

Hong Kong College of Community Medicine

Training and Examination Guidelines for the subspecialty of Public Health Medicine

(Revised August 2021)

Section I Definition of discipline and training objectives

A. Definition

1. Public Health Medicine is the subspecialty of Community Medicine which aims to advance the health of population. In this subspecialty, epidemiological principles and methods are applied to describe and define public health problems, as well as to formulate and evaluate health programmes and policies to prevent and control health problems and to promote the health of the population. This approach aims to achieve significant improvements in the health of whole communities as much as individuals. This subspecialty also aims to advance the health of population through the effective and efficient management of the health care services and resources.

2. In this document, the “College” refers to the Hong Kong College of Community Medicine; the “Guidelines” refers to the *Training and Examination Guidelines for the subspecialty of Public Health Medicine*; the “Log Book” refers to the *Public Health Medicine Log Book For Higher Specialist Training* stipulated by the College.

B. Training objectives

3. The objectives of the training programme in Public Health Medicine are to produce specialists who are able to: -

- (a) identify public health problems and their determinants;
- (b) identify the best approach to these problems;
- (c) promote the health of the public at large;
- (d) manage health services and personnel effectively;
- (e) deal with health information competently;
- (f) advise on matters affecting the health of the public;
- (g) maintain a high degree of expertise, knowledge and research capability;
- (h) understand and promote medical and scientific ethics;
- (i) formulate strategies for preventing and dealing with health problems, in the light of scientific evidence as well as the social and economic profile of Hong Kong.
- (j) manage human and material resources effectively and efficiently for health services;
- (k) provide insight into the needs and aspirations of both the consumers and providers of medical care; and
- (l) be an effective agent of change for continuous quality improvement in health care services.

4. The training shall be 6-year, full-time, structured, supervised and divided into Basic Specialist Training and Higher Specialist Training.

Section II Entry requirements and procedures

A. Entry requirements

1. For entry to Basic Specialist Training, the candidate must: -
 - (a) be a medical practitioner registrable in Hong Kong;
 - (b) be accepted by a training unit in Public Health Medicine recognised by the Hong Kong Academy of Medicine;
 - (c) be accepted by the College as a trainee for Basic Specialist Training and is so registered; and
 - (d) have paid the necessary fees and dues.

2. For entry to Higher Specialist Training, the candidate must: -
 - (a) be a medical practitioner registrable in Hong Kong;
 - (b) have passed the Part I Fellowship Examination in Public Health Medicine;
 - (c) have satisfied the College that he/she has completed all the requirements of Basic Specialist Training;
 - (d) be accepted by a training unit in Public Health Medicine recognised by the Hong Kong Academy of Medicine;
 - (e) be accepted by the College as a trainee for Higher Specialist Training and is so registered; and
 - (f) have paid the necessary fees and dues.

B. Requirement for admission as a Fellow of the College

3. The candidate must: -
 - (a) have satisfied all the training requirements and assessments as defined by the Academy; and
 - (b) have completed 6 years of training recognised by the College and have passed all the prescribed assessments of the College, including the exit assessment.

Section III Basic Specialist Training

1. Training shall be recognised only if it has been approved by the College. The period of training shall be at least 3 years, of which at least 18 months must be in a training unit in Public Health Medicine recognised by the Hong Kong Academy of Medicine.

2. There should be at least 12 months' of clinical training recognised by the College prior to or after entry to Basic Specialist Training. As a general guidance, clinical training refers to the training of practice of medicine involving direct patient care.

3. A trainee who takes leave for more than 14 weeks within any consecutive 12 months has a duty to report such interruption of training to his/her trainer. The trainer will then assess whether extension of training period is required for the achievement of training objectives, and make a recommendation to the respective Subspecialty Board for decision.

A. Training Unit

4. Training posts must exist in training units in Public Health Medicine recognised by the Hong Kong Academy of Medicine. A recognised training unit must: -

- (a) be one which provides a wide range of public health services and has the ability and establishment to comprehensively facilitate the practice of Public Health Medicine, including disease prevention, health promotion, research, management;
- (b) be inspected and recognised by the College for the purpose of training in Public Health Medicine, and training units shall be inspected every 3 years;
- (c) have sufficient full-time trainers recognised by the College;
- (d) be in agreement with the principles and protocols of training and establish a training structure for Public Health Medicine as defined by the College, and be subjected to audit by the College as to the quality of supervision and training from time to time; and
- (e) organise sufficient academic and training activities.

The list of training units recognised by the Hong Kong Academy of Medicine can be viewed at this link:

http://www.hkccm.org.hk/HKCCM/doc/training/List_of_recongnized_training_units.pdf

B. Trainer

5. A Trainer must be: -
 - (a) a Fellow of Hong Kong Academy of Medicine in the subspecialty of Public Health Medicine; and
 - (b) formally appointed by the College, and agree to abide by the principles and protocols of training as defined by the College.
6. A Trainer must agree to be responsible for guiding and supervising the trainee throughout the training period.

