

# **Description of the objectives for specialist training in public health medicine in Denmark**

- competencies of Danish public health specialists



*Danish Society of Public Health*

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## Contents

1. Introduction.....	5
Places of employment and work tasks.....	6
History of the specialty of public health medicine.....	6
Number of specialists in public health medicine.....	6
Collaborators.....	7
Related specialties.....	7
2. Structure of the specialist training programme for public health medicine.....	7
Theoretical and skill-building modules.....	8
3. Objectives, strategies for learning and assessment.....	8
Guidance on the description of the objectives for public health medicine.....	8
Introductory programme.....	8
Main programme.....	9
The seven roles.....	9
Definitions and interpretation of strategies for learning and assessment.....	9
Assessment.....	11
Training scheme and training plan.....	12
4. Theoretical courses and research training.....	13
Interdisciplinary courses.....	13
Courses specific to public health medicine.....	13
Research training.....	13
5. Competencies required.....	15
Medical expert – general competencies.....	15
Medical expert – administrative medicine.....	17
Medical expert – social medicine.....	19
Medical expert – clinical competencies.....	21
Medical expert – research methods.....	25
Communicator.....	27
Collaborator.....	29
Manager and administrator.....	31
Disease preventer and health promoter.....	33
Academic.....	35
Professional.....	36

<i>Annex 1. Proposal of the Danish Society for Public Health for structuring the specialist training programme for public health medicine.....</i>	<i>37</i>
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## 1. Introduction

Public health medicine is a medical specialty focusing on the relationship between societal conditions and the health of the population.

The specialist training programme for public health medicine combines medical knowledge and clinical experience with knowledge and skills within public health, administration and research.

Fields within public health medicine include:

- living conditions and health;
- environment and health;
- psychosocial conditions, lifestyles, health, development and socialization;
- the structure, organization and functioning of health and social care;
- legislation that regulates matters related to health and some social matters;
- economic relationships and priority-setting in health care; and
- research methods in public health medicine.

Public health medicine has two major divisions: social medicine and administrative medicine. Most specialists in social medicine work at the individual level with tasks related to social medicine among individual patients. Tasks in administrative medicine are usually related to the group level, with selected population groups or the overall society. Specialists in public health medicine can work at all three levels in carrying out tasks related to monitoring, maintaining and improving the health status of the population.

Specialists in public health medicine use knowledge and skills from clinical medicine together with knowledge and skills from law, social sciences, sociology and sociological and epidemiological methods. The specialist training programme for public health medicine therefore contains both theoretical and practical learning and training from clinical hospital departments and education and training outside the clinical hospital realm.

Broad clinical knowledge and clinical skills are prerequisites for being able to carry out work directly related to patients within clinical social medicine (such as rehabilitation, the tasks of community health physicians and substance abuse) and being able to carry out tasks with clinical implications and tasks requiring knowledge of the organization and development of the health care system (such as planning tasks, processing patient complaints and health surveillance). Through training at clinical hospital departments and in general practice, the physician obtains knowledge and skills related to diagnosis, treatment, development and prognosis for common diseases and knowledge on preventing disease from progressing further, including opportunities to rehabilitate patients with chronic diseases. The specialist training programme further gives the physician a broad understanding of the organization of the health care system at all levels. Attaining these competencies requires that the clinical training of the specialist in public health medicine be considerably greater in scope and content than the graduate rotational internship. The clinical training assigns the physician tasks and responsibility at least at the level of junior doctors in introductory positions or junior doctors in training programme for family (general practice) medicine at relevant department, including having the physician participate in a regular duty scheme. The physician in specialist training should have the opportunity to follow the progress of patients from admission to discharge.

Employment as a specialist in public health medicine enables the physician to independently be able to carry out tasks in public health medicine in which medical knowledge and skills are

integrated with administrative practice in health care, health law and research methods in public health medicine.

### **Places of employment and work tasks**

Specialists in public health medicine work in both public and private institutions and organizations.

Places of employment and work tasks include:

- medical offices of health (such as environmental medicine, surveillance of communicable diseases and surveillance of health care personnel);
- regional administration and hospital management (such as health and hospital planning, quality development, assessment of health care technology and promoting health and preventing disease);
- municipal administration (such as working with children and adolescents, working with elderly people and promoting health and preventing disease);
- institutions of social medicine (such as treatment of substance abuse and rehabilitation);
- the National Board of Health (such as health planning, quality development, pharmaceutical statistics, health technology assessment, promoting health and preventing disease, supervision of health care personnel and educational programmes in the health professions);
- sectoral research institutions such as Statens Serum Institut, the DSI Danish Institute for Health Services Research and the National Institute of Public Health; and
- international organizations and organizations with international relations such as the World Health Organization, Danish International Development Assistance and nongovernmental organizations.

### **History of the specialty of public health medicine**

Denmark's specialist training programme for public health medicine was established in 1982 with the main divisions of administrative medicine and occupational medicine. Social medicine was added as a third line in 1987. Public health medicine was further divided into two independent specialties in 1994: occupational and environmental medicine and public health medicine, since administrative medicine and social medicine were integrated into the specialty of public health medicine.

### **Number of specialists in public health medicine**

In 2002, about 200 physicians were certified as specialists in public health medicine. Of these, 125 were active physicians registered in the Medical Certification Registry of the National Board of Health with public health medicine as the last specialty acquired.<sup>1[1]</sup> Several were also certified in another specialty.

Nearly half the specialists were employed as medical offices of health, about 25% within social medicine, 15% within hospital or health care administration and about 10% within the National Board of Health and sectoral research institutions.

Public health medicine has the capacity to train six-eight specialists per year, and this has always been utilized fully. The demand for specialists in public health medicine is expected to

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<sup>[1]</sup> According to the Danish Registry of Certified Physicians, which registers all physicians certified in Denmark according to the last specialty acquired and only includes currently practising physicians younger than 70 years.

continue to increase, especially within clinical social medicine and municipal physicians and in niches within regional health care administration and the Copenhagen Hospital Corporation. Denmark has 130 physicians currently employed as community health physicians, and about 12% of these are specialists in public health medicine.

### **Collaborators**

Many specialists in public health medicine serve as links between various sectors and functions and often have many collaborators. Examples of collaborators are other physicians, other health and social care personnel, statisticians, lawyers, economists and other partners with social science degrees.

