

Members from abroad may be admitted *in absentia* with the consent of the Registrar of the College by signing a written declaration and on complying with the conditions laid down from time to time.

# Appendix A – MFPHMI Part I Syllabus

All MFPHMI examinations are conducted in the English language. A guideline syllabus to assist with the preparation for the MFPHMI Part I examination is outlined below. The main divisions set out below are not distinct entities; an understanding of their inter-relationships and application to public health medicine is essential.

## MFPHMI Part I Syllabus – Revised September 2013

1. **Epidemiology, statistics and research methods**
2. **Health intelligence**
3. **Health and wellbeing**
4. **Health protection**
5. **Social policy and health economics**
6. **Medical sociology and health psychology**
7. **Organisation and management of health care**

### 1. Epidemiology, statistics and research methods

#### (a) Principles of epidemiology

1. incidence and prevalence
2. numerators, denominators, populations at risk
3. concepts and measures of risk
4. direct and indirect standardisation
5. life tables and expectation of life; years of potential life lost (Y.P.L.L)
6. ethics of epidemiological research
7. sources of variation and error in epidemiological measurement
8. number needed to treat/harm – calculation, interpretation and use

#### (b) Study design

**Quantitative methods**

1. use of routinely collected statistics to describe distribution of disease
2. measurement of rates
3. association and causation
4. bias
5. confounding
6. the design, applications, strengths and weaknesses of descriptive and analytical studies including cross-sectional, cohort, case-control, nested case-control studies and randomised controlled trials
7. intention to treat analysis
8. principles and use of meta analysis and systematic review

**Qualitative methods**

1. principles of qualitative methods
2. the contribution of qualitative methods to public health research and policy
3. use, analysis and presentation of qualitative data

#### (c) Ethical issues in health research

## (d) Principles of critical appraisal

1. the hierarchy of research evidence – from well conducted meta analysis to small case series
2. electronic bibliographical databases and their limitations
3. grey literature
4. publication bias
5. evidence based medicine and policy
6. the Cochrane Collaboration

## (e) Statistical methods

1. definition and use of basic statistics to describe and summarise data and their interrelationships
2. graphical representation
3. measures of central tendency such as the median and mean, measures of variability such as the range and standard deviation and measures of risk such as rates, odds and proportions
4. use of comparative measures such as the mean difference, relative difference, odds ratio, relative risk, excess risk and correlation coefficient
5. techniques of random sampling and random allocation and their central role in statistical inference: principles of confidence interval estimation, calculation of confidence intervals
6. standard statistical distributions (e.g. normal, Poisson and binomial) and their uses
7. an understanding of hypothesis testing, and the concepts of power and significance and their relationship to sample size calculations
8. type I and II errors
9. sample size and statistical power
10. use of parametric and non-parametric tests
11. the problems of multiple comparisons
12. performance of the following hypothesis tests on appropriate data: the paired and independent t-tests, the independent chi-square test, McNemar's test, the sign test, Wilcoxon's matched pairs signed rank test, Wilcoxon's rank sum test (the Mann-Whitney U test)
13. the appropriate use, objectives and value of multiple linear and logistic regression; structure of models and interpretation of regression coefficients
14. principles of life-tables and appropriate use of Cox regression
15. comparison of survival rates; heterogeneity; the role of Bayes' theorem

## (f) Disease-specific epidemiology

1. knowledge of clinical features, distribution, causes, determinants and behaviour of communicable and non-communicable disease of public health importance
2. programming, life-course and adult risk factor approaches

## (g) Assessment of health care needs, demand, utilisation and outcome

1. principles of needs assessment
2. measure of health status, quality of life and health care
3. deprivation measures
4. the uses of epidemiology and other methods in identifying health service needs and in policy development
5. measures of utilisation and performance
6. measures of supply and demand
7. assessing effectiveness, efficiency and acceptability of services including measures of structure, process, service quality and outcome of health care

8. population health outcome indicators
9. principles of evaluation, including quality assessment and assurance

## 2. Health intelligence

### (a) Population

1. conduct of censuses and how data are collected and published
2. demography and the effect on population structure of fertility, mortality and migration
3. methods of population estimation and projection
4. important regional and international differences in populations, in respect of age, sex, occupation, social class, ethnicity and other characteristics
5. principles of life-tables and their demographic applications
6. population projections
7. historical changes in population size and structure and factors underlying them
8. the significance of demographic changes for the health of the population and its need for health and related services
9. policies to address population growth
10. national and international population policies

