




Advanced Specialised Training Curriculum

Population Health



Australian College of
Rural and Remote Medicine

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1. Background

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

Population health' has been defined as:¹

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

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

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

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

This Advanced Specialised Training Curriculum in population health builds on the population health component of the Primary Curriculum. The basic knowledge and skills described in the Primary Curriculum are assumed as prior or concurrent learning and are not re-stated.

2. Purpose and requirements

2.1 Purpose

The purpose of this curriculum is to reduce health inequalities in rural and remote populations by encouraging greater numbers of rural general practitioners to develop independent leadership level skills in population health. This curriculum outlines the competencies required for rural general practitioners to lead population health initiatives in their communities.

2.2 Target group

This curriculum targets ACRRM registrars who are undertaking an Advanced Specialised Training year in population health. Advanced study in population health is relevant to all ACRRM registrars across a wide variety of practice settings. Examples include but are not limited to private practice, rural hospitals, Aboriginal Medical Services, Australian Defence Forces, population health units, public health centres, remote state health run care clinics, and

Divisions of General Practice that undertake population health activities. A wide range of special interests can also be accommodated.

In particular, the following groups are likely to pursue an AST in population health:

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

2.3 Duration

Advanced Specialised Training in population health requires a minimum 12 months full time or equivalent part time training. The training program will take into account other professional, personal and family needs and will offer the flexibility for individuals to undertake this training on a part-time basis or in two or more blocks. Registrars who choose these options will not be disadvantaged.

2.4 Potential posts

Training for the Advanced Specialised Training year in population health must be undertaken in institutions accredited by ACRRM. These facilities would have the following features:

- able to offer a suitable range and depth of population health learning opportunities to enable the candidate to achieve the required learning outcomes
- able to integrate population health experience with clinical workload
- able to offer appropriate supervision (see section 6 'Supervision and Support' for more details).

2.5 Prerequisites

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

- satisfactory completion of the Core Clinical Training component of ACRRM Fellowship training
- basic population health competence, as outlined in the ACRRM Primary Curriculum. This includes:
 - demonstration of a commitment to the application of population health principles
 - demonstration of the knowledge and practical skills required to integrate population health strategies into routine medical practice
 - understanding the importance of local management of population health issues
 - understanding the roles of other health professionals and the responsibility of rural or remote general practitioners to promote inter-professional collaboration
 - demonstration of a commitment to self-directed learning, continuing education and quality improvement
- satisfactory completion of an epidemiology course at Grad Cert level or higher (pre- or co-requisite). This course must meet the following learning outcomes:
 - ability to competently apply knowledge of study design to a research situation
 - ability to read and understand epidemiological publications critically
 - fundamental understanding of the principles of epidemiology
 - sound understanding of the pros and cons of the main study designs

- satisfactory completion of the ACRRM 'Introduction to Population Health' online learning module at www.rrmeo.com (pre- or co-requisite).

3. Rationale

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

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

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

- greater burden of chronic disease
- increased community involvement and ownership of health issues
- higher proportion of transient residents and manual workers
- working with indigenous populations
- challenges associated with distance
- social determinants of health in isolated communities
- higher turn-over of health care professionals.

This curriculum has been developed with these factors in mind.

4. Learning Outcomes

The domains of rural and remote medical practice have been defined by ACRRM and provide a framework for organising the core learning outcomes and assessment requirements for this curriculum. The domains are:

1. Core clinical knowledge and skills
2. Extended clinical practice
3. Emergency care
4. Population health
5. Aboriginal and Torres Strait Islander health
6. Professional, legal and ethical practice
7. Rural and remote context.

4.1 Domain 1. Core clinical knowledge and skills

4.1.1 History taking

The registrar will demonstrate the ability to take a population-focussed patient history, including:

- assessing the health needs of individuals and populations
- considering the underlying determinants of health in individuals

- determining the major diseases and risk factors that contribute to disease burden in the local population.

4.1.2 Patient care planning

The registrar will demonstrate competence and leadership in negotiating appropriate care plans in collaboration with patients, families and other healthcare professionals. This includes:

- identifying appropriate strategies for managing chronic and complex conditions
- considering the impact of social, environmental, behavioural, economic and occupational determinants of health relevant to the patient
- collaborating with other health professionals to provide appropriate team care arrangements
- providing appropriate monitoring and follow-up
- identifying the key health needs and potential health service gaps.

4.1.3 Evidence-based medicine

The registrar will demonstrate proficiency in identifying appropriate sources of public health information and appraising the information found, including:

- conducting effective literature reviews
- identifying a range of appropriate sources including websites, journals, databases, clinical practice guidelines, government departments and other agencies
- using data to describe the health of populations
- critically appraising evidence
- using evidence-based management guidelines to inform clinical decisions.

