**Job Description: Consultant in Health Protection**

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| Job title | Consultant in Health Protection |
| Division/Directorate | Public Health England Centres and Regions |
| Pay grade/band | Medical and dental consultant or AFC |
| Salary | If medically qualified the individual will be appointed to the point of the consultant salary scale (2003 contract) for England appropriate to their years of seniority or if from a background other than medicine to an equivalent Agenda for Change Band 8d |
| Professional Accountability | To the relevant registering/regulatory body; professional support via the relevant professional head such as the Medical Director [for Drs, EHO/EHPs and UKPHR registrants], Chief Nurse [for nurses and midwives], Lead AHP [for AHPs] or Chief Scientific Officer [for scientists] |
| Managerial Accountability | Deputy Director Health Protection or Consultant in Health Protection as appropriate, as delegated by the Centre Director or Deputy Director |
| Location: | PHE/UKHSA XXXX |
| Hours per week: | Full time 10 Programmed Activities per week / 37.5 hours (applicants for part-time, job-share or flexible working will be considered) |
| Job type:(i.e. Fixed Term/Permanent) | Permanent |

**THE EMPLOYING ORGANISATION**

Public Health England provides strategic leadership and vision for protecting and improving the nation’s health. Its ambition is to lead nationally and enable locally a transformation in the health expectations of all people in England regardless of where they live and the circumstance of their birth. It will achieve this through the application of research, knowledge and skills. It is a distinct delivery organisation with operational autonomy to advise and support Government, local authorities and the NHS in a professionally independent manner.

**PHE PEOPLE CHARTER**

The way we behave as PHE members of staff will have the greatest impact in achieving our ambitions as an organisation. What we say matters but what we do matters more.

Our effectiveness depends on how we behave so we have developed the PHE People Charter which outlines the values and behaviours expected.

Our behaviours that underpin our values are to **COMMUNICATE** openly, honestly and clearly, **ACHIEVE TOGETHER**, working towards PHE’s objectives, **RESPECT** each other and treat colleagues and customers how we would wish to be treated and **EXCEL** by providing an excellent service, leading by example and driving personal development.

Please refer to full PHE People Charter attached to accompanying advert.

**APPOINTMENT:**

1. A detailed job plan will be agreed between the post holder and the line manager which will be reviewed annually.
2. Terms and conditions of the service are set out in appendix 1.
3. Appendix 2 sets out the person specifications for this post particular post.
4. Appendix 3 details the Civil Service competencies that are expected of all consultants/specialists in public health irrespective of their background.
5. Appendix 4 details the Faculty of Public Health competencies expected of all consultants/specialists in public health irrespective of their background.
6. Appendix 5 includes notes that applicants may find helpful in applying for this post.

**THE DIRECTORATE**

PHE Centres have a key role in developing and maintaining relationships with local authorities, local resilience fora, NHS commissioners and the providers of public health services from the public, third and independent sector to support and influence the delivery of improved outcomes for the public’s health. Integrating the different public health disciplines, providing effective services and support for health protection, health improvement and health care public health with a focus on reducing health inequalities, PHE Centres provide a single point of access to the full range of PHEs specialist skills and knowledge. PHE Centres enable a flexible approach to service and support provision, within a nationally consistent framework.

PHE Centres focus on a delivery model where staff work as part of multiple teams including place-based teams, programme teams and functional teams. The place-based approach supports local partners, particularly Local Authorities, across the 3 domains of Public Health, ensuring that local priorities and challenges are understood, that key relationships are fostered and that partners can access appropriate PHE expertise. It is recognised that staff will require support to establish this way of working.

The PHE Centre’s integrated business support function will deliver a service to all the teams, including health protection, in the Centre and will be key to supporting the implementation of the new model.

Key generic skills for all staff groups working at PHEC level include:

* Leading and communicating - with clarity, conviction and enthusiasm
* Collaborating and partnering - professional and trusting working relationships with a wide range of people
* Building capability for all - strong focus on continuous learning for oneself, others and the organisation. All staff have a role as a local advocate for public health and their PHEC
* Additional skills such a delivery through others, influencing skills, knowledge transfer, supporting evidence into practice and leadership and influencing skills will be supported for all workforces in the PHE Centre and included where relevant into staff Personal Development Plans (PDPs)

If required, and where this does not fundamentally change the post holder’s role or level of working, the necessary training and development will be provided to take on work in a new area or theme to meet the business requirements of the Centre.