### **Related specialties**

The competencies of public health medicine overlap somewhat with those of occupational medicine and family medicine within the fields of social medicine and promoting health and preventing disease. Research competencies further overlap with those of occupational and environmental medicine.

## **2. Structure of the specialist training programme for public health medicine**

Many of the competencies physicians training to become specialists in public health medicine should attain in the course of their training are cognitive objectives that should be achieved by participating in courses and through independent study, since undergraduate medical education covers these briefly or not at all. Examples include epidemiology and biostatistics, health economics, health law and health planning. The Annex to this description of objectives outlines the proposal of the Danish Society of Public Health for the structure of the specialist training programme for public health medicine.

The main training programme weights the actual public health medicine part of the programme and clinical training at hospitals and/or in general practice equally.

The modules after the rotational internship include the introductory training (employment) programme and the main training programme.

**Introductory training programme.** This is 1 year of employment in public health medicine. Some of the competencies may be achieved in an introductory position in occupational and environmental medicine.

**Main training programme.** This is 4 years of employment that ensures as a whole that the competencies listed in the description of objectives are achieved. These may be acquired through employment at:

- various clinical hospital departments and/or in general practice; and
- various places of employment in public health medicine;

and through intensive short term (few weeks) internships in public health medicine.

Research employment, international work and occupational and environmental medicine or another main or introductory clinical training programme may be part of the specialist training programme as long as the competencies in the description of the objectives are attained and the learning is supervised.

### **Theoretical and skill-building modules**

- Four weeks of general interdisciplinary courses in communication and information

technology, educational theory and management, administration and collaboration.

- Six weeks of theoretical courses specific to public health medicine and 12 weeks of integrated research training and research methods that are completed as part of an overall theoretical and skill-building training programme combined with preparation of a project. The programme is assessed by preparation of papers in the theoretical courses and by preparation and approval of the project prepared individually or in groups with the use of theory and skills achieved in this programme.

Research training is primarily placed in the part of the programme focusing on public health medicine, and the rest of the courses may be dispersed over the whole programme.

### **3. Objectives, strategies for learning and assessment**

#### **Guidance on the description of the objectives for public health medicine**

This section describes the competencies a specialist in public health medicine should possess at the end of the introductory programme and the main programme, respectively. These are minimum competencies, which means that all future specialists in public health medicine should have achieved all the competencies, regardless of how they are distributed in the course of the programme. The competencies may be achieved in various ways depending on the profile of the individual training programme. Thus, all specialists in public health medicine are expected to develop competencies within parts of the specialty that exceed the minimum competencies.

The list of competencies is divided into three columns: competencies and objectives, learning strategy and strategy for assessment. Competencies and objectives describes the objectives themselves: the minimum competency of the physician. The strategy for learning and strategy for assessment provide methods by which the relevant competency can be learned and how to assess whether the competency has actually been attained.

#### **Introductory programme**

The competencies that should be acquired at the end of the introductory programme are listed specifically under each field of competence. The objectives are listed in the **shaded cells**.

The purpose of the introductory programme is to provide the physician insight into public health medicine, such that the choice of specialty is qualified. The objectives cover the key functions of the specialty. The physician collaborates with the adviser in assessing the physician's choice of specialty and the physician's suitability for the specialty before the introductory programme is completed.

#### **Main programme**

The purpose of the main programme is to acquire the competencies that a specialist in public health medicine should have. These are minimum competencies that all future specialists must acquire. A signed log book confirming that all objectives have been achieved is a prerequisite for obtaining the title of specialist in public health medicine.

#### **The seven roles**

The specialist in public health medicine should have skills within the following seven roles:

- 1) medical expert
- 2) communicator
- 3) collaborator

- 4) manager or administrator
- 5) preventer of disease and health promoter
- 6) academic
- 7) professional.

All seven roles are important in the specialty of public health medicine, and the roles of communicator, collaborator, administrator and preventer of disease and health promoter are part of the expert role of the specialist in public health medicine. All these roles are described independently to make visible the emphasis on the seven roles.

The field of competence of medical expert is divided into general competencies and into four themes:

- administrative medicine
- social medicine
- clinical competencies
- research methods.

### **Definitions and interpretation of strategies for learning and assessment**

Several concepts used under the strategy for learning are defined here.

#### *Independent study*

The future specialists in public health medicine, independently but encouraged by their adviser, are expected to study the basic textbook material within public health medicine and to seek and study the necessary documentation, legislation and other material within their own field of work. Independent study is a part of normal work. The studying can be made visible by having the physician keep records of articles, textbooks, legislation and other material read. Discussions with the adviser are expected to include independent study, and proposals for continued reading may be discussed. Since the general political, social, economic and other trends in society play such a great role in the work of public health medicine, the independent study is not limited to narrow scientific material but also includes the obligation to keep abreast of trends in Denmark and the world.

#### *Assignment of tasks and cases during employment*

The training institution is obligated to delegate work tasks that ensure progression in the development of competence, such that the work tasks are delegated considering both the requirements of training and the needs of the place of employment. Learning requires that the work tasks be supervised and that both positive and negative feedback be given on the tasks.

#### *Theoretical instruction and participation in theoretical courses*

This typically occurs in connection with the courses specific to public health medicine and courses in research methods. Participating in the course requires independent efforts in addition to attendance. Acquiring the necessary competencies requires that the physician be prepared, participate actively in discussions and carry out the required assignments.

#### *Logging various matters*

Relevant patient record events, other events and the like are recorded in the log book with the

aim that it be submitted as case presentations and reviewed with the adviser. All material that can be traced to individual people should be kept in anonymous form. The physician is required to reflect on knowledge, legislation used, clinical skills and other matters included in the cases. This reflection is recommended to be put into writing to support the discussions with the adviser.

#### *Case presentation*

Case presentation means that the physician presents a case that has been completed to the adviser and/or mentor with support from the written material prepared in connection with the case. Thus, this does not necessarily mean preparing an independent paper or the like. Case presentations are part of the log book (see previously). A case presentation of at most two A4 pages should be prepared for each of the competencies required to be attained during clinical employment. Case presentations should emphasize describing the physician's own role in the patient's course of treatment, working together with collaborators and the organization around the patient.

