



Public Health
England

Consultants in Public Health in Local Government and Higher Education Institutions

Guidance on appointing consultants in public health

Produced in partnership with the Local Government Association, Universities and Colleges Employers Association and the Faculty of Public Health



About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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1. Introduction

- 1.1 The establishment of Public Health England (PHE) on 1 April 2013 combined with the formal transfer of responsibility for the local delivery of public health to local government created a new context for the delivery of public health.
- 1.2 The UK Faculty of Public Health (FPH) (2010) defines public health as: “The science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society.”
- 1.3 The focus of public health is therefore on the health of the entire population, rather than the health of individuals, requiring a collective effort; addressing prevention, treatment and care from a population perspective. It is about making sure that services are safe, effective, appropriate and accessible to the whole population.
- 1.4 Because of the emphasis on populations and on economic, social and environmental factors, recent successive governments have seen one of the major concerns of public health as addressing inequalities in health across the population. The large variation in health outcomes associated with social, economic and environmental inequalities is one of the defining features of any local authority area. This variation is affected by inequalities within an area associated with variation in life expectancy in adjacent electoral wards of up to 17 years as well as between different areas of the country. The burden of premature mortality attributable to inequalities in England each year is very large and amounts to around 1.3 to 2.5 million years of life lost¹.
- 1.5 Since 1 April 2013, every upper tier and unitary local authority also now has a legal duty to improve the public’s health. They have taken on critical new functions in public health and now provide local leadership for public health, underpinned by new statutory functions, dedicated resources and an expert public health team, delivering a new focus on improving health and reducing health inequalities. This new role complements but also extends existing local authority functions in terms of maximising the wellbeing of citizens.
- 1.6 Public health research and activity within universities is a key part of the overall strategy to enhance evidence-based decisions to improve public health

¹ ref Marmot ref 7 which is Frontier Economics (2009) Overall costs of health inequalities. Submission to the Marmot Review. Suhrcke M (2009) The economic benefits of reducing health inequalities in England Submission to the Marmot Review. <http://www.instituteofhealthequity.org/>

practice. The outcomes and funding for this activity that was determined by the former primary care trusts and strategic health authorities now rests with PHE. This presents new opportunities through a national co-ordination of this work supported by PHE's regional operations.

- 1.7 The consultant in public health and the public health academic play a senior and significant role in this system whether working in PHE, local government or academia. The circumstances of the new system must be reflected in the arrangements for the appointment to consultant roles that are required. An approach is recommended that is based on the established practice for making these key appointments within an autonomous local government and academic organisation structure.
- 1.8 Posts should not be advertised or referred to as "public health consultant" unless they have been endorsed through this process as a quality assurance to both the applicants and the public which these posts serve.

Purpose of this guidance

- 1.9 This guidance sets out arrangements that are designed to provide local authorities and higher education institutions (HEIs) with confidence in the public health consultant and consultant academic appointments they make, build on their own good practice, while providing a risk managed and quality assured process.
- 1.10 The recruitment process described has been developed to maintain a national standard for the appointment of public health consultants and consultant academics having regard to the NHS (Appointment of Consultants) Regulations 1996² and the Department of Health's Good Practice Guidance (DHGPG)³. The guidance should be interpreted alongside existing local authority recruitment arrangements for posts of this seniority and HEI arrangements for the recruitment of clinical academic consultants.

² NHS (Appointment of Consultants) Regulations 1996, as amended. (S.I. 1996/701 as amended by S.I. 2002/2469, S.I. 2003/1250, S.I. 2004/696 and S.I. 2004/3365.)

³ The Good Practice Guidance is produced by the Department of Health as non-statutory guidance to supplement the regulations. It is intended only for medical and dental consultant posts. However, the guidance states that posts that are open both to medically qualified people and to people qualified in disciplines other than medicine (for example, the majority of appointments in public health) should follow similar processes, even though they fall outside the regulatory framework.

1.11 It also supports:

- promoting public health as a specialism of choice
- ensuring that the recruitment and selection procedure promotes a positive image of the recruiting organisation
- the recruitment of appropriately skilled people to enable the organisation to achieve its aims and objectives
- promoting objective, fair and transparent recruitment practices throughout public health
- ensuring that selection decisions are based on objective and justifiable criteria
- the maintenance of recruitment methods that are cost effective and efficient
- the principles of joint working between HEIs and the health service as set out in the “Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS⁴ and University Staff with Academic and Clinical Duties”, the Follett Report⁵

1.12 The guidance sets out a good practice standard and posts that are recruited to attaining this standard may be “endorsed by PHE and the FPH”. This endorsement can be used in post advertising, and other medium where this quality assurance is required. Only posts that have this endorsement will be recognised by PHE, the Faculty and the HEI where relevant as consultant level posts and be allowed to access the Clinical Excellence Awards Scheme through PHE and normally be eligible to be educational supervisors for specialty registrars.