**JOB SUMMARY**

This is a senior role within the health protection team to provide leadership, management and oversight of the health protection function, including the response to incidents and outbreaks and responsibility for the day to day operational delivery.

The post holder will play a key role in developing, shaping and assuring the health protection function, which may include managing individuals and teams, working closely with partners, and ensuring delivery of high-quality surveillance, response and support systems. The post holder will have responsibility for developing and maintaining close working relationships both internally and with partner organisations. In addition, they will contribute and lead on centre and national priorities, including contribution to wider public health initiatives consistent with the centre delivery model and integrated working.

The post holder will have individual objectives and a job plan that includes moving to this way of working. The job plan documents the agreed programmed activities (PAs) that are necessary to fulfil the duties and responsibilities described in the Job Description. It covers the detailed objectives and arrangements for the delivery of these PAs.

**KEY WORKING RELATIONSHIPS**

The post holder will develop working relationships and communicate regularly with a wide range of individuals, clinical and non-clinical, internal and external to PHE. This will include:

**Internal**

* PHE Centre teams
* Other PHE divisions/directorates

**External**

* Lower & Upper Tier Local Authorities
* Directors of Public Health & their teams
* Education
* Social Services
* Environmental Health
* Health Protection Boards
* NHS England and Clinical Commissioning Groups
* NHS Acute Trusts & provider organisations
* Infection Prevention & Control teams
* Hospital staff including clinicians, micro-biologists and infection control
* Local Resilience Fora and Local Health Resilience Partnerships
* Environment Agency
* Animal Health
* Water / Utilities Companies
* Care Homes
* Universities / Colleges / Schools
* General Practitioners and other staff in Primary Care
* Health & Wellbeing Boards
* Care Quality Commission
* Local Prisons
* Emergency Services
* Emergency Planning Resilience and Response (EPRR) team

**MAIN DUTIES AND RESPONSIBILITIES**

The post is subject to the core competencies as set out by the Faculty of Public Health for Consultant appointments and the post holder will be expected to demonstrate expertise in all of them (Appendix A).

**RESPONSE**

1. Will be expected, when required, to assume overall responsibility for the management of incidents and outbreaks of infectious diseases, lead the local Health Protection team response to non-infectious environmental hazards and chemical incidents and assume overall responsibility for the day to day running of the acute response function.
2. To utilise an evidence-based approach to manage clinical/professional advice and discussions within the team and support and participate in the team’s formal case review process.
3. To ensure the monitoring of standards, ensuring quality and consistency and to take action where any shortfall occurs.
4. May be responsible for any ongoing longer term management of issues relevant to a defined geographical area within their centre.
5. May perform Proper Officer duties in relation to Public Health (Control of Disease) Act 1984 and the Public Health (Infectious Diseases) Regulations 2010 as agreed with Local Authorities.
6. Will be expected to contribute, and where required, lead the PHE response during incidents in line with PHEs Emergency Planning Resilience and Response (EPRR) arrangements as part of the Centre’s responsibilities under the Civil Contingencies Act.
7. Will contribute, support and where necessary lead the PHE Centre’s input into Emergency Planning arrangements.
8. May be required to participate in an on-call rota at Centre, regional or national level as required.

**SURVEILLANCE**

1. Contribute strategically to the development and maintenance of effective systems for the surveillance of communicable disease and environmental hazards.
2. Proactively use surveillance outputs to inform and influence local and national Public Health actions, policies and strategies.
3. Lead, plan and design agreed initiatives to address health needs, health inequalities and health impact assessment, with a particular focus on health protection.

**PARTNERSHIP WORKING**

1. Take a lead in the proactive development and contribution to key relationships with a wide range of individuals and stakeholders and take responsibility for the maintenance of professional networks relevant to role.
2. Influence, and where appropriate, lead the development and implementation of system wide priorities and programmes for public health action or improvement.
3. Employ highly effective communication, negotiation and influencing skills to enable stakeholder relationships to deliver objectives with:
	1. External organisations and wider NHS stakeholders to ensure collaboration in the strategy in the Sector
	2. Internal leaders and staff to gain input to the development of systems, processes and activities
4. Deal with complex and conflicting subject matter problems or in day workload in workshops, meetings, one to one communications and other events, comprising various parts of the organisation.
5. Contribute actively to the development and implementation of system wide priorities and programmes for public health action or improvement.

