**Job Description: Director of Public Health (N Ireland)**

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| *This specimen generic job description is intended to assist employers in Northern Ireland in establishing Director of Public Health posts. These are Board level appointments with executive responsibilities. These senior public health roles are for those who have completed higher specialist training in public health or equivalent and are on the GMC Specialist Register or GDC Specialist List in dental public health or UK Public Health (Specialist) Register. Posts are normally open to appropriately qualified candidates from a variety of public health disciplines including medicine. Differences in the organisational details of how services are delivered in the UK should be reflected in the job description, but the criteria in the specimen person specification are the recommended* ***minimum*** *requirements for all posts. This provides a framework, but locality and post specific details should be added as indicated.**The Faculty recommends that* ***an outline job plan*** *with indicated programmed activities should be attached to the job description and should include appropriate time for CPD and other activities such as appraisal etc.* |
| Employing organisation: | Specify name of employing organisation(s) – e.g. Public Health Agency |
| Job title | Director of Public Health(Full Time/Part Time/Job Share) |
| Accountable to | The postholder will be dually accountable:* professionally to the Public Health Agency
* managerially to the Chief Executive
 |
| Managerial responsibility for: | All staff within the public health directorate |
| Appointment  | This is a full time/part time/job share post for a DPH <specify whether the post is a new or a replacement post> to the Public Health Agency. In the case of joint appointments, details of all organisations must be given. |

**Context**

The Director of Public Health post will understand and enhance the health of the people of Northern Ireland and adopt an approach which:

* Understands the link between economic success and good health and takes a long-term approach to strategic improvement in both
* Develops a clear, targeted long-term strategy that ensures health and social care, education, housing, jobs and economic policies and infrastructure are shaped in ways which deliver maximum improvements in health and wellbeing
* Minimises the adverse effects of demographic change and potential threats from poor health on the long term competitiveness of Northern Ireland. The challenges of a growth in numbers of older people and people with disabilities will require a medium-term strategy.

These roles are derived from Government policy and clearly identifies the unique contribution which local authorities and agencies can make to improve the health and wellbeing of communities through:

* Their statutory responsibilities and powers with respect to health protection and health scrutiny
* The level, distribution and quality of services they directly commission or provide
* Strategic leadership-promoting and supporting partnership working by public and private sector agencies on key priorities such as community safety, alcohol and drugs prevention and treatment
* Community leadership-enabling Members to engage effectively with their communities with respect to health and intelligently holds the NHS and the local authority to account
* Advocacy and influence-national and local policy development

The Director of Public Health is appointed according to procedures that replicate the statutory process for senior appointments to the NHS, including an Advisory Appointment Committee.

**Job Summary**

1. **The Role**

The Director of Public Health is a registered public health specialist (i.e. included in the GMC Specialist Register/GDC Specialist List or UK Public Health Register (UKPHR)). S/he is a visionary and transformational leader with a full understanding of relationships and culture of organisations that impact on the wider determinants of health as well as health services.

The Director of Public Health is a statutory member and main source of health advice to the Health and Wellbeing Board. S/he has a statutory responsibility to produce an independent annual report on the health of the population, progress on improving health and reducing inequalities and making recommendations.

The Director of Public Health leads a team within the local authority responsible for the development of a strategic needs assessment for the local population and for the delivery of:

1. **Health Improvement**
* developing healthy, sustainable and cohesive communities
* developing healthy lifestyles for individuals and communities
* tackling specific issues based on local needs assessment such as childhood obesity, smoking,
* developing a strategy for reducing health inequalities
1. **Health Protection**
* dealing with infectious disease threats including food and water borne disease
* preparing for emergencies including pandemic influenza
* providing advice and challenge, especially advising on environmental threats including pollution, noise and contaminated land
1. **Health services public health**
* population health care such as immunisation and screening programmes
* supporting the commissioning of appropriate, effective, and equitable health care from the HSC locally

Clearly to develop and deliver the strategic vision of the local authority, the DPH is part of the senior team leading the organisation and is directly accountable to the Chief Executive.

