**Job Description: Consultant in Public Health**

*This specimen generic job description is intended to assist employers in the UK in establishing Consultant in Public Health (CPH) posts. These senior public health roles are for those who have completed higher specialty training in public health or equivalent and are on the GMC/GDC Specialist Register or UK Public Health (Specialist) Register. Public health is a medical specialty but also has non-medical routes of entry whose members have either undergone a postgraduate medical training under the direction of a Medical Royal College or have satisfied the UK Public Health Register (UKPHR) standards for specialist registration based on an assessed portfolio of leadership experience in public health practice equivalent to that of someone already working at a specialist level. Applicants from both the medical and non-medical routes of entry have equal status as public health consultants. 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 of Public Health recommends that an outline job plan with indicated programmed activities should be attached to the job description and should include appropriate time for CPD, appraisal and revalidation and other activities such as audit etc.*

**CONSULTANT IN PUBLIC HEALTH**

**Employing organisation:** [Name of employing organisation]

**Title:** Consultant in Public Health/Consultant in Public Health Medicine

(Full Time/Part Time/Job Share)

**Accountable to:** The post-holder will be dually accountable:

* professionally to the employing authority [specify]
* managerially to the employing organisation via the line manager, usually the Director of Public Health or equivalent [specify]

**Grade:** NHS Consultant (dependent on experience and qualifications) or NHS Agenda for Change Scale 8d/9/Appropriate Local Authority Scale (the scale will be dependent on job description grading at local level, but if it is widely different from the consultant scale local authorities are advised to seek professional advice on job evaluation) or equivalent. Medically qualified individuals (GMC registrants) should be offered the appropriate point on the public health medical consultant pay scale appropriate to their years of seniority and placed on the national Public Health Medicine Consultant TCS.

**Strategically responsible for:** [Many public health consultant roles are change agent roles where the post-holder will expect to be responsible for improving or changing services or environments so as to improve health. They do this from the basis of assessment of need, an understanding of methods of meeting those needs and approaches to getting ownership across organisations and communities. It is helpful to give some broad indication of what problems you are expecting the consultant to solve]

**Managerially responsibility:** [number of people and/or budgets/team]

1. **Appointment**

This is a post for a CPH/CPHM [specify whether the post is new or a replacement post] employed by the [LA name] based at [specify location and if appropriate name of host organization(s) if different from/additional to employing organisation]. The post-holder is a health professional treating a population/communities. The populations served are [specify the population served]. It could be the population of the authority or could be narrower (e.g. part of an authority or a specific sector of the population) or a wider (e.g. a grouping of authorities or a health economy which includes areas or practice populations outside the authority).

1. **Job summary**

While the detail of the job outline will differ between employers, it is helpful to provide a short overview of the post. This should give more detail about the areas the post-holder is expected to influence and the problems they are expected to solve, capturing and detailing the seniority and high level of responsibility of the post and demonstrating that the post-holder has freedom to act, the breadth of knowledge, skills and expertise required, and the level of mental effort needed. A description of the working relationships, networks and the general working environment should be provided and should indicate whether the post-holder will be expected to instigate, develop or maintain these. Local authorities may wish to add other functions which are traditionally council functions, but which have a close relationship with or contribute to public health.

On behalf of the local authority, the post-holder working with the DPH and other consultant colleagues will lead on improving the health and wellbeing of the residents which is underpinned by the statutory duty placed on local government to take such steps as it considers appropriate to improve health of its residents. The post-holder will take responsibility for a strategic objective of the local authority and the Health & Wellbeing Board and act as a change agent to enable delivery of relevant outcome indicators from the public health, NHS and social care outcome frameworks. The post-holder will be expected to work across organisations, be able to influence budgets held by those organisations as well as advocate for change effectively, to improve population and planetary health. They may hold direct managerial responsibility for services and budgets which directly contribute to these objectives, but they will usually also have substantially greater strategic responsibilities across the council and other agencies.

1. **Strategic objectives (could include):**

Ensure development and maintenance of systems and processes to enable the authority to work with partners to respond to major incidents including health protection threats. He or she on behalf of the authority and the DPH will lead on those aspects that the Secretary of State delegates to the authority. She/he will ensure that partner organisations (UKHSA, OHID, ICSs and NHS England) have appropriate mechanisms, to enable surge capacity to be delivered as and when required.

