ROYAL
COLLEGE OF
PHYSICIANS
OF IRELAND

Regulations and Information for Candidates

Membership of the Faculty of Public Health Medicine of the Royal College of Physicians in Ireland

2025 Edition

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1. Introduction

Membership of the Faculty of Public Health Medicine in Ireland (MFPHMI) is governed by the By-Laws of the College (RCPI). The following Regulations apply to all candidates entering the MFPHMI examinations. Any decision on the interpretation of these Regulations made by the College is binding. The acceptance of any application is at the sole discretion of the College. Every candidate must pass all parts of the Membership Examinations unless exemption has been granted as indicated in section 3.2 below.

There are three 'Parts' to the Membership of the Faculty of Public Health Medicine in Ireland examination:

MFPHMI Part I Written

MFPHMI Part II Public Health Reports (PHR)

MFPHMI Part III Oral Examination of Professional Competence (OEPC)

Each part is taken separately and must be passed before you can progress to the next stage.

All MFPHMI examinations are conducted in the English language.

2. MFPHMI Qualification

Membership of the Faculty of Public Health Medicine in Ireland is an internationally recognised qualification achieved through examination. The MFPHMI is accredited by the Medical Council of Ireland and the General Medical Council in the United Kingdom.

3. Applications

Candidate sitting the Membership of the Faculty of Public Health Medicine in Ireland examinations will be allowed a maximum of 11 attempts in total across the components of the examination.

There is a time limit under which a candidate must complete the Part II Public Health Reports & Part III Oral Examination of Professional Competence (OEPC) (see below table).

Examination	Maximum Number of Attempts	Time limit to Pass**
Part I Written	6*	Unlimited
Part II Public Health Reports	3	7 years
Part III OEPC	2	7 years

*The six attempts at the MFPHMI Part I Written include attempts at the DFPH, formerly Part A examination of the Faculty of Public Health in the United Kingdom

**A candidate must pass the Part II & Part III examinations within seven calendar years of passing the Part I examination.

3.1 Entry Requirements

Candidates for the MFPHMI Part I Written examination are eligible to apply one year after they received their primary medical degree.

Candidates must have passed MFPHMI Part I Written examination or have obtained an exemption (see section 3.2) to apply to sit MFPHMI Part II Public Health Reports examination.

Candidates must pass the MFPHMI Part II Public Health Reports examination before applying to enter the MFPHMI Part III Oral Examination of Professional Competence (OEPC).

3.2 Exemptions

Applications claiming exemption from the Part I must be accompanied by adequate documentary evidence. The following qualifications can be considered eligible for exemption from MRCPI:

MFPHMI Part I Written Only
❖ Diplomate Examination of the Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom (DFPH), formerly Part A

Candidates claiming exemption must include an attested/certified proof of this qualification with their application. RCPI only accepts attestation/certification by any one of the following:

- An Garda Siochana (Irish police force)
- The issuing University or Medical School
- A solicitor/ notary public/ lawyer
- A Commissioner for oaths
- An Irish or British Consulate
- Your Embassy or High Commissioner

3.3 Method of Application

All exam applications are submitted online through RCPI website, candidates will be prompted to include required documentation and make payment as required for the examination. The College accepts payment by credit/debit card or PayPal only.

Applications after the published closing date will not be accepted.

MFPHMI Part I

Candidates must upload attested/certified copies of their original Primary Medical Qualification and a Passport style photo (colour, full-face, minimum 100x100 pixels, neutral background).

RCPI only accepts attestation/certification by one of the following:

- An Garda Siochana (Irish police force)
- The issuing University or Medical School
- A solicitor/ notary public/ lawyer
- A Commissioner for oaths
- An Irish or British Consulate

Diplomas in a language other than English must be accompanied by an official translation. Official translations will only be accepted if they have been prepared and/or authenticated by:

- the issuing University or Medical School
- Irish or British Consulate
- the candidate's own Embassy or High Commissioner

MFPHMI Part II

Candidates must upload the following documentation with every application:

- Certification of registration with their local medical council
- Completed copy of MFPHMI Supplementary application form
- Completed copy of MFPHMI Testimonial form – one for each PHR
- Completed copy of MFPHMI Resubmission form – when resubmitted PHR(s)
- PHR(s) to be examined – to be uploaded in Brightspace
- Similarity report(s) for the PHR(s) from Turnitin – to be generated automatically in Brightspace

Further instructions to candidates on the application process

Turnitin, similarity detection service, is used at RCPI to check for instances of possible plagiarism in candidates' work. From 2025 Turnitin can be accessed through the Brightspace platform. This integration ensures that all submitted public health reports (PHRS) are automatically checked against the Turnitin database which is one of the entry requirements for the Part II MFPHMI examination. Please follow the instructions below if you wish to sit the Part II examination:

Access to Turnitin via Brightspace

Candidates get access to Brightspace by clicking on a link which will be available on the RCPI website from when the applications open until the closing date for application, which is usually 6-7 weeks. After logging into Brightspace candidates should upload their PHRs which will be automatically run through the Turnitin database and a Turnitin Similarity Report will be generated. Candidates are able to reupload their PHRs and generate new Similarity Reports up to the closing date for applications. However, it is important to note that the first three resubmissions will generate a new Similarity Report straight away. After three attempts, a 24-hour wait is enforced to generate Similarity Reports for all subsequent resubmissions.

Registration for the exam

All candidates wishing to sit the Part II examination should register by submitting an online application. The exam application link will be provided in Brightspace and can be accessed during the exam application window which is usually 6-7 weeks. This step includes uploading the supplementary documents and paying the examination fee which also needs to be completed by the closing date for applications. Candidates are able to create a draft application and return to it when they are ready to apply for the exam.

To summarize, the application process is complete when candidates upload their PHRs into Brightspace which will generate a Turnitin Similarity Report & register for the exam by submitting an online application, uploading the supplementary documents and paying the examination fee by the

closing date for applications. If these steps have not been completed by the closing date for applications, candidates will not be permitted to take the exam.

MFPHMI Part III

Candidates must upload the following documentation:

- Certification of registration with their local medical council
- Copy of the final results letter confirming completion of the Part II examination

The candidate's full name must be given at the time of application for the examination and must match with the name(s) given on medical qualification documentation. The name you provide will be used on all official correspondence (such as diplomas, qualifications and certificates) issued by RCPI. Candidates who change their name(s) by marriage or deed poll must upload documentary proof of this, if they wish to be admitted to the examination in their new name.

