FACULTY OF
PUBLIC HEALTH
MEDICINE

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

PUBLIC HEALTH MEDICINE

OUTCOME BASED EDUCATION CURRICULUM

The Outcome Based Education (OBE) curriculum for Higher Specialist Training in Public Health Medicine was originally developed in 2020/21 by a cross-faculty group led by Dr Mairin Boland.

This curriculum is the result of a full-cycle curriculum validation process (2025/26), drawing on feedback from trainees, trainers, and Subject Matter Expert Groups. The process was led by the Core Curriculum Group, chaired by Dr Niamh Bambury (Consultant in Public Health Medicine s.i. Health Service Improvement, HSE South West), with Dr Lucinda Ryan (Specialist in Public Health Medicine), Dr Nicola Murphy (Specialist Registrar in Public Health Medicine), Dr Rebecca Marshall (Specialist Registrar in Public Health Medicine), and Maurice Kinsella (Education Specialist, RCPI). The approval process is via the National Specialty Directors for Public Health Medicine, Dr Anne Sheahan and Dr Mary Ward, by the Public Health Medicine Specialty Training Committee (STC) and the Faculty of Public Health Medicine.

The curriculum undergoes annual review by the Curriculum Updates Committee, the National Specialty Directors, and the RCPI Education Department.

Version	Date Published	Last Edited By	Version Comments
1.0	July 2026	Core Curriculum Group (Chair Dr Niamh Bambury); Educationalist Maurice Kinsella	New Curriculum

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1.Introduction

1.1 Overview and Aims

Public health physicians who practise Public Health Medicine (PHM):

- Work through a legislative mandate as the Medical Officer of Health (MOH).[1]
- Work within national and international policy frameworks at many levels.
- Conduct population health assessment to inform service planning and policy.
- Protect and improve population health, including responding to biological, chemical, and other threats and managing public health emergencies.
- Provide surveillance, public health risk assessment, and infectious disease prevention and control.
- Deliver comprehensive Public Health Programmes for populations, including vulnerable groups.
- Promote the health and well-being of the population.
- Develop and maintain partnerships with communities, local government and the voluntary sector.

PHM practitioners, including Consultants, provide specialist leadership and advice across a broad range of functions, including health and well-being, health service planning, health needs assessment, evidence-based health policy, health service evaluation, clinical effectiveness, clinical governance, healthcare economic evaluation, clinical audit, inter-sectoral working, and reduction of health inequalities.

In addition to these specialty-specific elements, Specialist Registrars in PHM must acquire the generic professional competencies essential for good medical practice. Training is structured across six Learning Domains, reflecting the range and complexity of the specialty:

- Health Protection
- Health Intelligence
- Health Improvement
- Health Service Improvement
- Strategic Leadership and Management in PHM
- Public Health Policy and Advocacy in Practice

Upon satisfactory completion of specialist training in PHM, the doctor will be competent to undertake comprehensive independent medical practice in the specialty of PHM in a professional manner, in keeping with the needs of the healthcare system and the domains of public health practice.

1.2 Eligibility for Programme Applications

To apply for Higher Specialty Training (HST) in Public Health Medicine, you must have:

- A certificate of completion of Basic Specialist Training (BST) in a recognised Irish training programme: General Internal Medicine or Paediatrics or Obstetrics and Gynaecology or Histopathology or Psychiatry or Surgery.

- Or a certification of completion of the Irish Specialist Anaesthesiology Training or the Irish National GP Training programme.

[1] The legal role of MOH is held by the Director of Public Health and delegated as appropriate to other Public Health physicians.

- Or evidence of completion of an equivalent training programme approved by a postgraduate training body – applicants in this category should first apply to our Recognition of Prior Learning (RPL) policy.

- Or evidence of verifiable professional public health experience with at least 24 months experience of working in a public health setting (e.g. Senior Medical Officer or other role).

- Or evidence of exceptional academic achievement within the field of Public Health.[1]

Note 1: Doctors entering the programme who do not currently hold Part I of the Membership of the Faculty of PHM of the RCPI (MFPHMI) or Faculty of Public Health Diplomate Examination (DFPH) UK, previously known as Part A MFPH (UK), are required to sit MFPHMI Part I in Year 1 of the training programme and must have passed the exam by the end of Year 2 of the training programme. Doctors who do not meet this requirement will not be certified to progress on the training programme.

Note 2: For the doctors who will sit the MFPHMI Part I during training, and who are undertaking academic training for this, RCPI will make a financial contribution towards the cost of a Master of Public Health in support of taking Part 1 MFPHMI.

Note 3: Doctors who have successfully completed MFPHMI Part I or Faculty of Public Health Diplomate Examination (DFPH) UK, previously known as Part A MFPH (UK), before entering the training programme will be expected to complete MFPHMI Part II as outlined in the curriculum.

1.3 Duration & Organisation of Training

The duration of HST in PHM is 4 or 4.5 years in supervised approved training posts.

Phase One

The first two years are spent in a training post in a regional Department of Public Health (2.5 years if a Master of Public Health is undertaken in Year 1).

During the earlier years of training, Specialist Registrars will develop broad general experience of PHM under appropriate supervision. Hands-on experience increases progressively and, as confidence and ability develop, Specialist Registrars are encouraged to assume greater responsibility and independence.

Phase Two

Training will normally include two to three specialised training attachments of six months duration each. These should occur during the final two years/18 months of training with the remainder of training time spent in a regional Department of Public Health other than the Department of initial appointment.

[1] **Indicative guidelines regarding the last criterion:**
- Such applications will be considered on a case-by-case basis by the reviewing panel. Applicants applying under this criterion require a minimum of 24 months whole-time equivalent of post-internship clinical experience, of which at least 12 months should be within a clinical setting relevant to Public Health.
- Exceptional/outstanding academic achievements in public health or related field may include (but are not limited to) evidence of higher qualifications, research training, awards/prizes.
- Professional public health experience may include (but is not limited to) experience of working within a Department of Public Health in Ireland or abroad (e.g. Senior Medical Officer or equivalent), or in another relevant public health organisation which involves clinical responsibility and decision-making.

The training programme will provide opportunities to fulfil all the requirements of the curriculum of training for PHM. All Specialist Registrars are required to rotate through more than one location as approved by RCPI and the Faculty of PHM.

Specialty training locations that are currently accredited include:

- National Health Intelligence Unit (NHIU)
- National Health Improvement (NHI)
- National Health Service Improvement (NHSI)
- Department of Health (DoH)
- National Health Protection Office (NHPO)
- National Immunisation Office (NIO)
- National Cancer Control Programme (NCCP)
- Global Health Programme
- National Screening Service (NSS)
- Child Health Public Health
- The World Health Organization (WHO)
- Lalgadh Leprosy Hospital and Services Centre, Nepal

Available training sites may vary from year to year and additional locations may become available in the future. Relevant out of programme experience is allowed for a period of up to six months, if approved by the National Specialty Director. This is limited to the final two years of training. Further details on this can be found in the Training Handbook.

In certain circumstances where, for example, a Specialist Registrar may wish to pursue further training in an area of special interest approved by the Faculty of PHM, the possibility of a further 12 months of training may be accredited i.e. for example post CSCST Fellowship, dependent on development and funding.

Phases of Training and Milestones

Year 1	• Health Protection induction / on call (in and 5/7 out of hours – see below) • Sit MFPHMI Part I for those who have not yet passed Part I. This is a requirement of the scheme • Completion of MPH/ Part I academic training for those undertaking this • MFPHMI Part II preparation - initiation of Public Health reports (PHR)
Year 2	• MFPHMI Part I should be completed by the end of year 1 of training, and must be completed by the end of Year 2 of training (requirement of scheme) • MFPHMI Part II preparation – completion of at least one Public Health reports (PHR)
Year 3	• Rotation through specialist sites (Year 3) • Senior public health experience at the regional and national level with supervision • Health policy experience • Advocacy experience
Year 4/5	• Health policy experience • Advocacy experience • Independent senior public health leadership experience at the regional and national level • Rotation through specialist sites as outlined above • Rotation to a second Department of Public Health • MFPHMI Part III (OEPC) completion expected by end of programme

1.4 Training Structure, Rotation and Supervision

The structure of the training programme may vary according to the qualifications, experience and career intentions of the individual Specialist Registrar.

The date of appointment to the approved post marks the start of the training programme and the Specialist Registrar will start in Year 1 of the training programme. Retrospective recognition may be granted where the Specialist Registrar is transferring from a similar training programme elsewhere. The Specialist Registrar will be formally advised of the date of enrolment into the training programme by the Medical Training Department. The Specialist Registrar will also be advised of the expected date of completion of Higher Specialist Training.

All training locations are accredited by RCPI. All trainers must also be accredited by the Faculty of Public Health Medicine and RCPI.

Each post within the programme will have a named trainer and the programme is under the direction of the National Specialty Director(s). Progression of learning is documented in the progress log at regular assessments throughout the year. Trainers and trainees discuss progression during these assessments. Whilst trainee progress is ultimately at the discretion of the trainer, trainees can seek a second opinion or appeal to the National Specialty Director(s) at any point during the training year.

The experience gained through rotations across different departments is recognised as an essential part of HST. As a general principle, Specialist Registrars should not remain in the same training location for more than 2.5 years. Where feasible, Specialist Registrars should also rotate to a different trainer bi-annually or annually (placement dependent).

Other experience related to the Specialist Registrar's personal specialist interests and overseas experiences, if applicable, may be applied for, and requires educational approval to be obtained in advance.

1.5 Health Protection Responsibilities

Consultants in PHM operate an out-of-hours service (this is a 24/7 on call service for acute health protection issues such as infectious diseases, environmental health and public health emergencies). Therefore, Specialist Registrars will respond to health protection activities at an early stage of training to develop competence. This will include in-hours acute health protection response and a 5/7 out-of-hours service under supervision of CPHMs for the duration of their training programme. Specialist Registrars are responsible for ensuring they remain up to date with on call issues, and maintaining their on call competencies throughout the training programme.

The Specialist Registrar will be entitled to a Certificate of Satisfactory Completion of Specialist Training (CSCST) on satisfactory completion of the training programme. To qualify for a CSCST, a Specialist Registrar must have satisfactorily completed HST based on annual reviews and have been awarded MFPHMI. On receipt of the Accreditation Committee's recommendation, the applicant will be notified whether or not issue of a CSCST has been authorised through the Medical Training Department.

