Fleming Fellowship Scheme  
Referee Form

You have been asked to provide a reference for a candidate applying for a Fellowship under the Fleming Fellowship Scheme. References are an important part of the selection process and are treated in confidence by the selection team at the Fleming Fund. Further details of the Fleming Fund and Fleming Fellowship Scheme can be found below.

Referee Requirements

To provide a reference please complete the following documents:

1. A signed Referee Form (attached).
2. A one-page Reference Letter for the candidate, written by you on letterhead paper, providing your view on their perceived strengths and weaknesses and their potential to complete the Fleming Fellowship programme.

**The original documents and digital or scanned copies of the completed Referee Form and Reference Letter should be given to the applicant for submission with their application.**

*Thank you for assistance in identifying outstanding candidates for this programme  
We appreciate your professional opinion and the time taken to complete your reference.*

The Fleming Fund

The UK Government’s Department of Health and Social Care has established the Fleming Fund to respond to the global threat of antimicrobial resistance (AMR). The aim of the Fleming Fund is to address critical gaps in surveillance of antibiotic-resistant bacteria in low- and middle-income countries (LMICs) in Asia and Sub-Saharan Africa, which are set to bear the highest burden of antibiotic-resistant infections.

Political action has resulted in a roadmap for global response – the Global Action Plan on Antimicrobial Resistance (AMR)[[1]](#footnote-1), published by the World Health Organisation (WHO). This is the blueprint for a multi-stakeholder global response to averting the burden of AMR, produced in collaboration with the United Nations Food and Agriculture Organisation (FAO) and the World Organisation for Animal Health (OIE), together with the WHO comprising the Tripartite Alliance.

Aligned with this Global Action Plan, various agencies including the Fleming Fund have supported the development of National Action Plans and the building of the evidence base and guidance for AMR surveillance, in participating countries. The Tripartite Alliance has also supported this work.

Mott MacDonald has been appointed as the Fleming Fund Management Agent and is responsible for the management of the Fleming Fund Grants Programme. The Fleming Fund Grants Programme provides financial support to strengthen capacity gaps identified in the National Action Plans of the participating countries. Support is provided via three funding channels, over a five-year period from 2017 to 2021:

* Country Grants – to support the implementation of national action plans for AMR
* Fleming Fellowship Scheme – to provide continuing professional development and leadership training opportunities for relevant fellows
* Regional Grants – supporting regional approaches to data sharing, use and response to AMR

The Fleming Fellowship Scheme

Aims and Objectives

The aim of the Fleming Fellowship Scheme is to advance the goals of the Fleming fund by supporting the professional development of key practitioners and change-makers in selected countries.

The objectives are:

* To enhance investments made through Country and Regional Grants for improved AMR and Antimicrobial use (AMU) surveillance.
* Encouraging peer-to-peer learning and joint problem-solving through participation in One Health communities of practice.
* Contribute to the global dialogue on combatting resistance.

The Fleming Fellowship Scheme focusses on professional development, capacity development and the promotion of a One Health approach.

Scope of the Fleming Fellowship Scheme

Initially the Fleming Fellowship Scheme will focus on ‘Professional Fellows’ from both the human health and animal health sectors who play an important role in implementing AMR and AMU surveillance in each eligible country. Professional Fellows will be drawn from laboratory technologists, medical and veterinary epidemiologists, clinical microbiologists or pharmacists.

The Fellowship Scheme will provide mentoring and support to improve skills and leadership capacity in the following areas:

* Quality of AMR diagnostic data.
* AMR and AMU data collection, management and analysis.
* Use of surveillance results to guide decisions and actions relating to AMR and to respond to inappropriate AMU.

Professional Fellows

Professional Fellows will be drawn from designated ‘Beneficiary Institutions’ in their country. Beneficiary Institutions are institutions that play an important role in implementing or supporting AMR or AMU surveillance within national surveillance systems. The purpose of the Fellowships is to strengthen the Beneficiary Institutions’ capacity to address AMR and AMU at the same time as providing professional development for the Fellows.

Fleming Fellowships will:

* **Focus on advanced skills and leadership** to promote the application of best practice in workplace settings.
* **Focus on capacity development** of key individuals in the context of strengthening capacity of the Beneficiary Institutions supported by the Fleming Fund.
* **Utilise a One Health approach**: Fellowships will incorporate learning activities that cross the human, animal, and environmental sectors.

