



**FACULTY OF
PUBLIC HEALTH**

Protecting and improving the health of the public
through the organised efforts of our members

Transition from Specialty Training to Becoming a Consultant in Public Health: A Guide to Finishing Training

June 2019

Contents

A. Finishing the Training Scheme	3
1. CCT date	3
2. Competencies	3
3. Final ARCP.....	3
4. Acting Up	4
5. Grace Period	4
6. Support in making the transition to Consultant	5
7. Leaving training	5
B. Getting a Consultant job	8
1. Applying for jobs.....	8
2. Preparing for interview	13
3. After interview	14
C: Things to consider as a new Consultant	18
1. Mentoring and peer support opportunities	18
2. Continuing personal development and revalidation	18
3. Top tips for your first year as a new Consultant.....	20
Appendix 1: A Guide to the CCT Process (Medical Background)	22
A Guide to the CCT Process (Background other than medicine)	23

Acknowledgments

This document is based on a guide originally compiled by Amy Potter, Public Health Specialty Registrar, for London, Kent, Surrey & Sussex region in July 2014. The document was made into a national document in 2014 and updated in 2019 by members of the Specialty Registrar Committee of the Faculty of Public Health, including Heidi Douglas, Emma Kain, Julia Bates, Alexander Allen and Katie Ferguson. Thanks go to staff at FPH working on training and professional standards, the Faculty Adviser for London, LKSS TPDs, BMA and Unite reps, a number of new LKSS Consultants in Public Health for their top tips and Registrars from the national and LKSS Public Health Registrars yahoo groups for their input and suggestions for what to cover. Thanks also to Paul Fisher and his colleagues in the West Midlands, East Midlands and East of England for their contributions from the 'Becoming a Consultant' event held on 24 November 2014.

A. Finishing the Training Scheme

FPH link: http://www.fph.org.uk/completion_of_training

Specialty training in public health is deemed to be complete when:

- The local training programme has held a final assessment and issued the final assessment form (Annual Review of Competency Progression (ARCP) outcome 6) stating that the **Registrar has met all the [Certificate of Completion of Training \(CCT\) criteria](#)**. This form states the day when training is agreed to be complete.
- The Registrar has been admitted to Membership of the Faculty of Public Health (FPH) – this requires that membership subscription fees have been paid. If the Registrar is not a member of the FPH (in any category and in good standing) for at least 3 years prior to their CCT a CCT fee must be paid.
- On completion of training, Registrars from a medical background are recommended by the FPH to the [General Medical Council \(GMC\)](#) for inclusion on the Specialist Register, while those from other disciplines are recommended for registration with the [UK Public Health Register \(UKPHR\)](#).

1. CCT date

- In order to CCT you must have satisfactorily completed a minimum of 48 months supervised training in posts approved by the GMC (excluding a formal academic course).
- Information about CCT fees, criteria and process: http://www.fph.org.uk/completion_of_training

2. Competencies

- It is a good idea to aim to have all your competencies signed off 6 months prior to CCT. This means that you can focus on gaining Consultant-level experience in your final placement rather than having to do specific projects to chase any remaining competencies, and that at interview you can tell the Faculty Assessor on the interview panel that you have no competencies to sign off.

3. Final ARCP

- You will need to complete the Completion of Training Form <https://www.fph.org.uk/training-careers/specialty-training/training-downloads/> and send it to your Training Programme Director to sign prior to your final ARCP. This records that you have completed sufficient training time.
- When the FPH Education and Training Department has received your final assessment forms/ ARCP outcome 6, all previous ARCP outcome forms and the Completion of Training Form, it will review the necessary documents to ensure all CCT criteria have been met before their recommendation to the GMC/ UKPHR can be made. It is a good idea to follow up with FPH to make sure that this happens.

- **Appendix 1** gives a flowchart for the CCT process for both medical and non-medical Registrars.

4. Acting Up

- Registrars, after agreement with their Educational Supervisor (ES) and Training Programme Director (TPD), can 'Act Up' at Consultant level for a maximum of three months (Whole Time Equivalent (WTE)) in their final year before CCT (usually the last three months). This is not possible in your grace period. This is still counted as training and must have appropriate arrangements for supervision.
- Supplementary payment for this period is not obligatory but can be negotiated between the Registrar and their placement. Speak to your TPD to find out about your local process as this is likely to vary between regions. For example, there may need to be completion of 'Notification of Change Forms,' notice given and sometimes a job description of the post you are 'Acting Up' into is required. If your placement agrees to pay you the extra top-up, you will need to follow local procedures with your Public Health Training Programme and Employing Trust to enable your host employer (from whom you receive your pay slips) to pay you the full Consultant salary and invoice appropriately. Usually the Consultant salary is the bottom of an Agenda for Change (AfC) Band 8d for non-medics,¹ or bottom of the Consultant pay scale for medics². You will also need to consider on-call: some local authorities will not pay for on-call uplifts, so discuss this with your placement.
- Remember: TPDs will only approve these opportunities if provided in an approved training location with recognised supervision. Any periods of Acting Up must be recorded on all training forms as a placement at an approved training location. This will prevent any queries from FPH as to whether these placements count towards training time/CCT date.