#### *Reflection on practice*

Reflection on practice means that the physician makes independent considerations on a completed case related to the course of events, the theory, legislation and other factors used in solving the task executed, the societal context in which the challenge should be seen and others. The physician reflects on the perspectives involved and on his or her own competencies and potential to develop these. Reflection may be written in the learning diary in the log book and may be discussed with the adviser and/or mentor. The learning diary is for the physician's own private notes and should not be submitted to the adviser.

#### *Discussions with colleagues and the adviser*

Reflection on the tasks executed is often not an absolute truth that can be assessed but rather the ability to develop and gain perspective from work situations. This requires a forum in which to discuss informally and developing one's own thoughts.

#### *Feedback from people who have participated in ...*

The place of training is required in some areas to have formalized feedback mechanisms for participants related to collaboration processes, communication and others. If this is not the case, the training institution should prepare a procedure for feedback that can be integrated into the learning process in the form of either direct verbal feedback or written feedback that can be included in discussions with colleagues and advisers.

#### *Quality development*

This means using the method of quality development, typically executed at the place of employment with a topic assigned by the adviser or found in collaboration with the adviser.

#### *Execution of a project*

The specialist training programme for public health medicine requires the physician to execute a project as part of research training. The physician should learn to develop his or her own methods among many solutions and determine his or her attitudes. Quantitative and/or qualitative methods in public health medicine may be used.

#### *Intensive internships in public health medicine*

Most of the competencies listed in the description of objectives may be acquired through employment at workplaces related to public health medicine as well as clinical workplaces at hospitals and in general practice. Some are learned during theoretical courses and in connection with research training (see Chapter 4).

Some competencies may be learned in practice in public health medicine without actual employment within the relevant field. To ensure that all competencies are obtained, the main training programme may include intensive, short-term internships (such as 2 weeks) at workplaces that cover fields in which the physician has not obtained experience in the introductory or main training programme.

The physician participates during such intensive internships in the daily work in the institution without independent administrative responsibility and while continuing to be employed at the usual department during the main training programme.

The workplaces that offer intensive internships in public health medicine are required to prepare a programme for the internship including a programme for the associated theoretical reading material. The description of objectives lists requirements for specific documented competencies that may be attained during these intensive internships.

The specific agreements on intensive internships at clinical departments or in general practice are entered into by the mentor or main adviser and the physician and with the place of internship.

## **Assessment**

Assessment of the physician's competencies is differentiated from the assessment of the framework for learning.

### *Assessment of the physician's competencies*

The method used to assess competencies should be able to determine whether the physician *has or has not* acquired the relevant competency. The competency requirements are therefore formulated such that the recommended methods of assessment can be used to determine whether the physician has obtained the relevant competency or not.

Competencies are assessed regularly during the course of the specialist training programme with the aim of documenting, assessing and perhaps amending the specialist training programme as it progresses. It is important that the competencies assessed broadly reflect the competencies required of a specialist in public health medicine.

### *Assessment of the educational framework*

The educational framework means the framework that determines the educational environment and processes of learning. Examples include the framework created by the culture of employment, human resources, culture of education, working hours and organizational factors.

The section on strategy for assessment uses the following concepts, which are hereby defined.

### *Structured collegial assessment*

This means a preliminary assessment and later follow-up on practical competencies that the physician has demonstrated in the execution of work tasks. The training institution optimally prepares a structure for this feedback in the form of checklists or the like for specific competencies. A prerequisite for feedback is that the work be organized in such a way that the adviser and colleagues can observe the physician executing work tasks.

### *Structured discussions with the adviser*

This is a discussion (not an examination) to assess case presentations, provide feedback on observations, review the log book, discuss reflection and discuss other matters.

This is not the regular daily correction and advice for which everyone is responsible at a workplace that is also an training institution but structured, planned discussions with a

designated adviser and/or the main adviser or mentor.

### *Assessment of course work*

Benefiting from a course requires active participation, including independent and active contribution to group work, presentation of group work and preparation for course sessions. Obtaining credit for theoretical courses therefore requires active participation: that is, being present, relevant preparation and active participation in discussions, completing assignments, etc. Theoretical courses may also have an actual examination at the end. The people responsible for courses assess the degree of active participation.

Theoretical courses are oriented towards using the theory learned in employment in public health medicine. The assessment of theoretical knowledge therefore includes a review of relevant theoretical knowledge related to the challenges of public health medicine. The adviser in public health medicine is required to assess the degree to which the physician can apply the skills obtained in theoretical courses.

### **Training scheme and training plan**

Each individual training programme requires the preparation of a training *scheme* based on the description of objectives. The training scheme should indicate the elements of specialist training in which the individual competencies are required to be attained. The training scheme should include a section on the educational framework, including defining the function of the adviser. Training schemes should specify that the educational framework should be assessed.

An training *plan* is prepared for each individual training programme in collaboration between the adviser and the physician based on the training scheme and the prerequisites of the individual physician. The training plan is revised regularly as the training progresses.

## **4. Theoretical courses and research training**

### **Interdisciplinary courses**

Specialist training programmes for physicians include mandatory interdisciplinary courses in communication, learning, advising, administration, management and collaboration. These courses support the specialist training programme for public health medicine, and the public health medicine learned during employment and in theoretical courses specific to public health medicine is often based on the foundation created by the interdisciplinary courses.

The description of objectives does not directly list the interdisciplinary courses as a strategy for learning under individual competencies (except for the communicator), since the specific content of the courses is not yet known. Competencies obtained during courses are required to be assessed during employment within public health medicine and clinical workplaces. The courses are only significant if they support the competencies listed in the description of objectives, and these competencies are therefore the ones that should be assessed. The same applies to the courses specific to public health medicine.

### **Courses specific to public health medicine**

The guidelines for the courses specific to public health medicine normally set aside 30 days with 7 hours each for course activity for the courses specific to public health medicine. The content of the courses is established based on the description of objectives for the specialty of public health medicine within the fields of: health law, management of communicable diseases and environmental problems as well as social legislation; medical sociology; public health (also internationally) and strategies for preventing disease and promoting health; evaluation of health programmes; the organization and management of the health care system (also internationally);

and quality development and health technology assessment (advanced in relation to the interdisciplinary course).