3.4 Examinations Locations

The MFPHMI Part I Written examination is delivered by remote invigilation through our online exam provider TestReach. Remote invigilation allows a candidate to sit the computer-based exam from their own computer e.g., at home or at work.

Candidates are supervised remotely by invigilators/supervisors throughout the exam.

Candidates are required to adhere to the following requirements to sit an exam by remote invigilation:

- A quiet, secure environment as set out below:
    - A room where candidate can take the exam without interruption.
    - A room to which you have exclusive access (single occupancy - not shared)
    - A room that does not have integrated security cameras, or any recording equipment, other than the webcam on PC or laptop
    - Candidate is confident he/she will not be disturbed during the examination, e.g. by traffic, construction work, or people
- A PC or laptop computer with a reliable internet connection, webcam and microphone. Must have permissions to install software and meet the system requirements as set out by the exam provider. Multiple screens are not permitted.
- After conducting the validation checks with the supervisor, candidates must switch their mobile phone off and put it out of reach. In the unlikely event of encountering technical difficulties during the examination, you may use your mobile phone to call TestReach technical support, if you don't have a landline. This is the only time you are permitted to use your phone during the exam.
- Candidates should read the TestReach candidate FAQ section for further information on system requirements available on the TestReach website.
- For more information about remote invigilation visit our website; remote invigilation link.

The MFPHMI Part II examination is an electronic report submission and an in person oral exam held in Dublin, Ireland in the College building.

The MFPHMI Part III examination is an in-person exam held in Dublin, Ireland in the College building.

3.5 Visa

If a candidate requires a visa to sit an examination (Part II & Part III), it is the responsibility of the individual to ensure the visa application is made in sufficient time before the examination date for which it has been sought. The College has no influence in granting or refusing visas. A refund will not be given if a candidate is unable to attend the examination as a result of a visa related problem.

3.6 Examination Fees

The fees payable on application for the MRCPI General Medicine Examinations are published annually. Please refer to the website Examinations Calendar which is updated regularly.

Candidates will be permitted to take the examination only when all fees are paid in full.

3.7 Withdrawal from the Examination

Notice of withdrawal from an examination must be given in writing to the College. A refund less 10% will be made if written notice of withdrawal is received by the College on or before the closing date of application to the examination. Refunds will not be made where candidates submit their withdrawal request after the application closing date.

For Written examinations, candidates may request a deferral of their application to the next diet after the closing date of applications. An administration fee of €100 will be charged to complete the deferral request. Written notice of deferral must be received by the College on or before the examination date. No fee will be held over to a future examination unless there are exceptional extenuating circumstances. For further details, please see the RCPI Cancellation Policy.

3.8 Cancellation of Examination

RCPI reserves the right to cancel, reschedule the date, or change the location of an exam. In the event of a reschedule or cancellation by RCPI, the College will endeavour to inform all applicants at least six weeks prior to the exam date. If an exam is cancelled or rescheduled by RCPI, candidates will be offered a full refund or option to transfer to another date if applicable. For further details, please see the RCPI Cancellation Policy.

3.9 Examination Registration
Written Examinations:

All candidates taking the examination via remote invigilation will be emailed by our online exam provider, TestReach approximately 10 days in advance of the examination date. This email will contain the candidate's login credentials and instructions to download the Exam Application on the device the candidate will use to take their examination.

Candidates will receive a second email notifying them that they have been assigned to the examination. The email contains instructions for the candidate to login to the application and test their device, webcam, microphone, and speakers. The candidate is also instructed to book a time slot to start their examination. The start time of the examination is based on the candidate's location and time settings on their device. **This step must be completed at least 72 hours before the exam**, or the candidate will not be able to start the examination.

On the day of the examination candidates are instructed to login into the Exam Application at least 15 minutes before their exam start time. This is to allow time to connect with the invigilator/supervisor and to complete the pre-validation process (including proof of identity check), before beginning the examination.

Any candidates who arrive or login after their allocated registration time, **will not be permitted to take the examination**.

In Person Examinations:

Candidates taking the Part II and/or Part III examinations are required to prove their identity as part of the exam registration, by providing their examination allocation letter and government issued photo id passport, driver's license, etc.).

For the purposes of visual identification, any candidate sitting the examination will be required to remove any clothing and/or other item which covers all, or part of, the candidate's face. The College will observe sensitivity and, in specific circumstances, privacy in the visual identification of candidates.

4. Preparation for Membership of the Faculty of Public Health Medicine in Ireland (MFPHMI) Examinations

The Membership examinations are aligned with RCPI Higher Specialist Training (HST) curriculum.

The HST curriculum serves as a blueprint for the examination. The current HST curriculum is available on our website HST Curriculum and presents a framework of topics which should be covered, but it is not intended to be comprehensive, and candidates should not limit their studies solely to these topics.

5. MFPHMI Part I

5.1 Examination Format

The MFPHMI Part I is designed to test the candidate's knowledge and understanding of epidemiology, statistics, social sciences in relation to public health medicine, and the principles of administration and management in relation to health and social services.

The examination consists of four written examinations each for two hours, delivered over two days with a rest day between Day 1 and Day 2.

- Papers 1 and 2 are designed to test knowledge
- Papers 3 and 4 are designed to test skills

Day 1	Day 2
Paper 1 Candidates are required to answer five questions covering the following subjects: • Epidemiology, statistics and research methods • Health and wellbeing • Health protection	**Paper 2** Candidates are required to answer five questions covering the following subjects: • Health intelligence • Social policy and health economics • Medical sociology and health psychology • Organisation and management of health care
Paper 3 This paper is a Critical appraisal, and candidates are required to provide a commentary on and application of material in a scientific/medical article from a per reviewed journal. The article is provided in an electronic form (i.e. pdf)	**Paper 4** Preparation of a written communication on some aspect of public health to the press, health authority, chief executive, Director of Public Health or a similar person / organisation. Candidates are expected to demonstrate their ability to apply the basic skills of public health medicine to a set problem. This may include data manipulation and interpretation.

The examination is designed for candidates with experience inside and outside the Irish health care system. The exam questions are generic questions which allow candidates to relate answers to their healthcare system. Candidates are expected to be familiar with recent theoretical developments in Public Health Medicine.

Candidates must have basic data handling skills and the ability to perform basic statistical techniques. They are also required to understand and interpret results from more complex statistical techniques and be able to extract and manipulate data. Other skills required for this exam include the ability to criticise research evidence and communicate in writing to a non-medical audience.

