



2017-A Health Policy Fellowship

GUIDELINES

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1. Preface

The Michael Smith Foundation for Health Research (MSFHR) empowers British Columbia's (BC) best and brightest health researchers to pursue world-class innovation and stretch the bounds of what health research can achieve. The Foundation helps BC's health research community discover solutions to our greatest health challenges; connect knowledge and action on provincial priorities; and engage partners to improve the research enterprise. Learn more at www.msfhr.org.

Knowledge Translation at MSFHR

Health research funders have an important role to play in promoting, advancing and advocating for knowledge translation (KT) — the broad range of activities meant to improve the use of research evidence in practice, policy and further research. Funding KT is one of five functional areas identified by MSFHR through which funders can create the conditions for effective KT. The MSFHR Health Policy Fellowships contribute to the advancement of KT by providing health researchers and health system decision-makers the opportunity to understand the researcher-health system decision maker interface, a key aspect of the KT process. For more information about MSFHR KT activities, please visit www.msfhr.org/our-work/activities/knowledge-translation.

2. Purpose

The MSFHR Health Policy Fellowship is a salary award for post-doctoral fellows¹ engaged in health research who are interested in preparing for careers in a variety of health research and research user roles². Fellows undertake short-term (six to 12 months) policy assignments (see section 6) via placements within the BC Ministry of Health (MoH) or at one of the province's health authorities.³ These placements may be separate from or complementary to a fellow's current academic research program.

The Health Policy Fellowship Program is designed to foster positive and constructive exchanges between health researchers and health system decision-makers⁴ in order to bridge the gap between

¹ Post-doctoral fellows are individuals who have completed a doctoral degree and are seeking further training in a particular area of research. They work under the general supervision of an independent investigator and may assist with the supervision of graduate students. Adapted from www.postdocs.ubc.ca.

² Research users are the target audience(s) of research evidence. A research user may include, but is not limited to, other researchers, policy makers, health care practitioners, decision makers, health care administrators, educators, patient user group, or health charity, and the public. Adapted from Canadian Institutes of Health Research's 'Guide to Knowledge Translation Planning at CIHR: Integrated and End-of-Grant Approaches'. www.cihr-irsc.gc.ca/e/45321.html

³ Participating health authorities may include Vancouver Coastal Health, Island Health, Fraser Health, Interior Health, Northern Health, the First Nations Health Authority and the Provincial Health Services Authority.

⁴ A person who designs and/or develops policy or a person whose actions and opinions strongly influence the course of setting policy.

the worlds of academic research and health policy⁵. It provides a unique training opportunity for candidates to learn about, and contribute to, the policy making process through the application of their health research knowledge, expertise and analytical skills as part of a policy team. Equally, health system decision-makers gain access to individuals trained in health research to work on the scientific and technical aspects of health policy.

Fostering collaborations between researchers and research users is a KT strategy intended to increase the uptake of research evidence. This approach increases the likelihood that research findings will be relevant to research users. The MSFHR Health Policy Fellowship was designed to create opportunities for health system decision-makers to work alongside researchers to promote the uptake of evidence-informed policy work as well as policy-relevant research. It is anticipated that this funding opportunity will help foster and maintain ongoing relationships and collaborations between health researchers and decision-makers.

3. Objectives

The health policy fellowship provides highly qualified candidates at the post-doctoral level with a unique training opportunity to learn about and participate in the health policy-making process at the provincial government or health authority level.

The specific objectives of this program are to:

- Increase fellows' understanding of policy-making and the workings of the provincial government, or health authority, as it relates to health and the health system in BC.
- Encourage fellows and health system decision-makers to conduct evidence-informed policy-relevant work that addresses:
 - One or more of the following health system priorities as described in the [BC government's health sector strategy](#):
 - I. Improve access to primary care through a primary care home model
 - II. Reduce demand on hospitals by improving care for seniors
 - III. Reduce demand on hospitals by improving care for those with mental illness and substance use issues
 - IV. Improve access to surgical services and procedures
 - V. Improve delivery of rural and remote health care services
 - Fellows embedded within the First Nations Health Authority will conduct policy-relevant work based on that organization's [directives and mandate](#).

⁵ The set of rules, directives and guidelines related to healthcare and/or health system practice, mandated by an institution, health authority or government.

