Specialty Training Requirements (STR)

Name of Specialty:	Preventive Medicine
Chair of RAC:	Dr Ng Wee Tong
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Contents

Note: In addition to the training requirements stated in this STR, residents must comply with any other regulatory requirements or practice-based requirements mandated by the healthcare institutions or place of practice.

Scope of Preventive Medicine

Preventive Medicine is the speciality of medical practice that focuses on the health of individuals, communities, and the population. Its goal is to protect, promote, and maintain health and well-being and to prevent disease, disability, and death through Public Health interventions at individual, organisational, community and international levels.

Purpose of the Residency Programme

Preventive medicine specialists have competencies in biostatistics, epidemiology, social and behavioural science, health policy and administration, environmental and occupational medicine, planning and evaluation of health services, management of health care organisations, research into causes of disease and injury in population groups, and the practice of prevention in clinical medicine. They apply knowledge and skills gained from the medical, social, economic, and behavioural sciences. Preventive medicine specialists are expected to be able to interpret data, integrate evidence and implement evidence-based policies and programmes.

Admission Requirements

At the point of application for this residency programme,

a) Applicants must be employed by employers endorsed by Ministry of Health (MOH), and

b) Residents who wish to switch to this residency programme must have waited at least one year between resignation from his/her previous residency programme and application for this residency programme.

At the point of entry to this residency programme, residents must have fulfilled the following requirements:

a) Hold a local medical degree or a primary medical qualification registrable under the Medical Registration Act (Second Schedule);

b) Have completed Post-Graduate Year 1 (PGY1); and

c) Have a valid Conditional or Full Registration with Singapore Medical Council.

Selection Procedures

Applicants must apply for the programme through the annual residency intake matching exercise conducted by MOH Holdings (MOHH).

Continuity plan: Selection should be conducted via a virtual platform in the event of a protracted outbreak whereby face-to-face on-site meeting is disallowed and cross institution movement is restricted.

Less Than Full Time Training

Less than full time training is not allowed. Exceptions may be granted by Specialist Accreditation Board (SAB) on a case-by-case basis.

Non-traditional Training Route

The programme should only consider the application for mid-stream entry to residency training by an International Medical Graduates (IMG) if he/she meets the following criteria:

a) He/she is an existing resident or specialist trainee in the United States, Australia, New Zealand, Canada, United Kingdom, Hong Kong, or in other centres/countries where training may be recognised by the Specialist Accreditation Board (SAB)

b) His/her years of training are assessed to be equivalent to local training by JCST and/or SAB.

Applicants may enter residency training at the appropriate year of training as determined by the Programme Director and RAC. The latest point of entry into residency for these applicants is Year 1 of the senior residency phase.

Doctor application for Dual Accreditation. (All applicants must be locally accredited in one speciality) The programme should only consider the application for mid-stream entry to residency training by a local specialist in other disciplines on a case-by-case basis if he/she meets the following criteria and has obtained approval by Preventive Medicine RAC:

1. Five years of clinical practice as a specialist in their primary speciality.
2. Significant contribution to Public Health/Preventive Medicine, for example, in the following areas:
    - Infectious disease control (based in the population or a healthcare institution).
    - Health services research into outcome of care and other areas with potential impact on practice.
    - Community paediatrics, community geriatrics, rehabilitative cardiology, primary care (Including preventive services for special populations eg adolescents, mothers and children).
    - Medical services administration (e.g. clinical specialists undertaking public health related work in the Singapore Armed Forces (SAF), MOH, Health Sciences Authority (HSA), Health Promotion Board (HPB)).
    - Clinical preventive services for high-risk groups (e.g. within the national eye, heart and cancer centres).

3. Direct and positive influence on delivery of healthcare or on programmes that improve the health of a population, as evidenced by, for example:
    - Relevant publications in journals of high impact.
    - A portfolio documenting achievement in the field.
    - References attesting to the direct role and effectiveness from a supervisor who is a public health specialist.

Separation

The PD must verify residency training for all residents within 30 days from the point of notification for residents' separation / exit, including residents who did not complete the programme.

Duration of Specialty Training

The training duration must be 60 months, comprising 36 months of junior residency and 24 months of senior residency.