On behalf of the authority to take responsibility for ensuring delivery of the public health mandated services such that the full range of benefits are delivered to residents of the authority. These services include sexual health services, NHS HealthCheck, specialist public health support to ICSs and this will include taking responsibility for the relevant outcome indicators within the UKHSA, OHID, NHS (and Social Care) Outcome frameworks and working across organisational boundaries.

To lead work across all Council directorates as well as influencing partnership boards (dealing with health determinants) to maximise health improvement opportunities and the reduction of inequalities in health outcomes amongst residents, both currently and for future generations. This will include using the Outcome Frameworks as well as exploring other relevant routinely collected data systems for suitable indicators.

To lead on improving health and social outcomes for a particular client group; early years, children, working adults, older adults, learning disabilities, mental health etc.

The work will include working across the entire Council, NHS bodies (the Council has a statutory duty to provide public health advice to ICSs and the Council’s Health and Wellbeing Board has a coordinating role for the whole of the health and care system) and other partner agencies. It will also involve influencing private sector, voluntary sector and community sector organisations that can impact on health, both currently and into future generations, and influencing the attitudes and behaviour both of professionals and of the population generally.

In delivering the strategic objectives the post-holder will be expected to demonstrate expertise in the full range of relevant competencies as set out by the Faculty of Public Health. This includes evaluation techniques, policy analysis and translation and ability to communicate effectively with a range of stakeholders including politicians. In addition to any direct responsibility for managing staff or budgets, he/she will be responsible for change and improvement in the agreed areas of work and for supporting the delivery of the statutory duty of the Council to take the steps it considers necessary to improve the health of its communities.

Public health consultants work as system leaders at strategic or senior management level or at a senior level of expertise such as epidemiology or health protection. The combination of leadership and managerial skills together with high level of technical skills and knowledge gives them a unique skill set essential for improving the health and wellbeing of populations.

They must be qualified as a public health specialist and be on the GMC, GDC or UKPHR specialist register.

Consultants have the same professional status irrespective of local line management arrangements and have experience in various areas of public health practice.

1. **The employing organisation and other organisations within the scope of the work**

General information about the employing organisation should be inserted here or in an annex. Details should be given about the local authority, local NHS organisations and other relevant organisations.

1. **Public health arrangements**

***Current staffing of the department or directorate of public health:***

Details of current staffing should be provided, and a copy of the current structure and organisation of public health services should be summarised, preferably by means of a chart. Line management details and/or team management and any training responsibilities should be included. If the post is outposted to another department or organisation, details should be given both of its place within that structure and of its links to the public health department, directorate or DPH.

***Resources:***

The post-holder working with the DPH will be expected to make best use of both public health department resources as well as influence the resources in the Council as a whole.

***Training and CPD arrangements***

Give details about whether the department is approved for the training of public health specialists (Foundation Programme, SHOs, Specialty Registrars in Public Health), the numbers taking part, and any other educational opportunities, including mandated CPD.

1. **Strategic responsibility and key tasks**

The strategic responsibility of the post-holder is to (repeat the strategic responsibility). In delivering that responsibility the post-holder is expected to demonstrate expertise across the full range of relevant competencies as set out by the Faculty of Public Health (Appendix 1) and where required, take responsibility for resolving operational issues. In negotiation with the DPH (and/or the council), the post-holder may be asked to take on responsibilities that are underpinned by any of the FPH competencies. Post-holders will be expected to maintain both the general expertise as well as develop topic-based expertise as required by the DPH and will be expected to deputise for the DPH as and when required.

***The range of duties expected of the post-holder include (please amend as you think appropriate):***

Taking responsibility for a range of public health issues and work across organisational and professional boundaries acting as a change agent managing complexity to deliver improvements in health and wellbeing.

Providing briefings on the health and wellbeing needs of local communities to Councillors, Council Officers, ICSs, the third sector, the public and partners. Where required to so, the post-holder will provide verbal briefing to Councillors, other colleagues and stakeholders in person which maybe at short notice.