5. Grace Period

- Post-CCT a 'grace period' is allowed for up to six calendar months. This is the time allowed for a Registrar to find a Consultant (or equivalent) post.
- Registrars cannot officially 'Act Up' during the grace period, as this will be deemed a locum post, which should be fully resourced by the prospective employers, with the Registrar resigning from the programme. However, Registrars should be enabled to take on senior level responsibilities if working through a grace period, to ensure that they are well positioned for applying for their career posts.
- Study leave expenses are not paid during the grace period but continuing professional development (CPD) is still part of a Registrar's responsibility.

¹ <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/agenda-for-change-pay-rates/>

² <http://bma.org.uk/practical-support-at-work/pay-fees-allowances/pay-scales/Consultants-england>

- The [Gold Guide](#)³ and the local Postgraduate Dean are the sources of information for constraints around remaining in a training post after the award of CCT.
- If a Registrar is successful in finding a permanent or locum post, then they will need to resign from the training programme and be paid by the prospective employer. There is no return to the training programme.
- The position of honorary Consultant is no longer valid.

Talk to your TPD if you are contemplating using your grace period to ensure you fully understand the options.

6. Support in making the transition to Consultant

- In addition to signing off your official training competencies, particularly in your final year, consider whether you need to build any additional training/ experience relevant to taking on a Consultant portfolio into your placements, such as commissioning and procurement, budget and staff management etc.
- If the opportunity is available in your region, consider joining an Action Learning Set in your final year of training, if not before, to provide a peer support group to discuss work challenges, Acting Up and the transition to Consultant.
- Find out if any peer support groups for new Consultants exist in your region which you could join.
- Look out for any Coaching and Mentoring support which may be available through your local training programme.

7. Leaving training

- On leaving training for whatever reason (whether mid-scheme or CCT), all Registrars should complete an exit form - <https://www.fph.org.uk/training-careers/specialty-training/training-downloads/>
- You will need to ensure you stay on the GMC and UKPHR registers through revalidation which require annual professional appraisals. You should sort this out as soon as you are offered a post (the provider of annual professional appraisal will depend on who employs you).
- You will need to record your CPD using the FPH online tool - <https://www.fph.org.uk/professional-development/cpd/>. You can start this straight away e.g. during the period of grace. See also section C2 on p. 18 below.

3

https://www.copmed.org.uk/images/docs/gold_guide_7th_edition/The_Gold_Guide_7th_Edition_January_2018.pdf

5 tips for your final year

Real responsibility

- Lead on work areas – not just projects
- Leading a range of areas – managing a portfolio
- Responsibility for staff – including objectives, PDP, appraisal

Soft skills

- Difficult relationships – how to manage
- Engagement
- Understanding local politics – particularly LA
- Purposeful networking

Shadowing

- Learn from approaches of others
- Particularly in challenging / difficult meetings
- Ensure this encompasses reflection including with person you are shadowing

Procurement

- Complex processes – increasingly important part of public health

Budgets

- The whole process
- Managing a budget
- Process of agreeing, signing off, monitoring

Top tips for the last 6-12 months of training from two new Consultants in Public Health

- > Start the job hunt early and ask friends/colleagues for interview practice;
- > For interview preparation: revise the basic key elements of public health tools e.g. health needs assessment, project evaluation as well as preparing examples of your experience with which to pepper your answers (Use the STAR framework for your personal examples: Situation / Task / your Action / Result and Reflection on what you learnt / would do differently);
- > Ensure exposure to councillors, especially Member for Health: you might ask if you can shadow a councillor for the day as this could give you the rich insight that will sing through at interview;
- > Refresh / acquire project management skills (or any management tool you feel comfortable with that will help you juggle the likely enormity of your Consultant portfolio!);
- > Refresh / acquire delegation skills e.g. through attendance at a good quality management course;
- > Consider bringing forward (or delay) any significant personal projects so they don't fall in your first year as a Consultant you just don't need the extra pressure on your time (BUT balance this with taking time in your last 6 months as a Registrar to effectively prepare for being a Consultant);

- > Clarify your personal priorities so you can be clearer about what you agree / don't agree to do for work and can protect the boundaries on your non-work life;
- > Consider identifying a suitable mentor / buddy / group of peers who can help offer support as you navigate your way through the first year.