5.2 Syllabus
To assist with preparation for the MFPHMI Part I exam see the syllabus in see Appendix I. The main divisions set out in the syllabus are not distinct entities; an understanding of their inter-relationships and application to public health medicine is essential.

The knowledge part of the syllabus is broken down into sections which at a high-level relate to the structure of Papers 1 and 2 of the Part I examination. Materials from any section of the syllabus may be tested in the skills part of the examination, Papers 3 and 4.

5.3 Marking
The marking for the MFPHMI Part I exam is outlined below, the papers are prepared by designated examiners who are also responsible for marking the scripts. An External Examiner is also appointed.

Papers 1 and 2

There are five questions on each paper, each marked out of 100 marks. The total marks available per paper is 500, a minimum of 50 marks is required to pass each question.

Papers 3 and 4

Each paper is marked out of 500, to pass both papers a minimum of 500 marks across both papers is required.

If a candidate does not pass all components of the Part I written examination at the first sitting, they may 'bank' the pass results in for specific papers, e.g. if a candidate passes Papers 1 & 2 or Papers 3 & 4 but fails one or both of the other papers they can bank the pass results until the next sitting of the paper. If the candidate is unsuccessful at the next sitting of the exam the banked results will be lost and the candidate will need to retake the full exam.

Paper	Total Marks	Minimum
1	500	200
2	500	200
1+2*	1000	500
3	500	-
4	500	-
3+4	1000	500

*To pass and/or bank Papers 1 and 2, candidates must achieve a pass mark in at least 2 questions in each paper and 5 questions overall between Papers 1 and 2

5.4 Part I Past Examination Papers

Past Examination Papers for the MFPHMI Part I exam are available to purchase by completing Past Papers Application Form on the our website, there is a fee of €25. Please email exams@rcpi.ie for information on payment options.

6. MFPHMI Part II Public Health Reports

The MFPHMI Part II tests the ability of a candidate to apply their knowledge to aspects of public health medicine and to display specialist skills.

6.1 Examination Format

There are two components, the examination of two Public Health Reports (PHRs) and an oral test on the subject of the written work presented in each PHR. These two PHRs can be examined either simultaneously or at different times.

The Public Health Report(s) must show a candidate has developed and applied a range of competencies from those outlined in the curriculum for Higher Specialist Training (HST) in Public Health Medicine.

A candidate must demonstrate that they can critically study an epidemiological or public health question and carry out an in-depth investigation of the issues and propose appropriate solutions.

The Public Health Reports (PHRs) should ideally be set within the context of a candidate's day to day work.

A candidate's report could cover one of the below:

- Report of an outbreak investigation
- Report of a cluster investigation

- Report of a risk assessment
- Report of a needs assessment
- Report of a health impact assessment
- Report of an environmental incident or hazard
- Report based on analysis and synthesis of routinely collected data
- Comprehensive literature review with synthesis of evidence
- Evaluation of public health policy or intervention
- Analysis of health policy
- Policy analysis relevant to a population health initiative

A published paper may be used as the basis for a PHR and should be submitted along with the report. Written material submitted for another postgraduate qualification may be included as part of a PHR but the PHR should mainly contain further original research which can be clearly identified as such. The extent to which there is new work in the PHR should also be outlined in the Testimonial signed by the Member of the Faculty of Public Health Medicine in Ireland or the United Kingdom.

6.2 Requirements for Public Health Reports (PHRs)

Candidates are required to submit two PHRs chosen from the five following topic areas:

1. Policy formation; health economics
2. Health intelligence; health information systems
3. Health needs assessment; evaluation and audit of services
4. Health promotion; screening; preventive medicine
5. Health protection; incorporating communicable disease prevention, surveillance and control; environment and health; public health emergency planning and response

Each of the two PHRs should address a different disease / health issue and be specific about the competencies that are covered in the report. At least one of the reports must demonstrate advanced quantitative (e.g. regression/statistical modelling) or qualitative data analysis. If these criteria are not met, some or all of the written submission(s) may be rejected by the Examiners.

Each PHR should include additional material, presented in appendices, to demonstrate communication of the work. Examples of additional material include:

- Poster presentation / conference abstract
- Conference presentation(s) / presentation to Management
- Ministerial submissions / management briefing
- Responses to parliamentary questions / media questions
- Information packages / leaflets
- Media article / press release
- Risk communication with the public

6.3 Format of Reports

In each PHR, a candidate is required to describe the background and context of the work, to plan, execute and report on the work effectively, and to discuss the findings and their implications.

Candidates must demonstrate their ability to present reports in a clear, concise and organised way, with correct spelling and grammar, and to reference source material accurately.

The PHR(s) should be submitted in the following format:

1. Acknowledgements
    a. The section should outline the specific role the candidate took in the investigation/work presented.
    b. A statement should be included for any aspects of the work on which the candidate received technical advice e.g. in relation to statistical techniques.
    c. Any component which was done by someone else should be explicitly acknowledged.
    d. If any component of the report which was previously submitted for another higher degree this should be described in this section.
    e. The acknowledgements should be consistent with the signed testimonial which is required to be submitted with each report.
2. Summary
3. Background / context / rationale (to include aims and objectives)
4. Evidence base / literature review
5. Planning / methods
6. Results
7. Discussion / conclusions / implications for public health
8. Recommendations
9. Appendix / appendices: Communications and impact or potential impact on public health

A Public Health Report checklist that outlines formatting and referencing requirements, has been developed to help candidates ensure that their PHRs comply with examination regulations and will be used when PHRs are being examined. The checklist is published on our website.

Each report should state the word count of the material presented. The word count should not exceed 10,000 words, excluding the acknowledgements, abbreviations, summary, appendices, and references. The word count for the summary should not exceed 500 words. The word count for each PHR submitted for examination will be verified. Candidates should note that any PHR which is over the maximum permitted word count will not be examined.

6.4 Plagiarism

Plagiarism is the inclusion of another person's writings or ideas, either wholly or in part, without due acknowledgement of the original source of the material through appropriate citation. This can include:

- Submitting work copied extensively with only minor textual changes from books, journals, or any other source
- Paraphrasing or summarising ideas or work of others without due acknowledgement of the original source
- Failing to cite all original sources
- Self-plagiarism: presenting a piece of one's own work without reference to the original material
- Representing collaborative work as one's own

Plagiarism, whether intentional or not, is a form of misconduct, and will be treated as a violation of the Code of Conduct (see section 10) and MFPHMI Plagiarism Policy.

