**NATIONALLY AVAILABLE TRAINING PLACEMENTS**

|  |
| --- |
| 'Nationally Available Training Placements' (NATP) offer Public Health Specialty Registrars (StRs) opportunities to acquire specific additional or contextual experience at a national level and develop specialist leadership knowledge and skills.  |

These placements will be listed on the Faculty website to signpost Registrars to these organisations. The local deanery processes for approval of a Registrar request for undertaking these placements apply.

The Faculty of Public Health will add placements to the list which will meet the following criteria.

|  |
| --- |
| **Criteria:** The Placement must offer unique training opportunities which are not available locally It is a GMC approved placementThe host organisation approves Application is supported by the local heads of school / training programme directorThe placement is Advertised to all registrars nationally with a fair selection process |

**PLEASE COMPLETE THE FORM IN BLOCK CAPITAL LETTERS**

|  |
| --- |
| **Please complete and return the signed form to** **educ@fph.org.uk****. Please ensure that all sections are completed.**  |

**SECTION 1: CONTACT DETAILS**

|  |  |
| --- | --- |
| **NAME** | Tazeem Bhatia |
| **CORRESPONDENCE ADDRESS** |
| Department of Health and Social Care, 39 Victoria StreetTOWN / CITY: London POSTCODE: SW1H 0EU |
| **EMAIL** | Tazeem.bhatia@dhsc.gov.uk |
| **TELEPHONE** | *077591134607* |
| *NOTE: Please notify FPH immediately of any changes to your contact details* |

**SECTION 2: PLACEMENT DETAILS**

|  |  |
| --- | --- |
| **NAME OF THE ORGANISATION**  | Office of Health Improvement and Disparities, Department of Health and Social Care |
| **ADDRESS** |
| Department of Health and Social Care, 39 Victoria StreetTOWN / CITY: London POSTCODE: SW1H 0EU |
| **IS THIS IS A GMC APPROVED PLACEMENT**  |  Y**[x]**  N**[ ]**  |
| **PLACEMENT DURATION** |  6 Months [x]  12 months [x]  Other [ ]  Please provide details |
| **REGION/DEANERY** | Nationally Available Training Placement, London |
| **IS THE PLACEMENT AVAILABLE EVERY YEAR ?** | Y**[x]**  N**[ ]**  |
| **PLEASE PROVIDE DETAILS OF THE UNIQUE OPPORTUNITIES THIS PLACEMENT OFFER TO SPECIALTY REGISTRARS?** |
| The Office for Health improvement and Disparities (OHID) is a part of the Department of Health and Social Care (DHSC) and has teams based nationally and regionally. It brings together expert advice, analysis and evidence with policy development and implementation to shape and drive health improvement and reduce health inequalities for government. This placement advert covers placements with the national OHID team. At any one time, OHID National can offer between 5 and 10 placements.The placement will provide registrars with the opportunity to:1. Contribute to the work of a fast-moving central government department, participating to meetings with high profile leaders from Ministers and their special advisors to the Chief Medical Officer (CMO) and their senior public health leaders.
2. Participate in the development and implementation of the England’s health improvement research, policy, and delivery programmes ensuring that they serve those most in need.
3. Play a role in national level surveillance, analysis and publications.
4. Apply core public health skills to complex scenarios.
5. Develop a broad range of skills including leadership, influencing, and managing complex pieces of work at pace.

**Eligibility**Candidates must meet the following eligibility requirements:* Be on a formally accredited UK public health specialist training programme
* Have satisfactory progression through annual assessments (ARCP)
* Be in Phase II of training and successfully completed membership exams
* Have the support of their Training Programme Director to undertake this training placement
 |
| **EQUAL ACCESS ARRANGEMENTS** (Please explain how you would ensure this placement is accessible to all suitable trainees across the UK) |
| Recruitment for these placements will take place once a year. Please contact the named supervisors for more information and submit your CV and letter of interest to Tazeem.bhatia@dhsc.gov.uk by Friday, 14th Feb, 2025. Candidates will be expected to participate in an interview. Successful candidates can negotiate their start date, but it is assumed that most will start in the 6 months post selection. Placements can be undertaken full time or part time, should be no less than 6 months, and ideally 12 months. The post is intended to be an in-person placement in London, with the registrar embedded into a National Directorate team. If the successful candidate is based else-where in the country, there is the option to explore an OHID regional office base and remote working with some travel to London. IT equipment needs will be discussed with successful candidates and be provided by OHID/DHSC |