1.6 Core Professional Skills

In addition to the specialty-specific elements of this curriculum, Specialist Registrars in PHM are required to meet the standards set out in the RCPI Core Professional Skills (2026). The Core Professional Skills apply across all RCPI specialties and are aligned with the Eight Domains of Good Professional Practice (Irish Medical Council, 2024).

1.7 Examinations

Exam regulations can be found on the Membership Examinations Webpage and candidates are advised to refer to these for up-to-date information.

The MFPHMI Part I examination tests a candidate's knowledge of Public Health Medicine, including basic skills in research methods, data analysis, problem solving and communications. The exam is held once a year and consists of four written papers. Papers 1 and 2 are designed to test a candidate's knowledge. Papers 3 and 4 are designed to test a candidate's skills.

The MFPHMI Part II exam consists of two Public Health reports (PHRs) and a subsequent oral assessment.

PHRs must demonstrate the application of a range of competencies from those outlined in the Curriculum for HST in PHM. This must include the critical analysis of an epidemiological or public health question, in-depth investigation/analysis of the question and the proposal of appropriate public health recommendations.

The word count limit for each report is 10,000 words. Both PHRs will be examined in an oral examination. The two reports may be submitted and examined either at one (the same) sitting or at two different sittings. As of December 2022, both PHRs need to be submitted as soft copies only.
There is a limit of 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. A PHR that is passed on one attempt may be 'banked' for future sittings.

The MFPHMI Part III is the Public Health Oral Examination 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 MFPHMI Part II examination. More details on this can be found on the RCPI website.

1.8 Assessment Process

Training goals and an initial training plan should be established at the start of each placement. Trainees and trainers complete quarterly assessments (QAs) and end of post assessments (EOPAs) during the training year. QAs and EOPAs are mandatory and are uploaded to the ePortfolio. QAs/ EOPAs take place at regular intervals during the year as follows:

QA 1	By end of October
QA2/EOPA1	By end of January
QA3	By end of April
QA 4/EOPA2	By mid-July

At each QA/EOPA trainees should demonstrate to the trainer their progression towards or attainment of learning outcomes using evidence uploaded to the ePortfolio repository.

Where a trainee's performance in any assessed domain is judged to be below the expected standard for their stage of training, the assessment should be supported by a detailed note, which outlines areas of concern and can be referred to at the End of Year Assessment (EYA).

1.9 Taught Programme and Study Days

RCPI Taught Programme
The RCPI Taught Programme is a mandatory component of HST in PHM. It consists of a series of modular elements delivered across the years of training through a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible via RCPI Brightspace.

Live virtual tutorials are delivered by specialty-specific tutors. Trainees are assigned to a tutorial group at the start of training and remain with that group for the duration of HST. Trainees will receive induction content and their timetable in advance of their start date.

As attendance at the Taught Programme is mandatory, Specialist Registrars must be facilitated with appropriate study leave and, where possible, access to teaching space. Trainees are responsible for planning and managing their time to meet all programme requirements.

Specialty-Specific Courses and Workshops
Trainees are required to complete mandatory courses as part of the programme. Where further clarification is needed, trainees should contact their Programme Coordinator.

Study Days
Study days comprise a rolling schedule of topic-specific educational days and national and international events selected for their relevance to the PHM curriculum. The schedule varies from year to year. Trainees are expected to attend the majority of study days available and a minimum number per training year, as advised by the National Specialty Director. Please refer to the expected experiences table in Section 4.

2. Core Professional Skills

The Core Professional Skills (CPS), updated in 2026, define the standards of professional practice expected of all doctors in postgraduate training across RCPI specialties. Aligned with the *Eight Domains of Good Professional Practice* (Irish Medical Council, 2024), they provide the standards of practice across the continuum of professional development, from formal medical education and training through the maintenance of professional competence.

The CPS are embedded within the formal structures of training and are developed through clinical practice, workplace-based learning, supervision, and structured educational activity. CPS are assessed through workplace-based assessment, quarterly assessments, and ePortfolio evidence, ensuring that trainees embed professionalism in their practice. Within this, the RCPI Taught Programme provides structured educational content through which CPS standards are addressed and contextualised across all levels of training.

Within each domain identified by the Medical Council, the cross-speciality RCPI Clinical Working Group has articulated key areas of professional practice and relevant expectations for training. Collectively, the domains support professionalism as a core component of safe, effective, and patient-centred care.

1 Patient Safety and Quality of Patient Care

Doctors must place patient safety and quality of care at the centre of practice, ensuring accountability to patients, their profession, and their organisation. This requires addressing risks, managing incidents, preventing infection, and driving continuous improvement within governance and ethical standards. By embedding safety and accountability into practice, doctors protect individual patients and the population from preventable harm, strengthen trust, and uphold professional integrity.

Quality Improvement

- Apply quality improvement methods (e.g. audit, evaluation) to monitor and enhance care.
- Analyse and interpret patient, staff, and system data to inform service improvements.

Patient Safety and Incident Management

- Apply safe practices in prescribing, procedures, referrals, infection prevention and control, care transitions, and near-patient diagnostics.
- Identify, escalate, and report risks, incidents, near-misses, and notifiable events in line with statutory and professional duties.
- Participate in open disclosure after adverse events, in line with statutory duty.

Infection Prevention and Control

- Implement evidence-based infection prevention and control, including hand hygiene, aseptic technique, safe PPE use, and safe management of medical devices and clinical environments.

System Safety and Governance

- Demonstrate understanding of local, national, and international legislative and governance structures, reporting systems, and escalation pathways.
- Recognise and escalate organisational or service barriers (e.g. unsafe premises, processes, or systems) that compromise patient safety or timely access to care.

Antimicrobial Resistance

- Understand the behavioural, social, environmental, and geographic factors influencing antimicrobial resistance, and support appropriate stewardship, surveillance, and system-level responses in line with local guidance and professional role.

2 Relating to Patients

Doctors must foster respectful, person-centred clinical relationships that uphold patient autonomy, dignity, and trust. This requires clear communication, protection of confidentiality, and supporting informed consent, while recognising individual needs and potential barriers to care. By practising with fairness and shared responsibility, doctors enable patients to participate meaningfully in decisions about their care and contribute to safer, more equitable outcomes.

Person-Centred Care

- Deliver care that upholds dignity, autonomy, and individual preferences, considering cultural context and social determinants of health.
- Communicate clearly and accessibly, adapting to patients' and population groups' language, literacy, cognitive ability, and circumstances.
- Ensure the use and sharing of health information for statutory public health purposes is lawful, proportionate, and transparent, in line with data-protection legislation.

Confidentiality

- Protect confidentiality across all communications, applying data-protection legislation and managing required disclosures appropriately.
- Explain limits to confidentiality where required (e.g. safeguarding, public health, or legal duties).

Informed Consent and Shared Decision-Making

- Assess capacity and ensure discussions allow sufficient time to explain risks, benefits, and alternatives, and, where relevant, the purpose and implications of complex or sensitive procedures (e.g. genetic testing).
- Support patient autonomy through informed consent and shared decision-making, respecting valid Advance Healthcare Directives when capacity is lacking.
- Identify, address or escalate cultural and social barriers to participation in healthcare decisions.
- Communicate effectively when care proceeds under statutory or public health requirements, explaining the legal basis, the rationale for the action, and the implications for patient rights.

Information and Care Navigation

- Provide clear, balanced, and evidence-based information to help patients understand their care options, make informed decisions, and access appropriate services or supports.
- Coordinate referrals and share relevant information to support continuity and navigation of care pathways.

Relationships and Boundaries

- Build respectful relationships with patients while maintaining professional boundaries.
- Be clear about the limits of competence and refer patients when required.

Health Promotion and Preventive Care

- Provide evidence-based health promotion and preventive care advice, tailored to individual risk factors, and contribute to population-level prevention where appropriate.

3 Communication and Interpersonal Skills

Doctors must communicate clearly, compassionately, and safely with patients, families, colleagues, and relevant cross-sectoral partners to support trust, understanding, shared decision-making, and effective coordination of care and public health response. This requires adapting communication to meet individual needs, handling challenging conversations with sensitivity, upholding professional boundaries, and ensuring accuracy in records, correspondence, and handovers. By communicating effectively across all settings, doctors reduce risk, ensure patient understanding, and promote safe, coordinated care.

Clinical Communication and Documentation

- Take accurate, structured histories and explain diagnoses, care plans, and clinical decisions with clarity and empathy.
- Apply handover protocols to ensure safe care transitions.
- Maintain complete, timely, and legible documentation to support continuity, safety, and compliance.

Patient Communication and Comprehension

- Confirm and document patient understanding of information shared, including risks, benefits, alternatives, and limitations.
- Apply health literacy principles across verbal, written, digital, and visual formats.
- Deliver difficult news clearly and with empathy.
- Adapt communication to patient capacity, language, literacy, cognitive ability, or culture, involving interpreters, advocates, or supports (e.g. written materials) as required.
- Communicate clearly with the public, ensuring accuracy and accessibility, including where public health risks or population-level actions are involved.

Safeguarding

- Conduct safeguarding discussions respectfully, protecting dignity, confidentiality, and legal compliance.
- Escalate safeguarding concerns through appropriate channels.

Complaints and Regulatory Communication

- Respond promptly and professionally to patient complaints and enquiries.
- Reduce complaint risk through clear communication, accurate records, and timely follow-up.
- Engage constructively with organisational and regulatory complaint processes and contribute to service learning.

Open Disclosure

- Participate in supervised open disclosure discussions after adverse events using honest, transparent, and compassionate communication, in line with statutory and professional standards.

Team Dialogue

- Engage in respectful and constructive dialogue with colleagues to support shared understanding and safe decisions.
- Identify and escalate communication breakdowns that may compromise patient safety.

4 Collaboration and Teamwork

Doctors must work collaboratively with colleagues across disciplines, services and sectors to promote, improve and protect health and wellbeing and deliver safe, coordinated, and high-quality care. This requires contributing to shared decisions, respecting team roles, and maintaining open and constructive communication. By promoting collaboration and teamwork, doctors strengthen service delivery, promote shared accountability, and foster continuous improvement in team-based care.