The courses are organized from among the possible courses offered such that the courses support learning the broadest possible set of the competencies of public health medicine. The Danish Society of Public Health is responsible for this. The courses have previously been organized in cooperation with the Danish Society for Occupational and Environmental Medicine in a joint course committee. If this cooperation is not continued, the responsibility will be delegated to the Public Health Medicine Specialist Training Working Group of the Society.

As the last paragraph indicates, the Society will strongly seek to take advantage of existing courses offered at the university level if this covers the course needs of the specialty.

This trend in the specialty's theoretical courses means that specifying the courses in detail in the description of objectives potentially may excessively bind the organization of the courses. The key parameter in the courses offered is the competencies listed in the description of objectives, just as the strategy for learning often indicates that the courses offered should cover key theoretical competencies.

### **Research training**

Specialists in public health medicine should be skilled in using quantitative epidemiological methods and questionnaire techniques as detailed in the description of objectives. In addition, specialists should be able to critically analyse and assess research results based on social science methods within sociology, organizational theory and health economics. A very broad range of research methods is required of specialists in public health medicine because social science research methods are largely absent from undergraduate medicine and epidemiological methods are little emphasized. This places great demands on qualifying specialists in public health medicine in research theory.

The future specialist in public health medicine should be able to prepare a project relevant to public health medicine in connection with the main training programme on a topic that is determined together with the mentor and/or the designated project adviser. Among others, this project should demonstrate skills related to:

- preparing a project protocol;
- epidemiological methods;
- basic biostatistics;
- scientific ethics;
- communicating the results in writing (reports or scientific publications); and
- further important skills mentioned in the description of objectives within public health, disease prevention, questionnaire techniques, qualitative methods, health economics, organizational theory, quality development and others.

For further information, see the competencies and objectives related to research methods listed in the description of objectives.

Working on the project in public health medicine requires the collaboration of workplaces in public health medicine. They need to help by providing suitable projects and by providing the necessary support for executing the project both in backing the project and in the form of resources (time) to write the project papers, collect data and other tasks. The projects normally comprise part of the work and development tasks of the workplace, and much of the project can therefore be accomplished during working hours. Formulating a project and at least preparing

the project protocol are required to be executed in connection with the courses taken. Further project work is executed at the workplace as part of the physician's work or on leave from this work.

Project preparation is supported by courses on research methods within:

- epidemiology and biostatistics;
- questionnaire techniques;
- methods in health economics and organizational theory; and
- sociological methods, including qualitative methods.

The courses related to theory specific to public health medicine and to research methods are suggested to be integrated into a course package that may be offered by the master of public health programmes in Denmark or by other institutions with corresponding academic teaching credentials and fields of interest. The specific details related to this must be agreed with the National Board of Health within the framework established by the National Council for Specialist Medical Training. As indicated, a further requirement is that formulating a project and at least preparing the project protocol for research training be prepared in connection with the courses taken.

## 5. Competencies required

### Medical expert – general competencies

Competencies and objectives	Strategy for learning	Strategy for assessment
After the introductory training programme, to be able to manage administration in fields related to important disease categories in the context of public health medicine	In the introductory position, tasks are assigned that require the use of knowledge on public health  and  Discussion with colleagues and the adviser  and  Case presentation in the log book	Structured collegial assessment  and  Structured discussions with the adviser
Being able to explain and identify the societal and cultural factors that influence the health and illness of the population and to place this knowledge in a historical and cultural context	Theoretical instruction	Assessment of course work  and  The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to manage administration related to overall political priorities and programmes related to health	Assignment of tasks that require knowledge on political priorities and programmes  and  Reflection on practice	Structured discussions with the adviser
Being able to manage administration based on the principles of public administration	Assignment of tasks that require knowledge on public administration	Structured discussions with the adviser

	and Reflection on practice	
Being able to explain various principles in the structure, funding and organization of health systems for treatment, disease prevention and health promotion	Theoretical instruction with the use of cases and group work	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to carry out simple analyses in health economics	Assignment of tasks that require knowledge on health economics and Reflection on practice	Structured discussions with the adviser, including assessment of the task executed
Being able to explain the most important health problems, factors causing disease and initiatives promoting public health in relation to public health in developing countries	Theoretical instruction with the use of cases and group work	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to explain the most important factors that have led to problems with refugees and the significance of these problems for public health	Theoretical instruction with the use of cases and group work	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to explain the significance of immigration for public health in Denmark	Theoretical instruction	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to use methods related to quality development and to explain the most important concepts and their scope of application	Participation in at least one quality development task including the concepts and methods mentioned and Case presentation in the log book	Structured collegial assessment and Structured discussions with the adviser
Being able to explain methods and theories related to health technology assessment	Theoretical instruction	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge

## Medical expert – administrative medicine

Competencies and objectives	Strategy for learning	Strategy for assessment
After the introductory training programme, being able to plan and manage a case	Assignment of cases, which are managed under supervision and Discussion with colleagues and the adviser and Case presentation in the log book	Structured discussions with the adviser, including assessment of the cases assigned
Being able to explain the principles of the legally mandated collaboration related to the regional health plans and municipal health reports	Theoretical instruction with the use of cases and group work	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to explain important interest groups in Denmark's health care system	Theoretical instruction with the use of cases and group work	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to act in accordance with the principles of legislation	Managing administration under supervision	Structured discussions with the adviser
Being able to make decisions, advise on and make recommendations in individual cases in accordance with legislation and administrative practice in a given field	Managing administration under supervision and Case presentation in the log book	Structured collegial assessment and Structured discussions with the adviser, including assessment of the cases managed
Being able to explain the principles in legislation significant for public health	Theoretical instruction with the use of cases and group work	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to explain the principles of combating communicable diseases and for preventing the dissemination of infection in cases of outbreak of communicable diseases	Theoretical instruction with the use of cases and group work	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to explain important factors in environmental medicine	Theoretical instruction with the use of cases and group work	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge

Being able to explain the legal basis and scientific and theoretical basis for emergency management planning and for tools for managing the tasks of specialists in public health medicine in connection with emergency management planning and the specifics of emergency management	Theoretical instruction with the use of cases and group work	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to explain general theories of organization and various principles of the structure and functioning of organizations and various theories on the effects of organizations	Theoretical instruction with the use of cases and group work	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to prepare a decision proposal for a political or administrative forum in the relevant language and form	Under supervision, preparing a decision proposal for a relevant forum	Structured collegial assessment

