



# Advice for Prospective Public Health Applicants

Updated 1 May 2025<sup>1</sup>

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## Official resources

- [Health Education England \(HEE\) website](#) has information on applying for the training programme. Do check the HEE website as the application process changes regularly.
- [Faculty of Public Health \(FPH\) website](#) has videos from current consultants in public health on what they do.
- [East of England Public Health Specialty Training website](#) has information on recruitment, as well as other documents and policies that give you an idea of how the training programme works in the East of England Deanery.
- East of England registrars inbox [eoepublichealth@nhs.net](mailto:eoepublichealth@nhs.net)

## General info on the programme and application process

- The public health training scheme is one of the most competitive medical specialities, and the only one that accepts people without a medical degree. The competition ratio of public health applicants to placements is [published annually](#).

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<sup>1</sup> This advice was updated in May 2025 by registrars currently on the training programme, and is correct at the time of writing. Please note that some of the information is subject to change.

- The training programme generally takes 5 years (in East of England it is one year to complete the Population Health Science MPhil degree at the University of Cambridge followed by 4 years of placement-based training). If you already have a Master's degree in a relevant subject (e.g. public health, population health, epidemiology) you can waive the master's degree which shortens the programme to 4 years.
- Training Programmes are run in all parts of the UK, organised by [Training regions](#) which are overseen by a Postgraduate Dean ('deanery'). Registrars are based in a training region and undertake all their placements within that region for the duration of their programme (with the caveat that later in the programme, candidates may apply to undertake a 'Nationally Available Training Placement' outside of their training region).
- If possible, it is a good idea to talk to registrars who are currently training or consultants in the early stages of their careers to get their insights and advice on how best to prepare for the assessment centre and selection centre. If you don't know any current registrars, you can find people on LinkedIn, email Directors of Public Health, or contact East of England registrars on [eoepublichealth@nhs.net](mailto:eoepublichealth@nhs.net).

## Applying for Public Health Training

The application process has three stages: application, assessment centre (test), and selection centre (interview). If successful, you will be offered a placement in one of the regional deaneries.

### Application

- The initial stage of the application is similar to a job application: at this stage it is essential to demonstrate how you meet the experience requirements for the post or you will not progress to the next stage.
  - For non-medics this means 48 months WTE work experience, of which 2 years must be at AfC Band 6 (or equivalent) in an area relevant to population health (recency: at least 3 months must be in the 3.5 years before the August start date)
  - For medics this means having completed a UK affiliated Foundation Programme or are in the second year of a UK affiliated Foundation Programme due to finish in the August
  - If you are a medic who has not completed a UK affiliated Foundation Programme, you may need to follow the non-medic pathway at this stage - please email the recruitment office to check your eligibility
- The application window opens once per year in October and closes in November.
- Applications are submitted via the [Oriel Vacancies recruitment portal](#)
- If you are determined eligible to apply you will be invited to the Assessment Centre, or the testing stage of the process.

### Assessment Centre (Test)

The Assessment Centre is a computer-based test split into 3 parts

- Watson-Glaser (critical thinking)

- Watson-Glaser employs deductive reasoning and axioms of classical logic (eg rules that define whether something to be true/false/cannot say, what you can infer from the words one/some/many/all/none), so it is worth reading up on these concepts [https://en.wikipedia.org/wiki/Deductive\\_reasoning](https://en.wikipedia.org/wiki/Deductive_reasoning)
- Suggest JobTestPrep for practice tests: <https://www.jobtestprep.com/free-watson-glaser-test>
- You can also find YouTube videos online such as this one which can be helpful in thinking how to approach the Watson Glaser: [https://www.youtube.com/watch?v=Y4XtHE\\_zJZk](https://www.youtube.com/watch?v=Y4XtHE_zJZk)
- RANRA (numerical reasoning)
  - RANRA tests your analytical, decision-making and problem-solving skills using numerical reasoning.
  - The mathematical concepts used are GCSE level, and your ability to apply these is the focus of this test
  - Suggest JobTestPrep for practice tests: <https://www.jobtestprep.co.uk/ranra>
  - RANRA is non-calculator (you are provided a whiteboard and pen) so suggest downloading a maths games app on your phone for when you have a free minute to practice mental maths and get quicker at doing sums.
- Situational Judgement Test (SJT):
  - SJT is a scenario-based test that puts you in the position of “You are the Public Health ST1 and XYZ happens, what do you do?”
  - JobTestPrep has practice tests for SJT, though this has had mixed reviews compared to their Watson-Glaser and RANRA resources
  - You can also use a medical SJT question bank (e.g. from UKFPO website) or a medical text to practice as they are similar in format.
  - One free community [mock Public Health SJT with 44 AI-generated questions](#) is available to use, though these are not validated against any official questions or answers
  - Book suggestions:
    - SJT: Pass the Situational Judgement Test: A Guide for Medical Students, 1e <https://amzn.eu/d/7zN06qm>
    - Situational Judgement Test for the Foundation Years Programme <https://amzn.eu/d/iVVUI71>
    - Oxford Assess and Progress: Situational Judgement Test <https://amzn.eu/d/alEroWb>
- Some people get a 1 month subscription for JobTestPrep to get access to practice tests <https://www.jobtestprep.co.uk/public-health-specialists>
- You can usually find 10-20% off codes for JobTestPrep online
- Note that these 3 tests are used across many industries so **not all** practice materials available on the internet are useful