Governance and Organisational Awareness

- Understand local, national and international governance and leadership structures relevant to your role, including responsibilities and lines of accountability.
- Raise clinical, safety, resource, or organisational concerns through appropriate channels in line with governance and escalation policies

Team Coordination and Integrated Care

- Build effective working relationships with interprofessional teams and cross-sectoral teams, recognising the roles of all members.
- Share accountability for decision-making and care coordination, recognising the risks of fragmentation.
- Ensure continuity of care by providing timely, accurate discharge summaries.

Organisational Leadership and Team Culture

- Contribute to leadership by facilitating shared decision-making, coordinating care, and supporting junior colleagues.
- Foster psychological safety by promoting respectful communication, shared learning, and open dialogue.
- Manage conflict to support respectful, functional, and safe team environments.

Team Learning and Development

- Engage in structured team-based learning (e.g. case reviews, safety forums), to inform service improvement and professional development.
- Provide and receive feedback constructively to support team development and patient care quality.

5 Management (Including Self-Management)

Doctors must manage workload, time, and personal wellbeing to ensure safe and effective clinical practice. This requires prioritising tasks, recognising limits, escalating concerns appropriately, and engaging constructively with organisational systems and processes. By balancing personal capacity with service demands, doctors protect patients from harm, prevent burnout, and support the safe and sustainable delivery of healthcare.

`Health, Wellbeing, and Development

- Monitor personal health and performance, recognising fatigue or burnout, and seek support when needed.
- Set and review professional development goals informed by reflection, supervision, and feedback.

Workload and Task Management

- Prioritise tasks to deliver timely, safe, and effective care.
- Coordinate rotas, leave, handovers, and cover to maintain service continuity.
- Communicate availability and scheduling clearly to colleagues.

Administrative Competence

- Complete documentation and administrative tasks accurately and on time.
- Engage with training and professional development, including preparation, participation, and submission of required materials.
- Fulfil supervisory and/or line-management responsibilities where appropriate (e.g. supporting colleagues, approving leave, and contributing to performance assessments).
- Use operational tools (e.g. rotas, workflows, IT systems) effectively to support safe and coordinated care.

Sustainability and Environmental Stewardship

- Order, prescribe, investigate, and deliver care responsibly, prioritising prevention and clinical necessity while adopting resource-conscious and sustainable approaches.
- Be aware of organisational sustainability initiatives (e.g. green prescribing, waste reduction).

Systems and Safety Engagement

- Recognise how system pressures (e.g. staffing levels) affect patient safety.
- Contribute to local safety monitoring, governance, and service improvement activities within role and training scope.

6 Patient Safety and Quality of Patient Care

Doctors should maintain and advance their professional competence through lifelong learning, supervision, reflection, teaching, and research. This requires engaging critically with evidence, translating learning into practice improvement, and contributing to the education and development of colleagues. By integrating inquiry, reflection, and shared learning into their work, doctors strengthen decision-making, enhance patient and population safety, and uphold professional standards.

Evidence-Based Practice

- Apply research evidence, guidelines, and clinical data appropriately to inform patient care.
- Use audit, service evaluation, and quality improvement data to evaluate and improve practice.

Lifelong Learning and Scope of Practice

- Comply with training and development requirements within your training programme (e.g. maintaining your ePortfolio).
- Set and evaluate learning goals informed by reflection, feedback, and supervision.
- Use insights from audits, reviews, and adverse events to improve practice.
- Recognise limits in knowledge or skill and seek supervision or escalate when required.

Teaching and Role Modelling

- Teach, supervise, and support colleagues and teams using effective communication and evidence-based practice.
- Share clinical knowledge to strengthen team learning and service improvement.
- Model professionalism, clinical integrity, critical thinking and reflective practice in everyday work.

Research and Dissemination

- Undertake audit, research, or service evaluation, disseminating and communicating findings through professional or academic channels.
- Comply with legal, institutional, and ethical standards in research activities.

Innovation and Digital Literacy

- Apply health informatics, telehealth, and emerging technologies with attention to safety, evidence base, and ethical considerations.
- Evaluate risks, benefits, and limitations of digital innovations, including AI, to ensure safe and effective patient care.

7 Professionalism

Doctors must uphold integrity, accountability, and respect in all aspects of clinical care, leadership, and professional practice. This requires complying with legal and regulatory duties, maintaining confidentiality and professional boundaries, and acting with fairness in healthcare delivery. By modelling professionalism, doctors build trust, protect patients, and promote safe, inclusive healthcare systems.

Statutory and Ethical Duties

- Comply with legal and regulatory requirements, reporting unsafe or unprofessional behaviours, and engaging with investigations and complaints.
- Fulfil safeguarding duties, including mandatory reporting of child protection and vulnerable adult concerns.
- Uphold professional boundaries across all settings to protect patient dignity, autonomy, and trust.
- Protect patient data in line with GDPR, applicable statutory requirements, and professional standards.
- Declare and transparently manage conflicts of interest in clinical, research, and public activities.
- Fulfil statutory responsibilities related to prevention, reporting, and control of notifiable diseases, in line with public health legislation

Resource Use and Stewardship

- Use diagnostic, prescribing, and other clinical resources responsibly and fairly, ensuring clinical justification
- Integrate sustainability principles into practice, balancing immediate patient needs with long-term system and environmental responsibility

Advocacy, Equity and Fair Practice

- Treat patients and colleagues with dignity and respect, ensuring care is free from discrimination.
- Advocate for fair access to, and equitable experience within, healthcare by recognising and addressing diverse needs and social or structural barriers, inclusive of disability and socioeconomic disadvantage.

Antimicrobial Stewardship

- Prescribe antimicrobials responsibly, selecting agents, dosing, and duration appropriately.
- Participate in stewardship initiatives, such as audits, surveillance, and outbreak management.

Professional Leadership and Accountability

- Represent the profession with integrity, modelling leadership that promotes a culture of safety, openness, and professional accountability.
- Take responsibility for patient safety – and, where applicable, population health – by identifying and escalating risks, and contributing to learning (e.g. After Action Review, National Incident Management System).
- Manage personal or team workload pressures, escalating where necessary to maintain safe practice.
- Recognise and respond to signs of stress or impaired performance in self and colleagues, addressing appropriately to safeguard wellbeing and team function.

Public and Online Professional Conduct

- Uphold professional standards in all online and social media activity, recognising that the same expectations apply as in face-to-face communication.
- Maintain patient confidentiality and clear boundaries, separating personal and professional use, and directing patient contact through formal channels.
- Ensure that public communications are accurate, evidence-based, and compliant with regulatory standards.

8

Clinical Skills

Doctors must maintain and apply clinical skills that enable safe, accurate, and effective assessment, diagnosis, and treatment across all stages of patient care, including primary prevention at population level. This requires integrating patient history, examination findings, investigations, and patient context to inform clinical reasoning, safe prescribing, and appropriate escalation or referral for individual patients. It also includes appropriate public health assessment, statutory investigations where required, and evidence-informed prevention, preparedness, response, and recovery actions, in coordination with relevant authorities. By applying these skills responsibly, doctors support patient safety, ensure continuity of care, and deliver high-quality outcomes across healthcare settings. This Domain addresses the professional and ethical responsibilities that underpin the safe application of practice, complementing specialty-specific technical competencies.

Assessment and Reasoning

- Conduct comprehensive assessments, with consent in line with legislation, integrating history, examination, investigations, and patient context.
- Apply structured reasoning to generate differential diagnoses and safe management plans, using evidence and guidelines.
- Recognise uncertainty, limits of competence, or impaired performance, and escalate or seek supervision when required.
- Take account of patients' or populations' psychological, social, and contextual needs in relation to safe decision-making.
- Consider contextual risk at the individual and population level, including statutory public health investigation and risk assessment where required.
- Use digital tools responsibly to support assessment, decision-making, and care delivery.

Transfer of Care

- Refer or transfer patients as required, contributing to collaboration, coordination, and continuity across services.

Records and Communication

- Maintain accurate and timely records and correspondence to support safe handover, discharge, and care transitions, complying with clinical and data protection legislation.
- Communicate relevant findings and public health advice to appropriate services and authorities, including where statutory notification or coordinated system response is required.

Complex Care Planning

- Initiate and participate in discussions regarding high-risk or complex care, including end-of-life care and advanced planning, ensuring shared decision-making.
- Provide person-centred care for patients with life-limiting illness, including pain and symptom control, and family support.

Safe Prescribing

- Prescribe safely and appropriately, selecting the correct drug, dose, route, and duration, and ensure monitoring or handover where required.

3. Specialty Section

3.1 Standardised considerations across all Learning Domains

3.1.1 Evidence of Learning and practice settings

Common practice settings:

- RCPI Study Days
- Specialty rotations
- Rotation with Regional CPHMs
- Attendance & participation at journal clubs, courses, study days, lectures, seminars, conferences

Evidence of Learning:

- Clinical audit
- Case based discussion (CBD) and Direct Observation of Public Health Practice (DOPH)
- MFPHMI Part I exam
- Presentation at journal club or teaching session
- MFPHMI Part II Examinations
- MFPHMI Part III Exam (OEPC)
- Publication in peer reviewed journal
- National or local media communications
    - Participate in media interviews
    - Preparation of press statements (written/oral)

3.1.2 Learning Outcomes – Steps to Completion

Each learning outcome is structured across three levels of professional capability: Understanding, Applying, and Leading. Together these levels describe how professional competence within a specific outcome develops over the course of training, from initial knowledge acquisition through to independent, entrustable performance. They serve as a guide for trainees and trainers in understanding and navigating development within each outcome.

Presentation of Outcomes

Name of Outcome

Understanding – Foundational professional capability. The trainee demonstrates knowledge of the relevant concepts, systems, and frameworks underpinning the outcome.

Applying – Applied professional capability. The trainee enacts that knowledge in practice, performing work under supervision.

Leading – Progression from supervised to independent professional capability. The trainee exercises autonomy, judgement, and responsibility, performing at the level of entrustable professional practice.

3.1.3 Progression and Entrustment Framework

The Progression and Entrustment Framework is a shared decision aid – giving trainees and trainers a holistic view of development across the full scope of practice.

Where the outcome steps (Understanding, Applying, and Leading) describe how competence develops within a specific outcome, the Framework addresses how independently that competence is demonstrated across practice as a whole, and what that indicates about progression toward independent professional practice.

