

**EoE Public Health Training Programme**

**Health Protection Policy – v. 2.4 (July 2022)**

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# Introduction

## 1.1 Principles and Aims of Health Protection Training

Health protection placements introduce Specialty Registrars in Public Health (StR) to this important area of public health practice. Health protection public health focuses on the protection of the public’s health from communicable and environmental hazards by the application of a range of methods including hazard identification, risk assessment and the promotion and implementation of appropriate interventions to reduce risk and promote health.

Key elements include:

* + Disease surveillance
	+ The investigation and control of communicable diseases
	+ The public health aspects of environmental hazards (including chemical, radiological and nuclear hazards)
	+ Managing ‘deliberate release’ incidents
	+ Health emergency planning

StRs on placement with health protection will be able to develop a range of skills and knowledge, potentially contributing to their achievement of all areas of Faculty of Public Health (FPH) Public Health Specialty Training Curriculum competencies. It is not possible to achieve the competencies of Key Area 6 without a placement in a Health Protection Team (HPT) and completion of time on call.

During training, StRs should gain an understanding of the aetiology and pathogenesis of infectious and environmentally caused diseases, and their management on an individual and population basis. This may require understanding of principles of:

* + Epidemiology and statistics
	+ Information management and surveillance
	+ Microbiology, virology, and immunology
	+ Therapeutics
	+ Non-Infectious Environmental Hazards
	+ Principles of communicable disease control including modification of health behaviour, screening, and vaccination
	+ Principles of infection control

StRs will also become competent in

* Risk assessment
* Clinical history taking
* Maintaining accurate and timely records
* Confidentiality, safeguarding, and information governance

## 1.2 Health Protection Training in the East of England

Health protection services in the East of England are provided by the UK Health Security Agency (UKHSA) East of England and currently operate out of two locations; one in the North Zone and one in the South Zone of the East of England Public Health Training geographical region.

The area covered by UKHSA East of England includes the following local authorities:

* **County Councils:** Hertfordshire, Essex, Norfolk, Suffolk, Cambridgeshire.
* **Unitary Authorities:** Bedford Borough, Central Bedfordshire, Luton, Milton Keynes, Peterborough, Southend, Thurrock.

It is mandatory for all East of England StRs to spend at least 3 months whole time equivalent (WTE) in the East of England Health Protection Team. It will not be possible for StRs to meet curriculum outcomes without such a placement. StRs should aim to undertake their mandatory health protection placement during ST2.

See Section 2 for further details on organising a placement with the Health Protection Team and the key elements of training an StR can expect to achieve during their placement.

A comprehensive overview of the Public Health training pathway can be viewed [here](https://heeoe.hee.nhs.uk/public_health)

## 1.3 Purpose of this policy

The purpose of this policy is to outline the expectations and requirements of the Lead Employer, Health Education East of England (HEEofE), the East of England Health Protection Team (HPT) and East of England StRs for undertaking health protection training and delivering a safe and effective out of hours service.

# The Mandatory Health Protection Placement

The mandatory health protection attachment should be arranged during ST1 and undertaken during ST2. Each HPT office can take a maximum of 2 StRs undertaking the mandatory placement at a time.

## 2.1 Arranging the mandatory health protection placement

In advance of requesting the first placement with the HPT the StR should arrange a pre-placement discussion with their educational supervisor.

The purpose of the pre-discussion is to agree the placement duration, learning outcomes and support required during the placement, as well as provisional dates for the placement to take place. The placement should be for a minimum of 3 months WTE.

Following this meeting the trainee should contact the HPT Training Lead to arrange the placement. If the proposed dates are not available, other suitable dates should be identified. The trainee should notify the training programme of the agreed dates via the placement panel process.

Approximately 6 weeks before the start of the placement, the StR will be notified of their Clinical Supervisor (CS) whilst at the HPT. The StR should contact the CS to arrange a meeting prior to the start of the placement. This will allow assessment of foundation knowledge and skills, and identification of specific learning needs, in order to develop a suitable programme of learning.