6.5 Testimonials

Each candidate when applying for the MFPHMI Part II exam must include a completed testimonial for each PHR to be examined. See our website for a copy of the [testimonial form](#).

- Candidate confirms the specific level of public access that is appropriate for their PHR, once their report is accepted into the RCPI Digital Library.
- Candidate declares to the best of his/her knowledge, except where specified, all of the work submitted was carried out by the candidate.
- The testimonial must be signed by a Member of the Faculty of Public Health Medicine in Ireland or the United Kingdom (usually the candidate's trainer or advisor for the Public Health Report).

6.6 Research Ethics

Research ethics issues such as data protection and confidentiality need to be considered. It may be necessary to submit the protocol to a research ethics committee for approval prior to commencing research. Information on the RCPI Research Ethics Committee is available on the RCPI website or from research@rcpi.ie.

6.7 Public Health Report Oral

The Public Health Report Oral is an in-person examination held at the College building in Dublin, Ireland. Candidates are invited to the Oral to defend their Public Health Report(s) and demonstrate an understanding of the public health issues from their work.

The examination is approximately 20 minutes and candidates are examined by two examiners. Candidates can bring a printed copy of their PHR(s) into the examination for reference during the examination. Invitations are sent to candidates approximately 7 days prior to the examination date with their examination date and time.

6.8 Marking Scheme and Examinations Outcome

The Public Health Reports (PHRs) are assessed by two Examiners. Each report is assessed across five sections and each section is graded, Satisfactory, Marginal or Unsatisfactory.

- Summary / background / evidence-base / literature review
- Planning / methods
- Results / discussion
- Conclusions / implications for public health / recommendations / appendix / appendices
- Writing and presentation

The result of the examination will be either:

- Pass
  - Five areas have been graded/ deemed satisfactory
  - At the oral examination, the candidate demonstrated understanding of the public health issues arising from the work

- Pass subject to minor corrections
  - Five areas have been graded/ deemed satisfactory but minor editing/typos may need to be corrected
  - At the oral examination, the candidate demonstrated understanding of the public health issues arising from the work
- Pass subject to amendments
  - 3-4 areas have been graded/ deemed satisfactory by the examiners with no area deemed unsatisfactory: Amendments are required to bring the report up to the standard of Pass
  - At the oral examination, the candidate demonstrated understanding of the public health issues arising from the work
- Fail
  - less than 3 areas are graded/ deemed satisfactory and/or any area graded/deemed unsatisfactory
  - At the oral examination, the candidate did not demonstrate sound understanding of the public health issues arising from the work presented

When a candidate is awarded a Pass Subject to Amendments, the required amendments must be submitted to the satisfaction of the examiners within the time frame specified. If a candidate fails to meet this requirement, they may be required to resubmit the PHR at a future exam sitting.

If a candidate does not pass all components of the Part II written examination (i.e. PRH1 and PRH2) at the first sitting, they may 'bank' the written report which was awarded a pass grad. Candidates should note they have a maximum of seven years from the date they pass the Part I written examination to complete Part II and Part III examinations.

A candidate who is unsuccessful in Part II examination may resubmit written material if advised by the Examiners. A candidate may be advised to abridge, enlarge or otherwise alter any part of the PHR before resubmission or requested to provide further written material. Alternatively, a candidate may be advised, or they may choose to submit a PHR on a different topic.

When the two PHRs have been awarded a Pass and all corrections/amendments have been accepted, the candidate's reports are added to the RCPI library.

7. MPHMI Part III Oral Examination of Professional Competence (OEPC)

7.1 Examination Format
MFPHMI Part III OEPC examination is the final examination which must be completed to be eligible to be conferred as a member of the Faculty of Public Health Medicine in Ireland. The OEPC is an oral examination that consists of five questions on topics relevant to the practice of public health medicine.

On the day of the examination, candidate's will be given the five questions and allowed 30 minutes preparation time, during which they can make notes for use during the examination. No textbooks or other resources will be allowed in the reading room or the examination area and at the end of the

exam, candidates must be hand in their notes to the Exams Invigilator. The oral exam will be approximately 25 minutes, and each candidate will be examined by two examiners and the Part III Convenor.

7.2 Knowledge and skills

The purpose of OEPC examinations is to test a candidate's ability to discuss challenges and problems in the practice of Public Health Medicine. Candidates will be expected to demonstrate an understanding of the role of the Public Health Physician as an agent of change and as a member of a multidisciplinary team.

The examination questions will usually describe real-life public health scenarios and candidates will be expected to describe how they would respond in a practical sense.

The five questions will be drawn from the following areas:

- Health Protection
- Health Promotion
- Health Services
- Leadership, Management and Advocacy
- Public Health – General

7.3 Marking

During the OEPC examination each of the five questions is assess and marked as either satisfactory, marginal or unsatisfactory

The answer to each question is assessed across the following domains:

- contribution from perspective of a Public Health Physician
- factual content
- coherence and organisation
- demonstration of effective communication skills

Across all five questions there are four domains assessed, for a total of 20 overall.

For each OEPC question, each of the above domains is assessed and marked as either satisfactory, marginal or unsatisfactory. There are four domains per question, there are five questions and therefore a total of 20 domains to be assessed overall.

To pass the examination a candidate should have the following

- no more than 1 domain assessed as unsatisfactory within each individual question and must have no more than 3 domains assessed as unsatisfactory across all 5 questions
- no more than 7 domains assessed as marginal across all 5 questions

8. Examinations Rules and Guidelines

These Regulations apply to all examination candidates of the College. Candidates should note that by applying to sit an examination, they are deemed to have understood and agreed to comply by these Regulations.

8.1. Candidates will not be permitted to take the Written examination if they do not register their start time in advance or if they login to the exam after their allocated start time. Candidates will not be permitted to take the Clinical examination if they arrive after their allocated registration time.

8.2. Candidates must have a government issued photo id (e.g., passport or driver's licence), as proof of identity, the candidate's name must be stated in the same manner as on their examination application. Candidates will not be admitted to take the examination unless they produce photographic identification.

8.3. Candidates should note that drugs will almost always be referred to by their UK approved names (National Formulary) rather than their trade names. Biochemical and other measurements will be expressed in SI units.