The Framework is used by trainees and trainers to:

- Contextualise outcome evidence over time
- Guide reflective trainer–trainee discussion on development at Learning Domain level
- Promote consistent interpretation of progression across the programme
- Support planning toward independent practice
- Inform the EYA

Progression is defined as increasing independence of practice and decreasing reliance on supervision. The Framework describes this as a continuum across four practice levels:

Progression and Entrustment Framework

Progression and Entrustment Level	Progression Judgement
Foundational Participation	• Knowledge and understanding developing with trainer guidance. • Judgement and decision-making remain trainer-supported. • Developing familiarity with the professional context of public health practice.
Guided Application	• Applies knowledge with increasing confidence in familiar public health contexts. • Structured public health approaches and methods applied with trainer input. • Decision-making emerging in familiar situations. • Professional scope and boundaries understood; escalation pathways being established.
Supervised Autonomous Practice	• Safe, reliable autonomy demonstrated in routine practice. • Judgement is proportionate and defensible. • Recognises limits of own competence and escalates appropriately. • Less familiar or complex situations managed with oversight. • Independence remains conditional in complex contexts. • Supervision remains a key indicator of developing independence and progressive entrustment.
Independent Practice	• Consistent, reliable performance across routine and complex situations. • Sound professional judgement exercised independently, including under uncertainty. • Professional leadership and accountability evident. • Contributes to service, system, and team learning and improvement.

Applications of the Framework

The Framework is used across three interconnected contexts as the trainee progresses through training.[1]

i. **Ongoing reflection and discussion:** The Framework provides a shared reference point for reflective trainer-trainee discussion throughout the training year. At Learning Domain level, it supports trainees and trainers in understanding current developmental position and planning progression toward independent practice.
ii. **End of Year Review:** The Framework informs the EYA process, in which trainees and trainers make a holistic assessment of development during the training year. This assessment focuses on the four core domains of PHM consultant practice – Health Protection, Health Intelligence, Health Improvement, and Health Service Improvement.
iii. **Progress Log:** The Progress Log supports trainees in tracking and reflecting on progression across all six Learning Domains and their constituent outcomes throughout the training year. By providing a consolidated view of where the trainee is with respect to each outcome, it foregrounds reflection on overall development at Learning Domain level – directly informing preparation for EYA.

[1] The Framework draws on established models of professional development, including Miller's Pyramid, which describes progression from knowledge through application to independent performance, and recognised entrustment and supervision frameworks in which professional responsibility increases as supervision decreases.

Domain 1

Health Protection

Purpose & Scope

By the end of Higher Specialist Training, the trainee can work with others in a leadership role to protect the health of the population from hazards in relation to infectious diseases and biological, environmental, chemical and radiological threats using an All-Hazards approach[1]. This includes exercising statutory responsibility as a Medical Officer of Health; interpreting and applying legislation; leading an outbreak control team in the investigation and control of infectious diseases; conducting public health risk assessment and communicating risk; managing environmental and health protection incidents; preventing, preparing for and coordinating responses to public health emergencies; and the ability to evaluate health protection programmes. Practice is carried out independently across routine and complex public health contexts, including inter-agency work and emergency response, with responsibility for decision making, advice, and action to protect population health.

Learning Outcomes

Outcome One
Interpret and apply legislation to protect health

Outcome Two
Investigate and control infectious diseases to prevent avoidable infections

Outcome Three
Protect the public from environmental health threats

Outcome Four
Prevent, prepare for, and manage public health emergencies

Outcome Five
Evaluate a health protection programme or initiative

[1] Using an All-Hazards approach includes natural, biological, technological and societal hazards where the health of populations are put at risk. Health Protection hazards include [EU Regulation 2022/2371]:

(i) threats of biological origin, consisting of: communicable diseases, including those of zoonotic origin; antimicrobial resistance and healthcare-associated infections related to communicable diseases; biotoxins or other harmful biological agents not related to communicable diseases;
(ii) threats of chemical origin;
(iii) threats of environmental origin, including those due to the climate;
(iv) threats of unknown origin;
(v) events which may constitute public health emergencies of international concern under the International Health Regulations (IHR).

Knowledge & Skills

Knowledge	Skills

• Public health medical legislation underpinning health protection, such as:
  ○ The statutory powers and duties of the Medical Officer of Health (MOH).
  ○ Relevant national and international public health and environmental health legislation and frameworks, such as the International Health Regulations (IHR) and legislation relating to drinking water, food safety, zoonoses, cross border threats and port health (aircraft and shipping).
  ○ Applicable international instruments that underpin public health protection and response.
	• Interpret and apply relevant national and international legislation to protect health in collaboration with cross-sectoral stakeholders in the areas of zoonotic diseases, drinking water, One Health, health security, cross-border threats and port health.
	• Advocate for improved legislation and policy, including Health in All Policies (HiAP) for health protection.

• Environmental influences on health and wellbeing, including climate change impacts, biodiversity and ecosystems, sustainability principles such as the Sustainable Development Goals (SDGs), and environmental inequalities.	• Protect the public during and after an environmental incident. This includes performing Public Health Risk Assessment (PHRA), communicating risk effectively and developing public health medical advice. • Carrying out surveillance and investigation of reported environmental exposure clusters.
• Epidemiology of infectious diseases of national and international public health importance. This includes recognising the factors that affect the emergence, spread and distribution of communicable disease across the globe and the importance of surveillance in this context.	• Collect, collate and analyse surveillance data for action.
• National and international guidance and strategy documents e.g. National Health Protection Strategy, National Health Protection guidance, European Centre for Disease Control (ECDC) guidance. • Role of key stakeholders, structures and systems as they apply to infectious diseases and environmental health.	• Application of relevant guidance in practice. • Effective engagement with key stakeholders across policy and practice settings to prevent, prepare for, respond to and recover from a range of all hazard health threats.
• Infectious disease prevention, including immunisation, infection prevention and control (IPC) measures and cross-sectoral engagement, such as that required for the prevention of zoonotic disease.	• Provide immunisation and IPC advice towards prevention and control of all hazards. • Undertake cross-sectoral collaboration and inter-agency work to prevent and manage public health risks such as environmental and zoonotic hazards e.g. VTEC
• Notification, surveillance, investigation and control of infectious diseases, including the identification of sources, prevention of transmission and management of emerging infectious disease threats.	• Investigate, manage and control infectious disease incidents to prevent avoidable infections, including the assessment, investigation and management of reported clusters.
• Principles and practices of Health Security, including prevention, preparedness, response and recovery with a focus on the public health	• Respond to and manage public health emergencies, e.g. a chemical incident, by assessing and communicating health risks and impacts, implementing appropriate public

role in risk mitigation. This includes knowledge of: ○ emergency management in Ireland. ○ The roles of the principal response agencies. ○ Public Health Emergencies of International Concern (PHEIC). ○ Serious cross-border threats to health including bioterrorism, chemical, biological, radiological & nuclear threats. ○ The relevant national and international legislative and policy frameworks including Regulation (EU) 2022/2371 on serious cross-border threats to health.	health measures and collaborating with principal response agencies and relevant stakeholders, in real time or at simulation exercises.
• Understanding of the One Health approach and its application to the prevention, surveillance and control of zoonotic, environmental and other public health threats.	• Apply the One Health approach to practice in prevention and incident response, for example in zoonotic incident response e.g. Highly Pathogenic Avian Influenza (HPAI) report to the Department of Agriculture, Food and the Marine

Potential Settings & Evidence of Learning

Potential Settings to Gain Knowledge and Skills

- Participation in education/training provided by environmental health bodies such as the Radiation, Chemical and Environmental Hazards Directorate (RCE) in the UK Health Security Agency (UKHSA)
- Member/Medical secretary of national infectious disease committees e.g. Immunisation Committees, National High Consequence Infectious Diseases (HCID) Steering Group, HSE National Drinking Water Group, MOH Port Health Committee, HSE Port Health network, Environmental Health Special Interest Group, Emergency Management Committee, Regional or National Zoonoses Committees
- Member of/observer at HSE Emergency Planning Group
- Attendance at interagency Uisce Éireann-HSE Drinking Water Quality Liaison Group Meetings / Drinking Water Incident Management meetings / National expert groups in environment and health: e.g. Environmental Protection Agency (EPA) Air Quality Group; EPA Office of Radiation Protection and Environmental Monitoring, EPA Radon Working Group; Departmental Climate Change Committee
- Involvement in a Regional Crisis Management Team or observer at the Interagency Regional Working Group (RWG) or project specific participation in subgroups of RWG
- Attendance at Health Protection educational events such as the National Health Protection Conference, the National Tuberculosis (TB) Conference, The London Advanced TB Course or the Meningitis Research Foundation Conference
- Online courses on outbreak investigation and management, available through ECDC.
- Online webinars e.g. WHO, Port Health
- Site visits such as:
  - Microbiology departments (including human, animal, food, water) - National VTEC Reference Lab (Public Health Laboratory-Cherry Orchard); National Virus Reference Laboratory (NVRL) in University College Dublin (UCD); Department of Agriculture, Food and the Marine's Central Veterinary Research Laboratory (Backweston Campus)
  - Environmental Health Service (EHS)
  - Water treatment plants; Uisce Éireann sites / reservoirs
  - Food Safety Authority of Ireland (FSAI)- food production site; abattoir

- Port health emergency planning – airport; seaport
- Emergency management simulation - SEVESO site, Hydra Command Suite, Clonmel
- Landfill remediation projects

Evidence of Learning

- Implement MOH legislation in a variety of complex contexts
- Contribute to written reports - annual reports, outbreak reports, incident reports
- Chair of outbreak control teams
- Participate in out of hours (OOH) Health Protection activity
- Provide teaching to Multidisciplinary team (MDT) or under/postgraduate students on Health Protection topics
- Evaluation of a Health Protection programme/initiative
- Contribute to a submission to a public consultation/ environmental planning process including PHRA
- Contribute to a position paper on environmental influences/impacts on health
- Conduct a PHRA of an environmental incident; provide public health medical advice to professionals and public; investigation and management of alleged / reported cluster
- Contribute to management local / regional environmental incident, such as water and air quality incidents
- Membership of relevant inter-sectoral groups (both standing committees and reactive groups), including local emergency management committees, pandemic planning groups and incident teams

Learning Outcomes

Outcome 1. Interpret and apply legislation to protect health

Understand the legislative framework governing Public Health Medicine, as outlined in the 'Knowledge & Skills' section.