⁴ In light of the changes to the structure of the NHS and the establishment of PHE and local authorities as public health providers through the Health and Social Care Act 2012, the Follett principles are equally applicable to PHE and local authorities where appropriate.

⁵ Report by Sir Brian Follett and Michael Paulson-Ellis into the appraisal, disciplinary and reporting arrangements for joint appointments between the NHS and universities – September 2001.

2. Particular requirements for consultant in public health appointments

- 2.1 Public health is about improving the health of large groups of people, rather than treating individual patients. Public health consultants strive to make communities and environments healthier and more capable of providing the general population with what they need for optimal health.
- 2.2 Responsibility for the health and wellbeing of the local population now largely rests with health and wellbeing boards supported by the local authority, which has a key role in the reformed public health system. This presents an opportunity for local authorities, who know their communities, to take decisions to ensure services are designed within the priorities of their strategic vision and resource constraints.
- 2.3 Public health consultants work to promote healthy lifestyles, prevent disease, protect and improve general health and improve healthcare services. They work across the spectrum from a rural community to the global population. Some consultants become experts in a specific area of public health, while others find that their job incorporates a cross-section of public health activities and research. It is this broad spectrum of background that can make it difficult to assess which consultant is the best fit for any particular role.
- 2.4 Consultants are required to have a broad understanding of all the factors that contribute to health, including the structure of healthcare systems and services, current government policy and how to interpret available data effectively. They need to be skilled at evaluating evidence to devise and implement strategies for improving and protecting health, and health services. They must be able to work on multiple projects at the same time, and be able to respond to emergencies. Tough negotiation skills and good powers of persuasion are critical attributes.
- 2.5 The consultant in public health has to be qualified as a public health specialist and on the GMC, GDC or UKPHR specialist register. They are also required to undertake CPD and revalidation to ensure they remain on the relevant specialist register and licenced to practice (where appropriate). This means that the consultant is qualified to FPH standards and formally regulated, including procedures to identify fitness to practise and apply sanctions if necessary. A consultant in public health will be able to properly plan and advise in one or all of the three domains of public health: health protection; health improvement; and the provision of health care and related services.

- 2.6 The public health academic, in addition to the above, will be involved in teaching and research. Research is driven by a requirement to determine an evidence base to support public health strategies and policies that improve public wellbeing at a local, national and, potentially, international level.
- 2.7 Public health specialists can be either medically qualified or from backgrounds other than medicine. It is therefore recommended that employers try to ensure, through the use of established or equivalent terms and conditions for public health consultants, that posts continue to have a broad appeal to the diversity of public health specialists to ensure that the best possible candidates are attracted and appointed.

Designing the consultant role

- 2.8 The FPH and Local Government Association (LGA) have provided a template job description and person specification for use in public health consultant appointments in local authorities. Much of this template document should also have broad applicability within a university setting in addition to the specific academic and lecturing responsibilities.
- 2.9 In order to ensure a national consistency for this level of role and that the potential consultant is appropriately qualified and competent, it is recommended that employers incorporate the template role requirements into their local job description format. For HEIs this will reflect Follett principles and will need to be adapted with reference to the appropriate honorary contract and joint working arrangements.
- 2.10 The qualification and registration details should be included in the job details and on the application form and candidates, if short-listed, should be asked to bring the relevant proof to the interview.
- 2.11 In each region of the UK, FPH has a Faculty adviser who is able to advise on the proposed job description. The Faculty adviser will check the job description, essential and desirable elements of the person specification and recruitment literature to ensure compliance with FPH key competencies and accountabilities for consultant level posts. The Faculty adviser will provide feedback to the local authority or university.
- 2.12 Advice can also be sought from PHE regional offices. FPH and PHE will work together to support the employer to develop a job description and person specification that they can both endorse as representing a consultant level post.
- 2.13 If a local authority or university has not already established a working

relationship with a Faculty adviser, it would be prudent to establish a connection at the outset of the recruitment and selection process. Contact details for all FPH Faculty advisers can be found at http://www.fph.org.uk/faculty_advisers.