### Medical expert – social medicine

Competencies and objectives	Strategy for learning	Strategy for assessment
After the introductory training programme, being able to explain the significance of social inequality in health and the opportunities for efforts in this field	Independent study, participation in conferences and meetings  and Discussions with colleagues based on specific cases	Structured discussions with the adviser
Being able to explain the concepts of health and disease within social medicine and work with resource profiles and other specific methods of work in social medicine	Theoretical instruction with the use of cases and group discussion	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to identify the societal, cultural and subjective factors influencing the current life and illness situation for children, adolescents, adults and elderly people at the societal and individual levels	Theoretical instruction with the use of cases and group discussion  and Execution of tasks during employment (optional)	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to explain the life conditions of children and adolescents and the development of children's personality with the aim of being able to use the existing opportunities for intervention in the lives of children with special needs	Theoretical instruction with the use of cases and group discussion	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge

Being able to contribute to identifying resources among individuals and to prepare action plans based on insight into health, psychological and social factors in collaboration with the individual and other specialist physicians	Execution of tasks in social services administration, a social institution, general practice or a hospital department (an optional intensive internship in public health medicine)  and  Case presentation in the log book	Structured collegial assessment  and  Structured discussions with the adviser, including assessment of the case presentation
Being able to contribute to solving challenges in social medicine related to people with reduced functional ability, including socially excluded people and people with illness that cannot be explained by medical science	Execution of tasks in social services administration, a social institution, general practice or a hospital department (an optional intensive internship in public health medicine)	Structured collegial assessment
Being able to prepare a patient record in social medicine	Execution of tasks in social services administration, a social institution, general practice or a hospital department  and  During employment or intensive internships in public health medicine, writing a diary and entering this into the log book (as a case presentation)	Structured collegial assessment  and  Structured discussions with the adviser, including assessment of the case presentation
Being able to explain the principles of record-keeping in social medicine cases	Theoretical instruction	Assessment of course work  and  The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to identify children who are vulnerable mentally, socially and somatically and being able to participate in collaboration related to the vulnerable child	Execution of tasks in social services administration, a social institution, general practice or a hospital department  and  Case presentation in the log book	Assessment by colleagues and the adviser of the execution of tasks during clinical employment  and  The adviser's assessment of the case presentation

### Medical expert – clinical competencies

Competencies and objectives	Strategy for learning	Strategy for assessment
Being able to independently diagnose, initiate treatment when needed and carry out relevant referral or require the necessary assistance for <b>acute conditions requiring treatment</b>	Execution of practical clinical work with acute patients in general practice or at a hospital department, including participating in a regular duty scheme  and  Case presentation of courses of treatment in the log book	Assessment by colleagues and the adviser of the execution of tasks during clinical employment  and  Assessment of case presentation by the adviser in public health medicine
Being able to independently carry	Independent and supervised	Assessment of the execution of

<p>out clinical tasks related to the most common diseases in <b>internal medicine</b>, including:</p> <ul style="list-style-type: none"> <li>• being able to receive patients, diagnose and present further plans for diagnosis and treatment</li> <li>• being able to begin treatment, monitor the effects of treatment and carry out adequate adjustment and follow-up</li> <li>• being able to follow the course of illness with active participation in all phases, including follow-up control and/or referral back to the primary sector</li> </ul>	<p>execution of practical clinical work in general practice or at a department of general medicine at a hospital</p> <p>and</p> <p>Case presentation of a patient's case in the log book</p>	<p>tasks by colleagues and the adviser during clinical employment</p> <p>and</p> <p>Assessment of case presentation by the adviser in public health medicine</p>
<p>Being able to independently carry out clinical tasks among patients with the most common <b>diseases of the nervous system</b>, including:</p> <ul style="list-style-type: none"> <li>• being able to receive patients, diagnose and present further plans for diagnosis and treatment</li> <li>• being able to begin treatment, monitor the effects of treatment and carry out adequate adjustment and follow-up</li> <li>• being able to follow the course of illness with active participation in all phases, including follow-up control and/or referral back to the primary sector</li> </ul>	<p>Independent and supervised execution of practical clinical work in general practice or at a hospital department</p> <p>and</p> <p>Case presentation of a patient's case in the log book</p>	<p>Assessment of the execution of tasks by colleagues and the adviser during clinical employment</p> <p>and</p> <p>Assessment of case presentation by the adviser in public health medicine</p>
<p>Being able to independently carry out clinical tasks among patients with <b>mental symptoms</b>, including:</p> <ul style="list-style-type: none"> <li>• being able to receive patients, diagnose and present further plans for diagnosis and treatment</li> <li>• being able to begin treatment, monitor the effects of treatment and carry out adequate adjustment and follow-up</li> <li>• being able to follow the course of illness with active participation in all phases, including follow-up control</li> </ul>	<p>Independent and supervised execution of practical clinical work in general practice or at a hospital department</p> <p>and</p> <p>Case presentation of a patient's case in the log book</p>	<p>Assessment of the execution of tasks by colleagues and the adviser during clinical employment</p> <p>and</p> <p>Assessment of case presentation by the adviser in public health medicine</p>