Maximum candidature: All residents must complete the training requirements, requisite examinations and obtain their exit certification from JCST not more than 36 months beyond the usual length of their training programme. The total candidature for Preventive Medicine is 60 months Preventive Medicine residency + 36 months candidature.

"Make-up" Training

"Make-up" training must be arranged when residents:

- Exceed days of allowable leave of absence / duration away from training or
- Fail to make satisfactory progress in training.

The duration of make-up training should be decided by the Clinical Competency Committee (CCC) and should depend on the duration away from training and/or the time deemed necessary for remediation in areas of deficiency. The CCC should review residents' progress at the end of the "make-up" training period and decide if further training is needed.

Any shortfall in core training requirements must be made up by the stipulated training year and/or before completion of residency training.

Learning Outcomes: Entrustable Professional Activities (EPAs)

Residents must achieve level 4 of the following EPA by the end of residency training:

	EPA Title
PH1	Designing, implementing and evaluating health promotion programmes in various settings
PH2	Developing preparedness and response plans for public health emergencies
PH3	Conducting investigations into and managing communicable disease outbreaks
PH4	Designing public health surveillance and monitoring programmes in communities
PH5	Designing, implementing and evaluating chronic disease management programmes
PH6	Conducting comparative analyses of health care systems
PH7	Conducting studies to determine the health needs and/or risk factors of disease in a defined population / community
PH8	Developing public communications plans, including risk communication, for public health issues
PH9	Providing health promotion and disease prevention consultation at the population and individual levels
OM1	Diagnosing and managing workers with an occupational/ work-related disease or injury
OM2	Conducting Fitness-to-Work assessments
OM3	Conducting work injury compensation assessments
OM4	Conducting health counselling and medical management for workers, and their families, who are required to travel or relocate overseas
OM5	Conducting workplace assessments from the perspective of Occupational Health & Safety (OHS) and advising workplaces accordingly (including their legislative obligations)
OM6	Designing or optimising medical surveillance programmes, for hazard exposures, at workplaces

OM7	Designing or optimising evidence-based workplace Occupational Health and Health Promotion programmes
OM8	Developing organisational and medical management protocols to address substance abuse, violence, and psychosocial hazards at workplaces
OM9	Designing or optimising disaster preparedness and emergency management response plans for workplaces
OM10	Designing or optimising pandemic business continuity contingency plans for workplaces
OM11	Conducting WSH incident/ accident investigations as part of a multi-disciplinary team

Learning Outcomes: Core Competencies, Sub-competencies and Milestones

The programme must integrate the following competencies into the curriculum, and structure the curriculum to support resident attainment of these competencies in the local context.

Residents must demonstrate the following core competencies:

1) **Patient Care and Procedural Skills**
    - PC1: Emergency Preparedness and Response – Apply skills in emergency preparedness and response
    - PC2: Policies and Plans – Develop policies and plans to support individual and community health efforts
    - PC3: Health in the Community – Monitor, diagnose, and investigate community health problems
    - PC4: Evaluating Health Services – Evaluate population-based health services
    - PC5: Disease Outbreak Management
    - PC6: Public Health Communications – Inform and educate populations about health threats and risks
    - PC7: Public Health, Surveillance, and Disease Prevention
    - PC8: Preventive Medicine Related Ethics
    - PC9: Clinical Occupational and Environmental Medicine
    - PC10: Industrial Hygiene, Safety and Ergonomics and Risk/Hazard Control, and Communication - Assess if there is risk of an adverse event from exposure to physical, chemical, or biological hazards in the workplace or environment, and characterize, make recommendations for control of, and communicate the risk.
    - PC11: Work Fitness and Disability Integration
    - PC12: Occupational and Environmental Medicine (OEM) Related Management and Administration

- PC13: Toxicology - Recognise, evaluate, and treat exposures to toxins at work or in the general environment
- PC14: OEM Related Law and Regulations
- PC15: Conditions of Public Health Significance
- PC16: Preventive Care
- PC17: Clinical Preventive Services
- ICS1: Patient- and Family-Centred Communication
- ICS2: Interprofessional and Team Communication
- ICS3: Communication within Health Care Systems