|  |  |
| --- | --- |
| **Costs** | **Who is responsible for costs (please ‘X’ the appropriate section)** |
| **Placement Provider** | **Deanery/Employer** | **Trainee** |
| Basic salary costs |  | X |  |
| On Call Costs |  | X |  |
| Out of hours salary cost (if appropriate) |  | X |  |
| Subsistence (travel and accommodation) to attend placement |  | TO BE AGREED DEPENDENT UPON SUCCESSFUL APPLICANT |  |
| Subsistence (travel and accommodation) related to work undertaken on the placement |  | TO BE AGREED DEPENDENT UPON SUCCESSFUL APPLICANT |  |
| Who indemnifies for 3rd party claims | X |  |  |
| Who will be responsible for Health & Safety at work? | X |  |  |
| Who authorises study leave? How much time is allowed? | XES authorises study leave.  | XIf the purpose of the study leave has Deanery cost implications, that to be agreed by TPD and HoS. |  |
| Who funds study leave expenses? | XES authorises study leave. | XIf the purpose of the study leave has Deanery cost implications, that to be agreed by TPD and HoS. |  |

**SECTION 3: PROJECT DETAILS**

|  |
| --- |
| **PLEASE PROVIDE OR ATTACH A BRIEF DESCRIPTION OF PROJECT/S .**  |
| OHID can offer several different national placements. A description of the placement projects and opportunities are outlined below: 1. **Diet, Obesity and Healthy Behaviours:**

Public Health Registrars will be embedded in the Nutrition Evidence, Surveys and Translation (NEST) division, but will work on projects across the directorate on priority diet, obesity or physical activity policy areas. The registrar will be invited to work on a range of products e.g. Advice to Ministers or publication reports and support the improvement of public health functions. Examples of projects undertaken by previous registrars* Working with NHS England to explore how approved obesity drugs can be made safely available to more people outside of hospital settings and drafting the evaluation specification.
* Strengthening the modelling of social and economic impacts of diet and obesity interventions
* Providing policy input to academics working on the commercial determinants of health
* Co-authoring the DHSC chapter on the UK Government Food Security report 2024.
* Monitoring the Food Environment.
* Securing business case approval for an upgrade of the national child measurement programme IT infrastructure.

Examples of Future Projects* Leading the evidence collection and generation to support policies to address the out of home food environment, including developing the research specification and scoping the impact assessment inputs
* Develop our understanding of the causal loop between childhood obesity and mental illness.
* Leading a review of managing conflict of interests in Dietary Risk Assessments and Policy Management.
* Quality Improving the national diet and nutrition survey and the National Child Measurement Data collection.
* Working across government departments for example: participation to DEFRA led food system strategy.

Registrars will gain an understanding of* Evidence generation with relation to diet and obesity, including dietary surveys, commercial datasets, and research commissioning.
* Integration and translation of evidence into policymaking
* The stages of policy development and existing responses to key policy problem areas in diet, obesity, and healthy behaviours
* The civil service, working within a government department of state and with other government departments, devolved administrations and with external stakeholders.
* Cross-risk factor approaches to non-communicable diseases, with consideration of the commercial determinants of health.