Interpret and apply legislation through the practice of prevention, notification, investigation and control of all hazards.

Lead in the application of MOH and other relevant legislation through the practice of prevention, notification, investigation and control of all hazards.

Outcome 2. Investigate and control infectious diseases to prevent avoidable infections

Understand infectious disease epidemiology and the principles of investigation, surveillance and control.

Apply investigation, surveillance and control principles to routine practice by delivering high-quality surveillance, undertaking effective contact tracing, ensuring the provision and uptake of evidence-based immunisation, and providing IPC guidance.

Lead and engage effectively in cross-sectoral collaboration to investigate and control infectious disease cases and outbreaks.

Outcome 3. Protect the public from environmental health threats

Understand environmental and health influences, including how biodiversity and eco-systems support human health, the impacts of climate change on health, and how environmental exposures and risks are unequally distributed across populations.

Apply the relevant skills to protect the health of the population from environmental threats including the impacts of climate change (such as adverse weather events), as well as chemical, biological, radiological, nuclear hazards, by undertaking any one of the following activities:

- participate in aspects of a PHRA
- communicate risk by developing public health medical advice for professionals and the public
- perform surveillance and investigation of reported environmental exposure clusters.

Lead on aspects of protecting the public during/after an environmental incident as listed above.

Outcome 4. Prevent, prepare for, and manage public health emergencies

Understand structures, processes and roles involved in managing public health emergencies, including those of international concern.

Undertake active involvement in emergency preparedness activities (regional or national).

Lead on aspects of public health emergencies such as working in collaboration with stakeholders and managing cross-border and health-security threats, such as leading the public health response during a Seveso site exercise.

Outcome 5. Evaluate a health protection programme or initiative[1]

Understand the principles, methods and purposes of evaluating health protection programmes or initiatives.

Apply evaluation methodology to a health protection programme or initiative, interpret findings and contribute to recommendations or public health decision-making.

Lead on aspects of a health protection programme or initiative evaluation, contributing to public health decision-making.

[1] Examples of health protection programmes and initiatives:

- Control of TB
- Immunisation programmes
- Surveillance system evaluations

Domain 2

Health Intelligence

Purpose & Scope

By the end of Higher Specialist Training, the trainee can independently act as an intelligent customer of data – accessing, interpreting, and applying health intelligence to inform and advance public health practice. This includes using key health-related datasets critically and responsibly, applying research, analytical, and modelling approaches, and communicating findings effectively to both specialist and non-specialist audiences. The trainee also applies principles of information governance to ensure the safe and ethical use of data.

Trainees are expected to analyse and interpret data using a range of approaches, including:

- Descriptive methods – understanding what has happened.
- Diagnostic methods – explaining why something has happened, including identifying causes or associations.
- Predictive methods – assessing what is likely to happen in the future based on patterns in data.
- Prescriptive methods – recommending what should be done by comparing possible actions and outcomes.

Practice is carried out independently across varied and complex public health settings, including multidisciplinary and cross-organisational environments. This includes responsibility for translating evidence into policy, advocating for public health action, and maintaining high standards of information governance.

Learning Outcomes

Outcome One

Utilise health data effectively for public health practice

Outcome Two

Apply research methodologies and analytical and modelling approaches

Outcome Three

Analyse, interpret and communicate data effectively

Outcome Four

Apply principles of information governance

Knowledge & Skills

Knowledge	Skills
Utilisation of data	
• Routine Irish data sources (see Appendix). • Understanding dataset scope, granularity, coverage, and known limitations. • Operational realities around data access, timeliness, and completeness. • Challenges and opportunities in current data infrastructure, including data linkage, and electronic health records. • Awareness of big data.	• Capacity to act as intelligent customers of health data. • Ability to use health intelligence to respond to urgent challenges of the day and longer-term public health queries in a collaborative, timely, efficient and effective manner. • Familiarisation in access and use of key datasets, e.g. Census, Hospital In-Patient Enquiry (HIPE), health related surveys (see Appendix).
Research and analytical and modelling methods	
• Study design: case-control, cohort, cross-sectional, ecological, randomised control trial (RCT). • Quantitative methods: regression, survival analysis, meta-analysis, statistical process control (SPC) charts, modelling. • Qualitative methods: thematic analysis, semi-structured interviews, focus groups. • Questionnaire design. • Sampling, sample size, and power calculations. • Chance, bias, confounding, causality, statistical vs clinical significance. • Active and passive surveillance; coding and classification systems. • Understanding of the potential uses of AI and modelling mechanisms in population health. • Ethical use of artificial intelligence (AI) and modelling mechanisms in population health.	• Critical appraisal of relevant literature. • Horizon scanning for evolving digital technologies. • Identify situations where modelling or systems thinking approaches are appropriate. • Interpret outputs from basic models or systems maps and recognise limitations, assumptions, and potential implications of modelling for decision making.
Data analysis, interpretation and communication	
• Analytical software, e.g. R, statistical package for social sciences (SPSS), Stata. • Gartner Analytic Continuum: descriptive → diagnostic → predictive → prescriptive. • Data visualisation principles and tools.	• Partake in bespoke, shorter-term data projects reflecting operational needs. • Use health intelligence to respond to urgent challenges of the day as well as longer-term public health queries. • Engage with MDT members and stakeholders in health intelligence skills transfer/training. • Interpret, synthesise and present research findings in written and oral formats e.g. in light of study design and data limitations. • Communicate data to healthcare decision makers thereby translating evidence into policy.

	• Communicate uncertainty, limitations, and variation around data, as well as solutions to specialist and non-specialist audiences.
Information governance	
• Knowledge of Information governance safeguards & data protection legislation (e.g. Health Information Bill) (See Appendix).	• Participate in information governance structures and processes, where relevant. • Access data safely & securely. • Use appropriate tools to identify, assess, and manage data protection risks and information governance requirements for projects, e.g. the HSE Data Protection Impact assessment (DPIA) Screening & Record Self-Assessment Tool.

Potential Settings & Evidence of Learning

Potential Settings to Gain Knowledge and Skills

- Participation in relevant technical/health informatics groups/plans
- Participation in Regional and National Health Intelligence teaching fora
- National Health Intelligence Unit (NHIU)
- Regional Departments of Public Health
- Health Information and Quality Authority (HIQA)
- Central Statistics Office (CSO)
- National Cancer Registry Ireland (NCRI)
- NCCP/NSS
- Academic Public Health Units
- Child Health Public Health

Evidence of Learning

- Relevant HSeLanD courses, such as General Data Protection Regulation (GDPR) and Information Governance
- Evidence of appropriate investigation and interpretation of a complex public health issue using health-related or other relevant data
- Evidence of dissemination of data outputs, with appropriate public health interpretation, to diverse audiences within, and outside of, the health service
- Training in statistical software packages e.g. R, SPSS, Stata
- Completion of HIPE training course
- Leading robust data analysis including inferential statistics
- Leading on data communication – distillation of complex data to impact practice
- Strong familiarity with breadth of data sources relevant to public health practice

Learning Outcomes

Outcome 1. Utilise health data effectively for public health practice

- Knowledge of key health and wellbeing related datasets and their availability, strengths, limitations and governance including source, scope and potential for misinterpretation.
- Use of key health and wellbeing related datasets in everyday practice under supervision.
- Proficient and independent use of key health and wellbeing related datasets in everyday practice, including critically evaluating fitness-for-purpose.

Outcome 2. Apply research methodologies and analytical and modelling approaches

- Knowledge of research methodologies, modelling mechanisms, and ethical use of AI.
- Use relevant databases and statistical software and employ appropriate methodologies e.g. quantitative, qualitative, mixed methods.
- Apply knowledge and skills described above in independent public health practice.

Outcome 3. Analyse, interpret and communicate data effectively

- Knowledge of analytical tools, taking into consideration emerging technologies to support analysis.
- Analyse, interpret and communicate data effectively.
- Leverage data to advocate independently for public health action and tailor dissemination for a variety of audiences and stakeholders.

Outcome 4. Apply principles of information governance

- Knowledge of information governance principles and relevant legislation as it applies to public health practice (see Appendix).
- Conduct workplace-based project work in accordance with the relevant legislation.
- Demonstrate leadership in good information governance by using appropriate tools to identify, assess, and manage data protection risks and information governance requirements for independent public health practice.

Appendix

Examples of key health and wellbeing related datasets (this is not an exhaustive list):

- Census of Population [available on the CSO website]
- Vital Statistics [available on the CSO website]
- Computerised Infectious Disease Reporting (CIDR) system
- National Immunisation Information System (NIIS)
- National School Immunisation System (SIS)
- Public Health Information System (PHIS)
- Healthy Ireland Surveys
- Hospital In-Patient Enquiry (HIPE)
- Primary Care Reimbursement Service (PCRS)
- National Cancer Registry Ireland (NCRI)
- The Irish Longitudinal Study on Ageing (TILDA)
- Screening Programmes e.g. Cervical Check, Breast Check, Bowel Screen, Diabetic RetinaScreen

Research Methods:

- Literature review e.g. critical appraisal, synthesis, reference management
- Systematic review and meta-analysis
- Study design e.g. case-control, cohort, cross-sectional, ecological, randomised controlled trial
- Sampling methodologies e.g. purposive, snowball
- Sample size, power calculations
- Questionnaire design
- Descriptive epidemiology e.g. person, place, time, prevalence, incidence
- Chance, bias, confounding, correlation, causality, statistical vs. clinical significance
- Data collection and storage, data standards
- Active and passive surveillance
- Coding and classification systems
- Data/record linkage/re-association
- Qualitative research methodologies e.g. topic guides, semi-structured interviews, focus groups
- Getting research into practice (GRIP) e.g. principles of implementation science
- Translating research into policy formulation and implementation
- Specification and use of information systems

Analytical Methods:

- Quantitative e.g. univariate, parametric and non-parametric, odds ratio, risk ratio, linear regression, logistic regression, Cox regression, fixed and random effects meta-analysis, time trends, modelling, run charts, SPC charts
- Qualitative e.g. thematic analysis, grounded theory
- Familiarity with at least one statistical software package e.g. SPSS, R, Stata, NVivo

Legislation and Good Information Governance:

- Health Acts 1947 & 1953; Health (Duties of Officers) Order 1949
- Infectious Diseases Regulations 1981 (as amended); Health Act 2004
- GDPR 2018 and Data Protection Act 2018
- Health Research Regulations 2018: explicit consent, ethics committees, DPIA
- Freedom of Information Act 2014
- Health Information Bill 2024
- HIQA publications and HSE information governance policies
- HSE Governance Act 2019

Domain 3

Health Improvement

Purpose & Scope

By the end of Higher Specialist Training, the trainee can independently work to promote and advance population health through evidence-based, equity-focused approaches to health improvement. This includes analysing the wider determinants of health (such as social, economic, political, behavioural, and environmental factors), applying health needs assessment methodology and contributing to health impact assessments to inform preventative and health-enhancing interventions, and evaluating health improvement initiatives. The trainee advocates for population health by communicating clear, evidence-based messages to diverse audiences, engaging stakeholders across sectors, and addressing health inequalities through targeted inter-sectoral action. Practice is carried out independently across a range of public health contexts, including interagency and community-based work, with responsibility for decision-making, advice, and action to improve health.