1. **The Director of Public Health is:**
* Trustworthy and independent, professional accountable to the Chief Medical Officer, Department of Health Northern Ireland;
* Trained and experienced in all areas of public health practice and registered with the GMC or another appropriate regulatory body and accountable to them for their professional practice including ethical standards;
* Able to demonstrate corporate skills in strategic leadership within an organisation;
* A skilled and trusted communicator at all times particularly in a crisis;
* Strongly committed to teaching and research in collaboration with academic departments;
* Up to date and can demonstrate continuing professional development through appraisal and revalidation as a specialist with the GMC or other regulator;
* Highly visible to ensure in-depth knowledge of local communities and better working between the public and local organisations;
* Able to show intellectual rigour and personal credibility to collaborative working and commissioning processes;
* Demonstrably accomplished in improving the health of communities; and
* Able to lead across all local authority functions to district councils, HSC bodies, the private sector and the third sector indicating the impact of investment on public health and inequalities.
1. **The Director of Public Health will**
* Produce an independent annual report on the health of the population, progress on improving health and reducing inequalities and making recommendations;
* Be principal adviser regarding the assessed needs of the population and proven interventions to improve health;
* Provide specialist public heath advice to commissioners on priorities for health and social care spending and the appropriate configuration of services within and between local authorities;
* Support Local Resilience Fora, or equivalent, in developing comprehensive multi agency plans for the anticipated threats to public health;
* Have full access to the papers and other information that they need to inform and support their activity, and day to day responsibility for their authority’s ring-fenced public health budget; and
* Be Principal Advisor on all health matters to members and officers across local government.
1. **Management arrangements**

The Director of Public Health will be professionally accountable to the Chief Medical Officer, Department of Health Northern Ireland, and managerially accountable to the Chief Executive of the Public Health Agency. Professional appraisal will be required.An initial job plan will be agreed with the successful candidate prior to that individual taking up the post. This job plan will be reviewed as part of the annual job planning process.

1. **The Director of Public Health will:**
* Manage <insert number> staff (including trainees) (include details of line management duties, recruitment, appraisals, disciplinary and grievance responsibilities)
* Manage budgets <insert details>
* Be expected to take part in on call arrangements for communicable disease control/health protection as appropriate depending on local arrangements
* Manage Specialty Registrars in Public Health)

**Professional obligations**

1. **The Director of Public Health will be expected to:**

## Participate in the organisation’s staff appraisal scheme and departmental audit, and ensure appraisal and development of any staff for which s/he is responsible.

## Contribute actively to the training programme for Foundation Year Doctors/Specialty Registrars in Public Health as appropriate, and to the training of practitioners and primary care professionals within the locality *(if the postholder designs and delivers core training, specify as applicable and give details of postholder’s involvement e.g. lead trainer, trainer on a module, develops training for others, etc)*

## Pursue a programme of CPD, in accordance with Faculty of Public Health requirements, or other recognised body, and undertake revalidation, audit or other measures required to remain on the GMC/GDC Specialist Register or the UK Public Health (Specialist) Register or other specialist register as appropriate.

These professional obligations should be reflected in the job plan. The post-holder may also have external professional responsibilities, e.g. in respect of training or work for the Faculty of Public Health. Time allocation for these additional responsibilities will need to be agreed with the line manager.

1. **Wellbeing**

Effective local occupational health support (confidential, includes modalities of self-referral, promoted regularly at induction and when in post) e.g. The post holder should usually have access to the Occupational Health (OH) Department, (full address, telephone and email). The OH team should have access to a physiotherapist and psychologist, and the post holder may self-refer or be referred through their manager. The post holder should have access to counselling, including face-to-face, and well as legal and financial support and other wellbeing resources. Information about Occupational Health will be disseminated at the induction and regularly when in post to ensure the post holder has timely access to the details if help seeking is necessary.

Availability of local initiatives/resources that promote workforce wellbeing (for example, self- care, work-life balance, stress management, coaching/mentoring, peer group support).

1. **Work programme**

It is envisaged that the post holder will work XX programmed activities over XX days. Following appointment there will be a meeting at no later than three months with the line manager to review and revise the job plan and objectives of the post holder. The overall split of the programmed activities is 7.5 to be devoted to public health duties and 2.5 to supporting professional activities (as per the Academy of Medical Royal Colleges recommendation). The timetable is indicative only. A formal job plan will be agreed between the post holder and the line manager (usually the DPH) three months after commencing the post and at least annually thereafter.

