

Population Health Fellowship – FAQ

We recommend that you first read the [Rough Guide](#) before going through the following questions.

GENERAL QUESTIONS

1. What is population health?

There are many definitions of population health and it is proving to be an evolving discipline of medicine. The agreed definition across the NHS for *population health* is:

Population health is an approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across a defined population. It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health, and requires working with communities and partner agencies.

2. Is there a difference between population health and public health?

Some use the term 'population health' interchangeably with 'public health'. We suggest that population health describes an approach that can be applied across all of healthcare. Public health is the art and science of improving health and preventing disease across the whole of society, including in healthcare environments.

3. What impact will the fellowship have in the wider healthcare?

The formation of Integrated Care Systems (ICS), which is the latest structural reform within the NHS, is bringing together NHS providers, commissioners, and local authorities to work in partnership and take collective responsibility for the management of resources and improving population health in their area. ICSs will need the support of clinicians with population health skills. It is not sufficient for only Public Health Consultants/Practitioners to deliver population health. HEE's multi-professional National Population Health Fellowship will develop a network of clinicians with population health skills to support ICSs to develop population health strategies to improve population outcomes.

4. What days of the week will the fellowship days fall on?

There will be 2 fellowship days every week. One of the days will be Tuesdays, which is a compulsory fellowship day. Learning events will coincide with this day (Tuesday) thus ensuring all fellows will be available to attend the learning together. It will be up to the fellow, their employer and the host organisation to agree the other fellowship day.

5. Is there flexibility for changing the other agreed fellowship day once the programme has started

Potentially. Fellows should discuss this with their employer and host organisation.

6. What is a virtual contact day?

The population health fellowship has a set of contact days spread throughout the year. These contact days will be delivered virtually via Microsoft Teams on Tuesdays. A contact day is a mandatory requirement of the programme and involves delivery of formal educational sessions. The contact days are in addition to other catch-up meetings and online learning events. There is also likely to be local learning events that your local HEE office will be directing you to. The virtual nature of the contact days is based on the COVID-19 restrictions. We are considering arranging face-to-face sessions when appropriate and therefore prospective Fellows need to be prepared to travel for learning events.

7. How are projects selected for the fellowship?

Projects are designed based on the educational competencies of the fellowship and the needs of the local population of the host organisation. The projects are not designed to be 'specialist' in nature (i.e. relate directly to a prospective applicants' area of practice, although in some cases they may) instead they are designed around the core competencies of population health.

8. How many fellowships are there?

It is intended that there will be 3 posts in each of the seven HEE regions. There are 3 Fellowships across the South East.

9. What is the salary?

HEE will make a contribution towards the Fellow's costs and the substantive employer will remain responsible for the amount that individuals will be paid while participating in the Fellowship.

10. Is there scope for me to put forward a project?

Shortlisted applicants for the South East region will be invited to put forward a project proposal and present it as part of the interview assessment process. Further guidance for this process will be issued to shortlisted applicants as part of the invitation to interview. If successful at interview, the Fellow will work with the Health & Wellbeing team to agree a project which may build on the Fellow's proposal.

11. Is there an option to choose from a list of Host Organisations?

In the South East region, all 3 placements are placed with the Health & Wellbeing Team of Public Health England South East. PHE South East from the 1st October will transition to a new employer due to the public health reforms but the team and programmes of work will continue.

12. Can I choose my employing organisation as my Host Organisation?

See 11.

ELIGIBILITY QUESTIONS

1. What are the eligibility criteria?

The aim is to support early to mid-career healthcare professionals from diverse career paths. The fellowship is open to fully registered or licensed healthcare professionals providing NHS services (AfC band 6 and above, or equivalent, dentists-in-training, doctors-in-training post FY2 and their SAS equivalent).

This opportunity is for colleagues working in the Southeast region – Buckinghamshire, Oxfordshire, Berkshire, Hampshire, Isle of Wight, Sussex, Surrey, Kent.

You must have the right to work in the UK.

Below are further questions and answers that details the eligibility further. There is also more information in the [Rough Guide](#).

2. How do I find out if I am an appropriately registered/licensed healthcare professional?

Your professional regulatory body or accredited register should be listed with the Professional Standards Authority.

3. What is ‘early to mid-career’ mean?

Within 15 years of qualification/graduation.

4. I do not meet the eligibility criteria (e.g., I am a GP, Consultant, Dentist Principal, etc), are there other opportunities for population health development?

Yes. We encourage you to sign up to the NHS England [Population Health Management \(PHM\) Academy](#) about development opportunities and resources. For more information on PHM please email england.phmsupport@nhs.net.

5. I am a healthcare professional, but I am currently not working in a clinical capacity, I work in an area such as research or education, can I apply?

This fellowship is only open to healthcare professionals currently working only in clinical practice. The educational programme is intended to complement an individual’s clinical practice.

