

Effective for residents who enter training on or after July 1st, 2025.

DEFINITION

Public Health and Preventive Medicine is the medical specialty concerned with promoting and protecting the health and well-being of populations and reducing health inequities.

PUBLIC HEALTH AND PREVENTIVE MEDICINE PRACTICE

Public Health and Preventive Medicine (PHPM) specialists provide health services at the population, community, organization, group, family,¹ and individual level, and for all ages. The scope includes the following: communicable diseases; environmental and occupational health; and chronic and non-communicable diseases including injury, mental health and wellness, and addiction.

PHPM specialists provide leadership and expertise to public health services. They support the six core functions of public health: population health assessment, health surveillance, health protection, health promotion, disease and injury prevention, and emergency preparedness and response². They monitor and assess population health status and develop, implement, and evaluate strategies for improving health, health equity, and wellness. Their interventions include incident and outbreak management, public health programs and communications, preventive care, emergency planning, and formulation of healthy public policy, legislation, and regulation. They manage and coordinate interdisciplinary teams providing public health services.

PHPM specialists work in interdisciplinary teams with colleagues in the health system, including public health nurses, public health inspectors, health promotion specialists, and

¹ Throughout this document, references to family are intended to include all those who are significant to the individual and are concerned with the individual's circumstances, for example family members, partners, caregivers, legal guardians, unrelated members of the household, and substitute decision-makers.

² <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/state-public-health-canada-2021/summary.html>

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epidemiologists, and with partners³ in other sectors, including government and non-government organizations.

PHPM specialists may be consultants, advisors, medical health officers, front-line clinicians, executives, managers, researchers, scholars, and educators. They may work within a variety of settings, including local, regional, provincial, territorial, and federal agencies; international inter-governmental organizations; non-profit or private sector health or social service organizations; academic environments; or community oriented clinical practices with an emphasis on health promotion and disease prevention.

PUBLIC HEALTH AND PREVENTIVE MEDICINE COMPETENCIES

Medical Expert

Definition

As *Medical Experts*, PHPM specialists integrate all of the CanMEDS Roles, applying medical knowledge, clinical and PHPM skills, and professional attitudes in their provision of services at the population, community, organization, group, family, and individual levels. *Medical Expert* is the central physician role in the CanMEDS Framework and defines the physician's clinical scope of practice.

Key and Enabling Competencies: PHPM specialists are able to...

1. Practise medicine within their defined scope of practice and expertise

- 1.1. Demonstrate a commitment to high-quality care and services at the population, community, organization, group, family, and individual levels
 - 1.1.1. Demonstrate a commitment to health equity, including intersectionality
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of PHPM
- 1.3. Apply knowledge of the following domains relevant to PHPM
 - Clinical sciences
 - 1.3.1. Epidemiology, individual risk, and protective factors, including structural and social determinants, natural history, pathophysiology, and health burden of the major communicable diseases
 - 1.3.2. Epidemiology, individual risk, and protective factors, including structural and social determinants, natural history, pathophysiology, and health burden of the major non-communicable diseases significant to the health of the population, including those related to injuries, mental health and addiction, and environmental and occupational exposures
 - 1.3.3. Sensitivity and specificity and positive and negative predictive values of laboratory tests and other interventions used for screening and diagnosis

³ For the purposes of PHPM, the term "partner" refers to a person, group, or organization that is involved in or affected by a course of action or decision-making.

- 1.3.4. Guidelines and best practices relevant to protecting and promoting the health of the population
 - 1.3.4.1. Immunization
 - 1.3.4.2. Screening
 - 1.3.4.3. Testing for and treatment of sexually transmitted and blood-borne infections
 - 1.3.4.4. Perinatal and child health
 - 1.3.4.5. Injury prevention
- 1.3.5. Infection prevention and control guidelines and best practices and their application through procedures and policies in health care and non-health care settings
- 1.3.6. Health communication and health education for individual patient interactions in a manner that is empathetic, clear, culturally safe, and addresses risk perception
- 1.3.7. Health promotion approaches for supporting health behaviour changes that reduce risk factors, increase protective factors, and promote health
- 1.3.8. Strategies for supporting individual patients to address determinants of health including support for accessing resources through community organizations
- 1.3.9. Approaches to providing culturally safe care
- 1.3.10. Reporting requirements for specific diseases, conditions, and events, as per public health legislation at all levels of government

