



Public Health
England

Protecting and improving the nation's health

PHE East of England Health Protection Team

Training Policy

for

**Specialty Trainees in Public Health
and**

Other Professionals on Health Protection placements

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1. Introduction

This document outlines the training programme offered by two offices of the PHE East of England Health Protection team (HPT) to Specialty Registrars in Public Health (StRs) and other professionals (e.g. Foundation Year doctors, microbiology and GP trainees, environmental health officers) seeking health protection training and experience; these two groups are collectively referred to as trainees in this document.

It should be used as a guide and adapted to suit individual training needs taking into account trainees' previous experience, skills and competencies. For StRs, it should be read alongside the Health Education East of England guide on Training in Health Protection in the East of England.

2. StRs in Public Health

All StRs are required to have a three month placement whole time equivalent (WTE), usually after taking the Part A exam. Trainees may be offered a further placement or project work with the HPT in the event they are unable to meet the desired competencies during the initial placement. We are also part of the regional rotation for StRs wishing to pursue health protection as a career and offer a specialist training placement of six months.

2.1 Aims of the training

1. To gain an understanding of the aetiology and pathogenesis of infectious and environmentally caused diseases, and their management on an individual and population basis.
2. To enable StRs to gain core skills required for health protection practice and be able to demonstrate competency in the following areas:
 - Gathering and interpreting clinical, microbiological and other information
 - Identifying, assessing and communicating risks associated with hazards relevant to health protection, and co-ordinating the appropriate public health response.
 - Understanding how disease surveillance is organised and interpreting surveillance data
 - Developing skills to communicate effectively with partner organisations and the public
 - Understanding emergency planning and preparedness
 - Understanding the roles of and contribution of health protection partners including Environmental Health Officers (EHOs), tuberculosis (TB) nurses, infection prevention and control teams in hospitals and the community.

We expect you to:

- Take a proactive approach to planning and structuring your placement, to get the most out of your time with us
- Play an active role, including attending meetings and taking part in the work of the acute service
- Make a positive contribution through project work and participating in teaching sessions provided by other members of the team
- Give honest constructive feedback on your placement

2.2 Pre-placement meeting

StRs should organise a meeting with their nominated clinical supervisor (CS) before starting the placement. This will ensure that an assessment of the foundation knowledge and skills is undertaken (including, for example, the ability to take a clinical history and talk to clinical colleagues with confidence) and a programme of learning agreed based on their needs. The StR should also make the supervisor aware of any special needs they may have, e.g. disabilities, part-time work, or any annual leave or study leave they need to take during the placement. The duration of the placement may need to be extended to take account of this.

2.3 Induction to the training location

Prior to starting the placement, the StR will be provided with a site-specific induction pack for the office they will be based in. As part of this induction, the StR will get acquainted with the training location and organisational structures.

The trainee will be introduced to the office environment. Equipment and facilities provided will include a desk with computer (including internet access and Skype), email account, access to the team's shared drive, a personal folder on that drive, and an HPZone account.

Induction will cover:

- Security of information
- Record keeping and retention
- Health and safety in the office environment
- Work station audit

PHE mandatory training requirements for StRs on placement are detailed below. These are all e-learning courses available from CSL (Civil Service Learning) or NHS Learning Management (NHSLM) via ESR <https://my.esr.nhs.uk/>.

Basic Fire Safety (annual)	Information Governance (annual)	Display Screen Equipment (DSE) Users (3 yearly)
Basic fire awareness for all staff Civil Service Learning	Responsible for information: general user Civil Service Learning	E-learning & workstation assessment via PHE intranet & Cardinus Book via DSE Co-ordinator.
NHSLM: 000 Fire Safety - Level 1		NHSLM: 000 Display Screen Equipment Information and Training

Safeguarding Children Level 1 (3 yearly)	Safeguarding Adults Level 1 (3 yearly)	Safeguarding Children Level 2 (3 yearly)	Safeguarding Adults Level 2 (3 yearly)
NHSLM: 000 Safeguarding Children Level 1	NHSLM: 000 Safeguarding Adults Level 1	NHSLM 000 Safeguarding Children Level 2	NHSLM: 000 Safeguarding Adults Level 2

2.4 Induction to health protection

An induction in health protection is essential to obtain an understanding of the control of communicable and non-communicable diseases. Appendix 1 provides an outline induction to health protection work. The programme can be tailored to the needs of the StR based on their previous training and experience.

An essential component is familiarisation with the acute reactive service (a phased process covering observation and familiarisation, supervised practice, and independent practice with regular case review).

Trainees will also be offered the opportunity to understand the roles and functions of partners through short placements or visits with, for example EHOs, TB nurses, Infection Control teams and screening and immunisation teams or by attending meetings such as emergency planning meetings and simulation exercises.