## Key elements of the training

### 2.2.1 Induction

As part of an introduction to the practice of health protection, the trainee will get acquainted with the training location, organisation structures, roles of UKHSA and roles of partner organisations.

*Induction to the office environment and acute response service* will cover:

* Security of information
* Record keeping and retention
* Health and safety in the office environment
* Workstation audit
* Familiarisation with the acute response service (a phased process covering observation and familiarisation, supervised practice, and independent practice with regular case review)
* Completion of mandatory online training (aligned with mandatory training as required by the Lead Employer).

*Induction to health protection practice* is an essential component of the on-call training to obtain an understanding of the control of communicable and non-communicable diseases.

### 2.2.2 Day-to-day work at the HPT

StRs will be an integral part of the team and participate in the “acute response service” – answering calls and handling queries from the public, GPs, hospital staff and others – once they have completed the induction phase. **This “acute service” experience is the most important part of the attachment as it allows the trainee to develop an understanding of the principles and processes that underpin health protection work.**

It will also develop competencies and skills for undertaking supervised first on-call duties, as well as provide preparation for the on-call assessment. StRs should aim to spend the equivalent of 2-3 days a week participating in the acute response service during their placement.

StRs must maintain a reflective logbook of their acute response service activity during their placement to support ongoing development and sign-off of Key Area 6 learning outcomes.

In addition to duty work, there may also be opportunities to be involved in outbreak investigations, incident management, emergency planning work, strategic health protection work, and academic health protection.

### 2.2.3 Workstreams and projects

StRs will be supported in joining workstreams and taking on projects and pieces of work appropriate to their stage in training and learning needs. For example, local and regional audits, developing leaflets for health professionals and the public on common infectious diseases, updating on call documents and standard operating procedures (SOPs), needs assessment, production of academic posters. The trainee will be supervised by the Consultant and/or Health Protection Practitioner leading on that area of work.

### 2.2.4 Teaching and training

* + - * Participation in relevant clinical meetings and in regular case/incident review meetings.
			* Access to ongoing educational sessions organised by the HPT. These may be 1:1 or as part of the team.
			* Opportunities for shared learning through on-call teleconferences and study days.
			* Attendance at emergency planning exercises.
			* UKHSA also run national courses (NB: course fees will not be met by UKHSA).

### 2.2.5 Expected outcomes of generalist HP training

Following the three-month attachment, **StRs would be expected to have developed an understanding of the principles of health protection work both in and out of hours**. In addition, the following topic areas should be covered (many of these are reflected in KA6 learning outcomes):

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| **Topic area** | **Examples (not exhaustive)** |
| Communicable disease surveillance | Routine surveillance; COVER data; disease notification; laboratory reporting; enhanced disease surveillance (e.g. TB); non-routine surveillance (e.g. the use of syndromic surveillance) |
| Managing common public health problems | Meningitis; gastroenteritis (especially E. coli O157 / VTEC, norovirus), single cases and as outbreaks; tuberculosis; blood borne viruses; invasive group A streptococcus infection; PVL- Staphylococcus aureus; rash illness (e.g. measles), including in pregnancy; environmental issues (e.g. fire) |
| Managing less common but important problems | Legionella; rabies; diphtheria; botulism |
| Public Health Law | Application of Part 2A orders |
| Principles of infection control | Both in hospital / healthcare settings and in the community |
| Environmental hazards | Including chemical hazards, routes of exposure and basic toxicology |
| Outbreak management | Including the role of UKHSA in relation to other agencies, the role and nature of the IMT and principles of outbreak control |
| Emergency Planning | Knowledge of relevant planning and operational arrangements, and the principles of managing a major incident |
| Commissioning, delivery and organisation of health protection services | Sexual health; immunisations; tuberculosis |
| Partner agencies and their relationship with UKHSA | Including Directors of Public Health and other local authority PH staff, other sections of UKHSA, local authority EHDs, water companies, Food Standards Agency, Environment Agency |

Further details on the mandatory placement can be found in the Mandatory Registrar HPT placement programme.