An Advisory Appointment Committee

- 2.14 An Advisory Appointment Committee (AAC) is the name of the committee or panel under NHS (Appointment of Consultants) Regulations⁶ used to advise on the selection of, or make the selection of, consultant appointments. The way the committee undertakes the assessment of the qualifications, experience, capability and competence of prospective consultants will be familiar to both local government and academia and be a normal part of any robust recruitment and selection process at this senior level.
- 2.15 Where an AAC may be different is its recommended constitution to ensure that as a panel it has the right knowledge and experience to be able to assess consultants from diverse specialities and backgrounds. Thus, the panel provides a robust, tried and tested method for providing assurance of technical and professional skills, thereby reducing the risk to both the public and employer of the consequences of an inappropriate appointment.
- 2.16 A consultant advisory appointments committee, or local equivalent, will be convened in accordance with the recruitment policies and procedures of the employer. The precise constitution of the committee will vary depending on local circumstances.
- 2.17 In all cases, however, a committee must have an external professional assessor appointed after consultation with the FPH. Where clinical academic appointments are being made to include a “Follett” style honorary contract, the honorary contract holding body will also be engaged in the process.
- 2.18 An NHS AAC would normally include the equivalent of:
- the chief executive of the local authority or vice chancellor of the university or nominated representative.
 - the director of public health of the employing authority (or in the case of a university a person who has a similar functional and managerial role level). As an alternative the regional director of PHE, or nominated representative may be invited.

⁶ NHS (Appointment of Consultant) Regulations 1996 as amended

- an external professional assessor, appointed after consultation with the FPH. (the Faculty will normally provide names of assessors who are geographically distant from the recruiting organisation)
- a lay member (someone with an interest in public health who is not a public health specialist or employee of the employer)
- a public health consultant from the employing organisation (or if not available a consultant from another specialism or from a neighbouring organisation)

- 2.19 Local authorities and HEIs should have regard to this list in deciding their five core members of their appointment committee. The employing organisation may appoint such additional members as it considers appropriate.
- 2.20 Each individual member is required to be completely aware of his or her role on the committee and how to participate professionally and in compliance with the employer's recruitment and selection and equal opportunities policy and procedures.
- 2.21 When considering which candidate(s) to recommend for appointment, the overriding consideration of the committee must be to recommend the best candidate for the post. Selection should be based solely on the candidate's suitability for the post when compared with the person specification. Committees should always make a clear recommendation on the most appropriate candidate.
- 2.22 This recommendation or decision of the committee will be in accordance with local procedures (or regulation where it applies).
- 2.23 Any expenses relating to membership of an appointment committee will be subject to agreement with the employing body.

Planning to recruit to the post

- 2.24 Appointing to a senior role is a time consuming and resource intensive exercise. To get the most from the investment when recruiting a consultant planning for the appointment should begin as early as possible to ensure the full engagement of all the parties who will add value to the outcome. It is, therefore, important to plan the timetable for the whole process at the outset, so that all those involved – management, HR, specialist advisers, and potential applicants – are aware of the timetable.
- 2.25 Given the range of members on the appointment committee, the timetable for appointment should not be confirmed until after prospective members have been contacted and availability ascertained.

Advertising the post

- 2.26 The advertising methods and media should be selected in order to attract the widest possible field of suitably qualified candidates. Notwithstanding, local authorities' and universities' local policies on advertising the DHGPG⁷ recommends that posts should be advertised in at least two places.
- 2.27 Typically, advertisements are placed in nationally distributed printed journals that would normally be associated with such posts – for example, the *British Medical Journal* or *Health Service Journal* and nationally available internet sites such as NHS Jobs. It is recommended that at least one advertisement should appear in a printed journal. This will increase the chances of attracting suitably qualified applicants from established professional networks.

Multidisciplinary public health

- 2.28 The majority of consultant posts are open to applicants from a variety of professional public health backgrounds both medical and non-medical. Appendix A provides information on the professional requirements relating to the appointment of a public health consultant and addresses issues of salary assessment.

⁷ The Good Practice Guidance was produced by the Department of Health as non-statutory guidance to supplement the NHS (Appointment of Consultants) Regulations.