C. Trainee to Trainer Ratio

7. The Trainee to Trainer Ratio should be no more than 3 : 1 for Basic Specialist Training.

D. Training Content

8. The training content or the syllabus may change from time to time as technology advances. Trainees should keep abreast of public health knowledge and make reference to the syllabus of Diplomate Examination of the UK's Faculty of Public Health. Generally speaking, it contains the following: -

- supervised clinical experience;
- public health experience; research methods appropriate to public health practice, including epidemiology, statistical methods, and other methods of enquiry including quality research methods;
- disease causation and prevention and health promotion;
- health information;
- medical sociology, social policy and health economics;
- organisation and management of health care and health care programmes from a public health perspective; design and interpretation of studies;
- data processing, presentation and interpretation; and
- communication.

E. Audit of Training

9. Trainees are required to keep a record of their training and must discuss with their trainers in all aspects of their training regularly at an interval no less than 12 months. Trainers will evaluate the quality of experience and the progress of training and report to the College if there is any area considered inadequate. Trainers should certify at the end of the BST whether their trainees have completed the training to their satisfaction and report to the College.

F. Basic Specialist Training for Fellows from Other Constituent Colleges of Hong Kong Academy of Medicine

10. Fellows from other constituent Colleges of the Hong Kong Academy of Medicine shall be recognised for the supervised clinical experience component of Basic Specialist Training for Public Health Medicine. However, the candidates must have passed the Part I Fellowship Examination in Public Health Medicine and satisfy the 3-year minimum training period of Basic Specialist Training, of which at least 18 months shall be in a training unit in Public Health Medicine recognised by the Hong Kong Academy of Medicine, before they can be admitted as a Higher Specialist Trainee.

Section IV Higher Specialist Training

1. The period of Higher Specialist Training shall be at least 3 years, and must take place in training units recognised by the Hong Kong Academy of Medicine for such purpose. Trainees should apply for Higher Specialist Training within 6 months after they have completed Basic Specialist Training and passed the Part I Fellowship Examination in Public Health Medicine.

2. A trainee who takes leave for more than 14 weeks within any consecutive 12 months has a duty to report such interruption of training to his/her trainer. The trainer will then assess whether extension of training period is required for the achievement of training objectives, and make a recommendation to the respective Subspecialty Board for decision.

A. Training Unit

3. Please refer to Section III (3).

B. Trainer

4. A Trainer must be: -

- (a) a Fellow of Hong Kong Academy of Medicine in the subspecialty of Public Health Medicine; and
- (b) formally appointed by the College, and agree to abide by the principles and protocols of training as defined by the College.

5. A Trainer must agree to be responsible for guiding and supervising the trainee throughout the training period. The trainer of Higher Specialist Trainees can be a trainer of Basic Specialist Trainees at the same time.

C. Trainee to Trainer Ratio

6. The Trainee to Trainer Ratio should be no more than 2 : 1 for Higher Specialist Training.

D. Training Content

7. The training content may change from time to time as technology advances. As compared to the training content of Basic Specialist Training, which focuses on public health knowledge, the training content of Higher Specialist Training emphasises skills and competence in public health. A trainee for Higher Specialist Training should acquire core competencies as defined in the training objectives as stated in Section I (3). The workload of trainee must be directed towards achievement of these core competencies. The training unit and trainer shall assist trainee in defining this workload and to evaluate the output of his work in terms of the objectives to be achieved. The trainee must satisfy the College that he has sufficient quality and experience of the following subjects after training:

- (a) Health Information – ability to apply statistical and epidemiological methods to Public Health Medicine; ability to appraise, utilise, and disseminate health information effectively;
- (b) Community Assessment - ability to recognise and evaluate health problems faced by the community and their determinants;
- (c) Health Promotion - ability to define and implement preventive health strategies; ability to communicate health messages effectively to a wide audience;
- (d) Management - ability to apply management skills in the operation and evaluation of health services; ability to manage human resources and their development; ability to collaborate with other statutory services and voluntary agencies for disease prevention;

- (e) Service Provision, Development and Evaluation - ability to assess health needs and demands of the population; ability to plan and provide appropriate services making the best use of available resources; ability to evaluate service performance;
- (f) Critical Appraisal of Health Service Management Information - ability to develop, appraise and apply health service management information;
- (g) Communications – ability to communicate effectively in order to secure the cooperation of policy makers, management, colleagues and consumers in the delivery of health care services;
- (h) Legislation, Regulations and Medico-Legal Matters - ability to interpret the legislative, regulatory and medico-legal aspects of health service planning, administration, control of diseases and health hazards, and be able to apply these in practice;
- (i) Teaching and Research - ability to carry out disciplined investigations to collect, analyse and interpret data; ability to teach the principles and practice of Community Medicine to trainees in Community Medicine; and
- (j) Continuing Education - ability to continue learning in order to respond to changes in the delivery of health care services.

8. Details of the core competencies required by the College are stipulated in the Log Book.

E. Training Requirements

Credit points system

9. Each trainee must accumulate a number of credit points, during the Higher Specialist Training period. The credit points to be attributed to various activities will be determined by the College. Credit points will be accorded to attendance at review meetings exceeding the minimum number of each year.

Review meetings

10. Trainees must attend and make presentations in review meetings. The required number of attendance and presentations in meetings will be determined by the College.