## Selection Centre (Interview)

- From 2024, the Assessment centre (test) score is not factored into your final ranking score. Only your Selection Centre (interview) score is used.
- The interview is online, so you must have a computer with a good internet connection and you will go through security checks ahead of time.

- You move between 'stations' and are asked questions by 2-3 interviewers who are all consultants in public health. The questions are the same for all candidates, and you are given a set amount of time to answer each question. We recommend leaving enough time in your answer to be given follow-up prompts from the interviewers which can help nudge you toward any additional points you may have missed.
- In preparation, read up on key public health topics, know why you want to do public health and why you would be well-suited to the job, and have examples ready of your soft skills: team work, leadership, organisation, negotiation skills etc.
- The interview is designed to select those who best meet the person specification (not necessarily those with most experience or knowledge). This means that while having some prior experience is good, enthusiasm, insight and suitability to the role is just as valuable. Be sure to familiarise yourself with the latest person specification: [2025 Public Health ST1 Person Specification](#).
- Wider reading (e.g. [Oxford Handbook of Public Health Practice](#)) can help with getting to grips of basic concepts.
- Read generic news sites or health specific ones e.g. King's Fund and Health Foundation to get a sense of topical public health issues.

## Ranking and Offers

- Toward the end of the application process (but before the interview), candidates will be sent a list of the available training locations and invited to rank programme preferences on Oriel.
- Candidates should rank their preferred choices of locations in the order they wish them considered: e.g. 1 is your most wanted, 2 is your next most wanted, etc. Ranking remains open until around 1 week after the interview.
- Candidates may include as many or as few locations as they like on their application. It is advised to only rank places you would realistically accept. Take into account the commute time via car/train. Assume a minimum of 2 days in the office.
- Offers are allocated based on an algorithm, with candidates ranked based on their score from the selection center, and placements offered starting with the first ranked candidate in order of the ranking of their chosen training locations.
- It is possible to be considered appointable following the selection centre but not to receive an offer if you did not rank highly enough and all your chosen locations were offered to higher ranking candidates. For this reason, the more locations a candidate includes in their ranking, the better the chance of gaining a place, as long as you are prepared to relocate to the area that you are offered.

## Why should I train in the East of England?

The East of England covers the counties of Hertfordshire, Bedfordshire, Cambridgeshire, Suffolk, Norfolk and Essex. Training in the East of England offers many exciting and varied opportunities, including strong academic links with several universities (including University of Cambridge), and three medical schools, with strong university-level allied professionals training. Regional placements are usually based in Cambridge. Health Protection placements are based out of either Harlow or Mildenhall UKHSA offices. The East of England placement policy can be [found here](#).

Alongside regional training placements, there are several national teams in the East of England including the National Disease Registration Service, meaning a good diversity of placement options. Proximity to London means that registrars based in the region have the option of undertaking National Placements in London without relocating. A list of training placements available in the East of England can be found in Appendix 1.

There is also a very active and supportive registrar group in the region (PHREE) which creates a strong network for you, and provides opportunities for social contact throughout training which is particularly helpful if you are relocating to take up your post. PHREE organises training courses and an in-person peer-led training day every 2 months for all registers to attend during their placement. This allows flexibility in how teaching is delivered and which content is covered depending on the training needs of the group.