Learning Outcomes

Outcome One

Apply Health Needs Assessment (HNA) methodology

Outcome Two

Evaluate a preventative intervention or health improvement initiative

Outcome Three

Engage in advocacy and inter-sectoral action to improve the health of a population or a subgroup

Knowledge & Skills

Knowledge	Skills
• Conceptual population health frameworks incorporating the wider determinants of health, health inequalities and global factors e.g. sustainability principles such as the United Nations Sustainability Development Goals (SDGs).	• Evaluate and influence health policy and legislation in accordance with population health frameworks.
• Health psychology, behaviour change models, health promotion and social marketing theory.	• Undertake and lead health improvement projects with a focus on behaviour change and health promotion.
• The role of community engagement and participation, such as Patient and Public Involvement (PPI) in health, community-based organisations (CBOs) and non-governmental organisations (NGOs).	• Lead work effectively across sectors. This includes engaging the public, patients and service-users in partnerships and governance structures to achieve desired outcomes.
• The principles of HNA, Health Impact Assessment (HIA) and Health Equity Audit (HEA). • Considering upstream preventative activities when designing health improvement initiatives. • The impact of wider and commercial determinants of health in the context of population health and health improvement initiatives. • Public policy initiatives, including Health in All Policies (HiAP), relevant health legislation, including Human Rights legislation, and the appropriate/relevant commercial actors.	• Perform components of HNA, HIA or HEA e.g. the impact of specific policies on health.
• Factors impacting health equity, such as adverse childhood experiences, trauma, child safeguarding, communicable and non-communicable disease and injury, mental health, culture, climate, sustainability, conflict and migration.	• Communicate and advocate for equitable access, taking into consideration the impact of wider determinants of health.

Potential Settings & Evidence of Learning

Potential Settings to Gain Knowledge and Skills

- Department of Health
- Local Healthy City /Healthy County or Sláintecare Healthy communities' initiatives
- National Health Improvement Office
- Child Health Public Health
- Global Health/WHO specialty placements
- NCCP/NSSUK National Screening Committee (NSC) seminars/courses
- National/International Health Improvement Conferences such as the SPHeRE Network Annual Conference, the Health Equity Network Conference, EuroHealthNet Annual Seminar, European Public Health Conference.

Evidence of Learning

- Contribution to a HNA for a defined population
- Contribution to a HIA of, for example, a policy or planning application
- HIA training courses e.g. training provided by the IPH and Wales Health Impact Assessment Support Unit (WHIASU)
- Published letters, opinion piece or peer reviewed article
- National and Local Media Communications – oral or written
- Leadership of a health improvement project: planning, implementation and evaluation
- Membership of regional and national steering and working groups overseeing and implementing health improvement initiatives e.g. tobacco control, breastfeeding promotion, suicide prevention
- Co-creation of tailored communications and resources with the public, patients and service users

Learning Outcomes

Outcome 1. Apply Health Needs Assessment (HNA) methodology

Understand the principles of HNA with a focus on prevention by considering the findings in the context of the wider determinants of health (the upstream factors), including the importance of sustainability principles.

Apply HNA methodology to a defined population or subgroup, drawing on relevant evidence to identify priorities and inform the design of an intervention to improve health, with due consideration of health inequalities.

Lead on aspects of developing an evidence base for a health improvement project or prevention initiative, involving inter-sectoral working and critical appraisal of relevant evidence, to support the design and implementation of an intervention.

Outcome 2. Evaluate a preventative intervention or health improvement initiative

Understand the principles of evaluating health improvement initiatives or preventative interventions, such as those concerned with the promotion of individual and population health and wellbeing.

Apply the principles of evaluation, selecting appropriate methodology and identifying relevant data sources, with due consideration of health inequalities.

Lead on components of the evaluation of a health improvement initiative or preventative intervention, informing future programme development and policy, including a focus on health equity.

Outcome 3. Engage in advocacy and inter-sectoral action to improve the health of a population or a subgroup[1]

Understand the principles of public health advocacy, community engagement, and inter-sectoral working, including knowledge of public health issues, health inequalities, and the role of community engagement and partnership in informing health policy and action.

Apply advocacy and partnership principles to a specific public health issue, engaging effectively with relevant stakeholders to contribute to collective action to improve health or reduce inequalities.

Lead on aspects of targeted advocacy or inter-sectoral action on a public health issue, with a focus on the wider determinants of health and reducing health inequalities.

[1] This Learning Outcome can be tailored to include any relevant initiative such as a primary or secondary prevention initiative, child health initiative, social inclusion etc.

Domain 4

Health Service Improvement

Purpose & Scope

By the end of Higher Specialist Training, the trainee can independently analyse, improve and evaluate health services and health system performance to ensure high quality, equitable, and sustainable care for the population. This includes applying systems-thinking to analyse how health services are organised, delivered, and integrated; assessing population needs to inform service planning; evaluating health services and systems; applying quality improvement methodologies to enhance service delivery and patient safety; and applying health financing and health economic principles to inform resource allocation. Independent practice spans routine and complex service-improvement contexts, including multidisciplinary and cross-organisational environments, with responsibility for analysis, advice, and action to strengthen health service performance and outcomes.

Learning Outcomes

Outcome One

Analyse health system performance and apply systems-thinking approaches

Outcome Two

Assess the needs of the population for service planning

Outcome Three

Evaluate health services

Outcome Four

Apply systems thinking and improvement methodologies to enhance service delivery and system performance

Outcome Five

Apply health financing and health economic principles within health systems

Knowledge & Skills

Knowledge	Skills
• The principles and purpose of health system performance measurement and monitoring across population health and service delivery. • Development of Key Performance Indicators (KPIs), including selection, operationalisation, and interpretation, recognising the importance of validity, reliability, feasibility, sensitivity to change, and unintended consequences. • Characteristics of high-quality performance measures, including alignment with strategic objectives, population need, equity, prevention, quality, safety, and value-based healthcare principles. • The principles of whole-systems thinking and how different parts of the health and social care system interact, including the interplay between prevention, primary care, acute care, community services, public health, social determinants, workforce, finance, policy, and patient experience. • Understand how to apply a population health and equity lens to health system performance analysis, including consideration of variation, unmet need, underserved populations, and health inequalities. • A health systems approach and its relevance to health service improvement, including: systems-thinking concepts, system dynamics (reflecting the interdependence of the health system and other system components) and complexity science.	• Apply whole-systems thinking and/or complexity science approaches to analyse health system performance across services, pathways, organisations, and population groups. • Analyse and interpret quantitative and qualitative performance data to identify trends, variation, inequities, risks, gaps, inefficiencies, and opportunities for improvement. • Critically appraise existing KPIs and performance measures to determine whether they appropriately reflect quality, access, outcomes, equity, efficiency, and population need. • Undertake structured assessment of service performance, including identifying barriers, bottlenecks, duplication, fragmentation, unmet need, and unintended consequences across the system. • Map and analyse care pathways, including interfaces, interdependencies, enablers and barriers, fragmentation points and inefficiencies.
• Application of existing service evaluation frameworks. • Understanding of the different types of evaluation across the project lifecycle, including formative, process, outcome, impact and economic evaluations.	• Conduct an evaluation of a system, service, or its component(s) using appropriate evaluation methods and tools. • Apply frameworks such as Donabedian and Maxwell to structure an evaluation. • Use tools such as theory of change, logic model and log frames to build a monitoring and evaluation framework.
• The principles of a population health service needs assessment and population-based approaches to inform health service planning and improvement.	• Undertake a health needs assessment or part thereof e.g. epidemiological review, asset mapping, gap analysis and triangulation.
• The role and methods of audit in improving the quality of healthcare.	• Undertake a health service audit, benchmarking against a recognised standard of care, or by establishing local standards where none exist.
• The principles and methodologies underpinning quality improvement and health system improvement, including: the	• Design and undertake quality or service improvement projects applying recognised

Model for Improvement incorporating Plan–Do–Study–Act (PDSA) cycles lean methodologies, implementation science, and design thinking.	improvement methodologies to test, implement and refine changes. • Use data, evidence and stakeholder insights to identify opportunities for improvement. • Develop and use appropriate measures to monitor progress, assess impact and support continuous improvement. • Embed principles of quality, safety and population health within improvement activities.
• Health economic principles for: o Health Economic Evaluation (HEA) o Health Technology Assessment (HTA/mini-HTA) o Budget Impact Assessment (BIA).	• Appraise a HEA/HTA/BIA.
• Macro-economic policy and impact on inequality and health outcomes. • Health system funding. • Healthcare markets. • Health insurance markets. • Funding strategies. • Resource allocation processes regarding balanced resourcing and narrowing inequalities.	• Ability to develop recommendations in relation to a health economic and/or resource allocation decision using health economic principles at the local, regional or national level.
• Trade-off evaluation frameworks, including economic, ethical and multi-criterion decision analysis (MCDA) methods. • Understanding the interplay between financial, organisational and population-level consequences when evaluating trade-offs. • Understanding of system-level investment decisions, including long-term vs. short-term value considerations.	• Apply prioritisation frameworks e.g. MCDA, socio-technical allocation of resources (STAR), programme budgeting and marginal analysis (PBMA) to real-world resource allocation or investment decisions.