For more information please contact: Tazeem.bhatia@dhsc.gov.uk T: *077591134607*1. **Health inequalities Knowledge Hub**

Public health registrars will work with the DHSC Health Inequalities Knowledge Hub team. There will be opportunities to work on policy, strategy and research, and registrars are welcome to work across these. The work includes:* Supporting the development of the health inequalities knowledge hub in DHSC, working within DHSC and with stakeholders, such as UKHSA and NHSE to identify and build on overlapping areas of interest;
* Providing high quality, evidence-based advice on how to reduce health inequalities and promote the health and access to healthcare of people experiencing displacement or MD;
* Identifying research needs and collaborating with evidence and research colleagues in the department to commission research;
* Input into the cross-government missions (chiefly, but not limited to, the Health Mission) to ensure health inequalities and access to healthcare for the most disadvantaged are appropriately embedded;
* Working across DHSC to embed health inequalities in everything it does, and inputting into the 10-year plan for the NHS with regards to inequalities, MD and displacement;
* Coordinating ministerial priorities in the department related to health inequalities, MD and displacement, working across Whitehall and the health sector;
* Engagement and collaboration with other government departments, health stakeholders (NHS England, UKHSA and others), local government and third sector.

Examples of projects undertaken by previous registrars include:* Developing an implementation plan for the NICE guideline NG214 - Integrated health and social care for people experiencing homelessness, leading on the stakeholder engagement (including UKHSA, NHSE, NICE, and others) to agree priorities and Facilitating a cross-government network to support implementation.
* Drafting guidance on MD for ICSs, coordinating stakeholder engagement, including meeting with stakeholders, developing the guidance and agreeing its content with external and internal stakeholders.
* Managing the evaluation contract for the Out of Hospital Care Programme, which aims to stop patients being discharged 'to the street’.
* Leading on the MD input into DHSC's policy priorities, such as the suicide prevention strategy; this requires working with the teams developing these plans, identifying opportunities to include inclusion health groups, draft content and contribute to ministerial submissions.
* Developing a strategic approach, including proposing policy options, to healthcare funding for MD.

For more information please contact: ines.campos-matos@dhsc.gov.uk1. **Secondary prevention (including personalised prevention)**

Registrars will be based in the Personalised Prevention Team which is part of the Secondary Prevention Directorate in DHSC. The team leads on the government ambition to reduce heart disease and stroke premature mortality by 25% over the next decade, policy on CVD and diabetes prevention and the delivery of large-scale national CVD prevention programmes. Registrars will be part of a fast paced and agile team and can choose to focus on policy/strategy or implementation, or a combination of both. Opportunities currently exist to lead work on:* The development and implementation of policy to deliver the government’s ambition to reduce heart disease and stroke premature mortality by 25% within a decade
* The development and delivery of the national digital NHS health check programme (and other digital innovation) including evaluation

And across the wider secondary prevention directorate:* Secondary prevention policy and strategy development
* Screening policy/National Screening Committee,
* Health economic and policy analysis

Previous Registrars have led work on the Major Conditions Strategy, a Secretary of State for Health and Social Care Taskforce on Personalised Prevention, and the digital NHS Health Check.Registrars will gain an understanding of:* Public health policy development and implementation (healthcare public health), including digital prevention services
* The civil service, working within a government department of state on an area of work with high ministerial interest and engagement
* How national government works with local government, the NHS, private and voluntary sector/charities

For more information, please contact clare.perkins@dhsc.gov.uk (mobile 07759137109)1. **Housing, Planning and Environments for Health**

The HPE team is based in the Global and Public Health Group and is part of OHID.Some of the UK’s most pressing health challenges – such as obesity, mental ill health, physical inactivity and the needs of an ageing population – are influenced by the built and natural environment. The planning, design, construction and management of spaces and places can help to promote good health, improve access to goods and services, and alleviate, or in some cases even prevent, poor health thereby having a positive impact on reducing health inequalities.The team works to ensure that the design of the built and natural environment contributes to improving public health and reducing health inequalities. We work across all levels of government, industry and professional bodies. The team provides information, advice, guidance, and advocacy in the spheres of transport, spatial planning, housing, the natural environment, air quality, Nationally Significant Infrastructure Projects (NSIPs). The team has recently added levelling up and devolution policy portfolios.Previous registrars have * Completed research, including published articles covering workforce competencies, permitted development rights and mental health risks from large infrastructure projects.
* Commissioned significant areas of research
* Drafted national guidance
* Led on technical portfolios including the briefing of DCMO, cross government working and responding to parliamentary questions