<p>and/or referral back to the primary sector</p>		
<p>Being able to independently carry out clinical tasks among patients with suspected or confirmed <b>cancer</b>, including:</p> <ul style="list-style-type: none"> <li>• being able to receive patients, diagnose and present further plans for diagnosis and treatment</li> <li>• being able to begin treatment, monitor the effects of treatment and carry out adequate adjustment and follow-up</li> <li>• being able to follow the course of illness with active participation in all phases, including follow-up control and/or referral back to the primary sector</li> </ul>	<p>Independent and supervised execution of practical clinical work in general practice or at a hospital department</p> <p>and</p> <p>Case presentation of a patient's case in the log book</p>	<p>Assessment of the execution of tasks by colleagues and the adviser during clinical employment</p> <p>and</p> <p>Assessment of case presentation by the adviser in public health medicine</p>
<p>Being able to independently carry out clinical tasks among patients with the most common <b>symptoms in the fields of surgery and gynaecology</b>, including:</p> <ul style="list-style-type: none"> <li>• being able to receive patients, diagnose and present further plans for diagnosis and treatment</li> <li>• being able to begin treatment, monitor the effects of treatment and carry out adequate adjustment and follow-up</li> <li>• being able to follow the course of illness with active participation in all phases, including follow-up control and/or referral back to the primary sector</li> </ul>	<p>Independent and supervised execution of practical clinical work in general practice or at a hospital department</p> <p>and</p> <p>Case presentation of a patient's case in the log book</p>	<p>Assessment of the execution of tasks by colleagues and the adviser during clinical employment</p> <p>and</p> <p>Assessment of case presentation by the adviser in public health medicine</p>
<p>Being able to independently carry out clinical tasks among patients with <b>musculoskeletal symptoms</b>, including:</p> <ul style="list-style-type: none"> <li>• being able to receive patients, diagnose and present further plans for diagnosis and treatment</li> <li>• being able to begin treatment, monitor the effects of treatment and carry out adequate adjustment and follow-up</li> </ul>	<p>Independent and supervised execution of practical clinical work in general practice or at a hospital department</p> <p>and</p> <p>Case presentation of a patient's case in the log book</p>	<p>Assessment of the execution of tasks by colleagues and the adviser during clinical employment</p> <p>and</p> <p>Assessment of case presentation by the adviser in public health medicine</p>

<ul style="list-style-type: none"> <li>being able to follow the course of illness with active participation in all phases, including follow-up control and/or referral back to the primary sector</li> </ul>		
Being able to explain the aetiology and epidemiology of and course of illness in substance abuse and explain relevant acute and follow-up treatment options for substance abuse	Participation in theoretical courses in public health medicine and execution of practical clinical work in general practice or at a hospital department or at a substance abuse clinic	Assessment of course work and Assessment by colleagues and the adviser of the execution of tasks during clinical practice and/or public health medicine employment
Being able to advise on and assess the need for rehabilitation in chronic diseases	Independent and supervised execution of practical clinical work in general practice or at a hospital department  and Case presentation of a patient's case in the log book	Assessment of the execution of tasks by colleagues and the adviser during clinical employment  and Assessment of case presentation by the adviser in public health medicine
Being able to use clinical knowledge and skills in public health medicine practice	Tasks requiring medical insight are assigned in employment within public health medicine	Structured discussions with the adviser, including assessing the tasks executed
Being able to manage administration in public health medicine work based on knowledge and experience of the organization of, collaboration on and other practical aspects of the work at various clinical departments of hospitals or general practice	Tasks requiring medical insight are assigned in employment within public health medicine	Structured discussions with the adviser, including assessing the tasks executed
Being able to manage administration in public health medicine work based on knowledge and experience with the language and paradigms for records at clinical departments of hospitals or general practice	Tasks requiring medical insight are assigned in employment within public health medicine	Structured discussions with the adviser, including assessing the tasks executed
Being able to synthesize medical information and being able to draw conclusions on the role of public health medicine	Tasks requiring the use of this competency are assigned in employment in public health medicine	Structured collegial assessment, including assessing the tasks executed

### Medical expert – research methods

Competencies and objectives	Strategy for learning	Strategy for assessment
Being able to explain the principles of developing and using important registries that are significant for public health	Theoretical instruction in research methods	Assessment of course work and

medicine and understand the principles, opportunities and limitations of linking registers		The adviser's assessment of the explanation of relevant theoretical knowledge
In project work, being able to use selected qualitative and/or quantitative methods	Carry out an independent project as part of research training using quantitative and/or qualitative methods that are relevant to public health medicine and on a topic relevant to public health medicine and presenting this in the form of a relevant summary report or articles	Assessment of a completed project by the adviser and an external examiner
Being able to use a data-processing program to prepare relevant statistics to be used in explaining problems in public health medicine	Carry out an independent project using a data-processing program	Assessment of a completed project by the adviser and an external examiner
Being able to explain the most important concepts in epidemiology and important concepts related to quantitative research methods and how they are used	Theoretical instruction in research methods	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to explain the most important concepts in statistics and how they are used	Theoretical instruction in research methods	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to use selected descriptive and analytical methods and to present the results thereof	Theoretical instruction in research methods reviewing the individual topics and execution of individual and/or group-based assignments with independent study	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to explain relevant methods in social science research that are used in medical sociology and organizational theory	Theoretical instruction in research methods with group-based and/or individual training in preparing questionnaires and execution of tasks that require knowledge of certain social science methods	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to prepare a questionnaire	Theoretical instruction training in preparing questionnaires, individually or in a group	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to assess the usefulness of screening tests based on information on sensitivity, specificity and predictive value	Theoretical instruction in research methods using group work	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical

		knowledge
Being able to critically explain research results and to assess the validity and usefulness of epidemiological studies in relation to specific challenges	Theoretical instruction in research methods using group work	Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to assess challenges in scientific ethics, including whether a project needs to be approved by an ethics committee, being able to select a relevant study design, relevant data-collection procedures and methods of analysis and being able to interpret data, including assessing bias	Carry out an independent project	Assessment of a completed project by the adviser and an external examiner
Being able to prepare a research protocol	Carry out an independent project	Assessment of a completed project by the adviser and an external examiner

### Communicator

Competencies and objectives	Strategy for learning	Strategy for assessment
After the introductory training programme, being able to assess a specific communication situation	Assignment of tasks that require communication at both the individual and group level and both orally and in writing  Further training of contact between the physician and the patient at interdisciplinary communication courses	Structured collegial assessment and Structured discussions with the adviser and Assessment of course work and The adviser's assessment of the explanation of relevant theoretical knowledge
After the introductory training programme, being able to disseminate medical information	Assignment of tasks that require this dissemination	Structured collegial assessment
Being able to plan and carry out dissemination	Assignment of relevant dissemination assignments  and Feedback from recipients  and Case presentation in the log book	Structured discussions with the adviser
Being able to establish and carry out a relevant and professional discussion in communication with	Assignment of tasks during clinical employment or during employment in public health	Structured collegial assessment

individuals	medicine that include communication with individuals  and  Feedback from participants in this communication	
Being able to establish and manage discussions in situations with serious diagnostic and prognostic situations and in crisis situations	Assignment of tasks during clinical employment or under employment in public health medicine that include such communication with individuals  and  Feedback from participants in this communication	Structured collegial assessment
Being able to communicate the results of a specific risk assessment	Under supervision, manage a risk assessment and communicate this	Structured collegial assessment
Being able to disseminate the results of research in public health medicine to various target groups	Disseminate the results of one's own project to the relevant target group  and  Assignment of tasks including the dissemination of research results during employment in public health medicine	Structured collegial assessment