Outside of work, the region offers a varied range of leisure opportunities including several Areas of Natural Beauty (Suffolk Coast and Heaths, Dedham Vale and the Norfolk Coast), historic cities and quick rail connections to London.

## FAQs

### **Q: What can I do to enhance my portfolio for public health?**

A: Not much - it is a CV blind application and it all depends on how you do during the application process. Public health experience is useful for helping to answer questions in the interview, but not a necessity. Indeed, most medic applicants come with no public health work experience whereas non-medic applicants require 4 years of work experience, of which 2 must be public health related.

### **Q: Are there any Public Health open days or events I can participate in before I apply?**

A: The [Faculty of Public Health website](#) will often advertise events and webinars which non-FPH members can attend. The FPH conference is usually around interview time in February and is usually available to attend for free online and is eligible for study leave for medic F1/F2s.

You can contact your nearest Local Authority public team to see what they can offer. Taster Days don't really exist for public health as for other medical specialties, but some teams will have suitable events that an observer could attend and debrief on later.

Some Public Health deaneries (like East Midlands, Y&H, South West, North East and London) hold 'Public Health Taster Sessions' for prospective applicants which are [advertised online](#) and on social media. Keep an eye out for these in August - November, usually held ahead of application deadlines. Example: [https://www.youtube.com/watch?v=IECSGU8o\\_4I](https://www.youtube.com/watch?v=IECSGU8o_4I)

Some Foundation Programme deaneries offer Public Health Community Fellowships for F2 doctors to complete a public health project with a local community organisation alongside their normal rotations. These are typically advertised intra-regionally to F1 doctors already in that region. To our knowledge, West Midlands and Wessex deaneries currently offer this fellowship, though this may change in the future.

In the East of England, the Public Health Registrars in East of England (PHREE) group organises a learning day every 2 months and welcomes observers to most of these sessions, provided there is no sensitive or confidential content. If you would like to attend a PHREE session, email [england.phschool.eoe@nhs.net](mailto:england.phschool.eoe@nhs.net) and the secretaries will coordinate your request.

**Q: How competitive is the application process?**

A: Quite competitive, probably only sexual health & some surgical specialties beat public health for applicant:place ratio, but this does vary year on year. If you are flexible as to where you go for training, this makes it easier to get in due to the national application process. The dual CCT GP and Public Health pathway is offered in the East of England and also highly competitive.

[Competition ratios are published yearly.](#) In 2024, the national public health competition ratio was 17:1 and the East of England competition ratio within this was 24:1.

**Q: What does a typical day look like as a public health registrar or consultant? What is the scope of possible activities?**

A: This is a typically non-clinical, office-based role which mainly involves emails, meetings, writing, researching and presenting, in various combinations. For example, Monday may be spent writing presentation slides for a forum, and writing a briefing paper for a committee meeting. Tuesday morning may be chairing a committee meeting, then in the afternoon sending out the minutes and working on a draft strategy. Wednesday morning can be committee meetings, attending one and presenting, chairing the other. Thursday may be editing a report, and then attending a course on interview prep in the afternoon. Friday morning could be working on draft strategy, with the afternoon spent on training paperwork, preparing evidence for ARCP and logging and reflections.

**Q: What are the best and worst things with a career in public health?**

A: This is highly subjective, all trainees will have a different experience. For many, the potential to improve the health of a large group of people at once is the best thing about public health. Other pros are the chance to think innovatively about problems, develop intelligent plans to solve the problem, and the variety of topics you touch upon. Another pro is the variety - PH is a very holistic specialty that focuses on more than just 'health': it may consider the built environment, infrastructure and transport, and political/economic considerations and more. As a training programme, PH is very flexible with the opportunity to apply for different placements that suit your interests in the second half of training (within reason and dependent on what learning outcomes you still need to sign-off). There's also lots of networking and all PH registrars meet regularly.

The worst bit is things can move quite slowly, even for very simple things, and not knowing who a piece of work has to go to in order to get approved. The training paperwork can be very time consuming. You have to learn how to balance work on longer projects (over weeks-months) and quick, sometimes urgent tasks, which can be challenging. There is a lot of working from home, meaning it can sometimes be isolating or hard to keep momentum going on projects. However, there can be a lot of satisfaction in seeing the outcome of your project work and having changes implemented.