Future projects* Lead on undertaking a scoping review of social determinants/ healthy places priorities in the current and emerging ICS plans, statutory Joint Strategic Needs Assessment/ Joint Health and Wellbeing Strategies
* Improve understanding of health impacts of housing on brownfield/ greybelt.
* Building healthier homes: developing a training resource for local authorities and the health and social care system
* Deep dive into challenges and solutions for data sharing across health and housing sectors
* Lead a review of cold home strategies by Health and Wellbeing Boards as per [NICE guidance](https://www.nice.org.uk/guidance/ng6) NG6 to protect vulnerable households, identifying best practice, barriers and enablers.
* Housing and health in local authority housing strategies: report setting out how LA housing strategies consider the harms of poor-quality housing and identify opportunities for health improvement through retrofit and higher housing standards for new homes
* Active Travel and Health -learning needs for public health teams
* Develop a conceptual framework for collaborative cross government opportunities on health and natural environments
* Design and develop an intervention using a theoretical framework (COM-B), aiming to improve collaboration between public health and planning teams particularly the consideration of health in greenspace planning policy
* Epidemiological research using GIS mapping and health data to understand associations between access to greenspace and deprivation/ health outcomes in England.
* Develop public health input into levelling up and devolution deals
* Develop further research, engagement and professional development needs for the workforce from a baseline survey with Planning Healthy Places roles.
* Support and lead on specified elements of health in the New Towns programme.
* Undertake a stocktake and update of current state of local policy and practice around planning a healthier food environment.
* Develop a monitoring process for evaluating the effectiveness of hot food takeaway policies (national plus local).
* Conduct an exploratory study on the use of developer contributions for health-promoting measures by reviewing local planning documents.
* Lead a systematic review (including working with UKHSA Library Services) on the use of urban design tools for healthy places, write up an academic paper, and help contribute to update of national design guidance.
* Support the development of a Spatial Planning for Health standing advice for local authorities on how health should be considered in local plans and decisions.
* Conduct a review of use, acceptability or reluctance on improving the uptake and use of Health Impact Assessment in spatial planning

Registrars will experience working across government departments, national policy development, working with regional teams to support local systems and working with Ministers teams.For more information, please contact healthyplaces@dhsc.gov.uk1. **Addictions (Tobacco Control, Alcohol, Drugs and Gambling) and Mental Health**

Teams working on these agendas sit in the Health Improvement and Mental Health Directorates within OHID/DHSC and work closely with a range of partners including academia, civil societies and statutory services, across other Government Departments as part of a mission led approach. Placements include the opportunity to develop and design population level policies at a national level whilst working with regional system leaders to understand and influence delivery. Educational supervision is provided by an experienced public health Deputy Director.Examples of the variety of work available are noted below and projects will be developed to support registrars learning needs alongside priority programmes:1.Contributing to defined projects as part of the world leading approach within the Tobacco and Vapes Bill legislation, working with other Government Departments, NHSE, VCSE and regional teams. Engage and take a lead role as part of the OHID/DHSC response to addressing tobacco related harms with reference to development of public health evidence-based interventions.2.Supporting the departments work to address gambling related health harms,’ This will involve working closely with officials in DCMS as policy leads, and NHSE as treatment provider, regional colleagues, and DAs, and may involve taking forward work committed to in review of the Gambling Act if these existing commitment are taken forward, such as the introduction of a gambling levy and the development of public health messaging. 3.Involvement in work to prevent and reducing alcohol related health harms, which will focus on supporting the health mission overarching aim to prioritise prevention of ill health. This may involve working closely with officials in other government departments, such as DEFRA, Treasury and Home Office. 4.Contributing to a new national drug surveillance and early warning system, which could include gathering data and intelligence, stakeholder liaison, analysis of inputs, reporting findings, evaluation.5. Engaging in the cross Gov response to improving Children and Young People’s mental health as part of the Safer Streets mission including the design and implementation of the Youth Hubs programme led by the Home Office6.Contributing to the cross-Government Suicide Prevention Strategy commitments including reviewing evidence of the impact of domestic abuse and developing policy proposalsFor further information please contact: corinne.harvey@dhsc.gov.uk 1. **Sexual and Reproductive Health (as part of work on wider women’s health)**