6. I am an academic doctor-in-training, can I apply?

It will be difficult for an academic doctor-in-training to undertake a population health fellowship in addition to their academic responsibilities and clinical responsibilities therefore this fellowship will only be available for those trainees currently on a clinical training programme.

7. I have completed a previous fellowship, can I apply?

Applicants who have not undertaken previous fellowships will be prioritised over applicants who have experienced multiple fellowships.

8. I am on a staff bank or work via an agency, can I apply?

The fellowship is only open to NHS-employed staff or those providing NHS services working in permanent or fixed term posts (this includes training posts).

9. I am self-employed, can I apply?

This fellowship is only open to individuals working for NHS organisations (including independent primary care organisations providing NHS services) and providing clinical NHS services.

10. I am a doctor-in-training approaching my CCT date, can I apply?

Prospective doctors-in-training candidates should have at least 1 year left of their training programme from the start of the fellowship – this will ensure that fellows can pursue the full year of the fellowship. We are aware that GP training is short and prospective applicants in their ST3 year are encouraged to apply and seek support from the Postgraduate Dean about extending their training for the purposes of this fellowship.

11. I work/train or have worked/trained in population health, can I apply?

No. This fellowship is intended for healthcare professionals that have no experience, qualifications, or training in population health (this includes public health and global health qualifications).

12. I am a doctor-in-training, will the fellowship count towards my CCT?

This will be at the discretion of your Training Programme Director (TPD). It is recommended that you discuss this with the TPD before applying for the fellowship.

APPLICATION QUESTIONS

1. When are the applications open?

Recruitment is being led by HEE Regions. The application process is anticipated to open in Early/Mid Spring. The planned start date is between 04/08/2021-30/09/2021, with the exact date varying between HEE regions.

If you want to find out more details about the Population Health Fellowship scheme in your region, email populationhealthfellows@hee.nhs.uk stating which region you work in.

2. Do I need my employer's permission to apply?

Yes. Potential applicants will have to demonstrate this in writing at the interview stage. Individuals (e.g., some doctors-in-training) that work for via a Lead Employer will also need to demonstrate written approval from their Lead Employer at the interview stage.

3. What does the application process consist of?

An online application form and an interview.

4. Is there a person's specification?

Please refer to the selection criteria in the [Rough Guide](#).

5. If I am successful, can I defer my place?

No. This is the second year of the fellowship. A third year is not guaranteed and therefore prospective applicants interested in this programme are encouraged to apply in the upcoming application cycle.

6. Does the programme allow for extensions in case of step-offs?

This is currently not possible.

7. How often does the fellowship run?

This is the second year of the fellowship. A third year is not guaranteed and therefore prospective applicants interested in this programme are encouraged to apply in the upcoming application cycle.

8. Is there flexibility for a delayed start?

This is not possible due to the structure of the educational programme. The planned start date is between 04/08/2021-30/09/2021, with the exact date varying between HEE regions.

9. Is there an opportunity to do the fellowship for one day a week?

No. The fellowship is a part-time programme. It would not be possible to achieve the competencies of the fellowship in less than 2 days a week.

10. Is the Fellowship open only to NHS employees or does it include Local Authorities, charities etc. providing NHS services?

The Fellowship is open to clinical staff outside of the NHS if, in their substantive role, they are providing NHS services.

11. Will I get a qualification/award on completion of the fellowship?

The fellowship does not lead to a formal qualification/award. The fellowship is a developmental opportunity. Population health skills are highly sought after and fellows from a previous population health fellowship have ended up working in leadership positions across the NHS.

12. Will my travel costs get covered?

HEE will be providing funding to your substantive employer covering our contribution to your salary support and expenses related to the fellowship. This includes the attendance at the Welcome and Celebration Events. It is down to individuals to arrange their own travel through your organisational processes, and it is advised that all fellows check their employers' Travel and Subsistence Policy before booking any travel to attend these events.

All project-related travel costs (if applicable) should be agreed between the Host Organisation and the Fellow and processed by the Host Organisation.

13. What is covered in the curriculum?

The proposed core curriculum areas include:

1. Identifying populations and individuals, including those patients/clients at increased risk of potentially modifiable, less favourable outcomes
2. Understanding prevention, including primary and secondary prevention – of infectious and non-infectious diseases – to protect and promote both their own health and wellbeing and those of their patients/clients
3. Understanding health promotion and improvement, and the role of human behaviour in influencing personal and population health

4. Understanding risk to individual and population health
5. Prioritising decisions, triage, resource allocation
6. Understanding basic epidemiology
7. Appreciation of social, economic, environmental, and other determinants of health and ill health and wellbeing in the short and longer term
8. Recognising and addressing health inequalities
9. How to make decisions, at level appropriate to an individual's role, to optimise population health
10. How to access and interpret and use commonly available demographic/health/social care data to support improvements in service provision at their level
11. Impact and lessons learnt from the 2020 Novel Coronavirus Pandemic and how to enhance and optimise effectiveness of the response to future outbreaks of infectious disease