2.5 Recommended minimum resources

- PHE Duty Doctor pack (available via the PHE Intranet)
- HPT Standard Operating Procedures (SOPs)
- J Hawker, N Begg, I Blair, R Reintjes, et al. Communicable Disease Control and Health Protection Handbook. Wiley-Blackwell 2012.
- D L Heymann (ed) "Control of Communicable Diseases Manual". American Public Health Association 2008.

2.6 Reactive health protection work

Trainees will undertake work at the acute response duty desk and manage cases of common infectious diseases and outbreaks and non-infectious hazards such as chemical incidents. This will provide competencies and skills to independently work as the first on-call in the out-of-hours public health rota as well as instil confidence to take the on-call assessment prior to taking responsibilities on the on-call rota. Trainees should keep a log of their acute work (Appendix 3).

Following the three month attachment, the StR would be expected to have developed an understanding of the principles of health protection work and develop the core competencies listed below.

Skills	Topic area
Understanding communicable disease surveillance	a) Routine surveillance, including clinical and laboratory notification b) Enhanced disease surveillance (e.g. TB)
Managing communicable disease issues <ul style="list-style-type: none"> • Data collection and recording, including history taking • Risk assessment • Public health action • Communication skills • Professionalism 	a) Individual cases/enquiries <ol style="list-style-type: none"> i. Meningitis and meningococcal disease – case definitions and definition of contacts; difficult issues in arranging chemoprophylaxis ii. Hepatitis A iii. Hepatitis B iv. iGAS v. Legionnaires' vi. PVL <i>Staphylococcus aureus</i> vii. Rash illness and contact management, e.g. measles viii. Sharps injuries and bites ix. Shigella x. TB xi. Typhoid and paratyphoid xii. VTEC b) Immunisation – national schedule and sources of advice
Managing communicable disease incidents/outbreaks Understanding <ul style="list-style-type: none"> • Principles of infection prevention and control • Principles of outbreak control • Gathering epidemiological information • Risk assessment and management • Role of PHE in relation to other agencies 	a) Care homes <ol style="list-style-type: none"> i. D&V ii. Scabies iii. Respiratory b) Hospitals <ol style="list-style-type: none"> i. D&V ii. MRSA/CI difficile/multi-resistant organisms c) Schools <ol style="list-style-type: none"> i. D&V ii. Respiratory d) Prisons <ol style="list-style-type: none"> i. TB e) Suspected food poisoning (usually restaurants/catering outlets)
Managing environmental hazards	General: Overview of chemical hazards, routes of exposure and basic toxicology Specific: <ol style="list-style-type: none"> a) Fires b) Lead poisoning c) Oil spills d) Mercury spills e) Water contamination
Understanding emergency planning	Relevant planning and operational arrangements + principles of managing a major incident

2.6 Project work

Trainees will be supported in undertaking projects appropriate to their stage in training and learning needs, e.g. local and regional audits, developing leaflets for health professionals and the public on common infectious diseases, updating SOPs. The trainee will be supervised by the Consultant and/or Health Protection Nurse leading on that area of work. A suggested proforma for a project proposal is provided at Appendix 2, if needed.

2.7 Organised teaching and training

- Trainees will be required to participate in the relevant clinical meetings and encouraged to participate in regular case/incident review meetings as part of their training.
- Trainees will have access to ongoing educational sessions and clinical meetings organised by the teams. These may be 1:1 or as part of the team.
- There will be opportunities for shared learning through regional on call teleconferences and study days.
- Trainees will be required to participate in the HPT educational sessions and present at least once during the placement.
- They will be encouraged to organise specific teaching sessions with specialists from among the Health Protection team on health protection topics they wish to address.

As a part of proactive work, trainees will be encouraged to participate in case presentations and clinical reviews. They will also be encouraged to participate in FY2 teaching.

3. Non-public health trainees

These attachments are brief (generally for a week or two) and may not offer sufficient scope for the trainees to undertake detailed projects and clinical work. However, individuals will be able to observe and, as appropriate, be fully involved in the work of the team.

3.1 Aims of the training

- To provide the trainee with an understanding of the work of the HPT and to provide acute health protection experience tailored to the trainee's learning needs and future career aspirations.

3.2 Objectives

- To understand the day-to-day work involved in protecting the public's health, by the PHE Centre and its partner organisations
- To give you an overview of the structure, function and working of the HPT, within the context of PHE and the NHS
- To understand the infectious diseases notification system.

3.3 Induction to the training location

As part of this induction, the trainee will get acquainted with the training location and organisational structures. The trainee will be introduced to the office environment.

Induction will cover:

- Security of information
- Health and safety in the office environment.

3.4 Induction to health protection

At your first training meeting, make sure you take the opportunity to discuss your specific learning needs. An essential component is familiarisation with the acute reactive service (to include observation and familiarisation, with supervised practice, as appropriate).