Log Book

11. Trainees shall be required to keep a Log Book and submit to the College at a frequency determined by the College. The Log Book contains the following: -

- (a) a history of workload, responsibilities, management of public health projects, major participation and specified tasks relating to Public Health Medicine during the training period;
- (b) postgraduate courses / formal training sessions / conferences attended during training;
- (c) academic or professional qualifications acquired;
- (d) publications recognised by the College for training purpose;
- (e) assistance in the training and supervision of junior trainees;
- (f) comments, if any, from trainer or training units;
- (g) credit points obtained;
- (h) attendance and presentations at review meetings; and
- (i) other information relevant to training.

12. Appendix I sets out the Details of Higher Specialist Training.

Section V Fellowship Examinations

1. The Fellowship Examinations will be in three parts: Part I, Part II and Exit. A pass in Part I must be obtained before entry to Part II and a pass in Part II must be obtained before being allowed to take the Exit Examination.

2. After passing the Part I and Part II Fellowship Examination and fulfilling the 6 years' training requirements, trainees are eligible to sit for the Exit Examination. Upon passing the Exit Examination, trainees are eligible for election to Fellowship of the College (FHKCCM) and for recommendation by the College to the Hong Kong Academy of Medicine (HKAM) to be a Fellow of the Academy (FHKAM) in Community Medicine.

A. Part I Examination

3. The Part I Examination will examine candidates on the knowledge and skills that are required, to be a Higher Specialist Trainee in Public Health Medicine.

4. A candidate for the Part I Examination must be a registered Basic Specialist Trainee in the subspecialty of Public Health Medicine.

B. Part II Examination

5. The Part II Examination is designed to examine the competencies of the candidates through application of the relevant knowledge, skills and attitudes to the practice of Public Health Medicine in Hong Kong. The Examination takes the form of examination on the report submitted by the candidate and a general oral examination.

6. To be eligible for the Part II Fellowship Examination, a candidate must:-

- (a) have passed the Part I Fellowship Examination;
- (b) be a registered Higher Specialist Trainee in Public Health Medicine;
- (c) have a minimum of one year Higher Specialist Training; and
- (d) have fulfilled the requirements for review meetings and Log Book.

C. Exit Examination

7. To be eligible for the Exit Fellowship Examination, a candidate must:-

- (a) have passed the Part II Fellowship Examination;
- (b) have completed 3 years of Higher Specialist Training; and
- (c) have satisfied all the other requirements for Higher Specialist Training as described in Appendix I.

Doctors who have worked outside Hong Kong for at least 18 months continuously during their training period, and have obtained recognized overseas qualifications deemed to be equivalent to FHKCCM Part II Examination during that period, may apply for the Exit Examination after they have gained at least one-year post-qualification local work experience in an accredited training unit. Their eligibility will be assessed on an individual basis. A list of recognized overseas qualifications and their minimum post-qualification training periods can be found at the College website.

8. Appendix II sets out the detailed Procedures and Regulations of Fellowship Examinations.

Enquiries

All enquiries related to this Guidelines should be directed to the Chief Censor of College at the following address:

Chief Censor
Hong Kong College of Community Medicine
Room 908, 9/F, HKAMJC Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong

Appendix I

Details on Higher Specialist Training

A. Structure of training

1. Trainees are required to be exposed to the administration, service, teaching and research components of Public Health Medicine during the period of training.
2. Supervised training is based partly on an apprenticeship model of learning and teaching, with delegation of routine work, and partly on an academic model, including the study of particular problems under supervision. The importance of trainers delegating appropriate work to trainees must be stressed, since the learning of skills, in particular, is by experience. Programmes may include some formal academic training to supplement earlier basic course work, for example in management and environmental control.
3. In accordance with recommendations made by the Education Committee of the Hong Kong Academy of Medicine, teaching and research would be an integral part of the training of a specialist. Training programmes should be designed so that trainees are exposed to adequate aspects of both service and academic activities.
4. Evaluation of in-service work should be continuous, and the content of training should be kept under regular review. Successful completion of the Part I and Part II Fellowship examination is only one aspect of this assessment of competence. The monitoring of performance in service work is equally important.

B. Coordination

5. Responsibility for training programmes rests with each recognised training unit. A Training Co-ordinator is required for each recognised training unit. The responsibilities of the Training Co-ordinator are to organise review meetings and monitor the activities of the trainees.
6. The College will appoint a Programme Director in Public Health Medicine to liaise with the training units and provide advice regarding trainees' placement in the training programmes, their training progress and career pursuit to ensure the quality and standards of training.