8.4. Candidates are not permitted to have in the exam environment where they are sitting the remote exam, smart technology, additional laptop computers, headsets, tablets, calculators, textbooks, documents, any recording equipment or personal items of any kind other than those specifically allowed for that particular examination and previously notified to them. The use of 3rd party software is not permitted, and candidates must ensure that all applications are close prior to starting the examinations. Any candidate found to be in possession of any of above during the examination will receive an infringement warning from the exam invigilator/supervisor.

8.5. Candidates may not carry or look at any device that can store or record information or be used for communication (e.g., mobile phones, tablets or smart watches), headsets, calculators, textbooks, documents or personal items of any kind, other than those specifically allowed for that particular examination while in the examination. Candidates taking a Clinical or Oral examination will be required to hand over their phone and/or smart devices to the Examination Coordinator for the duration of the exam. Any candidate found to be in possession of or attempting to access any of the above during the examination will have their exam suspended and will automatically fail the examination.

8.6. It is strictly forbidden for candidates to talk or attempt in any way to communicate with anyone other than the examiner/invigilator/supervisor while the written, oral and/or clinical exam is in progress.

8.7. Candidates taking written examinations are not permitted to switch the webcam off, lean out of the webcam view, block the webcam, commence hand movement that could be interpreted as sign language, glance at other areas of the room that the invigilator cannot see, look away from their screens repeatedly or look at their hands or wrists, behave in an unsuitable or inappropriate manner to the invigilator/supervisor. If invigilators identify any of the above behaviour, they will make a record of this, and it will be reported to RCPI.

8.8. Smoking or vaping is not permitted during the written and/or examinations.

8.9. One brief (<5 minutes) comfort break is permitted during the written examination. No additional time be added to the examination to compensate for breaks. The supervisor will record the time that the candidate leaves their desk and when they return. If a candidate takes more than one break, or a break longer than five minutes, their performance will be subject to an enhanced review of the

proctoring record and analysis of their keystroke/clickstream data obtained after the examination. Candidates who require to take an additional break for medical reasons should request this through reasonable adjustments process. Supporting evidence will be required for such requests.

8.10. Dress and appearance are an important aspect of professionalism. For the Oral or Clinical component of the examination, you should dress in a smart and conservative manner. Your fingernails should be short and clean.

8.11. To facilitate the assessment of non-verbal communication skills and interaction with patients, examiners, and invigilators, RCPI will require exam candidates, for the duration of the examination, to remove any clothing and/or other item which covers all, or part of, their face.

8.12. Candidates will be prevented from proceeding with the clinical exam if the examiners believe that they are too unwell to continue or if their conduct is likely to endanger patient safety, cause distress or disrupt other candidates. Candidates who are considered by examiners to be acting in an unprofessional, improper, or inappropriate manner during examination will be asked to stop that particular part of the examination and may be prevented from continuing with the examination. RCPI may also report these issues to candidates' employers or supervisors.

9. Emergency and Fire Evacuation

9.1. Candidates taking written examinations via remote invigilation: if there is an emergency at the location where you are taking the exam, notify the invigilator/supervisor and follow the evacuation guidelines for the location. The invigilator/supervisor will submit your examination and notify the RCPI Examination Department of the incident. Each incident will be reviewed by the RCPI Examination Department on a case-by-case basis.

9.2. Candidates taking oral or clinical examinations: if there is an emergency follow the emergency policy for the centre location.

9.3. The College staff member and Invigilators should collect the exam register and evacuate to the assembly point using the emergency exits.

9.4. At the assembly point(s) the College staff member and invigilators will check the candidates against the examinations register.

9.5. If it is possible to resume the oral or clinical examination, candidates will return to the examination room and time will be resumed from when the alarm was raised. Candidates will be informed of the revised finishing time for the examination.

9.6. A written report of the evacuation will be filed by the College.

9.7. In the event that it is not possible to resume the exam within a reasonable time period, the examination will be re-scheduled. In this case, candidates will be contacted by the Examinations Department regarding alternative examination arrangements. Candidates may then leave when safe to do so.

10.   Examinations Code of Conduct

This code applies to all examinations candidates and includes behaviour and all contact with Examiners, Invigilators, Patients and RCPI Staff, before during and after the examination. By submitting an application for an MRCPI examination, candidates are confirming that they have read, understood and will abide by these regulations, the candidate code of conduct, and the supporting regulations and guidance on the RCPI website. Misconduct includes, but is not restricted to:

- Any attempt to communicate with another candidate or any person other than an invigilator/supervisor during the examination.
- Any attempt to gain access to or plagiarise the work of another candidate.
- Any attempt to gain or pass on information with regard to the content of the examination in advance of, during or after the examination.
- Any attempt to remove materials or content from an examination other than those specifically permitted.
- Any form of cheating or conduct likely to give an unfair advantage to the candidate or others.
- Bribery of another candidate or examination official.
- Bringing in or removing any materials or audio or communication devices (including mobile phones and 'smart' watches), other than those specifically permitted into any examination.
- Failure to act with respect for fellow candidates at all times.
- Failure to abide by the instructions of an invigilator/supervisor or other examination official.
- Failure to ensure patient, surrogate or actor comfort and safety at all times during clinical exam interaction.
- Failure of a candidate to inform RCPI if any limitations on medical practice are placed on them by the Irish Medical Council or the equivalent regulatory body in the country in which they practice.
- Failure to maintain strict confidentiality regarding patient identity or details, before during or after the examination.
- Failure to respect patient, surrogate or actor dignity and modesty at all times.
- Falsification or alteration of any results document or qualification.
- Impersonation of a candidate.
- The use of any recording equipment (including all photographic, video and audio recording equipment).
- Unacceptable, inappropriate or disruptive behaviour at all times, including but not limited to harassing and/or bullying RCPI staff, invigilators, examiners, patients, surrogates and actors.
- Aiding or abetting any of the above.

Any candidate acting in breach of any of the above Regulations, or of any further rules and regulations communicated to them by RCPI or an Exam Provider, or misbehaving in any way, may be suspended from the examination, or be deemed to have failed the examination. If an infringement of the College Regulations is deemed to be particularly severe, the candidate concerned may be permanently disbarred from entering any future College examinations.

10.1. Reporting Procedure of Examinations Misconduct

Suspected misconduct may be reported to the College by examiners, invigilators/supervisors, candidates, patients and any other person who becomes aware of suspected misconduct.

RCPI reserves the right to conduct retrospective investigations. This may lead to results being amended or annulled after they have been confirmed, and to withdraw membership status after it has been awarded.