## 2.3 Additional placement time and training for StRs wishing to specialise in HP

**It is essential that all aspiring health protection specialists should spend additional time (usually at least six months WTE) in a senior placement within a health protection team later in training.** Placements in a microbiology laboratory and with the regional Field Epidemiology team are also advisable; each of these placements would usually last for 4-6 months WTE. Other opportunities are in regional or national placements gaining experience in infection control, national infections surveillance and control or other areas of interest. Opportunities to undertake national project work while based within the region are encouraged.

Specialist experience in health protection would provide a suitable background for applying to roles such as Consultant in Health Protection, Consultant Epidemiologist, Consultant in Public Health with a health protection portfolio (for example in a Local Authority), or roles in infection control, emergency planning and specialist health protection roles such as in chemical or radiological hazards services.

StRs considering a career in Health Protection should flag this with the Health Protection lead this at an early stage for advice on how to plan their time in training.

# Out of Hours

Participation in an out-of-hours rota as first on call is a requirement of the FPH Curriculum.

## 3.1 Mandatory requirements for joining the out-of-hours rota

All the steps below must be satisfactorily achieved before an StR can join the out-of-hours rota:

* + Attendance at ‘Introduction to on-call’ study day
	+ A full pass of the FPH Diplomate examination to fulfil the knowledge requirements for health protection
	+ Pass at the on-call assessment (see 3.3) which will assess an StR’s safe on-call practices
	+ Evidence of competency of achievement in learning outcomes 1.2, 4.2, 6.1 - 6.6, 9.2
	+ Agreement to maintain a reflective logbook of in and out-of-hours calls. Submission of a logbook to e-portfolio is part of the ARCP requirements for StRs on the out-of-hours rota and is required for full sign-off of LO 6.9
	+ Agreement to attend six keep in touch (KIT) days over a 26-week period (see 3.5.2)
	+ Notification of competency to go on the out-of-hours rota sent to Health Education England via email **phschool.eoe@hee.nhs.uk** by the Health Protection Team. The Health Protection Team will then contact the StR to put them on the rota and provide them with relevant documents for working out of hours

StRs will continue to participate in an out-of-hours rota until they have, at a minimum, achieved the competence for participation in an unsupervised out-of-hours rota, demonstrated by sign-off of LO 6.9.This is usually in ST5.

To achieve LO 6.9 the StR will need an activity summary sheet signed by a Consultant in Health Protection of the StR’s choosing. This should demonstrate that the StR has the ability to provide out of hours on-call unsupervised (i.e. at a consultant level).The activity summary sheet together with the StR’s logbook, will be used by the ES to sign off LO 6.9.

## 3.2 On-call training

On-call training is typically achieved during the **StRs’ mandatory health protection placement**. During the placement StRs should familiarise themselves with on-call procedures and guidelines. Time spent on the duty desk during the placement will provide the StR with the knowledge and tools to be safe on-call.

StRs are required to attend an **‘Introduction to On-call’ study day**; held twice a year. The study day will introduce StRs to the principles of starting on-call duties and help to prepare them for their on-call assessment.

A Registrar-led **on-call teleconference** is held bi-monthly which provides a forum for the discussion of on-call scenarios and reflection. StRs at all stages of training as well as Health Protection colleagues are invited and encouraged to dial into the teleconferences for ongoing learning and development.

## 3.3 On-call assessment

At the end of the mandatory HPT placement, the StR is expected to organise a final meeting with their ES and CS. The purpose of this meeting is for the ES and CS to assess the StR’s readiness to join the on-call rota, and sign off Learning Outcomes.

StRs must pass the on-call assessment before they can join the out-of-hours rota, to provide assurance that the StR is safe and confident to start on-call and has reached the minimum standard of practice.

In exceptional cases, when either the Clinical Supervisor or the Educational Supervisor are unable to attend, another Health Protection Consultant or Senior Health Protection Practitioner can assess on-call suitability.