### Collaborator

Competencies and objectives	Strategy for learning	Strategy for assessment
After the introductory training programme, being able to establish and develop collaborative relations based on mutual respect in relation to patients or clients and their relatives, colleagues and other collaborators	Under supervision, carry out tasks with some of the collaborators mentioned  and  Discussions with colleagues and the adviser  and  Reflection on practice	Structured discussions with the adviser and observation
After the introductory training programme, being able to collaborate with many professions inside and outside the health care system with respect for different professions	Under supervision, carry out tasks with many professions  and  Discussions with colleagues and the adviser	Structured discussions with the adviser and observation
After the introductory training programme, being able to assess the degree to which collaboration has succeeded	Reflection on practice  and  Discussions with colleagues and	Structured discussions with the adviser

	the adviser	
Being able to assess and set priorities in the choice of collaborators for a current task	Under supervision, carry out tasks that require collaboration in small and large groups with the participation of collaborators of different professions and professional interests and various collaborative relations  and  Discussions with colleagues and the adviser	Structured discussions with the adviser, including assessment of the assignment executed
Being able to participate in medical and interdisciplinary collaboration on diagnosis and treatment	Participation in daily functions in a clinical department  and  Discussions with colleagues and the adviser	Structured discussions with the adviser
Using knowledge from public health medicine, being able to participate in the interaction between primary and secondary health care, social service administration and social institutions	Under supervision, carry out tasks that involve interaction between sectors  and  Discussions with colleagues and the adviser	Structured discussions with the adviser and observation
Being able to actively participate in or lead an interdisciplinary team while respecting the professions of other participants	Participation in execution of tasks in an interdisciplinary, ad hoc or permanent team and reflection on one's own role  and  Feedback from other team participants	Structured discussions with the adviser and observation

### Manager and administrator

Competencies and objectives	Strategy for learning	Strategy for assessment
After the introductory training programme, being able to prepare an agenda and to record and prepare minutes	Exercises in preparing and agenda and in recording minutes by assigning tasks under supervision	Structured discussions with the adviser, including assessment of the assignment executed
After the introductory training programme, being able to set priorities among one's own work tasks	Reflection on one's own practice	Structured discussions with the adviser
After the introductory training programme, being able to lead group meetings	Lead meetings during employment  and  Feedback from participants in	Structured discussions with the adviser and observation

	meetings and Discussion with colleagues and the adviser	
After the introductory training programme, being able to lead a team	Lead a team during employment and Feedback from the team and Discussion with colleagues and the adviser	Structured discussions with the adviser and observation
Being able to motivate and engage collaborators	During employment, participate in execution of tasks in groups, either as the chair or as a participant and Feedback from participants in meetings and Discussion with colleagues and the adviser	Structured discussions with the adviser
Being able to initiate and change work procedures and to contribute to amending administrative practice for one's own work and that of others within the framework of existing legislation	During employment, participate in tasks requiring assessment of internal work procedures and practice and Discussion with colleagues and the adviser	Structured discussions with the adviser
Being able to contribute to formulating a vision and objectives and targets for work in one's own department or institution	During employment, participate in tasks requiring work with a vision and objectives and targets and Discussion with colleagues and the adviser	Structured discussions with the adviser
Being able to explain the principles of project management	Participate in theoretical courses in organizational theory	Structured discussions with the adviser, including assessment of the assignment executed
Being able to prepare a budget for execution of a limited task or project	Under supervision in employment, prepare a budget for a specific task (entered into the log book)	Structured discussions with the adviser, including assessment of the assignment executed
Being able to use relevant accounting techniques	Under supervision in employment, use the workplace's guidelines in processing vouchers	Structured discussions with the adviser, including assessment of the assignment executed

## Preventer of disease and health promoter

Competencies and objectives	Strategy for learning	Strategy for assessment
After the introductory training programme, being able to explain the most important terms and definitions related to disease prevention and health promotion	Independent study	Structured discussions with the adviser
After the introductory training programme, being able to administer the advising and guidance of individuals and groups while using knowledge on the relationship between lifestyle factors and the development of illness	Assignment of tasks that require this knowledge  and  Discussions with colleagues and the adviser	Structured discussions with the adviser, including assessment of the task executed
Being able to discover and react to factors of importance for public health or the health of individuals in which guidance, information or special measures are required	Execution of tasks that result in familiarity with factors of importance for public health  and  Discussions with colleagues and the adviser based on one's own work and that of the workplace, current publications and other factors  and  Reflection on one's own work and other factors with which one becomes familiar at the workplace, in the mass media or in society in general	Structured discussions with the adviser, including assessment of the task executed
Being able to explain complex concepts related to health promotion and disease prevention	Theoretical instruction	Assessment of course work  and  The adviser's assessment of the explanation of relevant theoretical knowledge
Being able to use the principles of risk assessment	In employment or during intensive internships, carry out tasks that require risk assessment (entered into the log book)  and  Discussion with colleagues and the adviser	Structured discussions with the adviser, including assessment of the task executed
Being able to advise individuals and groups on drawing on one's own resources to promote health	Assignment of tasks during employment that require advising both groups and individuals  and  Discussions with colleagues and the adviser	Structured collegial assessment