Public health evidence and intelligence

- 1.3.11. Data sources, quantitative and qualitative, relevant to assessing the health and health equity outcomes of a given population
 - 1.3.11.1. Public health surveillance data
 - 1.3.11.2. Vital statistics
 - 1.3.11.3. Census data
 - 1.3.11.4. Health registries
 - 1.3.11.5. Electronic medical records
 - 1.3.11.6. Research databases
 - 1.3.11.7. Surveys
 - 1.3.11.8. Administrative data

1.3.12. Analytic methods, quantitative, qualitative, and mixed, to interpret data and information and describe and explain the following for a given population:

- 1.3.12.1. Determinants of health
- 1.3.12.2. Health risks
- 1.3.12.3. Health behaviours
- 1.3.12.4. Protective factors
- 1.3.12.5. Health and disease outcomes

1.3.13. Tools to develop, monitor, and interpret active and passive surveillance of the population's health

1.3.14. Economic evaluation tools and approaches

1.3.15. Research methods to address public health questions

1.3.16. Research ethics and best practices in data custodianship and governance, including concepts in and limitation of data aggregation, data disaggregation, and data sovereignty for colonized, racialized, and structurally disadvantaged populations, communities, and individuals

1.3.17. Epidemiology and biostatistics

1.3.18. Critical appraisal of scientific literature

1.3.19. Informatics

Health equity and related concepts

1.3.20. Social and structural determinants of health

1.3.21. Theories relevant to health equity, including

- 1.3.21.1. Proportionate universality and its relevance to population-wide and targeted public health interventions
- 1.3.21.2. Intersectionality of race, place of origin, religion, age, disability, sexual orientation, gender identity and expression, and other factors

1.3.22. Slavery, internment, and other racially motivated policies and practices in Canada, including impact on health outcomes

1.3.23. Effects of colonization on health outcomes of Indigenous Peoples of Canada

1.3.24. Historical and current agreements and legislation that govern health services for Indigenous populations

1.3.25. Truth and Reconciliation Commission of Canada: Calls to Action report and implications for public health

Biomedical sciences and related fields of inquiry relevant to PHPM practice

- 1.3.26. Vaccinology and immunization
- 1.3.27. Environmental and occupational health sciences, including toxicology relevant to risk assessment and intervention
- 1.3.28. Planetary health and One Health, including climate science relevant to PHPM practice

Core functions of public health

- 1.3.29. Population health assessment
- 1.3.30. Health surveillance
- 1.3.31. Health protection, including environmental and occupational health, and communicable and non-communicable disease control
- 1.3.32. Health promotion
- 1.3.33. Disease and injury prevention, including criteria for developing population-level screening and immunization programs
- 1.3.34. Emergency preparedness and response

Social, political, and behavioural sciences

- 1.3.35. Policy development and analysis
- 1.3.36. Community engagement
- 1.3.37. Health promotion theories
- 1.3.38. Program planning and evaluation
- 1.3.39. Public health ethics and its application
- 1.3.40. Public health law
- 1.3.41. Organization, governance, and legislative framework of the Canadian public health and health care systems
- 1.3.42. International health and global health governance
- 1.3.43. Built environment

Communication at the population, community, organization, and group levels

- 1.3.44. Health communication and health education
- 1.3.45. Risk communication
- 1.3.46. Crisis communication
- 1.3.47. Knowledge translation and exchange
- 1.3.48. Social marketing
- 1.3.49. Multicomponent campaigns, including media

Leadership and management

- 1.3.50. Approaches to leadership
- 1.3.51. Organizational behaviour and management
- 1.3.52. Change management
- 1.3.53. Project management
- 1.3.54. Program evaluation, monitoring, and improvement
- 1.3.55. Human resource management and labour relations
- 1.3.56. Performance management
- 1.3.57. Team building
- 1.3.58. Conflict management
- 1.3.59. Budgeting and financial planning
- 1.3.60. Negotiation

- 1.4. Provide consultations with recommendations that are presented in an organized and timely manner
- 1.5. Carry out professional duties in the face of multiple competing demands
- 1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in PHPM practice