## 3.4 UKHSA Honorary Contract and Work Schedules

StRs are required to have an honorary contract with UKHSA, which needs to be in place before the StR commences their mandatory placement and for on call work. An honorary contract will be sent to the StR by the HPT with other paperwork and materials required for them to commence the mandatory placement.

An additional supplement is payable for out-of-hours duties. The supplements are governed by relevant terms and conditions of service. Banding is only payable once the StR has been certified as competent to start on-call and been included in the on-call rota. The StR should notify HEE (phschool.eoe@hee.nhs.uk) that they have joined the out-of-hours rota, who will inform the lead employer.

In line with requirements under the European Working Time Regulation (EWTR), StRs will not be required to undertake more than 1:9 out-of-hours duties. StRs working less than full time will not be required to undertake more than 1:15 out-of-hours duties*.*

## 3.5 Joining and being on the out of hours rota

### 3.5.1 The rota and your availability

Trainees are required to provide their availability to the HPT rota coordinator to allow the out of hours rota to be planned effectively. Shifts for the out of hours rota are scheduled as fairly as possible given organisational and personal constraints based on principles below. If either the rota coordinator or trainee is unable to comply with these principles, they are required to notify the other party with immediate effect and make best efforts to reach an amicable arrangement.

Principles for setting the out-of-hours rota

* In each 6-month period, full-time StRs are scheduled for up to 20 shifts, and less than full time StRs for up to 12 shifts.
* All StRs can be scheduled to cover all geographical areas.
* Weekend days are those that start on a Saturday or a Sunday.
* A maximum of 3 weekends will be scheduled in a 26-week period.
* If a trainee is rostered to work on a bank holiday the time can be claimed back in lieu.
* It will be assumed that StRs are available to be slotted into the rota at all other times in accordance with professional accountability of being on an out of hours rota.

### 3.5.2 Staying on the rota – Keep in Touch (KIT) days

Maintaining competence and therefore patient safety is the priority of everyone working on the on-call rota. **To support ongoing competence, StRs on the on-call rota must undertake 6 full days on the HPT duty desk for every 26-week rota period.** This is the equivalent of one day per month and **should usually be undertaken as one day per calendar month**. **StRs working less than full time are required to undertake 6 full days per 26-week period** **as the principle of maintaining competence applies equally regardless of work pattern.**

**Failure of any StR to attend 6 days of duty room work in a 26-week period**, **will be escalated to the Head of School and may result in removal from the on-call rota.** They will not be permitted to re-join the rota until they have satisfactorily passed the on-call assessment a second time. It will not be possible for any StR to have their on-call competency signed-off during this time.

Calls taken during keep in touch days should be recorded in the StRs logbook and will be recognised as contributory evidence for sign-off of LO 6.9.

### 3.5.3 Leaving and returning to the out of hours rota

It is the StR’s responsibility to notify the rota administrator and the Lead Employer if they will be leaving the out of hours rota, giving a minimum of six weeks’ notice. The ES and HPT Training lead should be copied in.

StRs who formally leave the training programme to gain an out of programme experience (OOPE), Out of Programme Research (OOPR**),** Out of Programme Training (OOPT) or Out of Programme Career Break (OOPC) are usually not able to remain on the East of England out of hours rota. Definitions of these out of programme activities can be found on the [HEE EOE website](https://heeoe.hee.nhs.uk/faculty-educators/out-programme-oop#targetText=For%20any%20trainee%20requesting%20OOPT,with%20their%20OOP%20application%20form.). StRs going OOP for specialist Health Protection placements may remain on the rota if they are still employed by StHK and fulfil the standard KIT requirements.

StRs who have been out of programme and off the rota for six months or longer (for example for maternity leave, a placement out of or academic work), **must undertake 10 days of refresher training ideally as a block with the HPT before they can return to the on-call rota.**

**In line with the policy for keep in touch days**, because the principle of maintaining competence applies equally regardless of work pattern, **a minimum of 10-days must be undertaken by all StRs regardless of their working pattern in order to re-join the on-call rota.**

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