The Fellowships will be implemented by selected Host institutions (see below) and paid for by the Fleming Fund. The Host Institutions will nominate mentors, who will be experts in the relevant fields. The mentors will work with the selected Fellows to plan and deliver personalised professional workplans that could include:

* **Mentorship**: the mentor will be the Fellow’s main point of contact within the Fellowship Scheme, providing a combination of remote and in-person support, including at the Beneficiary Institution.
* **Secondments**: Fellows may spend some time seconded into another workplace. Host Institutions will facilitate such secondments so that Fellows learn how other organisations work and gain applied knowledge and skills that can be taken back to the Beneficiary Institution.
* **Collaborative projects with colleagues and/or other Fellows**: Host Institutions will work with Fellows, their Beneficiary Institutions and sometimes other Host Institutions to identify relevant projects for applied learning. Collaborative projects will include a One Health component and/or inter-disciplinary work within or between countries. Host Institutions will support the Fellows and collaborative project participants to design and implement these projects as an integral part of their applied learning programme.
* **Specialised training**: Fellows may also benefit from specialised training in laboratory systems, surveillance or data analysis methods including One Health principles and approaches.

Fellowship packages delivered by Host Institutions will also provide institutional support and advice to the Beneficiary Institutions. Activities could include:

* **Capacity building for senior managers**: this could include participation in communities of practice, trainings or symposia, where this is feasible and cost-effective.
* **Participation in consultation meetings or workshops with mentors and visiting experts**: when practical, Host Institutions will assist other professionals from the Fellow’s workplace to benefit from the guidance of mentors and technical experts during country visits, for example, by running seminars or providing practical support in the workplace setting.
* **Contributions to journals, publications and symposia**: where linkages with Host Institutions create opportunities for collaborative projects, efforts will be made to involve local professionals in uptake and dissemination of results, as well as the development of presentations and publications.

A priority for the Fleming Fellowship Scheme is the effective collaboration and building of networks and communities amongst Fellows and Host Institutions, across sectors, disciplines and countries. The Fleming Fund Management Agent will lead on facilitating this process with the support of Host Institutions.

The AMR Coordination Committee (AMRCC) and other national stakeholders:

* Have been involved in identifying strategic and thematic priorities for the Fleming Fellowship Scheme. They have also helped to identity appropriate Beneficiary Institutions, the staff of which are eligible to apply for Fellowships.
* May recommend individuals to apply for Fellowships.
* Will be consulted in the final selection of Fellows although the final decision to select Fellows rests with the Fleming Fund Management Agent and the UK Department of Health and Social Care.
* May also recommend potential Host Institutions who are best placed to address the capacity development needs of the Fellowships respectively.

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| **FLEMING FELLOWSHIP SCHEME: REFEREE FORM** | | | | | | | | | | |
| Referee’s Name |  | | | | | | | | | |
| Position |  | | | | | | | | | |
| Organisation Name |  | | | | | | | | | |
| Address |  | | | | | | | | | |
| Telephone Number |  | | | | | | | | | |
| Email Address |  | | | | | | | | | |
| Candidate’s Name |  | | | | | | | | | |
| How long have you known the candidate? | | | | | | | | | | |
| In what capacity do you know the candidate? | | | | | | | | | | |
| *Please choose the category that best describes the candidate against other colleagues, employees or students you have worked with* | | | | | | | | | | |
| **Qualities** | | **Top 5%** | **Top 10%** | **Top 20%** | | **Above average** | **Average** | | **Below Average** | **Unable to Comment** |
| Intellectual ability and academic standard | |  |  |  | |  |  | |  |  |
| Research ability | |  |  |  | |  |  | |  |  |
| Oral communication skills | |  |  |  | |  |  | |  |  |
| Written communication skills | |  |  |  | |  |  | |  |  |
| Ability to clearly express ideas | |  |  |  | |  |  | |  |  |
| Ability to analyse / synthesise information | |  |  |  | |  |  | |  |  |
| Adaptability to new situations / ideas | |  |  |  | |  |  | |  |  |
| Ability to take direction / criticism | |  |  |  | |  |  | |  |  |
| Organisational skills | |  |  |  | |  |  | |  |  |
| Independence and initiative | |  |  |  | |  |  | |  |  |
| Resourcefulness and creativity | |  |  |  | |  |  | |  |  |
| Ability to work in a team environment | |  |  |  | |  |  | |  |  |
| Leadership potential | |  |  |  | |  |  | |  |  |
| Ability to build and maintain relationships | |  |  |  | |  |  | |  |  |
| Personal integrity / honesty | |  |  |  | |  |  | |  |  |
| Emotional stability | |  |  |  | |  |  | |  |  |
| Motivation | |  |  |  | |  |  | |  |  |
| Enthusiasm / passion for the discipline | |  |  |  | |  |  | |  |  |
| Potential for future contribution to the discipline | |  |  |  | |  |  | |  |  |
|  | | | | | | | | | | |
| Signature | |  | | | Date (dd/mm/yy) | | |  | | |

1. [World Health Organization (2015) Global action plan on antimicrobial resistance http://www.wpro.who.int/entity/drug\_resistance/resources/global\_action\_plan\_eng.pdf](http://www.wpro.who.int/entity/drug_resistance/resources/global_action_plan_eng.pdf) [↑](#footnote-ref-1)