The Women’s Health Strategy for England was initially launched in the summer of 2022 Women's Health Strategy for England - GOV.UK (www.gov.uk) . The new government is currently reviewing the next steps for the strategy and priorities for action. The placement would work with two national policy teams - Sexual Health, Reproductive Health & HIV and Women’s Health, as well as with the NHSE national Clinical Lead for Women’s Health and the Public Health lead in OHID (Deputy Director). Collectively we are working together to identify priorities for action to support the ministerial priorities. The registrar would be provided with Educational Supervision from the Deputy Director who is a very experienced public health professional. *Potential pieces of work include:* 1. A review of ‘hormone phobia’ given the changing attitudes, social media influence (misinformation) and decline in uptake of hormonal contraceptives amongst particular population groups. This work is likely to be undertaken with colleagues in Scotland and Wales.
2. Undertake further work on the epidemiology of abortion and contraception across England and explore with commissioners (Local Authorities and NHS) opportunities to increase access to contraception for women e.g. national tariff in primary care, national waiting time standards, online access.
3. Review current data and commissioning arrangements for Emergency Hormonal Contraception (EHC), including opportunity cost of free EHC.
4. Develop a competency framework for women’s health hubs and a national offer for a digital women’s health hub.
5. Support the recommissioning of the Women’s Health Survey for England
6. Support the national teams with an implementation framework for the national strategy and ensure a greater focus on inclusion health groups supported by relevant data metrics to track progress.

Registrars will work as part of the new coordinated team across DHSC and NHSE supporting the Womens Ambassador for England – Dame Lesley Regan, and the Ministerial Team to ensure action on women’s health is prioritised and accountability is strengthened.Registrars will gain an understanding of:* Public health policy development and implementation considerations at regional and local levels
* The civil service, working within a government department of state on an area of work with high ministerial interest.
* How national government works with local government, the NHS, academia and voluntary sector.

**For further information please contact:** **claire.sullivan@dhsc.gov.uk**1. ***Work and Health***

The Joint Work and Health Directorate is part of the Primary Care and Prevention DG Group. The Directorate is cosponsored by the Department of Work and Pensions and Department of Health and Social Care. Key objectives of the Directorate are to* To deliver integrated health and employment initiatives to tackle Economic Inactivity due to long term sickness by supporting people to start, stay and succeed in work.
* To enable employers and employees to effectively support and manage health and disability issues in the workplace
* To build a robust evidence base on effective work and health initiatives

Addressing health related inactivity is a key priority in the context of Government’s Health mission and Growth missions so registrars on placement will experience operating in a politically sensitive and fast paced environment.Registrars on placement will be based in the Health division lead by Jean King. The division leads on Occupational health, Fit note, wider systems and MSK health and health improvement. Registrar’s will be able to contribute to 1. policy/ strategy development
2. the design of evaluation for proof of concept and other pilots
3. stakeholder engagement

Registrars will link into the cross organisational Health and work Network which brings together national and regional colleagues working in this space with DWP strategic stakeholder engagement leads so there are opportunities for joint projects with regional colleagues.For further information on this placement please contact: **lola.abudu@dhsc.gov.uk** |
| 1. ***Healthy Ageing (Bilateral team)***

BackgroundLike many other European countries the UK has an ageing population. To reflect this population health interventions have shifted from extending lifespan to extending health span i.e. the number of years people spend in good health. Ageing healthily is very topical internationally with the UN declaring a decade of healthy ageing in 2021 and Italy making it a key theme of the health track of its G7 presidency throughout 2024. England CMO Chris Whitty’s published a report on ‘health in an ageing society’ in 2023 and made a number of recommendations including increasing the representation of older people in clinical trials. DHSC currently does not have a policy team to develop policy on healthy ageing or deliver CMO’s recommendations. This is time-sensitive as we are being asked for the UK position on healthy ageing policies and interventions in the G7 and other multilateral groupings which we cannot easily respond to. A public health registrar would help us fill this gap. TasksThe public health registrar would have three main tasks working closely with the bilateral team to deliver them: 1. to use CMO’s report and previous work undertaken by PHE to lead the development of a strategy for DHSC to implement the recommendations in CMO’s report. This would involve coordinating different policy teams in DHSC (e.g. the secondary prevention) and ALBs to own the recommendations and deliver on them.
2. to lead on assembling a research alliance between the UK, Italy and Portugal and potentially other partners on healthy ageing. This would involve overseeing the researchers’ choice of research topic and steering them towards one which would contribute towards implementing one or more recommendations in CMO’s report. They would also support the researchers with securing funding.
3. The third task would be optional and related to submitting an article to a journal on healthy ageing, possibly tying in with the research topic chosen by the research alliance.