Where an invigilator/supervisor suspects a candidate of violation of examination rules and guidelines, they will:

a. Confiscate any unauthorised material in the possession of the candidate.
b. Make a note of the time when the alleged infringement was discovered.
c. Allow the candidate(s) to continue the examination.
d. For a remote invigilation exam, the invigilator may terminate the candidate's exam session in the case of major violations of the exam rules, such as leaving the room without authorisation, attempting to use unauthorised equipment or material, or communicating with unauthorised persons.
e. Inform the candidate(s) at the end of the examination that a written report of the incident will be submitted to RCPI, the Chair of Public Health Medicine Examinations Committee and Examinations Convenor.
f. Submit a written report of the alleged infringement within one working day for clinical examinations and within three working days for remote invigilation examinations.

10.2. Investigation Procedure of Examinations Misconduct

RCPI will endeavour to ensure that investigations will be completed as quickly and efficiently as possible and candidates will be kept informed of progress.

The Examinations Manager will review the report of the alleged case of misconduct within three working days of the oral or clinical examination, and prior to the results being issued for the written remote invigilation examinations. The Examinations Manager will determine whether there is sufficient evidence of a case to be answered after consulting with other members of College staff where necessary. In cases deemed to be of a very minor or technical nature, a letter of reprimand will be issued to the candidate, and no further action is taken.

In all other cases the Examinations Manager will review the report with the Faculty of Paediatrics and the Associate Dean of the Examinations. Following the review, the candidate will be informed of the allegations in writing within 10 working days of the clinical examination, and prior to the results being issued for the remote invigilation examinations.

The candidate will be invited to reply to the allegation of misconduct, within 10 working days from receipt of the email/letter. If the candidate does not respond to the letter within the specified time frame, the College will consider this as an acknowledgment of the allegation and will proceed to the next phase of the misconduct investigation procedure.

Following a response from the candidate, the College will acknowledge the receipt of the response.

Associate Dean of the Examinations will prepare a file which includes the candidate's response if one has been received and send the file to the Examinations Committee for a final decision along with a recommendation of an appropriate penalty.

The candidate will be notified of the final decision within 30 days of the clinical examination date and within 30 days of the results meeting for the remote invigilation examinations.

A candidate who believes that there was an error in the conduct of the investigation may, within 10 working days of receiving the Committee's decision, request a review of the investigation by the College Censors.

The College Censors shall review all information provided by the candidate, to determine if the correct procedure was followed in the conduct of the investigation, and if the investigation was fairly treated. The purpose of this review is solely to determine if such a procedural irregularity has occurred and is not to relitigate the decision.

If the review concludes the investigation to be fair the candidate will be notified within 10 working days from receipt of their request.

If the College Censors determines that there was an error in the conduct of the investigation, she/he may refer the matter back to the Examinations Committee for further consideration. The candidate will be notified of the status of their review request and provided with an estimated timeline for the final decision. The Registrar shall then refer the matter to the College Executive, which shall decide on any appropriate further action. The decision of the College Censors and/or College Executive shall be final.

11.   Reasonable Adjustment Arrangements

Any candidate who has a physical disability, learning disability or any other special need that they believe could affect their performance in an examination, may be entitled to adapted examination arrangements. The purpose of any specific arrangement is to compensate for any restrictions imposed by a disability without impairing the validity of the examination. All such candidates should inform the Examinations Department at the time of application of their circumstances in writing, together with a consultant's report to support their application. Failure to include this information at the time of application may affect the arrangements that can be put in place in time for the examination. The information provided is treated strictly confidentially. For further details, see Reasonable Adjustments Policy: Examinations Policies and Procedures.

12.   Examination Results

The College processes the marking of the Faculty of Public Health Medicine in Ireland examinations as quickly as possible, consistent with ensuring accuracy, fairness and a stable pass standard.

For the MFPHMI Part I Written exam, the exam scripts are downloaded, and each question is graded by two separate examiners. The pass mark is approved by the Board of Examiners and the results are sent approximately nine weeks after the examination date.

For the MFPHMI Part II exam, a results letter including feedback from the examiners is sent to each candidate within one day of the examination date.

For the MFPHMI Part III exam, a results letter is sent to each candidate within one day of the examination.

Please refrain from telephoning or emailing the College regarding your result during this period, as this will delay the process.

12.1 Recheck Procedure and Appeals Policy

Candidates can request a recheck of their examination results in the MFPHMI Part I Written examination. A fee of €150 applies for this procedure. The fee will be refunded if a recheck changes the overall examination result to a pass mark. Exam marks are generated by a rigorous process with multiple safeguards and are also reviewed by the Examinations Board before the results are released.

Candidates wishing to request a recheck of their exam results, must submit their request in writing to the Examinations Department at exams@rcpi.ie. The candidate will be required to complete the recheck application form and pay the applicable fee within four weeks of the results release date.

As the Public Health Report Oral and OEPC examinations are 'live' exams there is no facility for re-checking the results/grading.

An 'appeal' is defined as a request for a review of a decision made by or on behalf of an Examinations Board about the performance in an examination of a candidate subject to the grounds of appeal as set out in the in the appeals policy.

The only accepted grounds for an appeal are if there is clear evidence of procedural irregularity in the conduct of the examination or there were exceptional circumstances which adversely affected a candidate's performance.

Candidates are expected to notify Examinations staff of any irregularity regarding their examination during the examination or within 48 hours of the examination. at the earliest opportunity.

Please refer to our appeals policy for more details: Examinations Policies and Procedures.

13.   Valentine Barry Perpetual Trophy

The Val Barry trophy is awarded every two years on the recommendation of the MFPHMI Part III Convenor. The prize is awarded to the candidate who has performed best among all candidates sitting the Part III OEPC during each two-year period.

14.   Admission to Membership of the Faculty of Public Health Medicine in Ireland

Candidates who have successfully completed all three components of the MFPHMI examinations can apply for membership of the Faculty of Public Health Medicine in Ireland through the Faculty of Public Health webpage, Faculty of Public Health Medicine - Fellowship and Membership

Appendix I – MFPHMI Part I Syllabus

A guideline syllabus to assist with the preparation for the MFPHMI Part I examination is outlined below. The main divisions set out below are not distinct entities; an understanding of their inter-relationships and application to public health medicine is essential.