3. Roles in the appointments of consultants in public health

The role of PHE in appointing a consultant in public health

- 3.1 PHE will support the employer through providing assurance that a robust and appropriate recruitment and selection process is proposed to be undertaken and should result in the employer being confident that their preferred candidate has the necessary technical, professional and strategic leadership skills and experience to perform the role proven by their specialist competence, qualification and professional registration.
- 3.2 In order to provide this assurance PHE will:
- agree with the employer that the local job description has the necessary technical and professional skills required and has appropriate public health responsibility and accountability for a consultant role
 - offer advice in relation to the recruitment and selection process, including the appointment of FPH assessors
 - provide a local senior professionally qualified member of PHE to participate in the local advisory appointment committee if required, and
 - where participating in the committee, ensure that the local authority has verified that their preferred candidate has the necessary specialist public health qualifications, skills and experience and appropriate registration to undertake the role
 - in the case of academic appointments, acknowledge the application of the principles of joint working between university employers and PHE
- 3.3 PHE regional or centre directors will manage the process in relation to PHE's role in their area.
- 3.4 Regional and centre directors will work with local government and academia in any area where there is a consultant vacancy to ensure a robust and transparent appointment process is established and a timescale for recruitment and appointment agreed.

The role of the FPH in appointing a consultant in public health

- 3.5 The FPH oversees the quality of training and professional development of public health consultants in the UK and sets the professional standards in the discipline. The FPH embraces the wider multidisciplinary public health workforce. It also provides advice on continuing professional development, appraisals, revalidation, good practice and practitioner development.

- 3.6 External professional assessment and advice provided by the FPH provides the assurance that public health consultants, have the necessary technical and professional skills required to promote, improve and protect health and provide high level, credible, peer-to-peer advice to the NHS about public health in relation to health services.
- 3.7 This is based on the Faculty's knowledge of training, professional development and standards and its ability to provide independent assessment and advice to local authorities on these issues.
- 3.8 The role of the FPH in the appointment process is to:
- provide advice to the employer on the consultant job description, advert and person specification and to give a definitive opinion as to whether they fulfil the technical and professional elements required to protect and improve health and provide advice on health services. Employers will need to give strong weight to this opinion, as it will be used in evidence by PHE in assessing the endorsement of a consultant role.
 - provide a representative of the FPH to act as an assessor to sit on the advisory appointments committee for every consultant appointment to assess and advise on the necessary technical and professional skills, qualifications and professional registration issues.
 - (The local authority can obtain a selected list of appropriate faculty assessors from the FPH. Regional Faculty advisers are able to assist in identifying the appropriate type of assessor, medical/non-medical, background experience or existing role dependent on job being appointed to)
 - confirm to the local authority whether their preferred candidate has the necessary specialist public health skills to undertake the role
 - provide evidence to the employer and PHE if a candidate does not have the specialist public health qualifications, skills and registration to undertake the role.

The role of the employer associations in appointing a consultant in public health

- 3.9 The Local Government Employers Association and University and Colleges Employers Association will provide sector specific advice on issues relating to the recruitment processes and pay and conditions of employment.

Appendix A: Essential professional requirements for consultants in public health

Professional regulation

The government has committed to legislate to ensure that all public health consultants are appropriately regulated, thereby removing the existing anomaly whereby medical, dental and nurse public health specialists only are statutorily regulated. This process will take some time to complete. The Secretary of State announced on 23 January 2012 that non-medically qualified public health consultants, who are not otherwise subject to statutory regulation, would be appropriately regulated by the Health and Care Professions Council in future.

Public health consultants can currently register with the voluntary UK Public Health Register.

Medical and dental public health consultants are regulated by:

- the General Medical Council
- the General Dental Council

The following routes of specialist training and assessment provide assurance of competence:

- undertaking FPH specialty training
- having a portfolio demonstrating competence with all aspects of public health accepted by the GMC (assessed by FPH) and UK Public Health Register

Revalidation

Medical revalidation is the statutory process by which all licensed doctors, including consultants with medical qualifications, are required to demonstrate to the General Medical Council (GMC) that their skills are up to date and that they are fit to practise in order to retain their license to practise. Responsible Officers in Great Britain are responsible for making fitness to practise recommendations to the GMC in respect of individual doctors. The GMC publishes guidance on the revalidation process.

PHE acts as the designated body for revalidation, where appropriate, for all doctors for whom it is the employing organisation and for those holding honorary contracts with PHE. PHE also acts as the designated body for doctors employed by local government organisations.

Equivalent arrangements for revalidation are likely to be agreed for all public health consultants with backgrounds other than in medicine, including dental public health consultants.

Professional appraisal and continuing professional development

Continuing professional development plays an important role in maintaining professional standards and quality for all professional groups in local government and in academia. It is an essential feature of the revalidation and re-registration processes for public health consultants and specialists. In public health, the overall aim of continuing professional development is to ensure that those who work in the field develop and maintain the necessary knowledge, skills and attributes to practise effectively and work towards improving the health of the population.