Appendix 1 provides an outline induction to health protection work. Depending on the time available to you, you may like to consider requesting a visit to one of our partner organisations, based on your interests and learning needs.

3.5 Meeting your objectives

Your time is limited and you will need to maximise your learning opportunities; the programme can be tailored to meet your needs. As a guide you should aim to achieve the following:

- Observation/participation in the acute service and morning handovers
- Participation in weekly clinical review meetings (Mondays and Fridays)
- Attendance at the health protection surveillance update meeting (Tuesdays)
- Meetings with relevant HPT staff (Consultants/Health Protection Nurses and Practitioners/Information manager) to understand their roles and work
- Where available, we expect you make a positive contribution by participating in teaching sessions provided by other members of the team, and possibly through completing a short project.

An example of a two week health protection training programme is provided at Appendix 4.

Outline Induction Programme for Health Protection

Aims of the induction program

- To provide an overview of the scope and practice of health protection

Suggested areas (to be based on the learning needs of the HPNP)

1. Managing communicable and non-communicable disease cases and incidents

Learning aim: To acquire background knowledge on the control of infectious diseases and non-infectious environmental incidents.

Objectives

- Understanding of the basic principles of infectious disease control and the public health response to non-infectious environmental incidents
- Familiarise with common on-call infections/ hazards

How met

- Recommended reading
(Good introductory book is: Hawker J, Begg N, Blair I et al. Communicable Disease Control and Health Protection Handbook)

2. Structure and functions of Public Health England (PHE)

Learning aim: To understand the organisation and functions of PHE and the Centre, the role of the Health Protection Team (HPT) and the Field Epidemiology Service (FES).

Objectives

- Understand how PHE functions
- Understand the relation with different local stakeholders, e.g. DPH, local authorities
- Understand the statutory notifiable diseases and surveillance systems
- Understand role of the HPT in:
 - undertaking surveillance and monitoring communicable diseases
 - developing guidelines to ensure effective management of communicable diseases
 - public health management of communicable diseases and non-infectious hazards
 - outbreak investigation
- Understand the role of the FES in:
 - co-ordinating surveillance of disease
 - providing expert advice and support to the HPT

How met

- Meet with individual HPT staff to understand their role and lead areas
- Shadow individual team members in their day to day practice
- Participation in the HPT duty service
- Meet with FES staff to gain an understanding of their work
- Use PHE website

3. Role of microbiology in control of infection and communicable disease

Learning aim: Understand how the microbiology service works

Objectives

- Understand the role (including public health role) of the microbiologist
- Understand role of microbiology in:
 - analysing routine samples
 - microbiological investigation of communicable diseases outbreak, food and drink products
- Gain basic understanding of microbiological tests used in investigation of communicable diseases and recognise time scales to yield results
- Familiarise with modern diagnostic microbiological techniques and follow new developments in medical microbiology, including molecular typing
- Know interpretation of microbiological results and appreciate test limitations
- Understand the flow of data to HPT/FES

How met

- Short attachment to microbiology lab to understand how the lab operates: from specimen reception, processing, reading, and reporting of results
- Handbook of basic microbiological tests (indication, incubation time, reliability, and validity)

4. Infection Prevention and Control

Learning aim: To understand the role of Provider Infection Prevention and Control (IPC) Committees and Nurses in the prevention and control of infection.

Objectives

- Understand the organisation of local IPC Committees
- Understand the role of these committees in Health Care Associated Infection (HCAI)
- Understand the role and responsibilities of hospital and community IPC Nurses
- Understand the role of the TB Nurse in prevention, control, and treatment of TB

How met

- Short attachment to hospital/ community IPC team and TB Nurse to follow their day-to-day work
- Attendance at IPC meetings

5. Immunisation

Learning aims: To understand the principles of immunisation and implementation and management of immunisation programs

Objectives

- Familiarise with the national immunisation schedule
- Know where to find relevant references
- Understand the role of the NHS England Screening and Immunisation Team (SIT)
- Familiarise with systems for monitoring vaccine uptake and adverse events
- Familiarise with different approaches to running immunisations campaigns such as childhood immunisation program and influenza immunisation campaign

How met

- 'Green book' <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>
- Meet with the SIT

6. Emergency planning and response to major incidents

Learning aim: To understand the principles of emergency planning and the networks involved in the emergency planning process

Objectives

- Understand local emergency planning structures
- Learn about the operation of the emergency services (fire, police, and ambulance)
- Understand the functions of expert organisations such as Environment Agency, Animal and Plant Health Agency (APHA), etc
- Understand the roles and responsibilities of NHS organisations and the Department of Health and local authorities in planning for and responding to major incidents

How met

- Discussion with the EP lead
- Attend relevant emergency planning meetings

7. Local Authority Environmental Health

Learning aim: To understand the duties of environmental health services of local authority relevant to communicable disease control