C. Training policies

7. Each training unit should have a written training policy approved by the College. This will include arrangements for academic and service supervision, provision for trainer development, facilities expected in a training location, induction programmes for new trainees, requirements for learning frameworks (contracts), opportunities for external attachments, arrangements for rotation between training units, study leave and performance assessment and review processes.
8. Trainees who undergo overseas training during the Higher Specialist Training period and who wish to have the period of overseas training counted towards their full time Higher Specialist Training period should provide the following documents for consideration by the subspecialty Board -
 - (a) Academic transcript of that training
 - (b) A training report
 - (c) A letter of support from his/her current training unit certifying that the overseas training was directly relevant to his/her Higher Specialist Training in PHM

D. Credit points system

9. To facilitate assessment of the quality of experience in the training period, each trainee must accumulate a minimum of 100 credit points during the Higher Specialist Training period. The credit points to be attributed to various activities are as follows: -

	Credit Points
(a) Postgraduate courses	
(Completion of courses approved by the College, to be appropriate for training) per 3 hours	1
(b) Attendance at scientific meetings, conferences, seminars and workshops approved by the College	
per meeting (a minimum of 2 days)	10
per full day	6
per 1/2 day session	3
per hour	1
(c) Presentations in approved scientific meetings, conferences and seminars	
Oral presentation	10
Poster presentation	5
(d) Scientific publications	
Refereed paper in an approved journal	10
Non-referred paper acceptable to the College in an approved journal	5
(e) Active involvement in College Committee	
(With written documentation) per year	10

10. On attending these training activities, trainees should: -

- (a) sign the record which indicates his/her attendance;
- (b) enter dates and details on his/her Log Book;
- (c) enter points claimed; and
- (d) have the trainer checked and initialled individual record in the Log Book.

E. Review meetings

11. Regular review meetings will be organised by the Training Co-ordinator of training unit participating in training. All trainees will be required to attend a minimum of four review meetings in which to present materials twice per year, held at regular intervals throughout the whole Higher Specialist Training period (i.e. attending a total of twelve review meetings and make six presentations at the minimum). The trainee is responsible for contacting the Training

Co-ordinator to arrange the individual presentations.

12. The sessions will be approximately one to one and a half hours in length.
13. The review meetings will be in addition to the regular training and continuing education sessions and form part of the criteria for sitting the Exit Examination.
14. Each review meeting must be chaired by the Training Co-ordinator, or his designated representative. It is highly desirable for trainers to attend some of the meetings, particularly those at which the trainees for whom they are responsible are presenting.
15. In addition to presenting of 'case studies' by trainees and reviewing/discussing of Training Theses, trainers may take the opportunity of review meeting to make constructive critical discussion and feedback of training activities as well as reviewing Log Books of trainees.
16. Presentations may be about 15-20 minutes in length, followed by discussion and feedback depending on the nature of the case.
17. Written summaries of trainees' presentations and comments from the audience, if any, are required to be placed in the Log Books and to be certified by the trainer.
18. A record sheet will be provided at each meeting to record attendance and presenters. These sheets will be sent to the Chief Censor of the College by the Training Co-ordinator at the completion of each meeting, to be added to trainee records and provide a record of the fulfilment of training requirements.
19. It is the responsibility of the trainees to ensure that they have met the requirements concerning attendance and presentation.
20. Trainees not fulfilling the review meeting requirement will NOT be eligible to sit the Part II Fellowship Examination unless exceptional approval is given by the College.

F. Log Book requirements

21. The following items should be included in the Log Book, which shall be compiled in a way that is appropriate to trainees' work routine and should be added to the Log Book in the course of training:

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- (a) a history of workload, responsibility, management of public health project, major participation and specified task relating to Public Health Medicine during the training period;
- (b) postgraduate courses / formal training session / conferences attended during training;
- (c) academic or professional qualifications;
- (d) publications recognised by the College for training purpose;
- (e) assistance in training and supervision of junior trainees;
- (f) comments, if any, from trainer or training units;
- (g) credit points obtained;
- (h) attendance and presentation at review meetings; and
- (i) other information relevant to training.

22 Trainees should submit the duly completed Trainer's Reports to the College on an annual basis, i.e. at the end of the 12th, 24th and 36th month counting from the date of entry to Higher Specialist Training. Trainees may not be allowed to sit the Part II Examination if copies of the signed Trainer's Reports are not available in the College records. The College will issue a warning letter to the trainee if he/she fails to submit the annual Trainer's Report on time. The trainee is required to submit the overdue Trainer's Report within the next 6 months. If the trainee still does not comply with the requirement, his/her previous year's training activities will not be counted.

Appendix II

Procedures and Regulations, for Fellowship Examinations

A. Objectives

1. The objectives of the Fellowship Examination are to ensure that trainees in Community Medicine have the necessary knowledge and skills to practise as specialists in Community Medicine in general, and in Public Health Medicine in particular.

B. Examination Regulations

2. Application and entry requirements

- (a) Each candidate must apply to be admitted to Part I, Part II and the Exit Examination separately;
- (b) Application for entry to examination must be made on the prescribed forms obtainable from the College office; and
- (c) Application forms accompanied by the requisite fee and any other documents required must reach the College office not later than the published closing date.

3. Examination fees

- (a) A separate fee is payable for each attempt at each part of the examination;
- (b) Fees must be paid in full by the published closing date for entry to that part of the examination. A fee is required for consideration of any application for exemption from all or part of the Fellowship Examination; and
- (c) The level of fees will be determined by the Education Committee.

4. Withdrawals

- (a) Any candidate who withdraws from any part of the Fellowship Examination must give notice in writing to the Education Committee;
- (b) A candidate who withdraws after starting any part of the Fellowship Examination is considered to have made an attempt at that part; and
- (c) If the candidate is forced to withdraw from an examination for any reason beyond his or her control, the candidate may apply to the Education Committee for special consideration of his or her case.