1. Epidemiology, statistics and research methods

(a) Principles of epidemiology
   1. incidence and prevalence
   2. numerators, denominators, populations at risk
   3. concepts and measures of risk
   4. direct and indirect standardisation
   5. life tables and expectation of life; years of potential life lost (Y.P.L.L)
   6. ethics of epidemiological research
   7. sources of variation and error in epidemiological measurement
   8. number needed to treat/harm – calculation, interpretation and use

(b) Study design
   Quantitative methods
   1. use of routinely collected statistics to describe distribution of disease
   2. measurement of rates
   3. association and causation
   4. bias
   5. confounding
   6. the design, applications, strengths and weaknesses of descriptive and analytical studies including cross-sectional, cohort, case-control, nested case-control studies and randomised controlled trials
   7. intention to treat analysis
   8. principles and use of meta analysis and systematic review

   Qualitative methods
   1. principles of qualitative methods
   2. the contribution of qualitative methods to public health research and policy
   3. use, analysis and presentation of qualitative data

(c) Ethical issues in health research

(d) Principles of critical appraisal
   1. the hierarchy of research evidence – from well conducted meta analysis to small case series
   2. electronic bibliographical databases and their limitations
   3. grey literature
   4. publication bias
   5. evidence based medicine and policy
   6. the Cochrane Collaboration

(e) Statistical methods
   1. definition and use of basic statistics to describe and summarise data and their interrelationships

2. graphical representation

3. measures of central tendency such as the median and mean, measures of variability such as the range and standard deviation and measures of risk such as rates, odds and proportions

4. use of comparative measures such as the mean difference, relative difference, odds ratio, relative risk, excess risk and correlation coefficient

5. techniques of random sampling and random allocation and their central role in statistical inference: principles of confidence interval estimation, calculation of confidence intervals

6. standard statistical distributions (e.g. normal, Poisson and binomial) and their uses

7. an understanding of hypothesis testing, and the concepts of power and significance and their relationship to sample size calculations

8. type I and II errors

9. sample size and statistical power

10. use of parametric and non-parametric tests

11. the problems of multiple comparisons

12. performance of the following hypothesis tests on appropriate data: the paired and independent t-tests, the independent chi-square test, McNemar's test, the sign test, Wilcoxon's matched pairs signed rank test, Wilcoxon's rank sum test (the Mann-Whitney U test)

13. the appropriate use, objectives and value of multiple linear and logistic regression; structure of models and interpretation of regression coefficients

14. principles of life-tables and appropriate use of Cox regression

15. comparison of survival rates; heterogeneity; the role of Bayes' theorem

(f) Disease-specific epidemiology

1. knowledge of clinical features, distribution, causes, determinants and behaviour of communicable and non-communicable disease of public health importance

2. programming, life-course and adult risk factor approaches

(g) Assessment of health care needs, demand, utilisation and outcome

1. principles of needs assessment

2. measure of health status, quality of life and health care

3. deprivation measures

4. the uses of epidemiology and other methods in identifying health service needs and in policy development

5. measures of utilisation and performance

6. measures of supply and demand

7. assessing effectiveness, efficiency and acceptability of services including measures of structure, process, service quality and outcome of health care

8. population health outcome indicators

9. principles of evaluation, including quality assessment and assurance

2. Health intelligence

(a) Population

1. conduct of censuses and how data are collected and published

2. demography and the effect on population structure of fertility, mortality and migration

3. methods of population estimation and projection

4. important regional and international differences in populations, in respect of age, sex, occupation, social class, ethnicity and other characteristics

5. principles of life-tables and their demographic applications

6. population projections
7. historical changes in population size and structure and factors underlying them
8. the significance of demographic changes for the health of the population and its need for health and related services
9. policies to address population growth
10. national and international population policies

(b) Sickness and health
1. sources of routine mortality and morbidity data
2. the International Classification of Diseases and other methods of classification of disease and medical care
3. rates and ratios used to measure health status including regional, occupational and social class variations
4. routine notification and registration systems for births, deaths and specific diseases, including cancer and other morbidity registers and how they are collected and published at national, regional and district levels
5. record linkage

(c) Applications
1. use of information for health service planning and evaluation
2. principles of information governance
3. specification and uses of information systems
4. common measures of health service provision and usage
5. indices of needs for and outcome of services
6. the uses of mathematical modelling techniques in health service planning
7. the strengths, uses, interpretation and limitations of routine health information
8. use of information technology in management of health services information and in support of provision of health care
9. analysis of health and disease in small areas

3. Health and wellbeing

(a) Health Promotion
1. principles and practice of health promotion: collective and individual responsibilities for health
2. interaction between social, political, economic, physical and personal resources as determinants of health
3. the role of legislative, fiscal and other social policy measures in the promotion of health
4. ideological dilemmas and policy assumptions underlying different approaches to health promotion
5. appropriate settings for health promotion (e.g. schools, the workplace)
6. the prevention paradox
7. methods of influencing personal lifestyles which affect health including health education and social marketing
8. the value of models in explaining and predicting health-related behaviour
9. risk behaviour in health and the effect of interventions in influencing health-related behaviour in professionals, patients and the public
10. theory and practice of communication with regard to health promotion and the use of media in advising on health related issues
11. methods of development and implementation of health promotion programmes
12. community development models

13. principles of partnerships
14. evaluation of health promotion, public health or public policy interventions
15. international collaboration and initiatives in health promotion

(b) Health and social behaviour
1. social, behavioural and other determinants of health and wellbeing
2. effects on health and wellbeing to include the following diet, obesity, physical activity, alcohol, drugs, smoking, sexual behaviour and sun exposure
3. strategic approach to health improvement evidence based goals, recommendations, guidelines
4. complex problems using a wide range of approaches, including health service interventions and broader cultural interventions

(c) Diagnosis and screening
1. principles, methods and applications of screening for early detection, prevention, treatment and control of disease
2. statistical aspects of screening tests, including knowledge of and ability to calculate sensitivity, specificity, positive and negative predictive values for tests, the use of receiver operating characteristic (ROC) curves
3. differences between screening and diagnostic tests and case finding
4. likelihood ratios
5. pre- and post-test probability
6. ethical, economic legal and social aspects of screening including genetic screening tests
7. the principles of informed choice
8. planning, operation and evaluation of screening programmes
9. the evidence basis needed for developing screening policies and implementing screening programmes, including established and emerging and those currently in development, being piloted or subject to major research activity