Objectives

- Understand the structure and organisation of LA
- Understand the roles of district and county council
- Understand the role of LA in control of notifiable diseases and working relations with the proper officer
- Be aware of Public Health Law
- Understand the divisions and responsibilities of Environmental Health Services
 - Food team
 - Pollution team
 - Safety team

How met

- Short attachment to the different teams of Environmental Health Services
- Discussions with the team leaders
- See day to day operation of EH department in responding to enquiries from the public, registration, inspection, monitoring and dealing with other environmental hazards, etc
- Participation in inspection of food premises

8. Suggested time scales

Areas to be covered	Minimum time periods
Introduction to CDC and non-CDC	Own time reading
Mandatory Training	Complete within 2 week induction period
PHE structure and functions	3 days
Microbiology services	2 days
Infection prevention and control	2 days
Immunisation	1 day
Emergency planning	1 day
EH department	1 day
Total	10 days

Project Proposal Suggested proforma

Project title	
Name of Trainee	
Project Supervisor	
Aims and objectives of project	
Start date	
Expected duration	
Expected time commitment	
Project review dates	
When will data/other resources be available (if relevant)?	
Location of project	
Who are the main stakeholders?	
What learning objectives/competencies will the project address?	
Brief outline of work and responsibilities	
Outcome/s expected	

Health Protection Acute Work Log Book

Purpose of the Log Book

The log book aims to fulfil the requirements of the Faculty of Public Health in its guidance on Educational Requirements for On-call. The log book is designed to record experience of reactive Health Protection work during daytime and out-of-hours duties. It allows a cumulative record of reactive experience. It should be used in conjunction with the portfolio summary sheets which will record the detail of work undertaken and link this to competence gained, evidence presented and reflection on learning.

Use of the Log Book

Trainees should complete the log of acute work during each component of their Health Protection experience. In the action columns trainees should record whether they have observed (O), acted under supervision (S) or acted independently (I). Trainees should also indicate whether there was new learning (N) or whether the work consolidated learning (C).

Health protection log book

Date	Health Protection query (HPZone number)	Your initial action (brief details) Include whether observed (O), acted under supervision (S) or acted independently (I)	Your further action and reflection Include whether observed (O), acted under supervision (S) or acted independently (I) Did this experience include new (N) or consolidated (C) learning	Registrar

Example of a 2 week trainee programme

Training objectives:

1. Provide an overview of public health issues related to infectious diseases
2. Develop an understanding of basic epidemiological methods
3. Role of health protection agencies and other organisations in the control of outbreaks, planning of emergencies
4. Requirements for statutory notification of infectious diseases
5. Role of public health nurses, environmental health officers, etc

Day	1	2	3	4	5
AM	09.30: Meet the team. Induction to office 10.30: Meet with Supervisor (agree objectives and programme) 11.30: Meet with Info manager (Info governance/surveillance/HPZone)	Acute service duty observer 12.00: Health protection surveillance update meeting	10.00 Educational meeting	Acute service duty under supervision	10.30: Clinical review meeting 11.00: Review meeting with Supervisor
PM	14.00: Clinical review meeting	02.00: Meet with Consultant (overview of structure, function and work of HPT) 03.30: Meet with HP Nurse (role of HPN/practitioner and community IPC)	Acute service duty observer	Acute service duty under supervision	Acute service duty under supervision
Day	6	7	8	9	10
AM	Acute service duty under supervision	09.00: Meet with PH StR (Intro to epidemiological methods) 10.00: Meet with EP Manager (overview of emergency planning) 12.00: Health protection surveillance update meeting	Acute service duty under supervision	Day at Field Epidemiology Service in Cambridge (role and work of FES)	10.30: Clinical review meeting 11.00: Review meeting with Supervisor
PM	14.00: Clinical review meeting	Acute service duty under supervision 04.00: Review meeting with Supervisor	Acute service duty under supervision	Day at Field Epidemiology Service in Cambridge	Acute service duty under supervision Feedback on programme

Evaluation of Attachment (via Select Survey)

<https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=82503llK>

Evaluation of attachment

The purpose of the placement evaluation is to review the training opportunity (including induction, overall supervision, project supervision, etc) and identify areas of good practice and areas where improvement could be made

Training site	
Stage of training	
Duration of attachment	

Did you agree your learning needs at the start of your placement? (Y/N) Please comment.

On a scale of 1-4, how well were these met? Please comment.

Did your programme include an agreed induction to health protection? (Y/N) Please comment.

On a scale of 1-4, how would you rate the learning environment? Please comment.

Please highlight with examples the positive aspects of this placement.

What could we have done differently to improve your experience?

Please give up to three learning points that you have taken from this placement.

Are there any other comments you would like to make about your placement?

Thank you for completing this evaluation