2. Perform an assessment of a population, community, organization, or group and establish a plan

- 2.1. Prioritize issues to be addressed
 - 2.1.1. Recognize and respond as appropriate to the acuity of the issue
 - 2.1.2. Include health equity considerations in the prioritization of issues to be addressed
- 2.2. Perform an assessment or investigation of a defined population or issue
 - 2.2.1. Clarify the nature and scope of the assessment, engaging the community where appropriate
 - 2.2.2. Assemble team members and partners to engage
 - 2.2.3. Identify, collect, and interpret data and information appropriate to the request
 - 2.2.3.1. Appraise the validity, reliability, and relevance of data and information and data systems in order to assess their quality and appropriateness for purpose

- 2.2.4. Manage data and information throughout the data lifecycle, including creation, storage, use, disclosure, and destruction, in accordance with legal requirements and ethical practices, balancing public benefit and individual privacy
- 2.2.5. Organize data, meta-data, information, and knowledge using information technology, as appropriate
- 2.2.6. Select and apply appropriate methods of analysis
- 2.2.7. Assess causality when indicated
- 2.2.8. Integrate different types of data and information using complex data sets or data from a variety of sources
- 2.2.9. Analyze and interpret data and information in order to assess or consider
 - 2.2.9.1. Health needs
 - 2.2.9.2. Population health status
 - 2.2.9.3. Environmental scan findings
 - 2.2.9.4. Health equity
 - 2.2.9.5. Health impact of a policy, program, project, or intervention
- 2.2.10. Assess risk to the health of the public, need for intervention, and urgency for intervention
- 2.3. Work with a population, community, organization, or group to define their priorities and health goals
- 2.4. Design and develop a plan for
 - 2.4.1. Health protection
 - 2.4.1.1. Outbreaks of communicable disease
 - 2.4.1.2. Environmental and occupational health risks and exposures
 - 2.4.1.3. Clusters of non-communicable disease or injuries
 - 2.4.1.4. Emergency preparedness and response
 - 2.4.2. Health promotion and disease prevention
 - 2.4.2.1. Communicable diseases
 - 2.4.2.2. Non-communicable diseases and disorders, including injury
 - 2.4.2.3. Environmental and occupational health
 - 2.4.2.4. Perinatal and child health

3. Implement interventions and programs for the purpose of disease and injury prevention and control

- 3.1. Determine the most appropriate intervention(s)
 - 3.1.1. Individual health teaching
 - 3.1.2. Case and contact identification and management
 - 3.1.3. Outbreak and hazard management
 - 3.1.4. Program development or revision, and implementation
 - 3.1.5. Healthy public policy development or revision, and implementation
 - 3.1.6. Public health policy development or revision, and implementation
 - 3.1.7. Mass or targeted communications, including health education
 - 3.1.8. Community development
 - 3.1.9. Creating supportive environments
- 3.2. Obtain consent consistent with public health legal and regulatory frameworks
 - 3.2.1. Explain the risks and benefits of and rationale for interventions
 - 3.2.2. Determine if there is a need to disclose personal health information
- 3.3. Prioritize interventions, taking into account clinical urgency, equity, epidemiology, political context, available resources, and feasibility
- 3.4. Implement interventions, adapting to unanticipated findings or changing circumstances
 - 3.4.1. Assemble team members and partners to implement the intervention
 - 3.4.2. Develop a business case or issues note
 - 3.4.3. Develop the intervention
 - 3.4.4. Develop, apply, and monitor a project management plan
 - 3.4.4.1. Manage project timelines and cost, including schedules and budgets
 - 3.4.5. Establish a plan to evaluate an intervention's implementation and impact
 - 3.4.6. Co-ordinate public health action consistent with existing legislation and local, provincial, territorial, and federal policies and guidelines
 - 3.4.7. Apply public health ethics and an understanding of how competing values affect policy decision making

4. Establish plans for the ongoing management of public health issues and interventions

- 4.1. Implement a plan that supports ongoing service and care delivery, follow-up, monitoring, evaluation, and further consultation
 - 4.1.1. Evaluate interventions
 - 4.1.1.1. Assess methods, implementation, outcomes, and costs
 - 4.1.1.2. Identify and describe the strengths and limitations of the intervention or program
 - 4.1.1.3. Analyze and communicate findings
 - 4.1.1.4. Provide recommendations
 - 4.1.2. Determine the need for and timing of consultation with other health professionals, experts from other sectors, and partners