5. Entry Procedures

Applications for entry to any part of the examination must be made on the appropriate forms. Details of entry procedures together with the examination calendar which gives closing dates for entry to each part of the examination, as well as dates when examinations will be held, are available from the College.

6. Number of Attempts

Candidates will normally be allowed no more than six attempts at Part I, no more than four attempts at Part II, and no more than four attempts at Exit Fellowship Examination, except at the discretion of the Education Committee.

C. Additional regulations for Part II Fellowship Examination

7. Written submissions for Part II in the prescribed form must be received at the College office by the published closing dates. These will normally be 3 months before the oral examinations.

8. Those who fail the Part II general oral examination may apply to enter the next examination. Applications must reach the College office not less than two months before the date of the examination.

9. Candidates are generally expected to sit for the Part II Examination within 3 years after they are admitted as Higher Specialist Trainees. Candidates may apply to the Public Health Medicine Subspecialty Board with supporting grounds for extension of traineeship to take the Part II Examination on a yearly basis up to a maximum of 3 years. During the three-year extension period, the candidate should have at least one attempt of the Part II Examination. Should the candidate fail in the examination, he/ she will be required to re-attempt the examination in the following year. This applies to the subsequent attempts of the examination, subject to a total of four attempts.

10. If a candidate does not sit for the Part II Examination during the 3 years extension period, his/ her traineeship will be terminated. In this circumstance, the candidate will have to take the Part I Examination again should he/ she want to pursue the HKCCM Fellowship in future.

D. Details of Part I, Part II and Exit Fellowship Examinations

D-1 Examination format

Part I Examination

11. Part I Examination is a written examination designed to test candidates' knowledge and problems solving skills pertinent to the practice of Public Health Medicine in Hong Kong.

Part II Examination

12. Part II Examination is designed to test the competency of candidates through application of relevant knowledge, skills and attitudes to the practice of Public Health Medicine in Hong Kong. The Examination takes the form of training theses on case studies and an oral assessment.

Exit Examination

13. The Exit Examination is designed to test the competency of candidates to practise as specialists in Public Health Medicine in Hong Kong. The examination takes the form of an oral assessment, along with Scenario-based Assessment which makes reference to the Objective Structured Public Health Examination (OSPHE) of the UK Faculty of Public Health¹.

D-2 Examination structure and syllabus

Part I Examination

14. The Part I Examination is intended to test candidates' knowledge and understanding of the scientific basis of Public Health Medicine, and their ability to apply basic public health skills. This syllabus provides guidance on the main topics that may be examined at Part I.

¹ The inclusion of Scenario-based Assessment into the Exit Examination takes effect from 15 October 2021.
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15. Part I Examination consists of two papers: Paper I is designed primarily to test knowledge, and Paper II primarily to test skills. The knowledge part of the syllabus is broken down into five sections, which broadly relate to the structure of the examination.

16. The skills tested at Part I are not the same as those tested at Part II. An ability to extract and manipulate data, to criticise research evidence and to communicate in writing to a non-specialist audience are required in Part I, rather than the more complex skills tested at Part II. Division of material into sections is only a guide: candidates should expect questions that draw together knowledge from different sections, and should note particularly that inclusion of a subject area within one section of the syllabus does not preclude its use in a different section of the examination. Candidates should especially note that there will be sharing of subject material between Paper I and Paper II.

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

18. There will be two papers for the Part I Examination.

Paper I (Duration: 4 hours 10 minutes) ("KNOWLEDGE PAPER")

Candidates are required to answer ten compulsory short-answer questions (which may include some internal choice) across the range of the syllabus, in order to demonstrate their knowledge of the core sciences of public health. Most questions will be of a standard format, 'write short notes on', and options within questions may incorporate additional local options where appropriate. Candidates will be requested to answer a specified number of options for each question.

Section A (Duration: 2 hours 30 minutes)

Candidates are required to answer six questions covering the following subjects: -

- (a) Research methods, including epidemiology, statistical methods, and other methods of enquiry including qualitative research methods;
- (b) Disease prevention, health protection and health promotion; and
- (c) Health information.

Section B (Duration: 1 hour 40 minutes)

Candidates are required to answer four questions covering the following subjects: -

- (a) Medical sociology, social policy and health economics; and
- (b) Organisation and management of health care.

Paper II (Duration: 4 hours 30 minutes) ("SKILLS PAPER")

This paper is designed to test candidates' public health skills. Candidates are required to answer the question posed in each of two sections. There is no choice of questions on either section.

Section A (Duration: 2 hours 30 minutes)

Critical appraisal and commentary on material in an article from a journal and its application to a specific public health problem. The second half of the question may be phrased in general terms and allow candidates to give examples from different contexts.

Section B (Duration: 2 hours)

This will involve the distillation of a variety of material provided to the candidate in order to produce a summary, policy or other document aimed at a particular target individual or group. Data manipulation and interpretation may form part of this process, and candidates will be provided with a basic calculator with sufficient functions for these purposes. Candidates are neither required nor permitted to bring a different calculator into the examination.

Assessment Methods for Part I Examination

19. Candidates must pass both Paper I and Paper II separately in order to pass overall. Banking is allowed for Part I Examination. Candidates should refer to the Faculty of Public Health, UK, for the latest banking policy.