B. Getting a Consultant job

FPH link: http://www.fph.org.uk/senior_public_health_appointments

1. Applying for jobs

a) General

- You can begin to apply for jobs and attend interviews when you are within 6 months of CCT and eligible for specialist registration (at the time of interview), although you cannot take up the position until you have completed the full 48 months served in training, have had your CCT and have been entered onto the relevant Specialist Register.
- Let people know you are ready to apply for a Consultant post as you get near your final six months – jobs may appear!
- Don't apply for jobs you don't want – this will not help to extend your grace period – it gets known very quickly if people apply and then withdraw.
- Not all jobs are advertised on NHS jobs, so if there are particular organisations that you're interested in working in, for example local government, don't rely only on NHS jobs but look directly on the organisation's website. Other places jobs are advertised include the British Medical Journal and the Health Service Journal. You can also view the FPH's Job Board: <http://careers.fph.org.uk/>

Top tips for the last 6 months of training from a TPD:

> Ensure you know outcomes of work you have done so you can change the emphasis of your application from competence to outcome;

> Make sure that former Educational Supervisors (ES) and Directors of Public Health (DsPH) know you are coming to the end of training - have a not-more-than-one-side of A4 CV to send round - and do not start it with statements such as 'I am passionate about public health, I am popular, etc' - your CV needs to be evidence based;

> Ensure you have competencies signed off by 6 months before your CCT date (when you are eligible to apply for a job). You can then truthfully say at an interview that you have completed competencies and are spending final six months filling in gaps in practice and gaining experience - shadowing budget holders, etc.

b) Job shares

Issues to consider in thinking about job shares:

- Be aware that it is not impossible but is likely to be difficult to set up, in practical terms: you need to find someone who is looking for the same thing as you, you need complementary working styles, you need a lot of trust in the other person;
- What happens at interview if they want one but not both of you? You need to consider this possibility in advance;

- Try to find someone senior who is currently job sharing (not necessarily in Public Health) to ask about their experience of applying for jobs as a job share, as well as the day-to-day experience.

c) Part-time working

Views of a Consultant working part-time:

- > Depending on your reasons for wanting to work part-time (e.g. wanting to continue doing academic work), you might want to raise at interview that you want to continue with an existing arrangement;
- > Don't be afraid to negotiate once you have been offered the job;
- > Consider asking to work extended/compressed hours rather than part time;
- > Be careful what you wish for: you may well end up doing a full time job for part time pay. Often full time jobs are not re-calibrated to part time, so you end up doing the same work and working very long hours. You might want to think about negotiating that they employ another member of staff (e.g. a Public Health Strategist) with the savings made from employing you part time not full time, to take some of the workload;
- > Think about how far away you live from the prospective job – it can be difficult when working part time to cover meetings and get work done if you spend a lot of time just travelling between locations on the days that you are working.

d) Which job?

Public Health England (PHE) has some key questions that they recommend should be put to any prospective employer, in order to maintain high quality public health practice in senior public health posts. Whilst this is relevant to England, the principles should be applied throughout the UK.

- Is the post approved by the FPH, with the support of PHE? *This will mean that the job description and organisational arrangements are considered suitable for discharging specialist public health practice. Employers will usually indicate where they have approval, so in most cases the answer to this question is self-evident. Rarely, employers might not seek professional advice from FPH or may wish to proceed with recruitment despite the professional advice they receive from FPH.*

Where the post does not have the approval of FPH and endorsement of PHE, they suggest asking two further questions:

1. Does the post have sufficient responsibilities at a senior level in public health to warrant the need for specialist registration or a licence to practice (irrespective of whether these words are included in the job description)? *Only if there is a match with senior specialist public health practice will revalidation be relevant for the role.*
2. What arrangements there are to support specialist training? *Only where the arrangements satisfy the training programme could the post holder take on significant training or supervisory roles.*

- All FPH-approved roles will have an interview panel called an Advisory Appointments Committee (AAC) including a Faculty Assessor.⁴

“Ensuring high standards of senior public health appointments and the quality of the public health workforce is of great importance to FPH, and the current climate means little is straightforward. We will continue to work hard to influence employers to ensure that these standards are maintained. If members have concerns over appointments please let FPH know by emailing aac@fph.org.uk or by getting in touch with your local Faculty Adviser” (<https://www.fph.org.uk/professional-development/public-health-appointments/faculty-advisers/> – James Gore, Head of Professional Standards

e) Salary

- FPH has recommended that Consultant in Public Health roles are advertised with minimum salary requirements, the equivalent of NHS Agenda for Change (AfC) Band 8d (£70,206 to £ 85,333 in 2018⁵) or equivalent medical Consultant pay grade (£ 77,913 to £ 105,042 in 2018⁶). However, nationally, there is a large amount of discretion as to what Terms and Conditions (Ts&Cs) are being offered, and much is up for negotiation.

In general, for organisations in England (although there are likely to be similarities in Scotland, Wales and Northern Ireland):

	Basic Salary offer	Pay progression (e.g. increments)
Public Health England	Medical Consultant in Public Health Ts&Cs/ Agenda for Change Ts&Cs	As per previous NHS Ts&Cs, for the time being, although technically PHE is part of the Civil Service rather than the NHS
Academic	Likely to continue as previously (Medical Consultant in Public Health Ts&Cs/Agenda for Change Ts&Cs), assuming institution has the funds to pay this level of salary.	Likely to continue as per previous NHS Ts&Cs, for time being
English Local Authority	At local authority discretion (<i>but FPH advise Medical Consultant in Public Health Ts&Cs/ Agenda for Change Ts&Cs are offered</i>) Risk of increasing disparity between Consultants in PH with medical and non-medical backgrounds due to different pay scales.	Check contract: should expect it but not an obligation. Terms may vary, e.g. incremental progression may be two-yearly rather than annual, and band width may be narrower.