5. Perform and direct a clinical assessment and establish a management plan

- 5.1. Prioritize issues to be addressed in a clinical encounter
- 5.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, health protection, disease prevention, and health promotion
 - 5.2.1. Elicit a history pertinent to the presentation
 - 5.2.2. Perform or gather findings of a physical examination when relevant to the presentation
 - 5.2.3. Assess an individual's determinants of health, barriers to care, and health literacy
 - 5.2.4. Select investigation strategies, demonstrating awareness of the availability and access to resources in various settings
 - 5.2.5. Assess an individual's ability and willingness to follow required health protection measures
 - 5.2.6. Integrate information gathered through the clinical assessment and investigations
- 5.3. Establish goals of care in collaboration with patients and their families, which may include improving individual health, improving population health, and decreasing inequity
- 5.4. Establish a management plan for
 - 5.4.1. Primary prevention, including nutrition, activity, immunization, pre- and post-exposure prophylaxis, and supporting early childhood development
 - 5.4.2. Secondary prevention, including screening

- 5.4.3. Preventing initiation or reducing harm related to use of tobacco, alcohol, and other substances, including overdose management
- 5.4.4. Case and contact management for diseases of public health significance
 - 5.4.4.1. Communicable diseases, including tuberculosis, blood-borne infections, and sexually transmitted infections
 - 5.4.4.2. Food and water-borne diseases
 - 5.4.4.3. Environmental and occupational exposures
 - 5.4.4.4. Travel-related diseases
 - 5.4.4.5. Vaccine-preventable diseases
 - 5.4.4.6. Zoonotic and vector-borne diseases

6. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health services quality and population and patient safety

- 6.1. Recognize and respond to harm from health care and public health service delivery, including population and patient safety incidents
- 6.2. Adopt strategies that promote population and patient safety and address human and system factors

Communicator

Definition:

As *Communicators*, PHPM specialists form relationships with populations, communities, organizations, groups, families, and individuals that facilitate the gathering and sharing of essential information.

Key and Enabling Competencies: PHPM specialists are able to...

1. Establish trusting relationships with populations, communities, organizations, groups, families, and individuals

- 1.1. Communicate using an approach that encourages trust and autonomy and is characterized by empathy, respect, and compassion
 - 1.1.1. Apply a culturally safe, trauma-informed approach
 - 1.1.2. Apply an equity-informed lens
 - 1.1.3. Respect diversity and differences

- 1.2. Optimize the opportunity for a trusting relationship by explicitly inviting all perspectives; recognizing vulnerabilities; taking physical, informational, and emotional needs into consideration; and protecting privacy
 - 1.3. Recognize when the perspectives, values, or biases of populations, communities, organizations, groups, families, individuals, physicians, or other professionals may have an impact on the quality of the service provided, and modify the approach accordingly
 - 1.4. Respond to non-verbal behaviours to enhance communication
 - 1.5. Manage disagreements and emotionally charged conversations
 - 1.6. Adapt to the unique needs and preferences of each population, community, organization, group, family, and individual and to their health status, health literacy, and circumstances
 - 1.6.1. Recognize and address health impacts of historical and ongoing colonization in interactions with Indigenous communities, organizations, groups, families, and individuals
- 2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of populations, communities, organizations, groups, families, and individuals**
- 2.1. Gather information about a health situation, including beliefs, concerns, expectations, and experiences of all those involved
 - 2.2. Provide a clear structure for and manage the flow of an encounter
 - 2.3. Seek and synthesize relevant information from other sources
- 3. Share health information and plans with populations, communities, organizations, groups, families, and individuals**
- 3.1. Share information and explanations that are clear, accurate, and timely, while assessing for understanding
 - 3.2. Disclose harmful population incidents accurately and appropriately
 - 3.3. Disclose harmful patient safety incidents to patients and their family accurately and appropriately
- 4. Engage populations, communities, organizations, groups, families, and individuals in developing plans that reflect their health needs and goals**
- 4.1. Facilitate discussions in a way that is respectful, non-judgmental, and culturally safe
 - 4.1.1. Develop a shared understanding on issues, problems, priorities, and plans

- 4.2. Assist populations, communities, organizations, groups, families, and individuals to identify, access, and make use of information and communication technologies to support their care and manage their health
 - 4.2.1. Enable them to identify, access, select, and interpret credible sources of information
- 4.3. Use communication skills and strategies that help populations, communities, organizations, groups, families, and individuals make informed decisions regarding their health

5. Document and share written and electronic information to optimize decision-making, health outcomes, confidentiality, and privacy