These professional obligations should be reflected in the job plan. The post-holder may also have external professional responsibilities, e.g. in respect of training or work for the Faculty of Public Health. Time allocation for these additional responsibilities will need to be agreed with the line manager. A suggested draft timetable is below (delete if not required):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | **Time** | **Location** | **Work** | **Category** | **No. of PAs** |
| **Monday** | AM |  |  | PHD/ SPA | XX |
| PM |  |  | PHD/ SPA | XX |
| **Tuesday** | AM |  |  | PHD/ SPA | XX |
| PM |  |  | PHD/ SPA | XX |
| **Wednesday** | AM |  |  | PHD/ SPA | XX |
| PM |  |  | PHD/ SPA | XX |
| **Thursday** | AM |  |  | PHD/ SPA | XX |
| PM |  |  | PHD/ SPA | XX |
| **Friday** | AM |  |  | PHD/ SPA | XX |
| PM |  |  | PHD/ SPA | XX |
| **On- call work** (if appropriate)  |  |  |  |  | XX |
| **Total PAs** | Public health duties  | XX |
| Supporting professional activities | XX |

1. **Key tasks**

The job description will be subject to review in consultation with the post holder in the light of the needs of the employing organisation and the development of the speciality of public health and any wider developments in the field of public health.

**GENERAL CONDITIONS**

***Terms and conditions of service***

The post is subject to general HSC Terms and Conditions of Service and relevant organisational employment policies.

Those candidates who meet the requirements for appointment as a Consultant in Public Health Medicine will be eligible for the NHS Consultant Contract (*England, Wales, Scotland, N Ireland as appropriate*), DPH salary scale with appropriate supplement A, B, C or D (depending on the population size), £ <*insert amount*> to £ <*insert amount* >.

Those candidates appointed as Consultants in Public Health will be eligible for NHS VSM salary scales.

***On call arrangements***

The postholder may be expected to be on call for health protection and public health and to participate in the communicable disease and environmental hazards control and emergency planning arrangements for <*specify locality*>. Suitable training will be provided for those who need it in discussion with the Health Protection Agency.

**Indemnity**

As the postholder will only be indemnified for duties undertaken on behalf of the Public Health Agency the postholder is strongly advised to ensure that he/she has appropriate professional defence organisation cover for duties outside the scope of the *<name of employing organisation>* and for private activity within *<name of employing organisation>*. For on call duties provided to other organisations as part of cross cover out of hours arrangements the NHS Litigation Authority has confirmed that those organisations will provide indemnity for the postholder. *These arrangements may differ across the four countries.*

***Flexibility***

The postholder may, with their agreement - which should not reasonably be withheld - be required to undertake other duties which fall within the grading of the post to meet the needs of this new and developing service. The employing organisation is currently working in a climate of great change. It is therefore expected that all staff will develop flexible working practices both within any relevant local public health networks and at other organisational levels as appropriate, to be able to meet the challenges and opportunities of working in public health within the new and existing structures.

***Investors in People (include this paragraph if applicable)***

The employing organisation has made a public commitment to work towards the National Investors in People and Improving Working Lives standards. All Directors and staff will demonstrate their ownership of and their support for these goals through management and corporate action.

***Confidentiality***

A consultant has an obligation not to disclose any information of a confidential
nature concerning patients, employees, contractors or the confidential business
of the organisation.

***Public Interest Disclosure***

Should a consultant have cause for genuine concern about an issue (including
one that would normally be subject to the above paragraph) and believes that
disclosure would be in the public interest, he or she should have a right to
speak out and be afforded statutory protection and should follow local
procedures for disclosure of information in the public interest.

***Data protection***

If required to do so, the postholder will obtain, process and/or use information held on a computer or word processor in a fair and lawful way. The postholder will hold data only for the specified registered purpose and use or disclose data only to authorised persons or organisations as instructed in accordance with the Data Protection Act.

***Health and safety***

Employees must be aware of the responsibilities placed on them by the Health & Safety at Work Act (1974) and its amendments and by food hygiene legislation to ensure that the agreed safety procedures are carried out to maintain a safe condition for employees, patients and visitors.

***Smoking policy (amend as appropriate)***

The employing organisation has a policy that smoking is not allowed in the work place.

***Equal opportunities policy***

It is the aim of the employing organisation to ensure that no job applicant or employee receives less favourable treatment on grounds of gender, religion, race, colour, sexual orientation, nationality, ethnic or national origins or disability or is placed at a disadvantage by conditions or requirements which cannot be shown to be justifiable. To this end, there is an Equal Opportunities Policy in place and it is for each employee to contribute to its success.