⁴ <https://www.fph.org.uk/professional-development/public-health-appointments/>

⁵ <https://www.nhsemployers.org/your-workforce/pay-and-reward/agenda-for-change/pay-scales/annual>

⁶ <http://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-Conditions-Circular-MD-32018-270918.pdf>

Note on English Local Authority (LA) paycales

Job evaluation in most LAs uses the National Joint Council (NJC) scheme,⁷ a minority use the Hay scheme.⁸ Issues recognised in the Public Health Consultant job evaluation process include:

- > Consultants are expected to develop within their post rather than developing through promotion, this can mean that the width of the banding needs to be greater than is the norm in some LAs;
- > A Consultant's change agent function and power/influence is typically exercised not through services/teams they directly manage but across the health economy.

f) Application process

- Read the job description carefully
- Research the job and the organisation (use informal contacts and websites)
- Make contact with the employer - request further information or arrange a visit. This needs to be done prior to shortlisting
- Find out more about the job/ role (including, if a local authority role, where the Director of Public Health sits within the organisation and who they report to)
- Structure the application form according to the job description/ person specification – make the job easy for the panel shortlisting:
 - Use real life examples
 - Sell what you have done personally
 - Emphasise outcomes from your work – not competencies – let the panel realise you have competencies from what you have done.
- The FPH has developed template job descriptions for Consultant posts, found here: <https://www.fph.org.uk/professional-development/public-health-appointments/public-health-appointments-useful-documents/>.

These template job descriptions state the following as one of the essential criteria:

Education/Qualifications	<i>Essential</i>	<i>Desirable</i>
Public health specialist Registrar and specialist trainee applicants who are not yet on the GMC Specialist Register/ GDC Specialist List in dental public health/ UKPHR must provide verifiable signed documentary evidence that they are within 6 months of gaining entry at the date of interview; all other applicants must provide verifiable signed documentary evidence that they have applied for inclusion in the GMC/GDC/UKPHR specialist registers	X	

- Therefore, at interview or at pre-employment HR checks, you will need to prove that you are within 6 months of CCT. Your TPD or Head of School should be able to provide a

⁷ <https://www.local.gov.uk/local-government-terms-and-conditions-green-book>

⁸ http://en.wikipedia.org/wiki/Hay_Guide_Chart

signed letter stating the date for completion of training. You may also need to provide confirmation from FPH that you have fully passed the Part B MFPH exam.

Application Form Techniques and Tips: Views from the shortlisters

- Do not copy/paste CV's wholesale – looks as if you cannot be bothered to tailor the application, and assumes that the panel will be able to sift the essential post elements from your CV.
- Tailor your application form to the local area.
- Address all of the essential criteria and as many of desirable ones as possible, using evidence, active examples, demonstrating your role and achievements/outcomes.
- Do not be put off if you do not match absolutely all essential criteria – are there any transferable skills/experiences from previous roles inside/outside PH you can use?
- Make it easy for the reviewer – set supporting information out clearly, with breaks, logical paragraphs, some bullet points (although don't make it all bullet points)
- Don't write pages and pages – demonstrate clarity, succinctness but completeness of evidence.
- Use relevant referees – must include line manager plus a relevant other – e.g. if you are applying for a Consultant in Communicable Disease Control (CCDC) role – use a CCDC for your other referee.
- Arrange to sit on an interview panel to gain experience of the process if possible. Try and do this in your 4th/5th year. This gives you an insight into what it's like on the other side.
- Give evidence of what you can do for the employer and provide evidence of previous delivery
- Expect to do several redrafts
- Remember spelling, punctuation grammar, syntax – check, check and check. Get someone to review application before sending off.

g) Special considerations for academic posts

- In the England context, Public Health Academics who complete specialist training would generally hold an honorary Consultant contract with Public Health England
- Successful careers in academia depend on being able to successfully bring in grant funding to your university; not least because you will have to pay for yourself as there are few salaried posts available
- Joint service and academic posts are relatively rare and often created around a specific individual. Negotiation with both the service and the academic parts of the post are essential to secure agreement for part time working. Having a combination of 2 part time posts requires excellent diary management skills
- You may need to create your own academic Consultant posts – if an interesting job is advertised but is not an accredited Consultant post, it is worth discussing with the employer whether they would consider re-advertising with FPH-supported terms and conditions (salary level, honorary contract with PHE, interview panel that meets the FPH Advisory Appointments Committee requirements etc.) – this works best when you have

an existing relationship with the academic department so building relationships throughout your training is vital.