(d) Genetics
1. elementary human genetics
2. inherited causes of disease in populations
3. basic genomic concepts including patterns of inheritance, penetrance, genotype/phenotype differences, polygenetic disorders, gene-environment interactions and the role of genes in health and disease
4. aetiology, distribution and control of disease in relatives

4. Health Protection

(a) Communicable disease
1. knowledge of the natural history, clinical presentation and methods of diagnosis of communicable disease
2. surveillance of communicable disease
3. methods of control of communicable disease including investigation and management of disease outbreaks and the use of relevant epidemiological methods
4. principles and practice of infection control
5. the design, evaluation and management of immunisation programmes
6. international aspects of communicable disease control
7. a basic understanding of the strengths and weaknesses of routine and reference microbiological techniques e.g. PCR

(b) Environment
      1. environmental determinants of disease
      2. health and environmental impact assessment
      3. risk and hazard
      4. the health problems associated with poor housing and home conditions, inadequate water supplies, flooding, poor sanitation and water pollution
      5. methods for monitoring and control of environmental hazards (including food and water safety, atmospheric pollution and other toxic hazards, noise and ionising and electromagnetic radiation)
      6. the public health effects of global warming and climate change
      7. principles of sustainability
      8. use of legislation in environmental control
      9. appreciation of factors affecting health and safety at work (including the control of substances hazardous to health)
      10. occupation and health
      11. transport policies

(c) Emergency planning
      1. emergency preparedness and response to natural and man-made disasters
      2. understanding all-hazards approach
      3. understanding interagency approach to emergency preparedness
      4. risk assessment and communication during emergency response

5. Social policy and health economics

(a) Equity, equality and policy
      1. concepts of need and social justice
      2. priorities and rationing
      3. inequalities in health (e.g. by region, ethnicity, socio-economic position or gender) and in access to health care, including their causes
      4. health and social effects of migration
      5. balancing equity and efficiency
      6. equity of service provision
      7. user involvement in service planning
      8. health effects of international trade
      9. global influences on health and social policy
      10. critical analysis of investment in health improvement, and the part played by economic development and global organisations
      11. consumerism and community participation

(b) Health economics
      1. principles of health economics (including the notion of scarcity, supply and demand, differentiating between need and demand, opportunity cost, margins, discounting, sensitivity analysis, efficiency and equity)
      2. financial resource allocation
      3. techniques of economic appraisal including: cost-effectiveness analysis and modelling, cost-utility analysis, option appraisal and cost-benefit analysis, marginal analysis, the measurement of health benefits in terms of QALYs and related measures
      4. role of health economics in health care planning and decision making
      5. systems of health and social care and the role of incentives to achieve desired end points
      6. decision analysis

7. concepts of funding health services including health markets and health insurance markets

6. Medical sociology and health psychology

(a) Concepts of health, wellbeing, illness and aetiology of illness
    1. theoretical perspectives and methods of enquiry of the behavioural sciences
    2. concepts of health and well being
    3. culture and health beliefs
    4. role of medicine in society
    5. illness as a social role
    6. symptom experience and illness behaviour
    7. doctor-patient relationship
    8. implications of labelling, stigma, impairment, disability and handicap
    9. substance abuse, dependency and addictive behaviour in relation to service provision and prevention
    10. measures of health status which incorporate a psychological or social dimension

(b) Health care
    1. different approaches to health care including self-care, family care, community care, self-help groups
    2. hospitals as social institutions
    3. professions and professional conflicts, clinical autonomy in the provision of health care
    4. basic psychology relating to attitudes and attitude change, learning and behaviour change
    5. the effect of intervention in influencing health-related behaviour
    6. psychology of decision-making in health behaviour

7. Organisation and management of health care

(a) Organisation of health services
    1. theories of organisation including those relevant to health and social services
    2. the role of international organisations in health and health care e.g. WHO
    3. knowledge and understanding of the current organisation and management structure of the Irish health service or the health service of another country
    4. the impact of political, economic, socio-cultural, environmental, demographic and other external influences
    5. identifying and managing internal and external stakeholder influences
    6. management of inter-organisational (network) relationships, including intersectoral work, collaborative working practices and partnerships

(b) The role and function of management
    1. operational and strategic management
    2. the practice of management in the public sector
    3. determination of priorities
    4. planning including service planning
    5. knowledge of economic analysis and financial appraisal
    6. implementation
    7. principles of evaluation and audit
    8. principles of human resource management and manpower planning

(c) Management skills, teams and their development

1. motivation, creativity and innovation in individuals, and their relationship to group and team dynamics
2. barriers to, and stimulation of, creativity and innovation (e.g. by brainstorming)
3. learning with individuals from different professional backgrounds
4. principles of leadership
5. principles of delegation
6. principles of negotiation and influencing
7. effective communication in general, and in a management context
8. theoretical and practical aspects of power and authority
9. management of conflict
10. behaviour change in individuals and organisations
11. the analytical approach to decision making

(d) Management and change
1. management models and theories associated with motivation, leadership and change management, and their application to practical situations and problems
2. critical evaluation of a range of principles and frameworks for managing change
3. the design and implementation of performance management

(e) Policy and strategy development and implementation
1. differences between policy and strategy, and the impact of policies on health
2. principles underpinning the development of policy options and the strategy for their delivery
3. stakeholder engagement in policy developing, including its facilitation and consideration of possible obstacles
4. role of the political in policy strategy
5. implementation and evaluation of policies including the relevant concepts of power interests and ideology
6. problems of policy implementation
7. strategy communication and implementation in relation to health care
8. theories of strategic planning
9. analysis, in a theoretical context, of the effects of polices on health
10. major national and global policies relevant to public health
11. health service development and planning
12. methods of organising and funding health services and their relative merits, focusing particularly on international comparisons and their history

(f) Quality and patient safety
1. principles underlying the development of clinical guidelines, clinical effectiveness and quality standards, and their application in health and social care
2. public and patient involvement in health service planning
3. professional accountability, clinical governance, performance and appraisal
4. risk management and patient safety
5. audit in clinical and public health practice
6. principles of evaluation, quality assessment and quality assurance outcome measurement

(g) Financial management
1. resource allocation
2. budget preparation, financial allocation, contracts and service commissioning
3. audit of health care spending

(h) Communication
1. written presentation skills
2. preparation of papers for publication
3. preparation of material for different audiences, including expert and non-expert audiences and the media
4. information handling
5. use of media in advising the public about health services, disease prevention (including communicable disease outbreaks and environmental hazards) and health promotion
6. principles of risk communication