**RESEARCH, TEACHING AND TRAINING**

1. Contribute to research activity to complement the health protection evidence base and where agreed, to lead research projects.
2. Deliver appropriate teaching activities across a range of audiences.
3. Contribute to training programmes (including supervision) for Foundation Year Doctors and Specialist Trainees in the Faculty of Public Health training scheme as appropriate, and to the training of health and care professionals and practitioners within the locality.
4. Ensure appropriate clinical supervision and mentorship systems are in place for staff within scope of responsibility.
5. Provide clinical / professional supervision and mentorship as appropriate.

**MANAGEMENT AND LEADERSHIP**

1. To be a visible, positive leader and role model. Meeting and demonstrating high professional standards.
2. Oversee the development and implementation of policies and protocols for a wide range of health protection issues.
3. Lead and coordinate defined areas of work as agreed with the Deputy Director for Health Protection e.g. specific communicable disease and non-infectious environmental hazards, quality and training.
4. Where agreed, lead the locality/patch-based health protection team.
5. May undertake line management responsibilities including budgetary responsibilities as agreed with the Deputy Director Health Protection or Centre Director.
6. Actively identify, lead and contribute to quality improvement and governance initiatives in line with strategic direction of centre.
7. Actively assist in the development of joint plans and system wide priorities for public health action or improvement.
8. Ensure compliance with all confidentiality and governance requirements at all times.
9. Lead and contribute to proactive and responsive media issues.
10. Proactively contribute to wider organisational development.
11. Contribute to the strategic work of the locality/patch-based health protection team and deputise where appropriate, using systems leadership approaches and skills.
12. Contribute strategically to the development and the testing of the Centre’s business continuity plan.

**PERSONAL AND PROFESSIONAL DEVELOPMENT**

1. Participate in organisational and professional appraisal and revalidation as appropriate.
2. Pursue a programme of Continuing Professional Development, including mandatory training, in accordance with the requirements of a recognised Professional body e.g. Faculty of Public Health, Royal College of Pathologists.
3. On the occasions when a medical qualification and GMC specialist registration are required, medically qualified members may be asked to undertake specific duties such as in the development of Patient Group Direction or Medical Officer functions in the Regulations of the Public Health Act. Such occasions may be based on legislative or organisational requirements.
4. Where appropriate, contribute to and support the development of individuals and the team through appraisal, personal development planning, coaching and mentoring.

**OTHER DUTIES**

* The above is only an outline of the tasks, responsibilities and outcomes required of the role. You will carry out any other duties as may reasonably be required by your line manager.
* The job description and person specification may be reviewed on an ongoing basis in accordance with the changing needs of PHE Centres and Regions.

**MANAGEMENT ARRANGEMENTS**

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

The Consultant will:

1. Be expected to take on the line management of some staff. Where line management responsibilities are agreed this will include recruitment, appraisals, disciplinary and grievance responsibilities.
2. Manage budgets as agreed
3. Manage Specialty Registrars in Public Health

Medically qualified members of the public health team are expected to play certain roles in medical leadership, in relationships with the medical profession and in bringing a medical perspective to public health advice. A medically qualified holder of this post would be expected to share these roles with other medically qualified members of the team.

**PROFESSIONAL OBLIGATIONS**

The Consultant will be expected to:

1. Participate in the organisation’s appraisal scheme including the professional appraisal scheme and ensure appraisal and development of any staff for which s/he is responsible.
2. Contribute actively to the training programme for Foundation Year Doctors/Specialty Registrars in Public Health as appropriate, and to the training of practitioners and primary care professionals within the locality
3. Pursue a programme of CPD, in accordance with Faculty of Public Health requirements, or other recognised body, and undertake revalidation, audit or other measures required to remain on the GMC/GDC Specialist Register or the UK Public Health (Specialist) Register or other specialist register as appropriate

These professional obligations will 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 PHE Centre Director.

**PHE AND CIVIL SERVICE CODE OF CONDUCT**

PHE has adopted a Code of Conduct that incorporates both the Civil Service Code, which also applies to all our staff, and our professional responsibilities. This PHE Code applies to all staff employed by PHE, secondees, agency staff and individuals holding honorary contracts.

All staff must abide by this Code of Conduct as a contractual responsibility and so the Code of Conduct forms part of an individual’s contract of employment.

The PHE Code of conduct and Civil Service Code can be found on the PHE intranet page.

**Appendix 1: Person Specification for Consultant in Public Health**

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

**Appendix 2: Terms and Conditions of Service**

This is a fixed term appointment to the terms and conditions of service for doctors in public health medicine and community health service and hospital medical and dental staff England and Wales or on NHS Agenda for Change terms and conditions of service if from a non-medical background.