- Provide the opportunity for fellows to engage with health system decision-makers on the scientific and technical aspects of health policy.
- Build fellows' interdisciplinary and intersectoral networks.
- Increase awareness of KT and competencies in KT practice among health researchers and health system decision-makers.

4. Award Amount and Duration

The budget envelope for this funding opportunity is \$450,000, enough to fund at least nine fellowships during the 2017/18 fiscal year. One fellowship will be assigned to each of the seven BC health authorities, and two fellowships will be assigned to the BC MoH. The health policy fellowship consists of a salary stipend and a relocation/travel allowance.

The fellowship provides up to one year of salary support at \$45,000 per annum, prorated as required depending on the length of the policy assignment. Benefits are not included in the salary stipend. If not already provided by the award recipient's academic host institution⁶, it is the responsibility of award recipients to purchase their own health and/or other extended benefits.

A one-time allowance of up to \$5,000 is available to help defray the costs of relocation, and, if permitted by the policy assignment supervisor (see section 6), to defray costs for attendance at science or health policy conferences or meetings, such as the [Annual CAHSPR Conference](#) or [Canadian Science Policy Conference](#) either during or up to three months following the end of the fellowship. For complete information on eligible expenses, please refer to the Award Management & Eligible Expenses document on MSFHR's website.

Stipends and the research/travel allowance are valued in Canadian dollars and are taxable.

5. Eligibility Requirements

At the application deadline, the applicant:

- Must have obtained a health-related PhD, or a MD, DDS, DVM, DPharm or equivalent doctoral-level health professional degree.
- Must be engaged in post-doctoral research training at a BC-based Host Institution at the time the award begins.
- Must commit to spending at least 75 percent of their time conducting activities related to the policy assignment.

⁶ The host institution is where the post-doctoral fellow's primary research appointment is located, and will be responsible for approving and administering salary awards. In order for host institutions to administer MSFHR awards, they must have a valid memorandum of understanding (MOU) with MSFHR. A list of host institutions with valid MOUs can be found at www.msfhr.org/sites/default/files/MOU_List.pdf.

- Must obtain a letter of reference from their academic supervisor endorsing their participation in the Health Policy Fellowship Program.
- Cannot have previously held a MSFHR-CIHR Science Policy Fellowship.
- Cannot conduct a policy assignment at the same BC health authority where s/he is currently employed (if applicable).

For applicants applying for a policy assignment at the First Nations Health Authority, preference will be given to those with lived Aboriginal experience⁷.

MSFHR reserves the right to declare applications ineligible.

6. Policy Assignments

MSFHR will offer up to three intakes per fiscal year for health policy fellowship applications. Prior to the initial intake, a request for policy assignments will be made to all potential host policy organizations⁸. Those organizations unable to develop a policy assignment in time for the first intake can submit one for the second or third intakes. Likewise, policy assignments that are not taken up by a fellow at a given intake may be revised and resubmitted for future intakes. Please check [MSFHR's website](#) to find out when future intakes for the MSFHR Health Policy Fellowship will be scheduled. Applicants may apply to only one policy assignment.

Detailed descriptions of policy assignments will be posted on [MSFHR's website](#) at the time of program launch. Assignments are between six and 12 months long and are performed on location within the host policy organization. With the exception of those developed by the First Nations Health Authority (see below), policy assignments will address one or more of the following provincial health system priority areas:

- I. Improve access to primary care through a primary care home model
- II. Reduce demand on hospitals by improving care for seniors
- III. Reduce demand on hospitals by improving care for those with mental illness and substance use issues
- IV. Improve access to surgical services and procedures
- V. Improve delivery of rural and remote health services

⁷ Lived Aboriginal experience can be defined as a quality demonstrated by First Nations, Métis or Inuit individuals that are connected with their community. For non-Aboriginal people, this experience may be acquired through circumstances such as close relationships and experience with Aboriginal people, prior health research studies regarding Aboriginal health concerns, living an extended period of time on a reserve, in a Métis or Northern Inuit community, or through similar experience with other Indigenous peoples [adapted from Aboriginal Health Research News, Vol.2, No.5 – June 2013, http://publications.gc.ca/collections/collection_2013/irsc-cihr/MR12-7-2-5-eng.pdf].