Continuing professional development is a professional obligation for all public health professionals, including consultants, and protected time to undertake continuing professional development activities is a contractual entitlement for those consultants who transferred into local government employment on medical and dental contracts on 1 April 2013 and a requirement for academic honorary contracts to be held by PHE.

Employers will wish to consider these issues in relation to the appointment of consultants. In order to comply with the FPH's minimum standards for continuing professional development and to remain in good standing, all FPH members must either submit a satisfactory continuing professional development return for the previous calendar year, or have been formally exempted by the Faculty from this requirement. Continuing professional development is an essential component of annual professional appraisal for medical revalidation.

The UK Public Health Register expects that all registrants participate in continuing professional development preferably as part of a formal scheme, such as those operated for specialists by the FPH, [Chartered Institute of Environmental Health](#) or [General Pharmaceutical Council](#). The UK Public Health Register is working with the [Royal Society for Public Health](#), the FPH and the Chartered Institute for Environmental Health to ensure that professionally based accredited continuing professional development programmes accessible to practitioners, are rapidly developed.

Evidence of a personal continuing professional development programme outside of a formal scheme will be considered if equivalent to the above schemes, where a

registrant is unable to access a formal scheme. A public health professional is initially registered with UK Public Health Register for five years. After this time the UK Public Health Register Board will want to be satisfied that the registrant remains fit to practise. Appropriate recommended procedures for re-registration will be followed and all registrants should be aware that having been re-registered this will not negate the requirement of revalidation when introduced.

The annual process of checking and refreshing professional competence will need to run alongside the local authority's mechanisms for targets setting, performance appraisal, management and leadership development and, in many authorities, progression within the relevant salary scheme. For consultants employed by HEIs, this is part of the joint appraisal and job planning process (the Follett principles) and professional appraisal prescribed within the PHE honorary contracts.

For medical consultants subject to the General Medical Council revalidation process there is a requirement for annual professional appraisal to be undertaken as an integral part of the medical revalidation process. Local authorities will wish to reassure themselves that they are in a position to deliver this requirement. PHE is the statutorily defined designated body for all medical practitioners employed by local authorities. For higher education institutions, this is included in the contractual arrangements between the HEI and PHE for public health clinical academics.

The role of the responsible officer in relation to a consultant in public health

Employers will need to be aware of the Responsible Officer Regulations, which came into force on 1 January 2011 and which were amended from 1 April 2013. These have implications for employers that employ or contract with licensed doctors. These regulations designate bodies that are required to nominate or appoint a responsible officer for the purposes of medical revalidation. They connect doctors to designated bodies in a strict hierarchy to make a link between an individual doctor and a responsible officer.

The connection for doctors employed by local authorities and HEIs is not to the local authority or higher education employer as these are not designated bodies as defined in the regulations⁸. For doctors employed by local authorities, the connection will be to PHE. For HEIs, this arrangement will depend on the terms of the honorary contract agreed with PHE.

In order to revalidate doctors are required to have an annual professional appraisal,

⁸ The Medical Profession (Responsible Officer) Regulations 2010

which considers information from across their whole scope of practice. This will include any work a doctor does for a local authority and for the HEI.

When employing or contracting with licensed doctors, employers should ask them for the name of their designated body and responsible officer in addition to other information. Advice on the connections for doctors working with local authorities and HEIs can be obtained from the PHE responsible officer at revalidation@phe.gov.uk.

Employers should look to collate clinical governance information about doctors that engage with them. In particular complaints and compliments, but also activity that contributes to an improved service. PHE will also expect the doctor to obtain stakeholder and colleague feedback, using a recommended tool, at least once per five year revalidation cycle. This information forms part of the information supplied by the doctor to PHE as part of the revalidation process.

Pay

Pay scales across the public health system vary between the NHS, civil service, local authorities and HEIs. For posts like consultants that are mobile across the system a key employer consideration will be the ability to recruit and retain this specialist group. HEIs have nationally negotiated higher education pay scales for consultant clinical academic doctors and dentists which take into account market comparability with doctors and dentists working in the NHS. Further information can be obtained from the employing HEI or from the Universities and Colleges Employers Association, which represents HE employers in the relevant annual pay negotiations.

Local authorities may need individually to consider and respond to the relevant market and make decisions on what terms and conditions to apply to a particular role. If market supplements are considered employers should reference any guidance provided through national negotiating bodies to ensure that equal pay considerations are satisfied.