2. Preparing for interview

- By the end of the interview, the panel need to know:
 - Why do you want the job?
 - Can you do the job (technically and safely)?
 - Will you fit into the team?
- Practice, practice, practice: do a mock interview, practice out loud, time yourself
- Arrange to sit on an interview panel to gain experience of the process if possible. Try and do this in your 4th/5th year. This gives an insight into what it's like on the other side.
- Use a framework (e.g. STAR – situation, task, action, result) to frame your responses
- Develop a list of common interview questions that are likely to come up including:
 - Technical: public health skills, CPD
 - Tackling conflict/awkward situations (staff, patient groups, obstacles to achieving goals)
 - Safe pair of hands (handling crises, dealing with whistle-blowing and the press)
 - Delivery – not just delivering projects but delivering impact
- Develop outline answers, e.g.:
 - Tell me about yourself/your CV
 - First month/year as a Consultant
 - Challenging situation/member of staff
 - Experience relevant to specific roles
- If you're preparing a presentation:
 - Target your presentation at the job
 - Go for shorter rather than longer – rehearse to a mirror by reading out loud for timing
 - Bring hand-outs, just in case
 - Do not rely on PowerPoint, you need to be able to talk convincingly and confidently about a subject
 - You may get the topic on the day with 20 minutes to prepare. Practice being able to deliver an on-the-hoof presentation
- Talk to others:
 - Learn from others who have recently gone through the interview process (newly appointed Consultants)
 - Talk to people where you will be working
- Assessment centres and tests:
 - Situational judgement tests and psychometric tests, similar to ones used to get on the training scheme are being used more frequently in the interview process, so practice numeracy and literacy skills and critical reasoning.

Views from candidates

Candidate 1

The interview panel is large and this can be quite a shock and very nerve-racking. I had 13 people on my panel (Consultants, LA Directors and Chief Exec, DPH, HR, Local Councillors, FPH rep and others). They did not all ask questions, but they did chip in with supplementary questions, for example a local councillor said that he had recently been treated for prostate cancer and asked why there was not a national screening programme for prostate cancer. I used this opportunity to evidence my knowledge of screening criteria and the pros and cons of screening. The interview lasted only 30-35 minutes, but with the presentation and psychometric testing it lasted about 2 hours.

Candidate 2

I felt that the interview had gone well, however I was not successful. My first reaction was that the panel may have already developed a clear idea of the type of person they wanted to appoint, and I did not fit this. This may be a bit cynical but I think it's important not to get too disheartened if you don't get the job. Going for the interview was invaluable practice and I recommend that you always ask for feedback. At the next interview I used the learning from my first one and I was successful. I identified my unique skills, experience and qualities. The panel for this interview was smaller (8 members). I had a presentation to prepare for on the day.

Preparation tips

- > Learn about local public health issues and priorities, these should be in JSNAs.
- > Call the day before and find out who is on the panel (they may not tell you!)
- > Keep up to date with public health/health policy
- > When thinking about previous experience, look wider than just the training scheme. Use examples from previous jobs or voluntary work.
- > Prepare some questions to ask the panel
- > Dress smartly and arrive early.

3. After interview

If you are **unsuccessful** at interview, ask for feedback from the panel.

If you are **successful** at interview, it can also be useful to ask for feedback. It is at this stage that you may need to actively negotiate your exact terms and conditions. This is particularly the case with local authority positions where there is no national standardisation of Ts&Cs, unlike the NHS. It is sensible to have thought about this prior to interview, and you may wish to discuss the following with your prospective employer in advance:

- **Cost of living uplift:** If you are London-based or are used to receiving some other type of 'cost of living' allowance, be aware that the advertised salary may or may not include this.
- **Pension:** If you are already a member of the NHS Pension Scheme and are part of a professional register (e.g. the UKPHR, the GMC) you should be able to elect to continue

to be a member, even if you are employed in a non-NHS organisation, such as a local authority, as they are able to register to pay their employer contributions into the NHS Pension instead of the local authority pension, via an 'NHS Pension Direction Order'. However, it is down to the individual local authority, and yours may not be willing to do this.

Whether an LA or an NHS pension is better for you personally will depend on your personal circumstances (including the type of pension scheme you are on,⁹ and your current level of contributions). It is worth discussing with a pension adviser; unions can often recommend a financial advisor and you may have access to free advice via your union membership.

If you have a problem negotiating this issue, take it up with the BMA or non-medical union.