The salary for this post will be to the point of the consultant medical salary scale for England appropriate to your years of seniority (Salary scale £76,761 to £103,490 per annum) or on NHS Agenda for Change terms and conditions Band 8d (Salary scale £67,247 to £83,258 per annum) for non-medical candidates.

If medically qualified, the post holder will be eligible for local and national Clinical Excellence awards and any existing awards held will be honoured.

Membership of the National Health Service Pension Scheme is available, unless an employee decides to opt out or is ineligible to join.

Because of the nature of the work of this post it is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act, 1974. Applicants are, therefore, not entitled to withhold information about convictions including those which for other purposes are `spent' under the provisions of the Act, and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by Public Health England. Information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

This post is subject to the Rehabilitation of Offenders Act (Exceptions Order) 1975 and as such it will be necessary for a submission for Disclosure to be made to the Disclosure and Barring Service (formerly known as CRB) to check for any previous criminal convictions.

This appointment is subject to completion of a satisfactory medical questionnaire which may involve a medical examination. You may also be required to undergo medical examinations in the future and/or at intervals stipulated by Public Health England.

**Indemnity**

The post holder will be indemnified by Public Health England for all duties undertaken as part of their contract of employment. The post holder is encouraged to take out adequate defence cover as appropriate to cover them for any work which does not fall within the scope of Public Health England's indemnity scheme.

**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.

**Mobility**

The post holder will be expected to work at any establishment at any time throughout the duration of their contract, normally within London or Bristol or another suitable NIS location. The post holder will also be required to travel internationally to assist with the delivery of IHR strengthening projects as required.

**Confidentiality**

The post-holder has an obligation not to disclose any information of a confidential nature concerning patients, employees, contractors or the confidential business of the organization and as part of the induction programme will need to understand and implement the civil service confidentiality arrangements.

**Public Interest Disclosure**

Should the post holder 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, they 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 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 Data Protection Act.

**Health and safety**

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

**Smoking policy**

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

**Equal opportunities policy**

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

**Appendix 3: Civil Service Competency Framework 2012-2017 - Core competencies**

As a civil servant your performance and appraisal will be assessed against the civil service core competencies below:

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| **Strategic cluster – setting direction:** | **People cluster – engaging people:** | **Performance cluster – delivering results:** |
| 1. Seeing the big picture
2. Changing and improving
3. Making effective decisions
 | 1. Leading and communicating
2. Collaborating and partnering
3. Building capability for all
 | 1. Achieving commercial outcomes
2. Delivering value for money
3. Managing a quality service
4. Delivering at pace
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**Appendix 4: FPH: Competencies expected of all public health consultants/ specialists**

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

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

*To be able to synthesise data into information about the surveillance or assessment of a population’s health and wellbeing from multiple sources that can be communicated clearly and inform action planning to improve population health outcomes.*

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

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

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

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

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

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

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

*To influence and act on the broad determinants and behaviours influencing health at a system, community and individual level.*

* 1. **Health Protection**

*To identify, assess and communicate risks associated with hazards relevant to health protection, and to lead and co-ordinate the appropriate public health response.*

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

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

* 1. **Academic public health**

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

*reviewed journals, and demonstrate competence in teaching and learning across all areas of public health practice.*

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

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

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

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

**Appendix 5: Shortlisting notes**

The Faculty of Public Health advises that in order to be shortlisted for a consultant post applicants who are not yet on the GMC Specialist Register/GDC Specialist List in dental public health/UK Public Health (Specialist) Register (UKPHR) **must provide verifiable signed documentary evidence** that an application for inclusion on one of these specialist registers is **guaranteed** and is simply the time taken to process application.

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

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

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

* 1. Non-medical applicants in training programme

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

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

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

Applicants from a medical background would normally be expected to have gained full specialist registration with the GMC through the Certificate of Eligibility for Specialist Registration (CESR) route. However, exceptionally, individuals who can demonstrate that they have submitted CESR application to the GMC may be considered for shortlisting.

Applicants from a background other than medicine would normally be expected to have gained full specialist registration with the UKPHR. However, exceptionally, individuals who can demonstrate that they have submitted a portfolio application to the UKPHR may be considered for shortlisting. **Suitable evidence at interview will be a letter from the UKPHR setting out likelihood of acceptance of portfolio.**

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.