- 5.1. Document encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
 - 5.1.1. Prepare written documentation to guide decision-making and for record keeping, such as policy briefs and reports, that is well-written, concise, and uses language and terminology appropriate to the audience
- 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
- 5.3. Share information in a manner that enhances understanding and that respects privacy and confidentiality
 - 5.3.1. Apply risk communication theory and communication styles
 - 5.3.2. Evaluate the effectiveness of different types of media, including print, broadcast, and web-based, for reaching the intended audience
 - 5.3.3. Communicate effectively using social media and digital technology
 - 5.3.4. Develop and implement communication plans about public health issues, including a media component
 - 5.3.5. Present epidemiological data and risk information to affected individuals, the public, other professionals, and the media using a variety of modalities, balancing privacy, confidentiality, and risk of stigma with benefit to the public's health
 - 5.3.6. Respond effectively to public and media enquiries about specific health issues using various media channels, as indicated

Collaborator

Definition:

As *Collaborators*, PHPM specialists work effectively with professionals in the health care system and other sectors to achieve optimal health outcomes.

Key and Enabling Competencies: PHPM specialists are able to...

1. Work effectively with physicians and other colleagues in the health professions and other sectors

- 1.1. Establish and maintain positive relationships to support optimal health outcomes
 - 1.1.1. Apply knowledge of the scopes of practice of other health care professionals and other individuals providing health care and related services
 - 1.1.2. Identify and describe the role and expected contribution of all members of an interdisciplinary team assembled to address a health issue, educational task, or research question
 - 1.1.3. Identify individuals, groups, community leaders, other service providers, and policymakers in the health system and other sectors, who can contribute meaningfully to the definition of and solution to a community, group, or individual level public health issue, education task, or research question
- 1.2. Negotiate overlapping and shared responsibilities with others
 - 1.2.1. Work effectively with members of the public health team, applying knowledge of their role and scope of expertise
 - 1.2.2. Differentiate the responsibilities, priorities, and values of the PHPM specialist from those of other health care providers and partners
 - 1.2.3. Communicate effectively with the broad variety of partners involved in public health interventions, programs, or policies, including policymakers and partners outside the health sector
 - 1.2.4. Work effectively with partners and experts in other sectors for the assessment and application of response to issues impacting the determinants of health or other services, including
 - 1.2.4.1. School boards and educational institutions
 - 1.2.4.2. Water and sewage services
 - 1.2.4.3. Municipal partners
 - 1.2.4.4. Ministries and other government departments and agencies
 - 1.2.4.5. Non-profit and private sector partners
 - 1.2.4.6. Academia⁴

⁴ For the purpose of this document, the term “academia” refers to the environment or community concerned with the pursuit of research, education, and scholarship.

- 1.3. Engage in respectful shared decision-making with others in the health professions and other sectors
 - 1.3.1. Identify key partners in relation to a public health issue and engage them in the design and evaluation of programs and services, including setting priorities, planning and implementation, and assessing the results
 - 1.3.2. Foster collaboration among individuals, groups, community leaders, other service providers, and policy makers in the health system and other sectors
 - 1.3.3. Contribute effectively at interprofessional team meetings, considering and respecting the opinions and expertise of other team members
 - 1.3.4. Provide advice to health care providers regarding patient management and health protection requirements
 - 1.3.4.1. Encourage discussion, questions, and interaction relevant to disease prevention and control
 - 1.3.5. Provide advice to colleagues in other sectors regarding population health, disease and injury prevention and control, health protection, and health promotion

2. Work with physicians, other health providers, and other sectors to promote understanding, manage differences, and resolve conflicts

- 2.1. Show respect toward collaborators
- 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture
 - 2.2.1. Employ collaborative negotiation to resolve conflicts

3. Hand over a population level assessment or intervention to another health professional, a professional from another sector, or a group to facilitate continuity of the activity

- 3.1. Determine when services should be transferred to another physician, professional, or group
- 3.2. Demonstrate safe handover of services, using both oral and written communication

4. Hand over a patient to another health professional to facilitate continuity of a public health intervention and safe patient care

- 4.1. Determine when care should be transferred to another physician or health professional
- 4.2. Demonstrate safe handover of care, using both oral and written communication

Leader

Definition:

As *Leaders*, PHPM specialists engage with others to contribute to a vision of a high-quality health system and take responsibility for the delivery of excellent public health programs and services through their activities as clinicians, administrators, scholars, or teachers.

Key and Enabling Competencies: PHPM specialists are able to...