**Appendix I: Competencies expected of all public health consultants / specialists**

**(Based on the 2022 PH Specialty Training Curriculum)**

All consultants irrespective of their background are expected to be proficient in the competencies set out below.

* 1. **Use of public health intelligence to survey and assess a population’s health and wellbeing**

To be able to synthesise data from multiple sources on the surveillance or assessment of a population’s health and wellbeing and on the wider environment, so that the evidence can be communicated clearly and inform action planning to improve population health outcomes.

* 1. **Assessing the evidence of effectiveness of interventions, programmes and services intended to improve the health or wellbeing of individuals or populations**

To be able to use a range of resources to generate and communicate appropriately evidenced and informed recommendations for improving population health across operational and strategic health and care settings.

* 1. **Policy and strategy development and implementation**

To be able to influence and contribute to the development of policy and lead the development and implementation of a strategy.

* 1. **Strategic leadership and collaborative working for health**

To use a range of effective strategic leadership, organisational and management skills, in a variety of complex public health situations and contexts, dealing effectively with uncertainty and the unexpected to achieve public health goals.

* 1. **Health Improvement, Determinants of Health, and Health Communication**

To influence and act on the broad determinants, behaviours and environmental factors influencing health at a system, community and individual level to improve and promote the health of current and future generations. To be proactive in addressing health inequalities and prioritising the most vulnerable or disadvantaged groups in the population.

* 1. **Health Protection**

To identify, assess and communicate risks associated with hazards relevant to health protection, and to lead and co-ordinate the appropriate public health response. To understand how those risks associated with hazards relevant to health protection may be influenced by climate change and environmental degradation currently and in the future.

* 1. **Health and Care Public Health**

To be able to improve the efficiency, effectiveness, safety, reliability, responsiveness, sustainability and equity of health and care services through applying insights from multiple sources including formal research, health surveillance, needs analysis, service monitoring and evaluation.

* 1. **Academic public health**

To add an academic perspective to all public health work undertaken. Specifically to be able to critically appraise evidence to inform policy and practice, identify evidence gaps with strategies to address these gaps, undertake research activities of a standard that is publishable in peer reviewed journals, and demonstrate competence in teaching and learning across all areas of public health practice.

* 1. **Professional, personal and ethical development**

To be able to shape, pursue actively and evaluate your own personal and professional development, using insight into your own behaviours and attitudes and their impact to modify behaviour and to practise within the framework of the GMC's Good Medical Practice (as used for appraisal and revalidation for consultants in public health) and the UKPHR’s Code of Conduct.

* 1. **Integration and application for consultant practice**

To be able to demonstrate the consistent use of sound judgment to select from a range of advanced public health expertise and skills, and to use them effectively, working at senior organisational levels, to deliver improved population health in complex and unpredictable environments.