Taking responsibility for development, implementation and delivery of policies. This may include taking the lead in developing detailed inter-agency and interdisciplinary strategic plans and programmes based on needs assessments which may lead to service specifications. The post-holder will be expected to contribute appropriately to the procurement process.

Providing expert public health support and whole system leadership to ensure an evidence-based approach for commissioning and developing high quality equitable services, within and across a range of organizations including voluntary, public and private sector. This includes the health service component of the mandated core service. This will include expertise in evaluation and development of appropriate KPIs.

Utilising (and if appropriate developing) information and intelligence systems to underpin public health action across disciplines and organisations. This may include providing leadership for collation and interpretation of relevant data including production of the JSNA. Working with the DPH, this will include the integration of the appropriate elements of the public health, NHS and social care outcomes frameworks within the systems developed by the local authority as well as with relevant partner organisations.

Supporting the DPH in the development and implementation of robust strategies for improving the health and wellbeing of local communities including ensuring qualitative and/or quantitative measurements are in place to demonstrate improvements. This may include taking responsibility for the judicious use of the ring-fenced public health grant and/or working with ICSs, Trusts, the contractor professions and UKHSA.

Providing the key local authority link to the research community, providing advice/support to colleagues and co-ordinating appropriate access to scientific information. The post-holder will be expected to take part in relevant research networks and to influence research programmes of such networks so that the research needs of the local authority are taken into account.

Taking responsibility for the training obligations of the directorate, including becoming the Educational Supervisor. These duties will be agreed jointly with the relevant Head of the School of Public Health.

***Underpinning much of these duties are public health tasks such as:***

Undertaking health needs assessments as required to enable actions to be taken to improve the health of the local population.

Developing prioritisation techniques and managing their application to policies, services and to help resolve issues such as the investment-disinvestment debate.

Effective communication of complex concepts, science and data and their implications for local communities, to a range of stakeholders with very different backgrounds.

Understanding of evaluation frameworks and applying those frameworks to the benefit of local communities.

A capacity to apply the scientific body of knowledge on public health to the polices and services necessary to improve health, both currently and for future generations, and to formulate clear practical evidence-based recommendations.

The understanding of human and organisational behaviour and the application of this knowledge to the achievement of change.

Inspire commitment to public health outcomes and to prevention as a core feature of public sector reform.

1. **Management arrangements and responsibilities (amend as appropriate)**

The post-holder will be professionally accountable to the employing authority and managerially accountable to the employing authority via their line manager, usually the Director of Public Health or equivalent. Professional appraisal will be required. An initial job plan will be agreed with the successful candidate prior to that individual taking up the post based on the draft job plan attached. This job plan will be reviewed as part of the annual job planning process.

The post-holder:

* will manage [insert number] staff (including trainees) (include details of line management duties, recruitment, appraisals, disciplinary and grievance responsibilities and ensure consistency with Section 5 above).
* will manage budgets [insert details] and be an authorised signatory.
* will be expected to take part in on call arrangements for communicable disease control/health protection as appropriate depending on local arrangements.
* will be expected to deputise for the Director/Head of Department as required.

1. **Professional obligations (amend as appropriate)**

These include:

Participate in the organisation’s staff appraisal scheme and quality improvement programme 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 and LAs management trainees as appropriate, and to the training of practitioners and primary care professionals within the locality In agreement with the DPH, becoming an Educational Supervisor.

Undertake an annual professional appraisal including completion of 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. In agreement with the DPH, contribute to the wider the public health professional system by becoming an appraiser or practitioner appraiser for a specified period of time.

In agreement with the DPH contribute as an appraiser or practitioner appraiser to the professional appraisal system.

Practise in accordance with all relevant sections of the General Medical Council’s Good Medical Practice (if medically qualified) and the Faculty of Public Health’s Good Public Health Practice and UKPHR requirements.

Contribute to medical professional leadership within the health system.

It is a duty of a health professional to foster scientific integrity, freedom of scientific publications, and freedom of debate on health matters, and public health professionals have a further responsibility to promote good governance and open government.

Public health practice must be carried out within the ethical framework of the health professions.

The post-holder will be expected to maintain effective, courageous, and responsible public health advocacy.