1. Contribute to the improvement of delivery of public health programs and services in teams, organizations, and systems

- 1.1. Apply the science of quality improvement to public health
- 1.2. Contribute to a culture that promotes population and patient safety
- 1.3. Analyze population and patient safety incidents to enhance systems of care and public health program and service delivery
- 1.4. Use health informatics and appropriate technology to improve the quality of public health programs and services

2. Engage in the stewardship of health resources

- 2.1. Allocate health resources for equitable population health outcomes and optimal patient care and health service delivery
 - 2.1.1. Participate in operational planning, resource allocation, and evaluation
 - 2.1.2. Allocate finite resources equitably using evidence informed and ethical concepts
- 2.2. Apply evidence and management processes to achieve cost-appropriate care

3. Demonstrate leadership in public health systems

- 3.1. Demonstrate leadership skills to enhance public health
 - 3.1.1. Apply knowledge of the structure and function of the health system as it relates to PHPM practice, including
 - 3.1.1.1. Models of public health structures and governance in Canada
 - 3.1.1.2. Principles of health system financing, including physician remuneration, budgeting, and organizational funding
 - 3.1.2. Describe the organization, structure, function, and effectiveness of community health and social services and workplace health services
 - 3.1.3. Manage projects and programs, including human, financial, and material resources
 - 3.1.3.1. Hire, support, guide, monitor, and manage staff, including performance management

- 3.1.3.2. Create a safe and inclusive work environment that supports diversity and equity
 - 3.1.3.3. Develop and manage a budget, including alignment of activities and accountabilities with resources, assessment of results against objectives, and flexible budgeting
 - 3.1.3.4. Incorporate project and program evaluation, when indicated
 - 3.1.3.5. Develop and implement a plan to secure necessary material resources
 - 3.1.3.6. Use information technology effectively in the management of a project or program
 - 3.1.3.7. Apply the techniques of conflict management, including negotiation and arbitration
- 3.1.4. Run effective meetings
- 3.2. Facilitate change to enhance public health programs and services
- 3.2.1. Use effective leadership styles in different settings and organizational cultures
 - 3.2.2. Negotiate with and influence multiple partners from different government and non-government organizations
 - 3.2.3. Navigate complex political and social environments
 - 3.2.4. Communicate a vision and mission
 - 3.2.5. Implement a strategic plan
 - 3.2.6. Implement an operational plan, including objectives and indicators
 - 3.2.7. Lead organizational change, applying formal change management strategies in an organization

4. Manage career planning, finances, and personal practice(s)

- 4.1. Set priorities and manage time to integrate practice and personal life
- 4.2. Manage personal professional practice(s) and career
- 4.3. Implement processes to ensure personal practice improvement
 - 4.3.1. Demonstrate insight into one's own leadership, personality, and learning styles in different circumstances
 - 4.3.2. Apply reflexive⁵ practice and awareness of one's own privilege and positionality

⁵ Reflexivity is the ongoing process of examining one's own social identity, including bias, power, and privilege, and, as a result, challenging and changing practices, roles, beliefs, and values.

Tremblay MC, Parent AA. Reflexivity in PHIR: let's have a reflexive talk! Can J Public Health. 2014 May 9;105(3):e221-3.

Health Advocate

Definition:

As *Health Advocates*, PHPM specialists contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

Key and Enabling Competencies: PHPM specialists are able to...

1. Respond to an individual patient's health needs by advocating with the patient and their family within and beyond the clinical environment

- 1.1. Work with patients and their families to address determinants of health that affect them and their access to needed health services or resources
 - 1.1.1. Facilitate timely access to health services and community resources
 - 1.1.2. Explore the context for individual patients and how it may impact decisions
- 1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours
 - 1.2.1. Engage with patients and their families to encourage behavioural change using evidence-informed techniques
 - 1.2.2. Counsel and support patients and their families regarding risk reduction
- 1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients
 - 1.3.1. Evaluate with the patient the potential benefits and harms of health screening
 - 1.3.2. Support patients to incorporate disease prevention interventions that may improve the health of others but may place a burden on the individual

2. Respond to the health and equity needs of the populations, communities, organizations, and groups they serve by advocating with them for system-level change in a socially accountable manner

- 2.1. Work with a population, community, organization, or group to identify the determinants of health that affect them
 - 2.1.1. Engage with populations, communities, organizations, or groups in a culturally safe manner, using methods that respect their desired level of engagement