Duration & Time Commitment * This placement is expected to last for a period of 6 months and will be subject to review
* Ideally the registrar would be available to work on this project full time

*Key competencies for this role:*Key Area 4: Strategic leadership and collaborative working for health, particularly outcomes: particularly outcomes 4.1, 4.3, 4.4, 4.7 and 4.8Key area 8: Academic public health , particularly outcomes 8.4, 8.5, 8.6, 8.7 and 8.8For further information on this placement please contact: jennifer.yip@dhsc.gov.uk or phoebe.topping1@dhsc.gov.uk  |
| 1. **Public Health Intelligence**

Data and intelligence on population health outcomes and on the determinants of health is an essential component of the public health function. Public health intelligence teams sit in the Chief Analyst’s directorate in the Chief Scientific Advisor DG group and in the Places and Regions Directorate in the Primary Care and Prevention DG Group. Collectively, the teams provide public health intelligence to inform policy and practice at national, regional and local level. Other priorities include providing leadership and guidance on methodological approaches, building workforce capacity and capability in public health intelligence, and advising on data policy for public health. Delivery of the public health intelligence work programme involves partnership working with a range of stakeholders including other producers of health intelligence as well as decision-makers who use the health intelligence outputs.Registrars on placement will be based either in the Clinical Epidemiology team led by Jennifer Yip or in the Local Knowledge and Intelligence Service led by Sian Evans. Placements will offer the opportunity to work at national and regional level and with a range of project supervisors as part of DHSC. The range of work and learning objectives that can be addressed through the placement is varied. Examples of potential areas of work include:* Developing DHSC guidance on sharing of analytical code with external partners
* Devising and leading an evaluation of PHI Online, the new OHID collaborative platform for public health intelligence
* Writing up the results of nationwide Integrated Care System skills mapping for wider sharing via a blog and peer reviewed publication
* Devising and leading a consultation on a health intelligence need or analytical output
* Coordinating a network for apprentices and providing mentorship
* Lead strategic review of commissioning and collection of survey data
* Develop options for more collaborative work with ONS Review and/or development of a range of non-communicable disease intelligence products, working across policy and analysis teams.
* Lead the co-ordination and delivery of a report on an NCD topic, with a focus on clinical and policy input, evidence review and healthcare inequalities, working across organisations and directorates.

For more information please contact:Jennifer.Yip@dhsc.gov.uk or sian.evans@dhsc.gov.uk |

|  |
| --- |
| **LEARNING OUTCOMES (**please provide the list of learning outcomes which can be achieved during this placement. the learning outcomes are available can be accessed at[public-health-curriculum-v13.pdf (fph.org.uk)](https://www.fph.org.uk/media/3450/public-health-curriculum-v13.pdf)Please tick the appropriate box ‘**P**’ or ‘**F**’ to show which Learning Outcomes will be partially be achieved or fully achieved. |
| Number | Description | **P** | **F** |
| Key Area 2 | Assessing the evidence of effectiveness of interventions, programmes and services intended to improve the health or wellbeing of individuals or populations | X |  |
| Key Area 3 | Policy and strategy development and implementation | X | X |
| Key Area 4 | Strategic leadership and collaborative working for health |  | X |
| Key Area 5 | Health improvement, Determinants of Health, Health Communication | X |  |
| Key Area 7 | Health and Care Public Health |  | X |
| Key Area 10 | Integration and application of competences for consultant Practice |  | X |
| The specific competencies that could be addressed during the placement will vary according to the projects agreed |
|  |  |  |  |