Part II Examination

20. The Part II Examination is designed to test the ability of the candidates to apply relevant knowledge, skills and attitudes to the practice of Public Health Medicine in Hong Kong. It requires candidates to show that they can integrate the theoretical and practical aspects of training. This exercise and the discipline of investigating problems and preparing appropriate reports is an important part of training and education.

21. Preparation for Part II Examination may be undertaken at any time during training. It is not necessarily confined to the Higher Specialist Training period and candidates are encouraged to give attention to possible topics at an early stage.

22. The examination, which takes the form of a written submission and an oral, is usually taken within three years after candidates are admitted as Higher Specialist Trainees; the regulations require that it is taken within three years unless permission is obtained from the Education Committee to extend this period.

Written submission

- (a) Candidates are required to submit a minimum of 2 and a maximum of 4 reports, which together address the following 4 competencies: -
- To assemble, review critically and interpret the published literature (and, where appropriate, other sources) on a particular topic;
 - To use epidemiological and/or other approaches to describe the health status or health care needs of a defined population and, where appropriate, to identify environmental or personal factors which either threaten or enhance health;
 - To identify and obtain relevant information and show how it can be used to plan health services or other activities aimed at improving health; and
 - To assess the effectiveness and efficiency (resource requirements) of health services or other activities aimed at improving health;

- (b) Each report must specify the competency or competencies that is/are being addressed;
- (c) No single report shall address more than 3 competencies;
- (d) No competency shall be claimed in more than 1 report;
- (e) A single report of fewer than 3000 words is unlikely to be considered satisfactory;
- (f) Each report must describe the individual contribution to the work made by the candidate;
- (g) Each report must describe the elements brought to the work by virtue of the candidate's background as a physician (ie medically qualified) working in public health;
- (h) The reports must be based on no fewer than two separate and distinct pieces of work;
- (i) At any one examination sitting, all the reports entered must address all the competencies not yet passed. Any number of reports may be deemed to have passed at any one examination sitting and the competencies claimed within those may be 'banked'. If a resubmission is necessary, the candidate must submit a report or reports that together address(es) all the outstanding competencies (with no more than 3 competencies permitted per report);
- (j) The report oral examination shall be of 30 minutes duration when 3 or 4 competencies are being assessed and of 15 minutes duration if 1 or 2 competencies are being assessed; and
- (k) No competency may be deferred to the oral examination.

23. It is expected that the material used to prepare the reports will usually be derived from the candidate's normal mainstream duties. However, candidates with other relevant interests are encouraged to pursue them and, if they wish, to include reports on such work in their submission. The content, therefore, will depend on their interests, the nature of their work and where it is carried out.

24. Candidates may submit material prepared for other purposes (for example, a report to the Department of Health, the Hospital Authority and Hospital Board or a paper published on the results of a research project). In such cases, the original purpose should be stated and further commentary may also be necessary to explain the context and to discuss any deficiencies, to elaborate on the relevance of the work to the sub-specialty and, where appropriate, to describe its implementation.

25. The choice of suitable topics and ethical clearance, where appropriate, are the responsibility of trainees, but advice is available from trainers, supervisors, other service physicians or members of academic departments. In principle, any topic that falls within the scope of Public Health Medicine practice and research is acceptable. It is essential that the work presented in the two reports taken together is of sufficient scope to enable the candidate to demonstrate broad competence in the skills of the specialty. In case of doubt candidates may consult the College.

26. It is an important part of the candidates' task to demonstrate the relevance of their work to the practice of Public Health Medicine in Hong Kong. This applies whatever the subject matter and to research projects as well as to service work. Trainees are also expected to display both high standards of academic competence and, where appropriate, pragmatism within service situations. Sometimes, however, even well-designed studies encounter unexpected difficulties and produce negative or inconclusive results which may nevertheless be valuable and provide material for an acceptable Part II report. If candidates recognise defects in their project, for whatever reason, it is essential that the deficiencies are acknowledged and discussed, including comment on how they might have been avoided, their consequences for the conclusions and any other lessons learned.

Supervision

27. All trainees should normally have a service and an academic supervisor and access to the resources of an academic department.

28. In their own interest candidates are strongly advised to discuss their choice of topic and proposed protocol with their supervisor(s). They should be prepared to seek advice on both the academic and service aspects of their work at all stages during the conduct of their inquiries and when writing their reports.

Structure of reports

- (a) On the application form and on the abstracts page, the candidate must specify which competencies are being addressed. Within each report the candidate should explicitly present evidence which demonstrates these competencies;
- (b) A computerised word count must be provided for each report, with the main report and any appendices detailed separately. Taken together, the word count for the whole submission (covering all 4 competencies) must not exceed 20 000 words (excluding ONLY references and any questionnaires or data collection forms used in the work which the candidate wishes the examiner to see. All other appendices must be included in the overall word count);
- (c) The **abstract** should include a brief statement of the purposes of the study, the methods used, salient facts which emerged, and a summary of the conclusions. General statements such as "the relevance of the findings to public health medicine are discussed" are inadequate. Each report must have a structured abstract of no more than 200 words;
- (d) The **keywords**, which are used to help identify the underlying topics of the report, should reflect special features of the work rather than general terms such as "epidemiology" or "prevention";
- (e) The **competencies** addressed in each report should be listed briefly on the same page as the abstract;
- (f) **Appendices** - The use of appendices should be kept to a minimum. Any material which it is essential for the examiners to read should be included in the body of the text; and
- (g) **Tables and figures** - All tables and figures should normally be printed as close as possible to the relevant text rather than at the end of the report, to ensure clarity of communication. Text tables may be used sparingly in a way which is comparable to the use of numerical tables, for example in presenting findings from interviews or summarizing published literature. All tables and figures must be included in the word count.