2) Medical Knowledge

- MK1: Behavioural Health
- MK2: Environmental Health
- MK3: Biostatistics
- MK4: Descriptive Epidemiology
- MK5: Analytic Epidemiology

3) System-based Practice

- SPB1: Patient Safety and Quality Improvement
- SPB2: System Navigation for Patient-Centred Care
- SPB3: Physician Role in Health Care Systems

4) Practice-based Learning and Improvement

- PBLI1: Evidence-Based and Informed Practice
- PBLI2: Reflective Practice and Commitment to Personal Growth

5) Professionalism

- P1: Professional Behaviour and Ethical Principles
- P2: Accountability/Conscientiousness
- P3: Self-Awareness and Help-Seeking

6) Interpersonal and communication skills

Residents must demonstrate ability to:

- Effectively exchange information with patients, their families and professional associates.
- Create and sustain a therapeutic relationship with patients and families
- Work effectively as a member or leader of a health care team
- Maintain accurate medical records

Other Competency: Teaching and Supervisory Skills

Residents must demonstrate ability to:

- Teach others
- Supervise others

Learning Outcomes: Others

Residents must attend Medical Ethics, Professionalism and Health Law course conducted by Singapore Medical Association and Geriatric Medicine Modular Course by Academy of Medicine Singapore (AMS).

Curriculum

Residents must demonstrate competence in the following content areas:

Public Health

Domain 1: Epidemiological, biostatistics approaches & social science techniques

Domain 2: Public health policies, law, and ethics

Domain 3: Social determinants of health and disease (upstream)

Domain 4: Diseases of public health significance

Domain 5: Public health hazards/ risk factors

Domain 6: Public health though a life course

Domain 7: Health systems; health services delivery

Domain 8: Holistic preventive care for individuals

Domain 9: Public health informatics

Occupational Medicine

Domain 1: Occupational Medicine (OM) Methodology

Domain 2: OHS legislation, policies, and frameworks

Domain 3: Occupational Hazards

Domain 4: Clinical Occupational Medicine

Domain 5: Environmental Health

Domain 6: Industry-based practice

Domain 7: Ethics in Occupational Health

Domain 8: Sociology in Occupational Health

Domain 9: Occupational Health Issues in Enterprise Risk Management

The curriculum and detailed syllabus relevant for local practice must be made available in the Residency Programme Handbook and given to the residents at the start of residency.

The PD must provide clear goals and objectives for each component of clinical experience.

Learning Methods and Approaches: Scheduled Didactic and Classroom Sessions

The programme must conduct the following numbers of didactic sessions per year:

Compulsory didactic sessions and workshop

Didactic session	Average Frequency	Min Attendance by each resident (if any)
minimum 44/year	Once a week	70%

Each session should be between 2-3 hours.

A minimum of 70% of the sessions should be guided by the curriculum. The remaining sessions may be on elective/ extra-curricular/ specialised topics, that are still relevant to the wider practice of PH and OM.

A minimum of 70% of the curriculum should be covered by didactic teaching, over the course of the residency.

The didactic sessions / courses can be conducted either face-to-face or via virtual platforms.

Learning Methods and Approaches: Clinical Experiences

Residents must do the following rotations:

- Infectious Diseases Outbreak Management, of at least three months.
- Public Health agency, of at least three months. In practice, all residents are posted to at least six months in MOH (outside of their CDD stints), often longer.

Residents must do elective rotations, subject to availability of positions, including:

- Occupational Medicine (e.g., to MOM and hospital OM departments).
- Non-Communicable Diseases/Health Promotion (e.g., to HPB).
- Communicable Diseases, in addition to the compulsory core posting.
- Population Health/Integrated Care (e.g., to RHS Offices).
- Healthcare delivery (e.g., in hospital operations departments).

Sites for postings range from government ministries and agencies (MOH, MOM, Ministry of Home Affairs (MHA), HPB, SAF, etc), the public healthcare sector (NHG,

NUHS, and SingHealth cluster corporate units and healthcare facilities), to affiliated facilities (e.g. St Luke's Hospital, St Andrew's Hospital).

All postings are reviewed by the PMCC and signed off on successful completion of rotation objectives.