⁸ The host policy organization is the policy-making body that has administrative and managerial control over the policy assignment; these policy-making bodies include BC MoH and participating health authorities.

Policy assignments within the First Nations Health Authority will focus on that organization's [directives and mandate](#), which are largely focused on health promotion and disease prevention in areas including primary health care; children, youth and maternal health; mental health and wellness; communicable disease control; environmental health and research; First Nations health benefits; e-health and telehealth, health and wellness planning; and health infrastructure and human resources.

Policy Assignment Activities

Within these priority areas, policy assignment topics may centre on a specific health area or regulatory process. Policy assignment activities may include, but are not limited to: review of scientific and/or medical literature, meta-analyses of case studies/clinical trials, risk assessments, statistical analyses, summarization of scientific/medical findings, development of policy implementation plans, report writing and opportunities to present to health system decision-makers.

Note: Policy work is dynamic by nature; the focus of this work may change due to shifts in the policy context. Because of this, there is the possibility that policy assignments may change from the time posted to when the fellow begins work. In the event that this occurs, the host policy organization will make every attempt to secure another assignment in a similar policy area.

7. Additional Requirements of the Award Recipient

Award recipients may be asked by the host policy organization to:

1. Sign a fellowship agreement (FA), which forms an agreement between the two parties. The FA may include, among other things, the respective roles and responsibilities of the supervisor and fellow, code of conduct and any organizational policies (e.g. confidentiality, intellectual property, etc.) that the fellow must abide by while working at the host policy organization.
2. Provide evidence of valid workplace insurance coverage prior to the start of the policy assignment.

Award recipients are responsible for the following:

3. The applicant's academic host institution will be responsible for approving and administering the funds for this funding opportunity. It is the responsibility of the applicant to be aware of host institution deadlines, review MSFHR's deadline dates and submission process with them, and, if successful, confirm that the award funds will be properly distributed to the award recipient throughout the course of the fellowship.

8. Award Start Date and Deferral

Unless otherwise indicated, funding for health policy fellowships begin February 1, 2017. Successful applicants must confirm their acceptance of the award within the stipulated time indicated in the

award notification package. Late notification may result in award funds being unavailable at the academic host institution when the fellowship starts. The start date may be deferred up to three months by mutual agreement between the policy assignment supervisor and the fellow, and endorsed by the fellow's academic supervisor, but funding must commence on the first day of the month. The policy assignment itself may start on the first business day of the month if the first of the month is a weekend or statutory holiday. Requests for deferral must provide justification regarding the delay and be provided to MSFHR in writing prior to February 1, 2017. **Deferred start dates once confirmed by MSFHR cannot be revised.**

9. Authorized Paid Work and Other Funding Sources

An award recipient cannot hold a full-time paid position while holding an MSFHR award.

Award recipients are expected to spend no less than 75 percent of their time conducting the required activities involved in their policy assignment. Fellows are to work on-site within the host policy organizations in order to be fully immersed in the policy environment. All award recipients, with the approval of their policy assignment supervisor, may earn additional salary from other sources by engaging in activities outside of their policy assignment activities. Any paid work must not exceed the equivalent of 0.25 FTE and cannot interfere with their policy assignment progress.

If awarded a health policy fellowship, award recipients must put on hold any currently held MSFHR award for the duration of the fellowship, as well as any additional stipend funding from other sources for which the award amount has a value of 50 percent or more of the value of the MSFHR Health Policy Fellowship.

10. Review Process

Applications will be evaluated via two distinct processes that when combined result in the applicant's final standing. These processes include:

1. Merit review via a standing review panel (75 percent).
2. Assessment by the potential policy assignment supervisor via interview (25 percent).

Merit review will assess applicants' capacity to participate in the program and their potential to positively contribute to the research-policy interface, as well as their academic and research skills and achievements. Although a standing review panel will evaluate submitted applications, external expertise may be added to the review panel as required.

In parallel with merit review, applications will be evaluated by the policy assignment supervisor associated with the chosen policy assignment, and applicants will also be contacted by the policy assignment supervisor and further assessed via interview, the format of which (in-person, telephone, Skype, etc.) will be mutually agreed upon. Input from the potential policy assignment supervisor will be combined with merit review panel scoring in order to determine the final standing of an application.