Guide to detailed structure of the written submission

29. The following guidelines are intended to assist candidates in considering how best to present their work. It must be emphasised that these headings are not mandatory and they may not all be relevant to all types of project. Candidates are expected to show discretion in selecting the appropriate format for their submission.

(a) Abstract/Keywords

- The abstract should include a brief statement of the purposes of the study, the methods used, salient facts which emerged and a summary of the conclusions. General statements, such as “the relevance of the findings to Public Health Medicine are discussed”, are inadequate.
- The keywords, which are used to help identify the underlying topics of the thesis, should reflect special features of the work rather than general terms such as management or finance.

(b) Problem identification and definition of task

- A clear statement of the problem(s) leading, where appropriate, to the formation of a hypothesis or definition of a task.
- An explanation of the relevance of the task to Public Health Medicine in Hong Kong.

(c) Background

- A general background to the task, including description of factors such as local demographic, social, cultural, political and environmental characteristics.
- The specific background to the problem under consideration (for example, the delivery of certain health care service).
- A critical review of relevant literature.

(d) Action plan

- The specific aims and objectives of the project.
- A description of the task(s) to be undertaken in light of information reviewed in background above.
- A description of the methods of data collection and analysis, including rationale for choice of methods and their strengths and weaknesses.

(e) Results of investigation

- A clear presentation of data or other information collected and appropriate analyses.
- A critical account of reliability/validity of data, possible sources of bias, problems encountered in obtaining the data and how they were overcome.

(f) Discussion, interpretation and conclusions

- These should include comparisons with results of other relevant work, the merits of alternative explanations of observations, justification for conclusions drawn and the relevance of the conclusions to the objectives.
- The application to the practice of Public Health Medicine in Hong Kong and a clear statement of implications of the findings for the practice of Public Health Medicine in Hong Kong. These should be based on sound principles and reflect any constraints identified in the study. They should also show a reasonable balance between idealism and pragmatism.
- The plans for the implementation and evaluation of any recommendations, including reference to those consulted in the process and the person(s) or groups(s) who would

be expected to implement proposals.

(g) Outcomes and lessons learnt

- The outcome of implementation, if the timescale allows, including exploration of possible reasons for success or failure to achieve recommended changes.
- Lessons learnt by the candidates, advice to those faced with a similar problem, and recommendations for future studies.

Oral examination

30. The oral examination is in two sections.

31. The first section is a defence of the reports. It aims to test the candidates' ability to present and discuss their written work in an informed, intelligent and logical manner.

32. Examiners may also seek: -

- (a) to clarify points of concern;
- (b) to explore controversial points;
- (c) to determine what lessons the candidate has learned during preparation of the submission; and
- (d) to confirm that the written submission is the work of the candidate, including the role played by the candidate in publications with multiple authorship.

33. The second section is a "general" viva voce examination which aims to test the candidates' ability to discuss problem associated with the practice of Public Health Medicine in Hong Kong presented without prior notice. Topics are selected to complement the subjects covered in the written submission. The examiners will be looking for ability to identify the main thrust of a problem, the action which might be taken to resolve it, and the methods of monitoring and evaluation which might be necessary. They will expect reasoned argument to justify the views expressed and a realistic understanding of the difficulties that may be encountered and the likely time scales.

34. This part of the oral examination requires candidates to exhibit competence in problem-solving and communication, and an understanding of the problems and practice of Public Health Medicine in Hong Kong. Trainers are expected to ensure that opportunities are provided for all trainees to develop the necessary skills.

Conduct of oral examination

35. On the reports:

This section lasts 20 to 30 minutes and is conducted by two examiners, both of whom will have read and assessed the full submission. The candidate will first be required to outline the content findings of each thesis in turn (about five minutes in total). Ability to do so is an important part of the test. Candidates should bring a copy of their submission with them to which they may refer if they wish. The examiners will then explore topics previously agreed between the two readers.

36. On the practice of Public Health Medicine in Hong Kong:

The "general" oral on each candidate lasts 20 to 30 minutes and is conducted by two examiners. Topics are normally drawn from a list prepared and agreed by the full Board of

Examiners. The choice for any individual candidate depends on the scope of the written submission, and normally covers complementary subjects. Both examiners are expected to take an active part in both sections of the oral examination.

Overall assessment

37. Candidates whose reports fail to reach the required standard will not be called for oral examination and will be required to re-apply if they wish to re-take the examination.

38. Candidates whose reports and oral examination reach the required standard, but whose performance at the general oral examination is inadequate will not be required to submit further written work. If they wish to re-enter the examination they will be required to re-attend for oral examination within twelve months, unless they have obtained the consent of the Education Committee to extend this period.