**Q: If I am a doctor, are there opportunities to continue interacting with patients in the role?**

A: No. You will call people up when doing health protection but face to face patient contact rarely occurs outside of focus groups. This is a tension for many PH doctors. Given that PH is mostly 40 hours a week, it is possible to continue clinical work in your off hours. Consider the dual GP/PH training scheme if you want a career with substantial patient contact. Whatever your background, interpersonal skills, judgement and decision making are important skills that will be used in the training programme.

**Q: I already live in the East of England. If I apply to do specialty training in Public Health, can I train there?**

Your residence is not taken into account when places are allocated, so living in an area does not confer any advantage to getting a training offer there.

The allocation of training locations to successful candidates depends on an algorithm, considering their score and rank among candidates successfully passing both the assessment centre and selection centres, and their ranking of chosen training locations.

For example, a candidate placed highly in the ranking of candidates who chose East of England as their first choice is very likely to be able to train there, while a candidate lower down in the ranking is less likely to get their first choice of training location if several higher ranked candidates put it as their first choice.

**Q: I've selected the East of England as a training region. Where will I be based?**

For your first training location, you will be based in a local authority in the region. The local authority you are allocated to will depend on where there is capacity for new trainees, and your residence and personal circumstances will also be taken into account as far as possible. The location of subsequent placements will depend on your interests and educational needs in addition to supervisor capacity. A list of the available training placements in East of England can be found in Appendix 1.

**Q: I have accepted an offer of a training placement in the East of England and will be moving to the region for my new job. Where should I live?**

The training programme recommends that you base yourself in or near to your first training location. In making this decision however, you will need to consider your ability to travel to Cambridge and your subsequent training placements from this location. The large geography of the region means you may have to undertake a long commute or relocate at some stage of training, depending on your combination of training placements. Driving, while not a requirement, may substantially influence the practicality of some placements in the region. In deciding where to live, registrars should take into account their ability to travel and/or relocate, and any family commitments in addition to their possible routes through training.

**Q: I have accepted an offer to train in the East of England but live in London. Can I continue to live in London?**

Many current and former registrars have continued to live in London and commuted to Cambridge for the full time MPhil, and later to their service locations two days a week, which is feasible but tiring/expensive and depends on where in London you are based. Some



registrars have chosen to stay in Cambridge during the week for attendance at the MPhil, returning to London at weekends, but this may incur further costs which the registrar needs to fully consider. The [HEE Relocation and Travel Expenses](#) policy is applicable to both medic and non-medic registrars and may help with relocation and accommodation related costs.

**Q: I already have a master's degree in Public Health/Epidemiology. Do I need to complete the MPhil at Cambridge?**

The decision of whether you will complete the MPhil will depend on how recent your master's degree was, and how closely the content covered corresponds to the syllabus for the Diplomate Exam. After accepting a place to train in the East of England you will be asked to submit a CV to the Training Programme Directors who will advise on whether you will need to undertake the MPhil. This decision will normally take place after the location of the first training location is decided.

**Q: When do I find out where I will be based for my first placement?**

Allocations to first training placements are typically made in late April following acceptance of an offer.

**Q: How long will I be based there?**

Registrars typically spend 24-30 months in their first training location, although the period from October- July of the first year is spent undertaking the MPhil in Cambridge, and in the second year, you will undertake a 3 month health protection placement based at Harlow or Mildenhall. Registrars who do not undertake the MPhil will typically spend 18- 24 months in their first training location.

**Q: How much time will I spend in Cambridge?**

Registrars undertaking the MPhil in Cambridge will be based in Cambridge from October-July of their first year. This entails 4 days per week of taught in-person courses at the University of Cambridge. Virtual courses are not available. After this, there are PHREE Registrar training and education days held in Cambridge one day every 2 months.

**Q: When will I be taking my exams?**

There are two exams in the programme: the [Diplomate exam](#) and [Membership exam](#). Registrars then typically sit the Diplomate exam in March of their second year, with resits taking place in October. Registrars who have already done a MPhil/MPH and are not completing the Cambridge MPhil will often sit their Diplomate exam in March of their first year. The timing of the Membership exam varies from registrar to registrar but is typically sat within 12 months of passing the Diplomate exam.