Evaluation Criteria

For both processes, applicants will be evaluated in the following areas:

- Career development and goals (35 percent).
- Characteristics and abilities (35 percent).
- Achievements and activities (20 percent).
- Letter of reference (10 percent); applicants are required to submit one letter of reference, which must be from the applicant's academic supervisor.
 - The letter of reference should endorse the applicant's proposed interruption of his or her post-doctoral research program and explain how the health policy fellowship opportunity will benefit both the applicant and the supervisor's research program.

A full description of the evaluation criteria can be found on [MSFHR's website](#).

Funding Decision

Following application review, the highest rated, fundable applications (see Evaluation Criteria document) submitted for each policy assignment area will be identified. Applicants will be notified of the outcome of the review process upon completion of the review panel meeting. There is no appeal process.

Applicants will receive notification of the funding decision, as well as the summaries of reviewers' comments. A list of successful applicants will be published on MSFHR's website.

11. Reporting Requirements

Fellows must submit a final report to MSFHR within 30 days following the award end date. A final financial statement for the stipend and relocation and travel allowance (if used) must also be submitted by the fellow's host institution within 90 days after the end of the award. Final report templates will be provided to award recipients one month prior to the award end date.

Final reports will include details regarding the fellow's policy activities, policy assignment objectives and outcomes, and details about their fellowship experience. The materials may be used to promote the health policy fellowship, to draw attention to award recipients, and to raise awareness of MSFHR. As such, these materials may be featured in whole or in part in print and/or online communications materials prepared by MSFHR, the fellow's academic host institution, or by the host policy organization.

Policy assignment supervisors will be required to complete and submit a Fellow and Program Evaluation Form, which will be provided one month prior to the end date of the policy assignment. MSFHR reserves the right to contact the policy assignment supervisors at six and 12 months post-

assignment to determine the short- and middle-term outcomes and/or impacts of the fellows' policy activities towards informing decision-making, or if their work was used to or incorporated into policy.

Additionally, to inform evaluation and continued improvement of our award programs, you will be invited to provide feedback to MSFHR staff to determine areas of improvement for this funding opportunity.

12. Key Competition Dates

Action	Target Date
Competition launch	September 12, 2016
Competition deadline	November 4, 2016
Anticipated notice of funding decision	Week of January 16, 2017
Anticipated start of funding	February 1, 2017

13. How to Apply

In preparing an application, applicants must obtain an endorsement from their academic supervisor(s) as part of the letter of reference. The health policy fellowship is considered an interruption to an applicant's regular academic research program, therefore applicants must obtain an endorsement from their academic supervisor that confirms their ability to temporarily halt their current research program in order to fulfill the requirements of the fellowship.

Identification of a proposed policy assignment must be included as part of the application process. Detailed descriptions of policy assignment areas offered by BC MoH and participating health authorities can be viewed on MSFHR's website.

The application process for the MSFHR Health Policy Fellowship is comprised of two steps:

- Eligibility quiz
- Application

To complete your application, follow the steps outlined in the Instructions document. Please ensure that applications are complete and submitted by the deadline.

Submission Requirements

- All steps of the application must be submitted using MSFHR [ApplyNet](#), the Foundation's online application submission system.
- All documents uploaded onto MSFHR ApplyNet must be in .pdf format. No other formats will be accepted.

- As an applicant, you will be able to access a .pdf copy of the full application to review the information you have entered.
- It is the applicant's responsibility to review the .pdf copy of the application prior to submission to ensure that all data entered are complete and accurate. Once an application is submitted, it cannot be modified in any way.

All applicants and referees applying for the first time to MSFHR will need to register on MSFHR ApplyNet and create a system account email and password. Additional information on MSFHR ApplyNet can be found in the MSFHR ApplyNet FAQ document.

14. Contact Information

For questions regarding the application and submission process, please contact:

Rashmita Salvi

Manager, Research Competitions
604.714.2779
rsalvi@msfhr.org

Andrew Biagtan

Research Competitions Coordinator
604.714.6602
abiagtan@msfhr.org

For more information about the ApplyNet system or help with login information, please contact:

MSFHR Help Desk

604.714.6609
helpdesk@msfhr.org