39. Candidates are required to pass both parts of the oral examination.

Counselling

40. The examiners may require re-submission of the reports and/or re-sit of the “general” oral. When re-submission of the reports is required the examiners are asked to provide written comments on the reasons why the submission is deemed to be unacceptable. Similarly, when the “general” oral alone is deemed unsatisfactory, an explanation will be given. Examiners’ comments will be sent to the candidates and, if the candidates so request, to the trainers or other advisers nominated by the candidates, normally within three weeks after the examination is completed. It is not considered to be a function of the examiners to counsel unsuccessful candidates. This is the role of trainers. For written submissions which are deemed by the examiners not to be of a standard which justifies an oral examination similar procedures are followed.

41. The College strongly discourages candidates from preparing a submission or re-submitting without advice from their trainers. In case the candidate faces any difficulties, the College would endeavour to help to identify a suitable person locally who can give informed counselling.

Exit Examination

42. The Exit Examination is designed to test the competency of candidates to practise as specialists in Public Health Medicine in Hong Kong. The examination will be conducted in English and in the form of the followings:

Section A - Scenario-based Assessment, which makes reference to the UK Faculty of Public Health’s Objective Structured Public Health Examination (OSPHE)²;

Section B - General Oral

Section A – Scenario-based Assessment

43. Section A takes the form of **two stations**. Each station will be accorded **30 minutes**. In each station, the candidate will be examined by two examiners, one Marker Examiner (the Marker) and one Actor Examiner (the Actor). The timing is as follows:

² Making reference to The Faculty of Public Health Final Membership Examination (MFPH) Content. (<https://www.fph.org.uk/training-careers/the-diplomate-dfph-and-final-membership-examination-mfph/the-faculty-of-public-health-final-membership-examination/practice/>)

- Candidates will be given 15 minutes to read the ‘Candidate pack’ and to prepare, followed by 10 minutes for the examination.
- Examiners will then be given 5 minutes for discussion and grading.

44. Candidates are expected to make a verbal presentation and respond to questions asked by the Actor based on a scenario, which is designed to simulate real work in public health.

45. The following five competencies will be assessed at each station by the Marker and the Actor:

(a) The ability to demonstrate presenting communication skills (verbal and non-verbal) appropriately in typical public health settings: presenting to a person or audience;

(b) The ability to demonstrate listening and comprehending communication skills (verbal and non-verbal) appropriately in typical public health settings: listening and responding appropriately;

(c) The ability to assimilate relevant information from a variety of sources and settings and using it appropriately from a public health perspective;

(d) The ability to demonstrate appropriate reasoning, analytical and judgement skills, giving a balanced view within public health settings;

(e) The ability to handle uncertainty, the unexpected, challenge and conflict appropriately.

46. The two examiners in a station will each give a grading for each of the five competencies as follows³:

‘A’= Excellent;

‘B’= Good performance;

‘C’= Satisfactory performance;

‘D’= Unsatisfactory but borderline performance;

‘E’= Poor performance

47. After candidate’s completion of the two stations, all four examiners will meet together to review the grading of each of the five competencies and to agree on the overall “PASS” or “FAIL” of the candidate in Section A. A candidate who scores one or more ‘E’ , or more than one ‘D’ in a competency as agreed by the four examiners in both stations will be given a ‘FAIL’ for that competency. **Candidates must pass all five competencies in order to pass Section A.**

48. Examples of content to be covered are as follows:

- Health protection (including infection control, immunisation, health and disease screening, and environmental subject matters).
- Health promotion and health improvement (including lifestyle and behavioural interventions at individual and population level, partnership working and wider determinants of health).
- Quality healthcare: technical aspects of health service commissioning which require expert advice or assessment utilising public health skills.
- Quality healthcare: Implementation of health or healthcare interventions and working with patients, the public, professionals or organisations.
- Health regulation and law enforcement of public health issues

³ The general grade descriptors adopted by The Faculty of Public Health can be found on <https://www.fph.org.uk/media/1632/general-marking-criteria-final.doc> (for reference ONLY).

49. Types of scenarios include meeting / briefing / discussion / interview with the following (but not limited to):

- Media
- Lay public
- Patients group
- Members of the Legislative Council / District Council
- Senior government officials (health or non-health)
- Health care professionals (including primary care doctors, specialists)
- Health care organisations (both public and private)

Section B - General Oral

50. The General Oral lasts for 20 minutes and is conducted by two examiners.

51. The Candidate's overall competencies as a public health specialist will be assessed, which include but are not limited to information in the submitted Log Book. Reference will also be made to records of achievements against core competencies, postings during the whole training period in meeting the training objectives, and contents of the training programme in Public Health Medicine as stipulated in the HKCCM Training and Examination Guidelines for the Subspecialty of Public Health Medicine.

Overall assessment

52. Candidates are required to pass both Sections of the assessment in order to pass the Exit Examination.

53. The candidate who fails either the Scenario-based Assessment (Section A) or the General Oral (Section B) will only need to re-take the failed Section in the next attempt within twelve months.

54. A candidate who failed any competency/competencies in Section A will need to re-take the whole Section A in the next attempt.

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