### (b) Sickness and health

1. sources of routine mortality and morbidity data
2. the International Classification of Diseases and other methods of classification of disease and medical care
3. rates and ratios used to measure health status including regional, occupational and social class variations
4. routine notification and registration systems for births, deaths and specific diseases, including cancer and other morbidity registers and how they are collected and published at national, regional and district levels
5. record linkage

### (c) Applications

1. use of information for health service planning and evaluation
2. principles of information governance
3. specification and uses of information systems
4. common measures of health service provision and usage
5. indices of needs for and outcome of services
6. the uses of mathematical modelling techniques in health service planning
7. the strengths, uses, interpretation and limitations of routine health information
8. use of information technology in management of health services information and in support of provision of health care
9. analysis of health and disease in small areas

## 3. Health and wellbeing

### (a) Health Promotion

1. principles and practice of health promotion: collective and individual responsibilities for health
2. interaction between social, political, economic, physical and personal resources as determinants of health
3. the role of legislative, fiscal and other social policy measures in the promotion of health

4. ideological dilemmas and policy assumptions underlying different approaches to health promotion

5. appropriate settings for health promotion (e.g. schools, the workplace)
6. the prevention paradox
7. methods of influencing personal lifestyles which affect health including health education and social marketing
8. the value of models in explaining and predicting health-related behaviour
9. risk behaviour in health and the effect of interventions in influencing health-related behaviour in professionals, patients and the public
10. theory and practice of communication with regard to health promotion and the use of media in advising on health related issues
11. methods of development and implementation of health promotion programmes
12. community development models
13. principles of partnerships
14. evaluation of health promotion, public health or public policy interventions
15. international collaboration and initiatives in health promotion

**(b) Health and social behaviour**

1. social, behavioural and other determinants of health and wellbeing
2. effects on health and wellbeing to include the following diet, obesity, physical activity, alcohol, drugs, smoking, sexual behaviour and sun exposure
3. strategic approach to health improvement evidence based goals, recommendations, guidelines
4. complex problems using a wide range of approaches, including health service interventions and broader cultural interventions

**(c) Diagnosis and screening**

1. principles, methods and applications of screening for early detection, prevention, treatment and control of disease
2. statistical aspects of screening tests, including knowledge of and ability to calculate sensitivity, specificity, positive and negative predictive values for tests, the use of receiver operating characteristic (ROC) curves
3. differences between screening and diagnostic tests and case finding
4. likelihood ratios
5. pre- and post-test probability
6. ethical, economic legal and social aspects of screening including genetic screening tests
7. the principles of informed choice
8. planning, operation and evaluation of screening programmes
9. the evidence basis needed for developing screening policies and implementing screening programmes, including established and emerging and those currently in development, being piloted or subject to major research activity

**(d) Genetics**

1. elementary human genetics
2. inherited causes of disease in populations
3. basic genomic concepts including patterns of inheritance, penetrance, genotype/phenotype differences, polygenetic disorders, gene-environment interactions and the role of genes in health and disease
4. aetiology, distribution and control of disease in relatives

## 4. Health Protection

### (a) Communicable disease

1. knowledge of the natural history, clinical presentation and methods of diagnosis of communicable disease
2. surveillance of communicable disease
3. methods of control of communicable disease including investigation and management of disease outbreaks and the use of relevant epidemiological methods
4. principles and practice of infection control
5. the design, evaluation and management of immunisation programmes
6. international aspects of communicable disease control
7. a basic understanding of the strengths and weaknesses of routine and reference microbiological techniques e.g. PCR

### (b) Environment

1. environmental determinants of disease
2. health and environmental impact assessment
3. risk and hazard
4. the health problems associated with poor housing and home conditions, inadequate water supplies, flooding, poor sanitation and water pollution
5. methods for monitoring and control of environmental hazards (including food and water safety, atmospheric pollution and other toxic hazards, noise and ionising and electromagnetic radiation)
6. the public health effects of global warming and climate change
7. principles of sustainability
8. use of legislation in environmental control
9. appreciation of factors affecting health and safety at work (including the control of substances hazardous to health)
10. occupation and health
11. transport policies

### (c) Emergency planning

1. emergency preparedness and response to natural and man-made disasters
2. understanding all-hazards approach
3. understanding interagency approach to emergency preparedness
4. risk assessment and communication during emergency response

## 5. Social policy and health economics

### (a) Equity, equality and policy

1. concepts of need and social justice
2. priorities and rationing
3. inequalities in health (e.g. by region, ethnicity, socio-economic position or gender) and in access to health care, including their causes
4. health and social effects of migration
5. balancing equity and efficiency
6. equity of service provision
7. user involvement in service planning
8. health effects of international trade
9. global influences on health and social policy