## Academic

Competencies and objectives	Strategy for learning	Strategy for assessment
After the introductory training programme, being able to independently seek and improve knowledge to develop one's own competencies, when this is necessary to inform or solve a challenge related to public health medicine	Active participation in daily work in which learning is sought  and  Discussion with colleagues and the adviser  and  A reading list for independent study entered into the log book	Structured discussions with the adviser
After the introductory training programme, being able to actively take advantage of everyday situations for mastery, dialogue and reflection to optimize learning for oneself and for others	Reflection on practice  and  Discussion with colleagues and the adviser	Structured discussions with the adviser
Being able to analyse problems systematically and critically such that important aspects are revealed	Discussion with colleagues and the adviser	Structured discussions with the adviser, including assessment of the administration
Being able to carry out appropriate literature searches, review the literature and use a system for storing and accessing references	Theoretical instruction in research methods  and  During employment, carry out tasks requiring literature review under supervision	Assessment of course work  and  The adviser's assessment of the explanation of relevant theoretical knowledge  and  Structured discussions with the adviser, including assessment of the tasks executed
Being able to facilitate learning among patients, colleagues, students and others, including helping others to identify needs for education and development and to provide constructive feedback	Reflection on one's own efforts as an instructor and mediator  and  Discussion with colleagues and the adviser  and  Function as an adviser for younger colleagues (optional)	Structured discussions with the adviser
Being able to prepare, carry out and evaluate instruction while accounting for the objectives of instruction, the needs and prerequisites of the target group and the framework for instruction	During employment, assignment of relevant instructional tasks (entered into the log book)  and  Evaluation carried out by participants in internal or external instruction	Structured collegial assessment

## Professional

Competencies and objectives	Strategy for learning	Strategy for assessment
After the introductory training programme, being able to act in accordance with and with consciousness of one's own competence	Reflection on practice and Discussion with colleagues and the adviser	Structured discussions with the adviser
After the introductory training programme, being able to collaborate with colleagues, other professions or external contacts while observing a good collaborative tone and administrative practices	Reflection on practice and Discussion with colleagues and the adviser	Structured discussions with the adviser and observation
After the introductory training programme, being able to act while respecting the medical, legislative and ethical norms for physicians and for society as a whole	Reflection on practice and Discussion with colleagues and the adviser	Structured discussions with the adviser
Being able to set priorities for one's own work efforts and to set priorities between various work functions	Reflection on practice and Discussion with colleagues and the adviser	Structured discussions with the adviser
Being able to act while balancing personal and professional roles and personal responsibility	Reflection on practice and Execution of tasks requiring collaboration with colleagues and external collaborators	Structured discussions with the adviser
Being able to act in accordance with the legal and administrative framework applicable to the work and in accordance with the intentions of legislation and regulation	Reflection on practice and Discussion with colleagues and the adviser	Structured discussions with the adviser
Being able to manage the balance between consideration for each individual and consideration for society, legislation and the political system and being able to manage the balance between the perspective of patients and the political, societal and administrative perspectives	Reflection on practice and Discussion with colleagues and the adviser	Structured discussions with the adviser
Being able to facilitate changes among decision-makers and the population to benefit the public health based on knowledge and documentation in the field	Use of knowledge and documentation acquired in the practice of public health medicine to influence via the mass media, influencing decision-makers through proposals etc.	Structured discussions with the adviser

## **Proposal of the Danish Society for Public Health for structuring the specialist training programme for public health medicine**

### **Introductory training programme: 12 months**

The purpose of the introductory training programme is to give the physician insight into public health medicine such that the choice of specialty is qualified. The objectives listed cover the key functions of public health medicine. The physician's assessment of the choice of specialty and the assessment of the suitability of the physician for public health medicine are conducted in collaboration between the physician and the adviser before the introductory programme ends.

The introductory training programme includes employment in an introductory position in public health medicine for 12 months.

The introductory training programme may comprise two different periods of employment of 6 months each.

The workplace should be able to offer training corresponding to the requirements listed in the description of objectives for the introductory training programme.

For example, introductory positions may be located in the following workplaces: medical offices of health, National Board of Health, Statens Serum Institut, institutions of social medicine, hospital and health care administration, hospital management, substance abuse centres (usually 6 months maximum), occupational medicine clinics (maximum 6 months) and sectoral research institutions (usually 6 months maximum).

### **Main training programme: 48 months**

The purpose of the main training programme is to acquire the competencies that a specialist in public health medicine should have.

The main training programme includes employment in a coherent training programme of 48 months that ensures as a whole that the competencies listed in the description of objectives are attained.

Each individual training programme is compiled such that each physician's desires for a special profile in public health medicine are fulfilled during the programme to the extent possible.

The individual training programme can be structured as follows.

*A. Clinical training: 18–24 months of employment at clinical hospital departments or in general practice, perhaps including brief intensive internships*

The purpose of clinical training is to develop the physician's general clinical skills to a level exceeding that of the undergraduate rotational internship such that the physicians achieve broad familiarity with the medical reference framework as the basis for future efforts in public health medicine.

Physicians who have undergone a long clinical training programme, such as specialists in family medicine, may enter training programmes that do not necessarily include 18–24 months of clinical employment and that are adapted to the physician's desire for a profile in public health medicine.

Physicians in clinical employment in public health medicine are at the level of physicians in introductory positions in the relevant specialties. Each period of employment should last at least 6 months. If the physician is employed by the same hospital department, briefer periods of 3–5 months may suffice. Employment should include at least three specialties.

Examples of clinical departments that may be relevant to the training of specialists in public

health medicine include: general (internal) medicine, rheumatology, communicable diseases, respiratory medicine, cardiology, geriatrics, neurology, organ surgery, orthopaedic surgery, paediatrics, psychiatry, child psychiatry, obstetrics & gynaecology and family medicine.

Efforts should be made to ensure that the departments included in the training programme have a broad range of types of patients. Surgical departments that exclusively have outpatient surgery and/or elective surgery and narrow specialization are not appropriate for the training of specialists in public health medicine. Similarly, the paraclinical specialties should not be included in the training programme.

*B. Specialist training for public health medicine: 24–30 months of employment at workplaces related to public health medicine, including intensive internships*

Each period of employment should be at least 6 months long. One should be at least 12 months long. There should be at least two periods.

The individual training programmes should be combined such that the competencies listed in the description of objectives can be attained during the overall period. Intensive internships of 2–4 weeks may supplement the individual training programme in fields that cannot be covered through the usual periods of employment.

Examples of workplaces in public health medicine in which the main training programme can be located include: medical offices of health, National Board of Health, State Serum Institute, institutions of social medicine, substance abuse centres, hospital management, hospital and health care administration, municipal physician schemes and sectoral research institutions.