- 2.1.2. Incorporate the perspectives and concerns of structurally disadvantaged populations into the development, implementation, and evaluation of public health initiatives
- 2.2. Improve public health practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
 - 2.2.1. Lead or contribute to quality improvement initiatives that target systemic concerns or problems related to health inequities or disparities
- 2.3. Contribute to a process to improve health in the population, community, organization, or group they serve
 - 2.3.1. Support the mobilization of community-based resources to effect change
 - 2.3.2. Apply an understanding of the historical and ongoing impact of colonization on Indigenous peoples, and demonstrate a commitment to reconciliation
 - 2.3.3. Represent the health needs of the population when working in decision-making environments that have competing priorities
 - 2.3.4. Promote the population perspective to balance the clinical and individual perspective in the health system

Scholar

Definition:

As *Scholars*, PHPM specialists demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

Key and Enabling Competencies: PHPM specialists are able to...

1. Engage in the continuous enhancement of their professional activities through ongoing learning

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

2. Teach students, residents, the public, decision-makers, and others in the health care professions and other sectors

- 2.1. Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curricula on learners
- 2.2. Promote a safe and respectful learning environment
- 2.3. Ensure participant safety is maintained when learners are involved
- 2.4. Plan and deliver learning activities
 - 2.4.1. Adapt educational and training strategies to the needs of the audience
- 2.5. Provide feedback to enhance learning and performance
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

3. Integrate best available evidence into practice

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
- 3.2. Identify, select, and navigate pre-appraised resources
- 3.3. Critically evaluate the integrity, reliability, and applicability of public health and health-related research and literature
 - 3.3.1. Integrate primary and secondary sources
 - 3.3.2. Use an appropriate framework to critically appraise evidence, including ecological, qualitative, etiological, interventional, and economic studies
- 3.4. Integrate evidence into decision-making in their practice

4. Contribute to the creation and dissemination of knowledge and practices applicable to health

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in PHPM practice
- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits and vulnerable populations
- 4.3. Contribute to research
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them

- 4.5. Summarize and communicate to professional and lay audiences the findings of relevant research and scholarly inquiry
 - 4.5.1. Interpret, translate, and present information using language and formats appropriate to the audience and setting
 - 4.5.2. Disseminate scholarly activity through peer-reviewed publication or presentation at academic or organizational meetings

Professional

Definition:

As *Professionals*, PHPM specialists are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

Key and Enabling Competencies: PHPM specialists are able to...

1. Demonstrate a commitment to populations, communities, organizations, groups, families, or individuals by applying best practices and adhering to high ethical standards

- 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
 - 1.1.1. Apply an understanding of the scope and latitude of appropriate engagement, collaboration, and advocacy options available to PHPM physicians, depending on their role and context
- 1.2. Demonstrate a commitment to excellence in all aspects of practice
- 1.3. Recognize and respond to ethical issues encountered in practice
 - 1.3.1. Recognize that there may be a tension between public health practice and other interests, and advocate appropriately from one's role as a PHPM specialist
- 1.4. Recognize and manage conflicts of interest
- 1.5. Exhibit professional behaviours in the use of technology-enabled communication

2. Demonstrate a commitment to society by recognizing and responding to societal expectations

- 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
 - 2.1.1. Apply an understanding of how competing values affect policy decision-making, including individual liberty, equality, equity, prosperity, and the common good
- 2.2. Demonstrate a commitment to population and patient safety and quality improvement

3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation

- 3.1. Fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice
 - 3.1.1. Apply the principles and limits of privacy, confidentiality, and access to information as defined by professional practice standards and applicable laws
 - 3.1.2. Adhere to requirements for mandatory reporting
- 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health professions
- 3.3. Participate in peer assessment and standard setting

4. Demonstrate a commitment to physician health and well-being to foster optimal patient care

- 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
 - 4.1.1. Recognize and apply strategies to mitigate against moral distress, moral injury, and burnout
- 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
 - 4.2.1. Implement time management and resilience strategies to manage high-demand scenarios, periods of heavy workload, and role strain

- 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need
 - 4.3.1. Identify individuals and teams at risk for or demonstrating moral distress, moral injury, and burnout, and strategies and resources to assist them

This document is to be reviewed by the Specialty Committee in Public Health and Preventive Medicine by December 2027.

APPROVED – Specialty Standards Review Committee – June 2024