Learning Methods and Approaches: Scholarly/Teaching Activities

Each resident must complete a Master of Public Health degree which incorporates a fair number of scholarly activities.

Residents must publish a first-author paper in a peer-reviewed journal.

Residents must complete a primary healthcare project by the end of residency.

Residents are expected to present appropriate papers in conferences, especially the local annual PH and OM Conference organised by the College of Public Health and Occupational Physicians.

Learning Methods and Approaches: Documentation of Learning

Residents must develop and maintain their personal portfolios on a shared electronic platform that document not only their learning experiences but also their achievements and their personal narrative of their developmental journey.

The portfolio must contain the following documents:

1. **Overview**. This is equivalent to the traditional logbook, wherein the residents record personal particulars and specific events (qualifications, teaching, publications, etc) for rapid lookup.
2. **Narrative**. This is the centrepiece of the portfolio, wherein the resident describes how they have developed and their current competencies in each of the official EPAs plus additional dimensions of development in Public Health skills and knowledge. Over the years, residents must review and revise their portfolios, identifying areas of deficiency and recording areas of competence.
3. **Rotation Reports**. These six-monthly reports for each posting must record the rotation objectives, their attainment, and feedback from various supervisors.
4. **Artifacts**. Beyond the documents above, the portfolio must hold subfolders of documentation of past publications, presentations, certificates, reflections, etc. These may be referenced within the narrative above as evidence or illustration.

Summative Assessments

	Summative assessments	
	Clinical, patient-facing, psychomotor skills etc.	Cognitive, written etc.
R5	NIL	Part 2: i. Prepared Presentation (Translational PH & OM) ii. ii. Portfolio-based viva
R4	NIL	• Part 1a: 60 Case-based Short Answer Questions (SAQs) • Part 1b: Written Examination
R3	NIL	• Master of Public Health • Progression PMCC Review • Primary Healthcare Systems Project
R2	NIL	NIL
R1	NIL	NIL

S/N	**Learning outcomes**	**Summative assessment components**			
		Progression PMCC	P1a: CB-SAQ	P1b: Written	P2: Presentation & Viva
PH1	Designing, implementing and evaluating health promotion programmes in various settings	Y	Y	Y	Y
PH2	Developing preparedness and response plans for public health emergencies	Y	Y	Y	Y
PH3	Conducting investigations into and managing communicable disease outbreaks	Y	Y		Y
PH4	Designing public health surveillance and monitoring programmes in communities	Y	Y	Y	Y
PH5	Designing, implementing and evaluating chronic disease management programmes	Y	Y	Y	Y
PH6	Conducting comparative analyses of health care systems	Y	Y		Y

PH7	Conducting studies to determine the health needs and/or risk factors of disease in a defined population / community	Y	Y		Y
PH8	Developing public communication plans, including risk communication, for public health issues	Y	Y	Y	Y
PH9	Providing health promotion and disease prevention consultation at the population and individual levels	Y	Y		Y
OM 1	Diagnosing and managing workers with an occupational/ work-related disease or injury	NA (OM track differentiates at R4/R5)	Y		Y
OM 2	Conducting Fitness-to-Work assessments		Y		Y
OM 3	Conducting work injury compensation assessments		Y		Y
OM 4	Conducting health counselling and medical management for workers, and their families, who are required to travel or relocate overseas		Y		Y
OM 5	Conducting workplace assessments from the perspective of OHS and advising workplaces accordingly (including their legislative obligations)		Y		Y
OM 6	Designing or optimising medical surveillance programmes, for hazard exposures, at workplaces		Y	Y	Y

OM 7	Designing or optimising evidence-based workplace Occupational Health and Health Promotion programmes		Y	Y	Y
OM 8	Developing organisational and medical management protocols to address substance abuse, violence, and psychosocial hazards at workplaces		Y	Y	Y
OM 9	Designing or optimising disaster preparedness and emergency management response plans for workplaces		Y	Y	Y
OM 10	Designing or optimising pandemic business continuity contingency plans for workplaces		Y		Y
OM11	Conducting WSH incident/ accident investigations as part of a multi-disciplinary team		Y		Y