**Q: How much will I get paid?**

Medics are paid on the standard NHS resident doctors pay scale. Pay for non-medics is similar and worked out as a proportion of Band 8d on the Agenda for Change pay scale, which increases incrementally each year. For those on Agenda for Change contracts there is a ~20% salary increase once you start participating in the local health protection on-call rota (after passing the Diplomate Examination). For medics, out of hours pay is determined by a work schedule for non-resident on-calls. Pay protection is available for non-medics if you currently earn more than the starting salary, and should be applied for through MWL Lead



Employer (who coordinate payroll & HR for PH training in East of England and other regions) after being offered a place.

**Q: What is an ACF post and how to apply to these posts?**

ACF stands for Academic Clinical Fellowship and is a competitively-obtained training post that allows registrars interested in an academic career to combine public health training with dedicated research time to prepare for a clinical Doctoral Fellowship. This is part of the [NIHR Integrated Academic Training pathway](#).

Training posts are issued by individual universities (Cambridge, UEA and Anglia Ruskin in East of England) and have research themes. ACF posts usually last up to 3 years, during which 75% is for regular public health training and 25% is protected for academic activities. You will be expected to complete the same learning outcomes as non-academic registrars within your 75% time. If taking the Population Health MPhil in ST1, your ST1 academic time can be redistributed. ACF posts do not add to your CCT date (i.e. the training length for an ACF is the same as a non-ACF), though if pursuing a PhD afterwards, this will be taken as Out-of-Programme Research (OOPR).

ACF posts require a medical/dental degree. However, public health is a very academic-friendly specialty, and so, other NIHR funding is available to registrars interested in an academic career/PhD even if not an ACF, and academic placements are open to registrars whether or not they have academic funding.

ACFs require a separate application on Oriel on top of the standard training application. Applications are usually opened once a year in October, a month earlier than standard training, though may be advertised later if unfilled. More information on the application process can be found here: [Academic Clinical Fellowships - East of England | East of England](#) and [Academic Clinical Fellowship | NIHR](#)

**Q: How can I get more information/get in touch?**

Recruitment is organised on a national basis, coordinated by the East Midlands deanery. For general enquiries about the recruitment and selection process please contact [publichealthrecruitment.em@hee.nhs.uk](mailto:publichealthrecruitment.em@hee.nhs.uk).

For more information about Public Health training within the East of England please email: [england.phschool.eoe@nhs.net](mailto:england.phschool.eoe@nhs.net)

## Appendix 1: Training placement opportunities in the East of England

The table below lists the placements service currently available in the East of England.

A list of nationally available training placements (NATPs, formerly known as 'National Treasure Placements') can be found here:

<https://www.fph.org.uk/training-careers/specialty-training/training-placements/nationally-available-training-placements/>

Placement	Service Type
Bedford Borough, Central Bedfordshire and Milton Keynes Councils	Local Authority
Cambridgeshire County Council	Local Authority
Peterborough City Council	Local Authority
Essex County Council	Local Authority
Hertfordshire County Council	Local Authority
Luton Borough Council	Local Authority
Norfolk County Council	Local Authority
Suffolk County Council	Local Authority
Thurrock Unitary Council	Local Authority
Bedfordshire, Luton and Milton Keynes ICB	NHS England
Cambridgeshire and Peterborough ICB	NHS England
Herts & West Essex ICB	NHS England
Norfolk and Waveney ICB	NHS England
NHSE Healthcare Public Health Team	NHS England
Essex Screening and Immunisations Team	NHS England
Herts BLMK Screening and Immunisations Team	NHS England
East Anglia Screening and Immunisations Team	NHS England
National Disease Registration Service	NHS England
West Suffolk NHS Foundation Trust	Hospital
Cambridgeshire and Peterborough NHS Foundation Trust	Hospital
Lister Hospital NHS Trust	Hospital
Health Protection Team	UKHSA

Field Epidemiology Service	UKHSA
Health and Wellbeing Team, East of England	OHID
Local Knowledge and Intelligence Service	OHID
Cambridge Public Health	Academia
MRC Epidemiology Unit	Academia
University of East Anglia	Academia
Cambridge University Public Health Education Group	Academia