Some useful links for more information on pensions:

> Information about the local government pension scheme:

<http://lgps2014.org/content/what-will-new-scheme-cost-me>

> FAQs from the BMA: <http://bma.org.uk/practical-support-at-work/pensions/faq-local-government-pension-scheme>

> FAQs from the NHS Business Services Authority and Public Health England:

https://www.nhsbsa.nhs.uk/sites/default/files/2017-04/Public_Health_England_Pension_FAQs_280213.pdf

- **Pay progression:** check what is offered by your new employer; it may not correspond to what you are used to. For example, every local authority sets their own payscales from a universal spine. There will therefore be a great deal of variability across Local Authorities. All LA Consultant posts are likely to be incremental, with cost-of-living rises in addition but the precise payscale and width of the band will be determined locally. For instance, some local authorities may be advertising the bottom of the 8d pay scale but reduce the width of the band.
- **Annual leave:** check what is offered: there is scope to negotiate here if the new employer offers less than you are currently on.
- **Continuity of service:** it is highly unlikely that a new employer will recognise your continuous NHS service in your new contract. Loss of continuous service affects eligibility for statutory maternity and sick leave, but particularly for redundancy pay, as local authorities for example tend to offer 1 week's pay per year of service rather than the

⁹ To note – there were changes to NHS Pension Scheme changed from 01 April 2015: <http://www.nhsemployers.org/your-workforce/pay-and-reward/pensions/nhs-pension-scheme/new-2015-scheme>

NHS offer of one month's pay per year of service, with a maximum of 24 months' pay.¹⁰
This is a particular problem for those with long lengths of service.¹¹

Local Government Association (LGA) guidance document on Technical Issues in
Recognising Past Service with NHS Bodies and PHE, February 2015 -
<https://www.fph.org.uk/media/1251/lga-note-on-recognising-service-060215.pdf>

Joint continuity of service cover letter to go with LGA guidance document -
<https://www.fph.org.uk/media/1250/joint-continuity-of-service-letter-060215.pdf>

REMEMBER: good HR practice is that once an offer is made to a candidate for a job, until the candidate declines the job in writing, the employer should hold the job for that candidate and cannot offer it to someone else, unless of course poor references are received. This is the time when a candidate has maximum leverage, as the more time passes, the less likely it is that the second or third choices will still be available should the first choice candidate decline.

REMEMBER: once you sign a contract, you are obliged to adhere to those Ts&Cs and are unlikely to win any legal case against it so check your contract carefully, or better still ask for confirmation well before any interview or job offer.

The BMA provides a free contract checking service for all BMA members whereby contracts are checked by an employment law expert and returned in 5 working days. For more information, see <https://www.bma.org.uk/advice/employment/contracts/contract-checking-service>.

If you are a non-medic, you may wish to consider joining a union such as Unite or UNISON. For instance, Unite members can get support from their local health representative: <http://www.unitetheunion.org/how-we-help/list-of-sectors/healthsector/healthsectorcontacts/healthsectorregionalcontacts/>

National guidance on the recruitment of Consultants in Public Health aimed at employers

There are a number of guidance documents that inform the recruitment of Consultants in public health and include:

1. Consultants in Public Health in Local Government and Higher Education Institutions: Guidance on appointing Consultants in public health, 2013

This guidance sets out arrangements that are designed to provide local authorities and higher education institutions 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.

¹⁰ <https://www.nhsemployers.org/your-workforce/pay-and-reward/agenda-for-change/nhs-terms-and-conditions-of-service-handbook/nhs-redundancy-arrangements/nhs-redundancy-faqs>

¹¹ e.g. a Consultant in PH with 20 years of experience moving to a local authority for 2 years and then being made redundant will only receive redundancy for 2 years of service not 22 years, and will receive this in weeks not months.

<https://www.fph.org.uk/professional-development/public-health-appointments/public-health-appointments-useful-documents/>

2. Public Health in the 21st Century: Organising and managing multidisciplinary teams in a local government context, 2014

Following the “Beyond Transition” events, the Local Government Association, Public Health England, Association of Directors of Public Health and FPH issued a joint statement that committed the partners to the production of “good practice guidance on the skill mix, which councils may want to consider in a local public health team”. In particular, the aim was to “include specific advice about the employment of doctors who make up around 50% of staff currently in training” and to “address issues around staff mobility and the benefits this brings to the wider system, as well as the criteria which councils may wish to take into account when they are considering employing doctors, including equal pay considerations”.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/344445/Multidisciplinary_PH_teams.pdf

The FPH make individual representations to employers who they feel are not opening up their posts to all PH specialists, regardless of background. The BMA do the same.

National workforce strategy update: June 2014

The Department of Health, Public Health England and the Local Government Association published a document which includes links to information on a number of post-transition workforce issues including pay, conditions and pensions:

Healthy Lives, Healthy People: update on the public health workforce strategy -

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324989/workforce_strategy.pdf

Recommendations for Registrars approaching CCT/Consultant roles:

- > When exploring job opportunities, ask about the benefits that are offered;
- > Try to get your contract/Ts&Cs to recognise issues such as continuity of service, but be aware that this may not be possible;
- > You may be able to negotiate the spine point at which you start on, depending on previous experience (i.e. you may be able to negotiate to start higher than the bottom of an AfC Band 8d, for instance, if you have significant pre-scheme work experience). Be aware that the width of bands may be narrower than for AfC/medical Ts&Cs, so you reach the top sooner.