**Appendix II: Person Specification for Director of Public Health (Northern Ireland)**

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| **IMPORTANT: This person specification contains changes introduced in amendments made to the NHS (Appointment of Consultants) Regulations for England, Scotland, Northern Ireland and Wales which came into force during 2005. Further amended in June 2015, and September 2018.** |
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| **Education/Qualifications** | ***Essential*** | ***Desirable*** |
| [The National Health Service (Appointment of Consultants) Regulations 1996 (legislation.gov.uk)](https://www.legislation.gov.uk/uksi/1996/701/regulation/4/made)In line with legislation, inclusion in the GMC Full and Specialist Register with a license to practice/GDC Specialist List **or** inclusion in the UK Public Health Register (UKPHR) for Public Health Specialists **at the point of application.** | X |  |
| If included in the GMC Specialist Register/GDC Specialist List in a specialty other than public health medicine/dental public health, candidates must have equivalent training and/or appropriate experience of public health practice | X |  |
| Public health **specialty registrar applicants** who are currently on the UK public health training program and not yet on the GMC Specialist Register, GDC Specialist List in dental public health or UKPHR **mus**t provide verifiable signed documentary evidence that they are within 6 months of gaining entry to a register at the date of interview. \* | X |  |
| If an applicant is UK trained in Public Health, they must ALSO be a holder of a Certificate of Completion of Training (CCT), or be within six months of award of CCT by date of interviewIf an applicant is non-UK trained, they will be required to show evidence of equivalence to the UK CCT *[see shortlisting notes below for additional guidance]* | X |  |
| Applicants must meet minimum CPD requirements (i.e. be up to date) in accordance with Faculty of Public Health requirements or other recognised body  | X |  |
| MFPH by examination, by exemption or by assessment, or equivalent | X |  |
| Masters in Public Health or equivalent |  | X |
| **Personal qualities** [Recruiters are welcome to refine these criteria to ensure good fit with post concerned] |  |  |
| Able to influence senior members including directors and CEOs | X |  |
| Able to both lead teams and to able to contribute effectively in teams led by junior colleagues | X |  |
| Commitment to work within a political system irrespective of personal political affiliations | X |  |
| **Experience**[Recruiters are welcome to refine these criteria to ensure good fit with post concerned] |  |  |
| Delivery of successful change management programmes across organizational boundaries  | X |  |
| Media experience demonstrating delivery of effective health behaviour or health promotion messages |  | X |
| Experience of using complex information to explain public health issues to a range of audiences | X |  |
| **Skills**[Recruiters are welcome to refine these criteria to ensure good fit with post concerned] |  |  |
| Strategic thinker with proven leadership skills and operational nous | X |  |
| Able to demonstrate and motivate organisations to contribute to improving the public’s health and wellbeing through mainstream activities and within resources | X |  |
| Ability to lead and manage the response successfully in unplanned and unforeseen circumstances | X |  |
| Analytical skills able to utilize both qualitative (including health economics) and quantitative information  | X |  |
| Ability to design, develop, interpret and implement strategies and policies | X |  |
| **Knowledge**[Recruiters are welcome to refine these criteria to ensure good fit with post concerned] |  |  |
| In depth understanding of the health and care system and the relationships with both local national government | X |  |
| In depth knowledge of methods of developing clinical quality assurance, quality improvement, evaluation and evidence based public health practice | X |  |
| Strong and demonstrable understanding of interfaces between health, social care and key partners (dealing with wider determinants of health) | X |  |
| Understanding of the public sector duty and the inequality duty and their application to public health practice | X |  |
| **Equality and diversity** |
| An understanding of and commitment to equality of opportunity and good working relationships, both in terms of day-to-day working practices, but also in relation to management system | X | I |

***\*Applicants going through the portfolio registration routes (GMC or UKPHR) are not eligible to be shortlisted for interview until they are included on the register. The six-month rule does not apply to these portfolio route applicants.***

**Appendix III: shortlisting notes**

1. **Applicants in training grades**
	1. *Medical and dental applicants*

All medical/dental applicants must have Full and Specialist registration (with a license to practice) with the General Medical Council or General Dental Council (GMC/GDC), **or be eligible for registration within six months of interview.** Once a candidate is a holder of the Certificate of Completion of Training (CCT), registration with the relevant register is guaranteed.

Applicants that are UK trained, must ALSO be a holder of a Certificate of Completion of Training (CCT), **or be within six months of award of CCT** by date of interview demonstrated by a letter from the Training Programme Director (TPD).

* 1. *Non-Medical Applicants in training programme*

All nonmedical applicants must be registered with the UKPHR or be within six months of registration at the date of the interview. Applicants must provide proof (letter of confirmation from UKPHR or the CCT) at interview.

1. **Applicants in non-training grades**

Applicants that are non-UK trained, will be required to show evidence of equivalence to the UK CCT.

Applicants from a medical background will be expected to have gained full specialist registration with the GMC through the Certificate of Eligibility for Specialist Registration (CESR) route.

Applicants from a background other than medicine are be expected to have gained full specialist registration with the UKPHR at the point of application.

**Employers are advised that individuals are not eligible for and should not be shortlisted for consultant in public health posts (including DPH posts) until such point as they have gained entry to the GMC Specialist Register/GDC Specialist List in dental public health/UK Public Health (Specialist) Register. Although an applicant may be able to provide documentary evidence that a portfolio application is in progress, no guarantee can be made as to the outcome of an application to the GMC/GDC/UKPHR specialist registers. The exception to this is when the candidate holds the CCT.**

**The above guidance applies to applications for both general and defined specialist registration with the UKPHR. Individuals with defined specialist registration are eligible for consideration for shortlisting for, and appointment to, consultant posts including those at DPH level. In all appointments, employers will wish to ensure that an applicant’s areas of competence meet those required in the person specification.**