10. critical analysis of investment in health improvement, and the part played by economic development and global organisations
11. consumerism and community participation

**(b) Health economics**

1. principles of health economics (including the notion of scarcity, supply and demand, differentiating between need and demand, opportunity cost, margins, discounting, sensitivity analysis, efficiency and equity)
2. financial resource allocation
3. techniques of economic appraisal including: cost-effectiveness analysis and modelling, cost-utility analysis, option appraisal and cost-benefit analysis, marginal analysis, the measurement of health benefits in terms of QALYs and related measures
4. role of health economics in health care planning and decision making
5. systems of health and social care and the role of incentives to achieve desired end points
6. decision analysis
7. concepts of funding health services including health markets and health insurance markets

**6. Medical sociology and health psychology**

**(a) Concepts of health, wellbeing, illness and aetiology of illness**

1. theoretical perspectives and methods of enquiry of the behavioural sciences
2. concepts of health and well being
3. culture and health beliefs
4. role of medicine in society
5. illness as a social role
6. symptom experience and illness behaviour
7. doctor-patient relationship
8. implications of labelling, stigma, impairment, disability and handicap
9. substance abuse, dependency and addictive behaviour in relation to service provision and prevention
10. measures of health status which incorporate a psychological or social dimension

**(b) Health care**

1. different approaches to health care including self-care, family care, community care, self-help groups
2. hospitals as social institutions
3. professions and professional conflicts, clinical autonomy in the provision of health care
4. basic psychology relating to attitudes and attitude change, learning and behaviour change
5. the effect of intervention in influencing health-related behaviour
6. psychology of decision-making in health behaviour

**7. Organisation and management of health care**

**(a) Organisation of health services**

1. theories of organisation including those relevant to health and social services
2. the role of international organisations in health and health care e.g. WHO
3. knowledge and understanding of the current organisation and management structure of the Irish health service or the health service of another country

4. the impact of political, economic, socio-cultural, environmental, demographic and other external influences
5. identifying and managing internal and external stakeholder influences
6. management of inter-organisational (network) relationships, including intersectoral work, collaborative working practices and partnerships

**(b) The role and function of management**

1. operational and strategic management
2. the practice of management in the public sector
3. determination of priorities
4. planning including service planning
5. knowledge of economic analysis and financial appraisal
6. implementation
7. principles of evaluation and audit
8. principles of human resource management and manpower planning

**(c) Management skills, teams and their development**

1. motivation, creativity and innovation in individuals, and their relationship to group and team dynamics
2. barriers to, and stimulation of, creativity and innovation (e.g. by brainstorming)
3. learning with individuals from different professional backgrounds
4. principles of leadership
5. principles of delegation
6. principles of negotiation and influencing
7. effective communication in general, and in a management context
8. theoretical and practical aspects of power and authority
9. management of conflict
10. behaviour change in individuals and organisations
11. the analytical approach to decision making

**(d) Management and change**

1. management models and theories associated with motivation, leadership and change management, and their application to practical situations and problems
2. critical evaluation of a range of principles and frameworks for managing change
3. the design and implementation of performance management

**(e) Policy and strategy development and implementation**

1. differences between policy and strategy, and the impact of policies on health
2. principles underpinning the development of policy options and the strategy for their delivery
3. stakeholder engagement in policy developing, including its facilitation and consideration of possible obstacles
4. role of the political in policy strategy
5. implementation and evaluation of policies including the relevant concepts of power interests and ideology
6. problems of policy implementation
7. strategy communication and implementation in relation to health care
8. theories of strategic planning
9. analysis, in a theoretical context, of the effects of polices on health
10. major national and global policies relevant to public health

11. health service development and planning
12. methods of organising and funding health services and their relative merits, focusing particularly on international comparisons and their history

**(f) Quality and patient safety**

1. principles underlying the development of clinical guidelines, clinical effectiveness and quality standards, and their application in health and social care
2. public and patient involvement in health service planning
3. professional accountability, clinical governance, performance and appraisal
4. risk management and patient safety
5. audit in clinical and public health practice
6. principles of evaluation, quality assessment and quality assurance outcome measurement

**(g) Financial management**

1. resource allocation
2. budget preparation, financial allocation, contracts and service commissioning
3. audit of health care spending

**(h) Communication**

1. written presentation skills
2. preparation of papers for publication
3. preparation of material for different audiences, including expert and non-expert audiences and the media
4. information handling
5. use of media in advising the public about health services, disease prevention (including communicable disease outbreaks and environmental hazards) and health promotion
6. principles of risk communication