C: Things to consider as a new Consultant

1. Mentoring and peer support opportunities

a) FPH Buddy Scheme for new Consultants

FPH link: http://www.fph.org.uk/buddy_scheme_for_new_Consultants

- FPH runs a scheme to support new UK Consultants in their first posts after completing training. This involves partnering new Consultants with a 'buddy' who is able to provide them with support and the benefits of their experience. The buddy scheme is open to all Consultants within their first year in a senior public health appointment.
- FPH asks UK Fellows in good standing to express an interest in becoming a buddy. The requirement is that buddies may be at any stage of their career, including retired, as long as they feel able to contribute. The minimum commitment is two one-hour sessions in the first six months of the new Consultant taking up post, the first preferably face-to-face.
- To join the scheme contact use the link on the FPH website - <https://www.fph.org.uk/professional-development/workforce/buddy-scheme-for-new-Consultants/>

b) Action Learning Sets, peer group support, or mentorship

- Consider joining an Action Learning Set, setting up/ joining an existing informal peer support group with those at a similar career stage in your region, and/or asking someone further along in their career to act as a coach or mentor.

2. Continuing personal development and revalidation

a) Continuing Professional Development requirements as a new Consultant

FPH link: [http://www.fph.org.uk/continuing_professional_development_\(cpd\)](http://www.fph.org.uk/continuing_professional_development_(cpd))

- Continuing professional development (CPD) is a professional obligation for all public health professionals, including Consultants, and protected time to undertake CPD 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.
- All FPH members must meet minimum CPD requirements in order to remain in good standing, either by submitting an annual return or by ensuring that FPH has formally agreed to the reasons for exemption.
- Registrars need not be registered with FPH for CPD during training. However, once a Specialty Registrar member of FPH has successfully completed specialty training in public health and has been recommended by FPH for the award of CCT, their CPD record will automatically be activated. The CPD start date will be 1 April of the same calendar year if they are practising or intending to practise for more than nine months (i.e. they leave

their training post before the end of June in any given year) in that CPD year. For those practising or intending to practise for fewer than nine months in that CPD year, the start date will be 1st April of the following calendar year. In each case, they must submit a full CPD return for the CPD year following their start date.

- PH Academics in England who complete specialist training generally hold an honorary Consultant contract with PHE and comply with the same FPH CPD arrangements as those in service posts. Annual appraisals are conducted jointly with PHE and the academic appraiser.

b) Revalidation requirements

This information can be found here:

<https://www.gov.uk/government/publications/Consultants-in-public-health-appointments-guidance>

Consultants in Public Health with a background in medicine:

- Medical revalidation is the statutory process by which all licensed doctors 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.

Consultants in Public Health with a background other than medicine:

- The UK Public Health Register (UKPHR) is the registration and revalidation body which Consultants in Public Health with a background other than medicine are required to register with. UKPHR ascertains the public health practice competence of all those it accepts for registration. UKPHR has always sought to address the question of ongoing competence through the application of a range of safeguards. All registrants must renew their registration annually, making a new declaration about a range of matters relevant to competence. UKPHR also sets mandatory standards of Continuing Professional Development (CPD) which all registrants must meet. If there are complaints or other evidence which raise an issue of competence concerning registrants, UKPHR will investigate and, if necessary, take action to remedy any established lack of competence and to prevent malpractice. UKPHR has decided to formalise its existing post-registration procedure as an explicit revalidation scheme. Revalidation will give the public and others confidence that UKPHR and its registrants are committed to maintaining the competence of the core public health workforce, enhancing quality of service and improving public health practice.
- UKPHR Revalidation Policy is provided here: <https://www.ukphr.org/wp-content/uploads/2018/08/Revalidation-policy-Specialists-July-2018-edition-2.pdf>

3. Top tips for your first year as a new Consultant

Here are some tips for that first 12 months from three LKSS Consultants at the start of their careers:

Consultant 1

- Take responsibility;
- Learn to say no (or at least to be able to delay deadlines) in order to manage your workload;
- Be realistic: you can't please everyone;
- Agree a work plan (even if you draft it yourself!) that is sensible, flexible and realistic;
- Protect yourself (work life balance) - how much is realistically necessary?
- Identify allies;
- Be assertive (be persistent; don't be too "nice").

Consultant 2

- How much you negotiate on Terms and Conditions and your job role depends on your circumstances and will differ for everyone – how much you want to do the job, what the commute is like, what the portfolio is – and you will end up with a balance of these things;
- Prioritise. Have one thing that you really enjoy as part of your work plan and make sure it doesn't drop off when things get too busy;
- Consider CPD early so you don't get struck off! Make time for it. It's a bit like the e-portfolio but not as bad!
- Your first year will be crazy busy and you'll work more hours than you're paid for, but you will settle into a rhythm and work out what you need to prioritise after a while.