4.1.4 Doctor-patient communication

The registrar will demonstrate experience in communicating appropriately and effectively with patients, families and communities, including:

- using patient-centred empowerment-based communication approaches
- using “culturally safe” communication approaches
- educating individuals, families and communities about determinants of health, disease prevention and health promotion strategies and support services.
- encouraging a patient self-management approach to chronic disease management.

4.1.5 Everyday population health practice initiatives

The registrar will demonstrate competence and experience in integrating population health initiatives into everyday primary care, including:

- screening and early detection
- preventive measures (e.g. immunisation and chemo-prophylaxis)
- patient education and counselling
- brief interventions
- chronic disease management based on national and state strategies
- recall and reminder systems
- developing risk factor and disease registers
- utilising available web-based registers.

4.2 Domain 2. Extended clinical practice

4.2.1 Uncommon but serious conditions

The registrar will demonstrate appropriate diagnostic suspicion for uncommon but serious conditions which may be encountered in a population health context, such as:

- urgent notifiable diseases with major public health impact, as defined by the national notifiable disease surveillance system
- vaccination adverse events
- suicide or other unexpected death clusters
- child sexual abuse notifications.

4.2.2 Extended population health practice initiatives

The registrar will demonstrate the ability to co-ordinate the following extended clinical initiatives:

- screening programs
- immunisation
- outbreak management, including outbreaks in health care facilities
- chronic disease management
- health promotion events or programs
- mental health promotion
- injury prevention.

4.2.3 Infection control principles

The registrar will demonstrate a good understanding of population health principles and practice relating to infection control in primary, secondary and tertiary care settings, including:

- personal hygiene
- protective equipment
- management of sharps
- sterilisation procedures
- hazardous waste disposal.

4.3 Domain 3. Emergency care

4.3.1 Crisis management

The registrar will discuss the application of population health principles in crisis situations, such as:

- natural disaster management
- major trauma planning and response
- pandemic or epidemic response.

4.4 Domain 4. Population health

4.4.1 Health policy

The registrar will demonstrate in-depth understanding of national public health priorities, targets and campaigns and discuss their relevance, impact and application to local rural and remote communities. Contribute effectively to population health policy at the local, state and/or national level as appropriate. In particular, this applies to the national health priority areas:

- arthritis and musculoskeletal conditions

- asthma
- cardiovascular health
- cancer control
- diabetes mellitus
- injury prevention and control
- mental health
- obesity
- tobacco and alcohol control and harm minimisation.

4.4.2 Health status assessment

The registrar will demonstrate experience and competence in conducting a community health status assessment including monitoring of health trends:

- disease burden
- identifying disease and injury patterns
- assessing environmental, behavioural, social and economic factors.

4.4.3 Health planning

The registrar will demonstrate advanced competence in designing and implementing a community health strategy, including:

- identifying the health issue
- identifying current services
- identifying health professional, patient and stakeholder needs
- identifying most appropriate and cost-effective interventions.

4.4.4 Program and project management

The registrar will demonstrate competence and experience in designing, securing funding for and implementing socially, culturally and economically appropriate local population health programs in rural or remote communities in at least one of the following areas:

- health promotion and community development
- screening and early detection
- disease, mental illness and injury prevention.

4.4.5 Evaluation

The registrar will demonstrate competence and experience conducting appropriate program evaluation, including:

- negotiating with key stakeholders and consumers
- selecting appropriate evaluation methods
- using formative, process, outcome and impact evaluation methods
- using quantitative and qualitative techniques, such as clinical audits and surveys
- collecting and analysing health outcome and quality of care data
- communicating findings meaningfully to a range of audiences, including official reports to funding bodies and presentations to communities and other stakeholders.

4.4.6 Systems and procedures

The registrar will demonstrate competence and experience in designing and implementing appropriate systems and procedures for population health initiatives, including at least one of the following:

- information management systems
- recall and reminder systems
- staff procedures.

4.4.7 Research

The registrar will take a leadership role in population health research, including:

- appraising research proposals
- building partnerships
- ensuring research priorities are aligned with community needs
- ensuring appropriate trial design
- ensuring compliance with legislative and ethical requirements.

4.5 Domain 5. Aboriginal and Torres Strait Islander Health

4.5.1 Barriers to health care service access

The registrar will discuss the barriers to health care and services for Indigenous people in the community, such as:

- difficulty accessing services
- culturally inappropriate health services, policies and procedures
- health impact of dispossession
- administrative issues such as entitlement cards and transport policies.

4.5.2 Colonial and social determinants of health

The registrar will describe some of the links between historic and social factors and the health of Indigenous populations. This includes:

- the psychological impact of colonisation, disempowerment, removal from family and country, institutionalisation, marginalisation and discrimination
- health consequences of poverty, inadequate education, lack of economic opportunity, poor food access and childhood nutrition, poor housing availability and maintenance, and inadequate community infrastructure
- the complex background and impact of issues such as substance misuse, domestic violence, child abuse and neglect
- the importance and health impact of family relationships, social support, access to transport, and a sense of control over one's life.

4.5.3 Burden of disease

The registrar will discuss the specific and differing profile of over-represented conditions among Aboriginal and Torres Strait Islander people, and demonstrate an understanding of how population health strategies can be used to address these issues.

4.5.4 Health attitudes, beliefs and customs

The registrar will be aware of local Indigenous attitudes, beliefs and customs relating to illness and medical treatment.

4.5.5 Cross-cultural communication skills

Demonstrate the ability to communicate with Indigenous community members in a culturally appropriate and medically effective manner.

4.5.6 Health care integration

Demonstrate competence and experience integrating healthcare delivery in a planned way around the needs of Aboriginal and Torres Strait Islander people and communities.

4.6 Domain 6. Professional, legal and ethical practice

4.6.1 Teamwork

The registrar will demonstrate the ability to work effectively as part of a multidisciplinary and cross cultural team.

4.6.2 Teaching

The registrar will demonstrate the ability to teach population health approaches to peers, junior doctors and other staff.

4.6.3 Cultural competence

The registrar will be aware of the impact of culture on all aspects of population health practice and demonstrate flexibility in working with different cultural groups.

4.6.4 Community advocacy role

The registrar will demonstrate experience and competence in advocating on health issues in partnership with communities, including:

- understanding the links between social and economic factors and health outcomes in the local community
- communicating these links to various audiences, as appropriate
- being aware of the political context in which they are working
- working with government agencies and making submissions as appropriate
- working with local community leaders and different cultural groups
- being aware of local community history, sensitivities and priorities
- being multi-skilled and flexible.

4.6.5 Professional skills

The registrar will demonstrate competence in the following professional skills:

- time and resource management – managing time and resources efficiently and effectively
- communication – being able to communicate clearly and effectively with a wide range of audiences
- writing – being able to produce reports and express ideas succinctly.

4.6.6 Ethical practice

The registrar will understand and apply relevant legislative and other ethical criteria involved in ethical decision making in population health practice and research, including:

- human rights
- minority rights
- specific legislation relating to research involving Aboriginal and Torres Strait Islander Australians
- confidentiality
- informed consent
- autonomy
- beneficence and non-maleficence

- utility.

4.6.7 Legislation

The registrar will provide leadership to ensure adherence to legislation regarding confidentiality, consent and disease notification. This includes:

- understanding the principles of public health acts
- understanding privacy legislation
- being aware of tobacco and liquor legislation.

4.7 Domain 7. Rural and remote context

4.7.1 Nature of rural and remote settings

The registrar will discuss the characteristics of rural and remote settings and their impact on population health, including:

- types of conditions likely to be encountered
- impact of rural and remote attitudes and the historical events leading to these attitudes
- impact of current and previous health professionals
- distance
- limited resource availability
- rural/remote environmental factors.

4.7.2 Nature of population health in rural and remote settings

The registrar will demonstrate the ability to implement population health strategies in a rural or remote practice setting, including:

- understanding rural and remote population health issues
- gaining experience in rural or remote population health practice.

4.7.3 Self care

Demonstrate the ability to self care, including:

- maintaining a personal and professional balance
- knowing and respecting professional and cultural boundaries
- identifying appropriate professional and personal support mechanisms.

5. Teaching and Learning Approaches

The emphasis for Advanced Specialised Training in population health will be on acquiring population health skills through practical experience.

Learning approaches will include, but are not limited to:

- *Formal academic study*
- *Experience based learning* – working in rural or remote clinical practice and gaining experience in applying population health approaches
- *Face to face education meetings* – these may be linked with training providers, undertaken by teleconference or video conference, or opportunistically through relevant conferences
- *Distance learning modes* – these are available via the internet, using Rural and Remote Medical Education Online (RRMEO) and other sources
- *Tele-tutorials and other activities offered by training providers*

- *Self-directed or supervised project development* – including planning, implementation and evaluation.

6. Supervision and Support

Registrars undertaking Advanced Specialised Training in population health will require specific medical, cultural, professional and personal support and supervision arrangements. This will include at least:

1. *Supervisor(s)* – the registrar may require one or more ACRRM accredited clinical supervisors to support them in this post, which will be assessed on an individual basis. The supervisor(s) must provide appropriate public health or population health expertise combined with relevant general practice perspective and experience. Supervision may be face-to-face or remote. Registrars are required to establish and maintain a learning plan with their supervisor, which will be jointly reviewed on a regular basis.
2. *Mentor* – a person who currently works or has previously worked in a similar situation to the registrar, who can offer opportunities to debrief, be a sounding board about cultural or personal issues, and provide a two-way supportive and listening role.

7. Assessment

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

Registrars undertaking Advanced Specialised Training in population health must complete the following additional formative and summative assessment tasks.

Formative tasks:

- *Formative population health supervisor feedback reports* – at 6 months

Summative tasks:

- *Summative population health supervisor feedback reports* – at 12 months
- *Population health project* – a substantial project which addresses an area of need in the local community and fulfilling the criteria outlined below. Projects must be approximately 4000–5000 words in length or equivalent amount of work. Project plans must be approved prospectively by the registrar’s supervisor, employer organisation and ACRRM. The project must be submitted to ACRRM for assessment and will be graded on a pass/fail basis.

7.1 Population health supervisor feedback reports

The registrar’s supervisor will complete feedback reports half way through the training term (i.e. 6 months for a full-time registrar) and again at the completion of the training term (i.e. 12 months for a full-time registrar). The first feedback report will be completed as a formative activity to guide further registrar learning and development. The second feedback report will be a summative exercise used to determine the registrar’s competence.

These reports are a collation of the feedback from staff that have supervised or worked alongside the registrar during the period of training. Feedback will be obtained from at least two consultants or colleagues, including the registrar’s supervisor. It is the responsibility of the supervisor to obtain and this information and send to the College.

7.2 Population health project

The population health project is a summative task which must be completed satisfactorily in order to pass the advanced specialised training term in population health. The topic and format of the project must be prospectively approved the registrar's employer, supervisor, medical educator and ACRRM. The completed project must be submitted to ACRRM for assessment and will be graded on a pass/fail basis.

The project must:

- address issues of importance to the local community
- demonstrate the registrar's 'in depth' understanding of local health issues including the relevant literature
- involve working with the local community to identify and implement strategies to improve the current situation
- demonstrate understanding of the strengths and resilience of aspects of the local community
- demonstrate clear consideration of local capacity building and sustainability
- address key learning objectives from the population health AST curriculum
- include an evaluation of success
- include a piece of assessable written work.

The options for the project include but are not limited to:

- development of a practical resource – e.g. funding or accreditation submission, chronic disease register, standard drug list, practice profile,
- a local disease prevention or health promotion project – e.g. clinical audit of practice against protocols, community burden of disease survey
- a research project,
- submission and acceptance of an article for publication in a peer-reviewed journal,
- a poster presentation or PowerPoint presentation.
- development of a health promotion web page
- development of an interactive computer program.

8. Potential Articulation

There are several university programs that provide links with this Advanced Specialised Training post and offer registrars academic support and remote academic content. Registrars are encouraged to consider undertaking this post at the same time as they complete these distance education programs or their equivalent. Using their AST clinical time towards these programs will enhance registrar understanding in this area.

Possible courses include but are not limited to:

- The Master of Public Health and Tropical Medicine conducted by James Cook University in Townsville. www.jcu.edu.au
- The Master of Rural and Remote Medicine conducted by James Cook University in Townsville. www.jcu.edu.au
- The Master of Public Health conducted by Menzies School of Health Research in Darwin. www.menzies.edu.au
- The Master of Public Health (Defence) offered by the Centre for Military and Veterans Health. www.cmvh.org.au
- The Master of Public Health offered by the University of Queensland. www.uq.edu.au

- Short courses offered by the Peninsula Postgraduate Institute of Health in the UK. www.pphi.ac.uk/institute/index.php

9. Essential Resources

- Rural and Remote Medical Education Online (RRMEO) www.rrmeo.org.au
- Rygh EM, Hjortdahl P. Continuous and integrated healthcare services. A literature study. Rural and Remote Health 7 (online), 2007: 766. Available from: www.rrh.org.au
- Rural, Regional and Remote Health, Indicators of Health. AIHW; 2005 www.aihw.gov.au/publications/index.cfm/title/10123
- Beckman-Coulter online www.beckmancoulter.com/products/applications/diseasemgmt/psarisk.asp

10. Evaluation

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

Reference

1. The role of general practice in population health. A joint consensus statement of the General Practice Partnership Advisory Council and the National Public Health Partnership Group. Draft June 2001. Canberra: Commonwealth Department of Health and Aged Care, 2001.

Appendix 1. Intersection with FAFPHM

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

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

	ACRRM AST DOMAINS						
	1. Core clinical knowledge and skills	2. Extended clinical practice	3. Emergency care	4. Population health	5. Aboriginal and Torres Strait Islander health	6. Professional, legal and ethical practice	7. Rural and remote context
FAFPHM COMPETENCIES							
General professional practice competencies (1.1-2.10)			X			X	X
Cultural competencies (3.1-5.2)	X				X	X	
Information, research, evaluation and policy (6.1-9.9)				X		X	
Health promotion and disease prevention and control (10.1-13.6)	X	X		X			
Health sector development and organisational management (14.1-15.7)				X		X	X



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