Potential Settings & Evidence of Learning

Potential Settings to Gain Knowledge and Skills

- Participation in HSE quality improvement (QI) learning programmes e.g. HSeLanD QI Programmes (Introduction to QI, Foundation to QI), HSE National Quality Improvement Team 'Improvement Knowledge and Skills Guide', HSE Dublin North East's Patient Safety Toolbox Talk
- HSE Decision Support Hub for Population Based Planning
- HSE Central Planning Hub The Central Planning Hub - Home
- RCPI Diploma in Leadership and Quality in Healthcare or other relevant training
- Quality Improvement e-learning programmes e.g. (Institute for Healthcare Improvement (IHI)), NHS Improvement, Healthcare Improvement Scotland)
- Participation in quality improvement or incident management committee
- Collaboration on economic research projects
- Health Technology Assessment Group (HTAG)
- IFIC Certificate in Integrated Care and IFIC webinars
- Relevant webinars including Kings' Fund, HSE Patient Flow Academy, and Enhanced Community Care webinars

- Participation in systems-thinking training
- HSE Foundation programme for QI (accessed on HSeLanD)
- RCPI Health Economics course (accessed through RCPI Brightspace)
- Health economic modules in MPH
- University of Aberdeen – short courses on Health Economics

Evidence of Learning

- Undertaking a HNA, asset mapping or developing a monitoring and evaluation framework for a service
- Maps an existing care pathway and identifies fragmentation points or redesign opportunities
- Discusses integrated care concepts during a CBD
- Evidence of critical thinking on health systems in report of PH project
- Evidence of application of basic systems-thinking concepts in PH project (e.g. process maps)
- Evidence of incorporation of consideration of health system strengthening building blocks and relationships between these in PH project
- Applies pathway design / redesign concepts to propose improvements, documented in a supervised report or briefing
- Reports of PH projects demonstrating effective application of critical health systems methodology to service improvements
- DOPH practice of applying critical health systems methodology to service improvements
- CBD/ DOPH practice:
    - HSE Dublin North East's Patient Safety Toolbox Talks
    - Incident review meeting (and able to reference HSE Incident Management Framework)
    - Incident Report / Clinical Service Review
    - Documenting pathway reform activities
- Demonstrating direct involvement in a health economic and/or resource allocation study/process/initiative that utilises health economic principles at the local, regional or national level
- Competent presentation to peers of a health economic and/or resource allocation study/process/initiative that utilises health economic principles at the local, regional or national level
- Undertaking critical appraisal of an economic evaluation or assessment e.g. CASP
- Participation in planning and budgeting processes
- Advising on health economic aspects of research and other work
- Participation in HTA/mini HTA
- Completes a simple prioritisation exercise using a structured tool (e.g. MCDA lite or STAR example)
- Discusses trade-off considerations during a CBD with the trainer
- Applies a prioritisation or investment appraisal framework within a project, service evaluation, or business-case component
- Produces a short, written analysis outlining trade-offs between alternative system design or investment options
- Completes a comprehensive trade-off evaluation using a recognised prioritisation or investment appraisal method (e.g. full MCDA, PBMA, or STAR analysis)
- Integrates findings into a business case, service redesign proposal, resource allocation plan, or strategic investment recommendation
- DOPH practice demonstrating use of prioritisation/investment appraisal frameworks

Learning Outcomes

Outcome 1. Analyse health system performance and apply systems-thinking approaches

Understand a health systems approach to planning, delivery, and evaluation of health services.

Apply a systems approach including systems-thinking concepts in a health service improvement project in any of the following contexts:

- Map and analyse the health system including care pathways to identify gaps, duplication, or fragmentation in service delivery.
- Evaluate integration approaches within a service or programme, identifying enablers and barriers to system performance.
- Synthesise findings to propose pathway reform or integrated care improvements that strengthen system function.

Lead on a component of any of the above tasks independently with or without supervision.

Outcome 2. Assess the needs of the population for service planning

Understand population health needs methodology as it applies to service planning with a focus on the preventative upstream determinants that impact on service planning and delivery.

Apply population health needs methodology to service planning.

Lead on a component of service planning, such as scoping or performing a population health needs assessment and/or implementation of findings. This should have a focus on preventative and upstream determinants.

Outcome 3. Evaluate health services

Understand the principles of evaluation of services and/or systems.

Apply evaluation methodology to inform health service improvement (evaluate a component of a service or system).

Lead on an evaluation of a health service, system, or component(s) of same including engaging with the community to integrate the patient voice e.g. enhanced community care (ECC), mental health service, GP practice.

Outcome 4. Apply quality improvement methodologies to enhance service delivery

Understand quality and service improvement methods and governance principles.

Apply appropriate improvement method and contribute to a quality or service improvement initiative within established governance structures.

Lead on components of a quality or service improvement project applying recognised improvement methodologies to test, implement and refine changes, including establishing project governance processes.

Outcome 5. Apply health financing and health economic principles within health systems

Understand health financing and health economic principles.

Use health financing and health economic principles such as applying a prioritisation framework (e.g. MCDA, STAR, PBMA) to a defined service, investment decision, or redesign scenario and develop recommendations.

Lead on an evaluation of a health economic and/resource decision-making process, at local, regional or national level, taking into consideration trade-offs and synthesising financial, organisational, and population level impact into recommendations.

Domain 5

Strategic Leadership and Management in Public Health Medicine

Purpose & Scope

By the end of Higher Specialist Training, the trainee can exercise strategic leadership and apply legislation and ethical principles to advance public health practice within complex public health systems. This includes leading effectively through good governance, workforce planning, organisational culture, change management, and people and resource management. It also encompasses leading in the appropriate application of MOH legislation, GDPR, and public health ethical frameworks, and the effective management of people, resources, and conflict across all domains of practice. This is carried out across routine and complex public health settings, including multidisciplinary and cross-sectoral environments, with responsibility for decision-making and accountability in the discharge of statutory and professional duties.

Learning Outcomes

Outcome One

Demonstrate leadership in public health practice

Outcome Two

Lead in the appropriate application of legislation and ethical principles in practice

Knowledge & Skills

Knowledge	Skills
• Leadership theories and commonly used frameworks and models such as systems leadership, collective leadership, and the Healthcare Leadership Model.	• Integrate workforce, behavioural and organisational insights into leadership decisions and improvement planning. • Give and receive feedback, ensuring accountability and practice self-awareness/reflexivity on an ongoing basis.
• HSE governance structures, including clinical and corporate governance. • The distinction between systems thinking and systems leadership.	• Comply with clinical and managerial governance in line with systems leadership principles to solve complex problems.
• Organisational culture and the impact on staff well-being, service user experience, service performance, change implementation, and system outcomes. • Awareness of tools and frameworks to evaluate organisational culture, effectiveness, and efficiency, e.g. HSE Work Positive, WHO Healthy Workplace Framework, McKinsey 7S.	• Foster a positive organisational culture through effective leadership and teamwork. • Evaluate organisational culture, efficiency, and effectiveness, to promote a continuous improvement cycle.
• Theories and frameworks of human resource management, including workforce planning e.g. capacity analysis, skill-mix optimisation, succession planning and financial management.	• Manage people and resources effectively, including assessing workforce capacity and skill mix requirements.
• Potential sources of conflict and conflict resolution.	• Maintain and strengthen professional relationships by managing conflicts in line with the HSE Dignity at Work Policy.
• Understanding how to harness MOH and other public health-related legislation across all domains of public health practice to maximise the efficiency and effectiveness of resource use.	• Interpret and implement MOH legislation effectively, for example: o Understanding the extent and limits of the CPHM/MOH remit. o Citing MOH legislation in a data request.
• General Data Protection Regulations (GDPR), particularly as it applies to the MOH role, such as the Article 5 Principles.	• Apply GDPR principles appropriately, recognising relevant exemptions, such as for service evaluation, infectious disease investigation, surveillance, and management. • Apply GDPR in practice, such as DPIA.
• Awareness of public health ethical frameworks e.g. Beauchamp and Childress.	• Apply ethical frameworks when making complex decisions in public health practice, e.g. responding to emerging infectious diseases (e.g. quarantine, travel restrictions)

Potential Settings & Evidence of Learning

Potential Settings to Gain Knowledge and Skills

- Representative roles such as RCPI committee, STC, Lead SpR, Association of Public Health Registrars Ireland (APHRI), and European Network of Medical Residents in Public Health (EuroNet MRPH) etc.
- Lead role on MDT audit projects in local Departments of Public Health and/or national specialty placements
- Chair role for regional or national groups

Evidence of Learning

- HSE Leadership Academy courses
- Management diploma
- Summary of workforce or organisational culture issues in a short service briefing or reflective discussion
- DPIA or data sharing agreements
- Written analysis of workforce and/or organisational culture implications for system performance
- Evidence of leading components of an organisational culture analysis, such as a workforce assessment informing a service redesign, reform, or programme implementation

Learning Outcomes

Outcome 1. Demonstrate Leadership in public health practice

Understand principles of leadership, governance, workforce planning, and change management.

Apply appropriate tools to assess organisational culture, efficiency, and effectiveness, e.g. Donabedian Model, McKinsey's 7S Framework, Maxwell's Quality Improvement Framework.

Lead on components of cross-sectoral and/or multidisciplinary collaborations that influence service redesign, system performance analysis, change implementation, workforce planning, or other relevant public health work.

Outcome 2. Lead in the appropriate application of legislation and ethical principles in practice

Understand the implementation of, and compliance with, GDPR, MOH legislation, and other legislation pertinent to all domains of public health practice.

Apply public health regulations and legislation to public health work e.g. application for ethical approval, DPIA.

Apply public health regulations and legislation in a leadership role across any domain of public health practice, e.g. a leadership role in health protection.

Domain 6

Public Health Policy and Advocacy in Practice[1]

Purpose & Scope

By the end of Higher Specialist Training, the trainee can independently advocate for population health and contribute to the development, implementation, and evaluation of public health policy. This includes applying evidence-informed communication strategies, engaging diverse stakeholders, and influencing action on public health issues of local, national, and international significance; applying critical appraisal and situational analysis tools; and collaborating to improve public health or health services through targeted advocacy. Practice is carried out across diverse contexts, including cross-sectoral and interagency environments, with responsibility for: translating evidence into policy; communicating effectively with decision-makers; and ensuring that advocacy and policy recommendations advance public health.