**SECTION 4: SUPERVISION DETAILS**

|  |  |
| --- | --- |
| **NAME OF THE EDUCATIONAL SUPERVISOR** | The placement educational supervisors are:Richard Jarvis, Clare Perkins, Aimee Stimpson, Claire Sullivan, Corinne Harvey, Lola Abudu, Ines Campos-Matos and Tazeem Bhatia |
| **ORGANISATION** | **OHID, DHSC** |
| **EMAIL** | Richard.Jarvis@dhsc.gov.uk; Clare.Perkins@dhsc.gov.uk; Aimee.Stimpson@dhsc.gov.uk Tazeem.Bhatia@dhsc.gov.uk Corinne.Harvey@dhsc.gov.ukclaire.sullivan@dhsc.gov.ukLola.abudu@dhsc.gov.ukines.campos-matos@dhsc.gov.ukjennifer.yip@dhsc.gov.uksian.evans@dhsc.gov.uk |
| **TELEPHONE** | Preference for contact by email |
| *NOTE: Please notify FPH immediately of any changes to your contact details* |

|  |  |
| --- | --- |
| **NAME OF THE CLINICAL /ACTIVITY SUPERVISOR(S) (IF DIFFERENT FROM EDUCATIONAL SUPERVISOR)** |  |
| **ORGANISATION** |  |
| **EMAIL** |  |
| **TELEPHONE** |  |
| *NOTE: Please notify FPH immediately of any changes to your contact details* |

**SECTION 4: SELECTION DETAILS**

|  |  |
| --- | --- |
| ***Application Deadline* (if start date is fixed)** | **Please send a CV and letter of interest by 14th Feb 2025** |
| ***Selection Procedure*** (please provide details of the application process for trainees). The Advertisement can be circulated via Faculty of Public Health)  |
| Applicants who have submitted a CV and Letter of Placement Interest by 14th Feb 2025 will be invited for interview in March 2025. A panel of 2-3 Educational Supervisors will conduct the interview online. Selection will be based on being able to match registrars’ interests and needs with a placement project in that time frame. If there are more than two suitable registrars for one placement will do our best to find agreeable solutions. If no agreeable solution can be found, the public health registrar further in their training will be selected. The successful applicants should be aware that they will have to go through the mandatory DHSC/Civil Service staff security and background checks. Once these checks have been successfully completed, a placement start date will be agreed. |
| ***Person Specification*** *(Please provide details including experience required below or attach with this application)* |
| Applicants should• Be on a formally accredited specialist training programme in public health• Have passed Part A and Part B (OSPHE) of the MFPH by time placement starts• Have made satisfactory progression through annual assessments (ARCP)• Have agreement from their current educational supervisor and their Training Programme Director• Be available for a period of up to 12 months• The successful applicant will be bound by the Civil Service Code, Official Secrets Act and will need to pass Government Baseline personnel security standardsApplicants will need to be confident working independently and within in a team. In addition, they must be comfortable working in a busy and fast paced environment, where there is a fair amount of reactive and urgent work.The Registrar should have a good understanding of academic processes, an interest in presenting information and data in an engaging way and an excellent understanding of public health. The Registrar will need to be personable and possess good communication skills (written and verbal) given the need to deal with a range of colleagues at different levels of seniority.***No experience of national health policy is required.***  |

**SECTION 5: SIGNATURES**

|  |  |
| --- | --- |
| **HoS/ TPD SIGNATURE** | Image preview |
| **REGION/DEANERY** | London Deanery |
| **DATE** | 26/11/2024 |

**HEAD OF SCHOOL / TRAINING PROGRAMME DIRECTOR**

**Is this application supported? Yes[x]**

**HOST ORGANISATION**

**Is this application supported? Y[x]  N[ ]**

|  |  |
| --- | --- |
| **SIGNATURE** | A close up of a signature  Description automatically generated |
| **DESIGNATION** | Office for Health Improvement and Disparities, Department of Health and Social Care  |
| **DATE** | 26/11/2024 |