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** |  |  |  |  | XX |
| **Total PAs** | Public health duties | | | | XX |
| Supporting professional activities | | | | XX |

1. **On-call and cover arrangements**

Details of on-call rotas, frequency, area/services covered, specialty registrar support, other out-of- hours services.

On-call supplement.

Cover arrangements for post holder and responsibilities for covering colleagues during leave.

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. **Personal qualities**

The strategic objective of the post is to (repeat the strategic responsibility).

The post-holder will deal with complex public health and wellbeing challenges in a multi-organisational environment with widely differing governance and finance system and organizational cultures. It is expected that the post-holder will be able to cope with such circumstances as well as multiple and changing demands, and to meet tight deadlines. A high level of intellectual rigour, political awareness and negotiation and motivation skills as well as flexibility and sensitivity are required. The post holder will advise the health and wellbeing board and make recommendations regarding services, residents’ care and wider determinants of health and therefore a high level of tact, diplomacy and leadership is required including the ability work within the local political and at the same time maintain the ability to challenge and advocate for effective working and on specific issues in order to achieve public health outcomes. The achievement of public health outcomes and the successful pursuit of change are the purpose of the job and the metric against which performance will be assessed.

**Appendix 1: FACULTY OF PUBLIC HEALTH COMPETENCIES**

(Based on the 2022 Public Health Specialty Training Curriculum)

***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.

***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.

***Policy and strategy development and implementation***

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

***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.

***Health improvement, determinants of health and health communications***

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.

***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.

***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.

***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.

***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.

***Integration and application of competencies 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.

**SPECIMEN PERSON SPECIFICATION [amend as appropriate]**

**CONSULTANT IN PUBLIC HEALTH /CONSULTANT IN PUBLIC HEALTH MEDICINE**

|  |  |  |
| --- | --- | --- |
| **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** | | |
| **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 |  |
| Any public health **speciality registrar applicants** who are currently on the UK public health training programme and not yet on either the GMC, GDC or UKPHR specialist register **must** 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 interview. If an applicant is non-UK trained, they will be required to show evidence of equivalence to the UK CCT *[see shortlisting notes below)* | 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** |  |  |
| 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** |  |  |
| 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** |  |  |
| 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** |  |  |
| In-depth understanding of health and care system and relationships with both local & national government | X |  |
| In depth knowledge of methods of developing clinical quality assurance, quality improvement, evaluations 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 |  |

***\*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.***

**SHORTLISTING NOTES**

**Applicants in training grades**

***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 their Training Programme Director (TPD).

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

All non-medical 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 their TPD or the CCT) at interview.

**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 expected to have gained full specialist registration with the UKPHR at the point of application.

**Employers are advised that individuals should not take up 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 applicants will be able to provide documentary evidence that an 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.**

**GENERAL CONDITIONS**

**Local authority employers should add the following as appropriate to their policies and procedures.**

**Terms and conditions of service**

Authorities may:

1. Use health service medical and dental contracts for all applicants.
2. Use health service medical and dental consultant contracts for doctors and dentists and Agenda for Change contracts for other specialists (but this is not recommended after the introduction of statutory registration).
3. Use local authority conditions modified to reflect professional obligations.

**On call arrangements**

The post-holder 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 [LA area]. Suitable training will be provided for those who need it in discussion with the UK Health Security Agency. The post holder should be trained in EPRR and be able to support their organisation’s responsibilities as a Cat 1 responder (including participation in STAC or other rotas depending on local arrangements).

**Indemnity**

As the post-holder will only be indemnified for duties undertaken on behalf of [LA area] the post-holder is strongly advised to ensure that he/she has appropriate professional defence organisation cover for duties outside the scope of the [LA area] and for private activity within [LA area]. For on call duties provided to other organisations as part of cross cover out of hours arrangements the [LA area] has confirmed that those organisations will provide indemnity for the post-holder. These arrangements may differ across the four countries.

**Flexibility**

The post-holder 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.

**Confidentiality**

A consultant has an obligation not to disclose (other than in accordance with GMC guidelines) 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 has a duty of candour and 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 post-holder will obtain, process and/or use information held on a computer or word processor in a fair and lawful way. The post-holder 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 General Data Protection Regulation (GDPR).

**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 workplace.

**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.