Learning Outcomes

Outcome One

Advocate for public health

Outcome Two

Apply policy development, implementation and evaluation methodology

Outcome Three

Act to improve public health or health services

[1] In this domain, the area of climate change is used as an example throughout. This domain/each learning outcome can be adapted to include any public health issue as it applies to the population, including but not limited to, mental health, social media impacts on young people, communicable and non-communicable diseases, sexual health, tobacco control, reproductive health and social inclusion including migrant health.

Knowledge & Skills

Knowledge	Skills
• Advocacy and policy tools such as policy briefs, position papers, and direct lobbying.	• Use a range of advocacy and policy tools to advocate for public health priorities.
• Theory and principles central to public health advocacy, including human rights, equity, democracy, and inclusion. • Key principles in the design of public health messages. • Health co-benefits of climate policies, including cross-sectoral benefits and the Health-in-All-Policies approach.	• Identify, synthesise, and apply evidence to inform advocacy and policy initiatives, such as the development of a position paper on an emerging public health issue.
• Climate impacts on health at an individual and population level. • The distinction between climate adaptation and sustainability. • Climate adaptation strategies for health systems and sustainability practices within public health.	• Recognise and respond to environmental and sustainability factors, including climate impacts, during quality improvement activities, needs assessments, evaluations, and policy development.
• National and international legislation and policy frameworks that underpin public health practice, including statutory, regulatory, and governance mechanisms across multiple public health domains.	• Apply all relevant legislation underpinning the practice of public health, including but not limited to public health and environmental health legislation, sustainability mandates, and related regulatory frameworks.
• National and international patient and public involvement (PPI) frameworks, e.g. the PPI Ignite Network Framework for Quality Improvement. • The role and influence of key governmental bodies, e.g. the Department of Health, the Environmental Protection Agency (EPA), and the Department of Climate, Energy and the Environment (DCEE), and non-governmental organisations (NGOs), e.g. the Royal College of Physicians (RCPI), the Irish Cancer Society, and the Irish Heart Foundation (IHF).	• Identify, consult and work effectively with a broad range of stakeholders.

• Wider system influences, including political, economic, social, organisational, regulatory, and cultural factors that shape system performance and reform feasibility.
• Situational analysis tools, such as SWOT, PESTLE, stakeholder mapping, and force-field analysis.
	• Apply situational analysis tools to:
	  ○ Inform policy formation or appraisal
	  ○ Assess system performance
	  ○ Interpret how contextual factors influence system change.

Potential Settings & Evidence of Learning

Potential Settings to Gain Knowledge and Skills

- Policy and strategy work with government departments, agencies and NGOs (e.g. HIQA, Health Research Board (HRB), IPH)
- Involvement with external advocacy organisations, such as the IHF, Breakthrough Cancer, the Irish Cancer Society, and the Marie Keating Foundation
- Placements with EPA, Department of Health Climate Action Units, WHO Climate and Health Programme, WHO Bonn School on Environment and Health
- Membership of relevant advocacy/strategy/policy development groups
- Communications course/Media Skills Training e.g. RCPI Mastering Communication, RCPI Media Training, HSeLanD National Healthcare Communication Programme, Centre for Disease Control and Prevention (CDC) Health Literacy and Risk Communication Training

Evidence of Learning

- Involvement in undertaking components of a HNA or HIA
- Participation in relevant conferences, steering groups, or committees addressing public health priorities, such as the WHO Global Conference on Climate and Health, national climate adaptation steering groups, regional water and air quality committees, and the HSE National Drinking Water Group
- Advocacy campaigns with NGOs, such as the IHF and the Irish Cancer Society; involvement in development of local or national climate resilience plans; and sustainability audits in healthcare settings
- Production of a briefing note, memo for government, or consultation document for submission
- Integration of a situational analysis into a policy briefing, advocacy paper, business case, or reform options appraisal
- Production of a short situational analysis overview (e.g. SWOT or PESTLE) for a service, reform initiative, implementation plan or policy context

Learning Outcomes

Outcome 1. Advocate for public health

Knowledge of key advocacy tools and strategies used to advance public health priorities, including agenda setting, stakeholder engagement, framing of evidence, and effective use of communication channels.

Use a range of communication platforms, tailored to specific audiences, to advocate effectively for public health, such as communicating the health impacts of climate change and other emerging public health challenges.

Influence and negotiate across diverse settings to advocate for sustainable, evidence informed action on public health issues of local, national, or international significance.

Outcome 2. Apply policy development, implementation and evaluation methodology

Knowledge of core principles underpinning policy development, implementation, and evaluation.

Critically appraise national and international policies and strategies including analysis of:

- the steps required to achieve change,
- the feasibility and effectiveness of implementation,
- the anticipated and actual impacts on population health, such as climate-related impacts arising from policy decisions.

Appraise policy and strategy options, determine feasible and realistic actions, and formulate evidence informed recommendations, such as a position paper communicating the health impacts of climate-related policy decisions.

Outcome 3. Act to improve public health or health services

Knowledge of the components of a situational analysis report (e.g. SWOT, PESTLE, stakeholder mapping), and the need for stakeholder engagement to achieve this.

Analyse a complex issue using situational analysis tools and produce recommendations from a public health perspective.

Take demonstrable action to improve public health or health services through meaningful contributions to policy, strategy or system-level initiatives, such as producing an evidence-informed position paper on the health impacts of climate change.

4. Expected Experience

This table below summarises the expected experience that each Public Health Medicine Trainee should complete and record on ePortfolio.

Expected Experience	Number expected/Further clarification	Reporting Period
Training Plan		
Personal Goals Form (as agreed with trainer)	At the start of each training post	Once per post or annually
On call rota	Required participation. Participation in 5/7 out of hours rota is per the HSE OOH PH Health Protection agreed model.	Annual
Training Activities		
Delivery of Public Health related Teaching to undergraduate/postgraduate/multidisciplinary team	1	By end of year 4/5
Presentation at regional/national/international meeting (oral/poster)	1	Annual
Audit/Quality Improvement Project	1	Annual
Attendance at Educational Sessions, i.e. Journal Club / Grand Rounds	4	Annual
Publications	1	By end of year 4/5
Educational Activities		
RCPI HST Taught Programme on Brightspace	-	As modularised by RCPI.
Study days (online/in person)	4	Annual
RCPI Specialty Specific Courses on Brightspace		More information available here
National/International meetings (attendance)	2	Annual
Additional Qualifications (MPH or equivalent)	1	By end of year 1
Chair of OCT	1	By end of year 4/5
Medical secretary of a committee or membership of a committee	2 (separate committees)	By end of year 4/5
Formative Assessments		
Case Based Discussion (CBD); Direct Observation of Public Health Practice (DOPH); Reflective Activity	As Required	Annual
Quarterly Assessments (QAs)/End of Post Assessment (EOPA)	3 QAs +1 EOPA (year-long post) or 2 QAs + 2 EOPA (2 six-month rotations)	4/year
End of Year Assessment	1	Annual
Examinations		
MFPHMI Part I (Expected by end of year 1, required by end of year 2)	-	By end of year 2
MFPHMI Part II (Expected by end of year 3, required by end of year 4/5)	-	By end of year 4/5
MFPHMI Part III (Required by end of year 4/5)	-	By end of year 4/5
Progress Log		
Progress log/ePortfolio log sign-off	1	Quarterly

5. Progress Log

The Progress Log provides a consolidated overview of progression across all six Learning Domains and their constituent outcomes throughout the training year. By recording the level of progression demonstrated within each outcome, it supports reflection on overall progression toward independent practice at Learning Domain level, informs discussion at QA meetings, and helps trainees and trainers prepare for the EYA. It is used alongside the ePortfolio, which is the primary record of all outcome evidence, quarterly assessments, and end of post assessments throughout the programme.

The Log should be updated at each QA meeting and a copy uploaded to the ePortfolio as an attachment to the Quarterly Assessment Form.

Progression is recorded using the four-level Progression and Entrustment Framework:

Progression and Entrustment Scale: 1 = Foundational Participation **2** = Guided Application **3** = Supervised Autonomous Practice **4** = Independent Practice **–** = Not yet addressed or observed

Trainee name: _____

Year of Training Programme		Year 1				Year 2				Year 3				Year 4				Year 5			
Trainer Initials																					
Quarterly Review		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Domain 1 - Health Protection																					
LO1	Interpret and apply legislation to protect health																				
LO2	Investigate and control infectious diseases to prevent avoidable infections																				
LO3	Protect the public from environmental health threats																				
LO4	Prevent, prepare for, and manage public health emergencies																				
LO5	Evaluate a health protection programme or initiative																				
Domain 2 - Health Intelligence																					
LO1	Utilise health data effectively for public health practice																				
LO2	Apply research methodologies and analytical and modelling approaches																				
LO3	Analyse, interpret and communicate data effectively																				
LO4	Apply principles of information governance																				
Domain 3 - Health Improvement																					
LO1	Apply Health Needs Assessment (HNA) methodology																				
LO2	Evaluate a preventative intervention or health improvement initiative																				
LO3	Engage in advocacy and inter-sectoral action to improve the health of a population or subgroup																				

Year of Training Programme		Year 1				Year 2				Year 3				Year 4				Year 5			
Trainer Initials																					
Quarterly Review		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Domain 4 - Health Service Improvement																					
LO1	Analyse health system performance and apply systems-thinking approaches																				
LO2	Assess the needs of the population for service planning																				
LO3	Evaluate health services																				
LO4	Apply quality improvement methodologies to enhance service delivery																				
LO5	Apply health financing and health economic principles within health systems																				
Domain 5 - Strategic Leadership and Management in PHM																					
LO1	Demonstrate leadership in public health practice																				
LO2	Lead in the appropriate application of legislation and ethical principles in practice																				
Domain 6 - Public Health Policy and Advocacy in Practice																					
LO1	Advocate for public health																				
LO2	Apply policy development, implementation and evaluation methodology																				
LO3	Act to improve public health or health services																				

Quarterly Sign-off Record

To be completed at each Quarterly Assessment and uploaded to the ePortfolio.

Trainee name: _____

Year	Quarter	Signature - Specialist Registrar	Date	Signature — Trainer	Date
1	Q1				
	Q2				
	Q3				
	Q4				
2	Q1				
	Q2				
	Q3				
	Q4				
3	Q1				
	Q2				
	Q3				
	Q4				
4	Q1				
	Q2				
	Q3				
	Q4				
5	Q1				
	Q2				
	Q3				
	Q4				