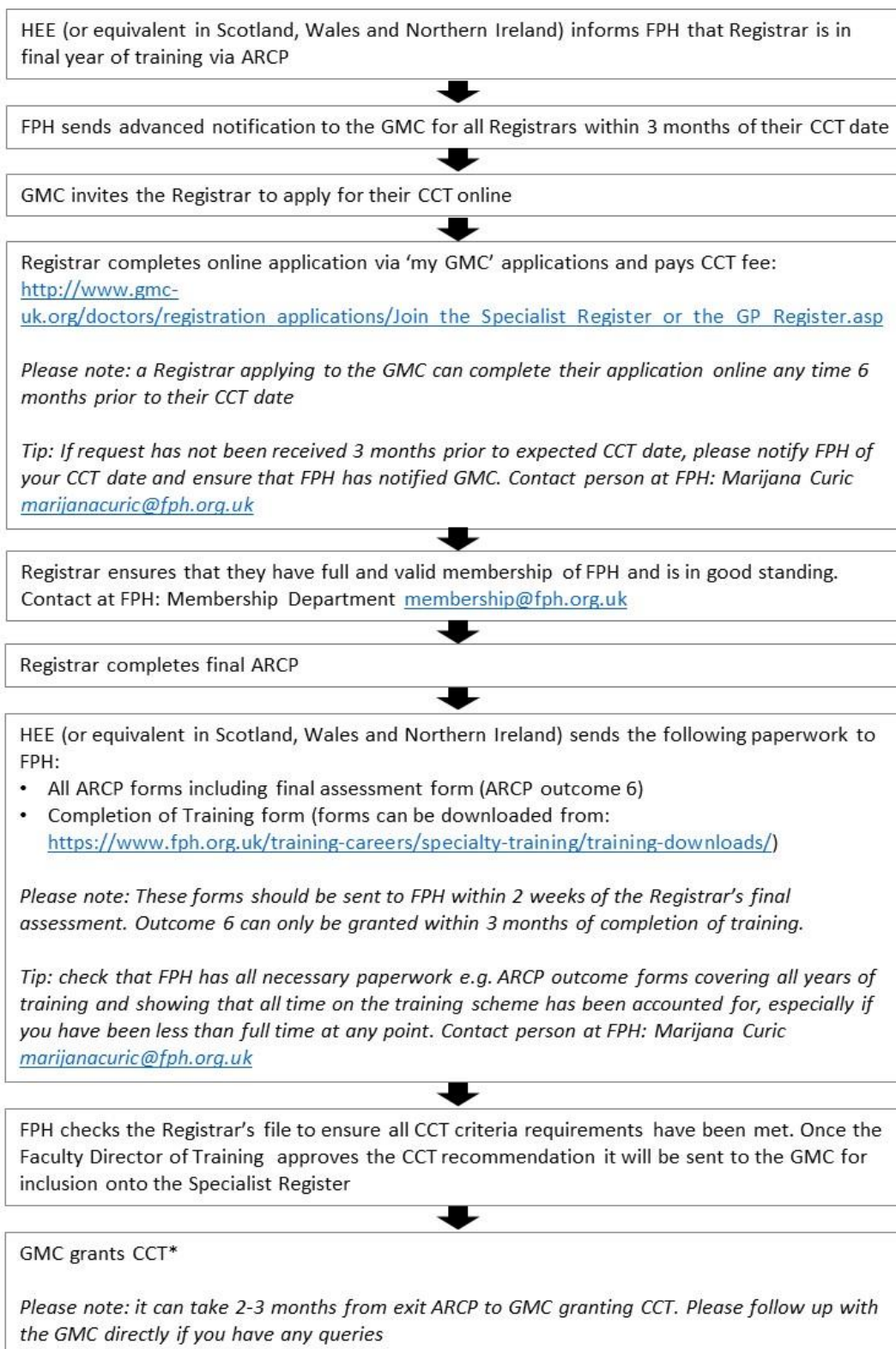
Consultant 3

- Keep smiling - you've qualified and this is what you asked for!
- Chocolate cake for your team - together they'll know a lot more than you and you need them as allies;
- Use your high-level project management skills to take stock of your overall portfolio as soon as you vaguely understand it! - i.e. Clarify desired outcomes, how you'll know you've succeeded, interim milestones to keep you motivated and on-track along the way and clarity for both your staff and your boss on what work you're doing to achieve it all!
- Delegate! - you're not a Registrar anymore so you can't afford to get tied up in the detail of a project. It's official - you're a 'strategic leader'.....!
- Look after yourself (and your loved ones); you'll be tempted to stay that little bit later, go that little bit further - but make sure you eat, sleep, relax and enjoy the rest of life too!
- Be proactive about checking in with your DPH through your 1:1s, informal chats, little email updates etc: they juggle a lot, generally attend too many meetings and can sometimes get concerned if they don't hear how you're doing;
- Get to know your Consultant / AD colleagues: every department's different but once again, if you and your colleagues are busy attending meetings, it can be easy to lose contact (and their potential support /experience);

- Meet up with a coach / mentor and/or 1st year peers; it's nice to have a chance to vent to someone who's not your partner / DPH etc!

APPENDIX 1: A guide to the CCT Process

Registrars with a medical background:



N.B. Applications for CCT to the GMC **MUST be made within 12 months of a doctor's expected completion of training date or only a CESR can be given*

Registrars with a background other than medicine:

