



## SENIOR PUBLIC HEALTH CONSULTANT APPOINTMENTS GUIDANCE FOR FACULTY ADVISERS

### INTRODUCTION

This guidance is intended to help ensure that standards for good public health practice are applied to the appointment of all senior public health posts in the UK, thereby reducing the risk to employers of legal challenge about recruitment procedures or of making an inappropriate appointment.

The appointment of consultants in the UK is regulated by statute and this guidance should be read in conjunction with **The Department of Health's Good Practice Guidance (GPG), January 2005**, and the relevant Statutory Instrument:

- [For England, Wales and Northern Ireland](#) (This guidance may also be used for appointments outside the UK mainland – e.g. Isle of Man, Guernsey etc.)
- [For Scotland](#) (The appointment process in Scotland differs in detail from the rest of the UK but the faculty specimen Job Descriptions (see below) may be adapted for use in Scotland.)

### YOUR ROLE

#### Keeping in contact with employers

Faculty Advisers should ensure that all employers in their region are aware that the Faculty Adviser should be their first point of contact when a vacancy is being considered for any consultant level post. Faculty Advisers will be able to help employers with the formalities of the process, including preparing the recruitment literature. Many employers have little experience of setting up AACs and it is important that they are aware of the statutory requirements, the good practice guidance and the Faculty's role.

#### Preparing recruitment literature

Faculty Advisers should advise employers that they need to contact them at the earliest opportunity and **before** a post is advertised providing:

- Draft job description
- Person specification
- Draft advert

The literature should also include:

- An outline job plan with indicated programmed activities
- Information about your area / employing authority / public health department
- An organisational chart

- Salary information

### Timing

You should provide advice to the employer on the recruitment literature as quickly as possible and within three weeks of receipt of the first draft.

### Checking the recruitment literature

Your role is to check that the recruitment literature for all consultant level posts, meets the agreed national standards and competencies for good public health practice and is in line with the NHS (Appointment of Consultants) Regulations.

You should check the professional content of the post including the overall balance of responsibilities within the job, how these fit with local circumstances, with the roles of other consultants in the team and the facilities available to enable the consultant to carry out his or her duties. You should also check that the person specification is appropriate, accurate and consistent with both the job description and the advert.

### JOB DESCRIPTIONS & PERSON SPECIFICATIONS

Specimen templates for a selection of job descriptions are provided on the [Faculty website](#).

*Some modifications may need to be made as the actual roles of public health consultants are varied. In general, posts will normally include the range of tasks as set out in both core and defined competency areas. **It is recommended that nothing is removed although items may be added. The criteria in the person specifications are the minimum required.***

All public health consultant and DPH posts should be open to applicants from a variety of professional public health backgrounds. The appointments process must be in accordance with the statutory regulations for consultant appointments but should also reflect the multidisciplinary nature of these posts.

Only in very exceptional circumstances may a post be restricted to medically qualified applicants. In these cases, both the job description and person specification should be adjusted accordingly and reflect clearly why there is a requirement for medical experience and qualifications. Where Faculty Advisers have been asked to approve a job description restricted to medical applicants only, they must discuss this job description with the FPH Registrar prior to approval.

Additionally, where a job description relates to more than one specialty (such as microbiology) in addition to public health, the job description must be discussed with the Faculty Registrar.

***The Faculty's specimen job descriptions and/or person specifications are only intended for consultant level posts. You should discourage employers from using them for posts set at a less senior level and withhold your approval of any such job descriptions.***

### Terms & Conditions

You should firmly encourage employers to offer appropriate and equitable pay scales and terms and conditions for all applicants for consultant posts. It is not, however, the Faculty's role to negotiate specific terms and conditions. Those who are on the GMC or GDC Specialist Registers are eligible for appointment under NHS terms and conditions for consultants. Those who are on the UK Public Health Register for Public Health Specialists (UKPHR) are eligible for NHS Agenda for Change or Local Authority Senior Manager terms and conditions. Those appointed as Directors of Public Health are eligible for director level NHS remuneration, including the DPH supplement. However Local

Authorities are not obliged to offer medical terms and conditions of service to GMC registrants or Agenda for Change Band 8d/9 equivalence to UKPHR registrants.

## **APPROVAL PROCESS**

### **Approval letter**

***It is important that you do not send the employer your final written approval until you have seen a copy of the paperwork which includes all the changes agreed with you.*** Your letter and paperwork should also be copied to the Faculty Office ([aac@fph.org.uk](mailto:aac@fph.org.uk)).

You should also confirm that you are satisfied that the key competencies have all been covered in the job description. When it may be acceptable to restrict a post to medically qualified applicants only, you should provide the reasons why this is acceptable. You should also ask the employer to send a copy of all the **final** approved recruitment literature to the Faculty office, by email ([aac@fph.org.uk](mailto:aac@fph.org.uk)), with a request for a list of Faculty assessors.

### **Faculty Assessors**

Once the employer has sent the final version of all the recruitment literature, and the Faculty Adviser's approval letter to the Faculty office, an email list of Faculty Assessors will be provided to them along with further advice on advancing the process.

A FPH Assessor is required for all consultant and DPH appointment panels and the Faculty Assessor must receive all applications and be involved in shortlisting and interview. Any variation to this arrangement must be agreed first with the Faculty Office.

Assessors must be geographically distant (from a different region) and will normally be from outside the employer organisation.

### **Faculty Assessor database**

A list of approved Faculty Assessors who have met the requirements to take part in AACs on behalf of the Faculty is maintained by the Faculty office. Faculty and other regional advisers are asked from time to time to update the list for their region/country and to propose names of additional suitably qualified Faculty members to add to the list. Occasionally, adverts for assessors are placed in Faculty communications to members.

If Faculty Advisers have any queries about the process, they should notify [aac@fph.org.uk](mailto:aac@fph.org.uk).

## **ELIGIBILITY FOR POSTS - SPECIALIST REGISTRATION**

### **Competency**

Appointees to posts at consultant level (including honorary and locum consultant posts) must be able to demonstrate competency in all the key areas for good specialist public health practice although the emphasis will differ depending on the content of a specific job. Competence is demonstrated by inclusion in an appropriate specialist register.

### **Specialist registration**

All applicants for specialist posts must be included in an appropriate specialist register (GMC Specialist Register/GDC Specialist List in Dental Public Health/UK Public Health Register) at the time of application for that post. The only exception to this requirement relates to public health registrars in specialty training (see below). Those who are on the GMC or GDC Specialist Registers are eligible for appointment under NHS terms and conditions for consultants. Those who are on the UK Public Health

Register (UKPHR) are eligible for NHS Agenda for Change or Local Authority Senior Manager terms and conditions. Those appointed as Directors of Public Health are eligible for director level NHS remuneration. Employers should check individual entries, ***before short-listing***, in the various specialist registers as follows:

- [General Medical Council \(GMC\) Specialist Register](#)
- [General Dental Council \(GDC\) Specialist Register](#)
- [UK Public Health Register \(UKPHR\) Specialist Register](#)

#### **Applicants in training grades**

Applicants who are public health specialist registrars in a recognised UK public health training scheme must be asked to provide verifiable, signed documentary evidence to confirm that they are within **SIX** months of award of their certificate of completion of training (CCT) and inclusion in the GMC Specialist Register/GDC Specialist List in dental public health/Specialist UKPHR at the date of interview. Suitable evidence would be a letter from their Training Programme Director.

#### **Applicants in non-training grades - doctors (i.e. medical practitioners)**

Doctors outside recognised UK public health training schemes fall into a number of categories:

- those who have trained outside the UK, who may have specialist training and qualifications which they are seeking to have recognised by the General Medical Council (GMC) in order to gain registration with the GMC: **these doctors would not be considered eligible for consultant posts until they achieve registration on the GMC's specialist register.**
- those who have not completed specialist training in the UK who are seeking entry to the GMC Specialist Register through the GMC portfolio route (formerly call the Certificate of Eligibility for Specialist Registration (CESR)) which allows the GMC to consider not only training but also relevant experience: these doctors may have trained in or outside of the UK. **Again, specialist registration is a required status for applicants going through the GMC portfolio route and therefore these applicants would not be considered eligible for shortlisting until inclusion on the specialist register.**

#### **Applicants in non-training grades - applicants from a background other than medicine**

Applicants from a background other than medicine who are in the process of getting their portfolio assessed by the UK Public Health Register (UKPHR) in order to gain registration with the UKPHR: **these applicants would not be considered eligible for shortlisting for consultant posts until they achieve registration with the UKPHR.**

#### **Defined specialists**

This 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.

#### **Specialist registration required to take up appointment**

Individuals must not take up consultant in public health post until such point as they have gained entry to the GMC Specialist Register/GDC Specialist List/UK Public Health Register. Doctors illegally appointed are unlikely to be covered by the employing authority's professional indemnity.

## SPECIAL ISSUES

### **CCDC, Consultant in Health Protection and Regional Consultant Epidemiologist appointments**

When an AAC for a CCDC post (or consultant in health protection, or combined CCDC/CPHM, or combined consultant in microbiology/communicable disease control post, or regional consultant epidemiologist, or similar post) is being set up, you should ensure that the Royal College of Pathologists' regional adviser is also asked to approve the recruitment literature (job description, selection criteria, etc) and that an external assessor from the Royal College of Pathologists will also be invited to serve on the AAC.

The Faculty will try to supply an Assessor from a similar background (e.g. a CCDC) as external assessor, but all assessors are trained to be competent to serve on any AAC Panel.

For consultant in health protection or similar posts which are open to applicants from more than one specialty, the Faculty and relevant College eg the Royal College of Pathologists will usually both supply an external Assessor to serve on the AAC Panel.

### **Honorary appointments**

Honorary consultant appointments are exempt from the need to be advertise and appointed by an AAC in certain clearly defined circumstances. However, the employer carries the same liability in law for the actions of its honorary staff as it does for its paid staff and honorary medically or dentally qualified consultants are required by statute to be on the GMC/GDC Specialist Register. Honorary consultants from a professional background other than medicine should be able to demonstrate that they are included in the UK Public Health Register. In the interests of public protection and risk management, the Faculty firmly advises that normal checks and approval procedures should apply.

There should be a clear indication in the job description for any post with an honorary contract of the number of Programmed Activities (PAs) to be spent each week with the employing organisation. Their purpose and the type of work undertaken in these sessions should also be clearly described. Person specifications for honorary consultant posts should be in line with Faculty guidelines for paid posts at this level. The job description for honorary posts may not always need to include all of the competency areas for good public health practice although the postholder would need to meet these standards through inclusion in an appropriate specialist register (GMC Specialist Register/GDC Specialist List in dental public health/UK Public Health Register).

### **University appointments**

The Academy of Medical Royal Colleges has agreed that Faculty Assessors may, if necessary and where appropriate, double as the university representative on an AAC for university/consultant appointments (if all parties, including the university and the Faculty agree). However, the Academy has also ruled that the reverse would not be acceptable (i.e. university representatives may not double as Faculty Assessors). If such an arrangement is necessary, it should be agreed *in advance* with the Faculty and with an appropriate Assessor nominated by the Faculty.

### **Civil Service appointments**

Some Civil Service appointments, eg many of those in the Department of Health, are covered by Civil Service appointments regulations. It is good practice, however, for the appointments procedure, wherever possible, to follow that for NHS consultant appointments.

### **Locum appointments**

Consultants in public health play a senior and significant role in the system whether working in a public health agency, government department, local government or academia. This must be reflected in the arrangements for the appointment to consultant roles that are required.

Joint guidance on the appointment of directors of public health and consultants in public health in England has been produced in partnership by FPH, Public Health England, the Local Government Association and the Universities and Colleges Employers Association.

- [Consultants in Public Health in Local Government and Higher Education Institutions](#)
- [Directors of Public Health in Local Government Guidance on appointing directors of public health](#)

These two documents provide detailed advice and good practice on the process for the appointment of senior public health consultants and recognises that the external professional assessment and advice provided by FPH is a central component of appointments. The system in place for appointing directors of public health and consultants in public health (the AAC – Advisory Appointment Committee) is the most efficient way of assuring the necessary technical and professional skills and ensuring that all appointments are fit for purpose.

Appointments to locum and interim posts are technically exempt from the need to advertise or to be selected by an AAC provided the employment is for an initial period not exceeding six months, with extensions of a maximum period of a further six months subject to a satisfactory review by the employing organisation(s) and to consultation with FPH. (Employers should notify the FPH office at an early stage about locum posts which are to continue for more than six months and then contact the Faculty Adviser for their region about conducting the six month review.

However, locum and interim appointments cause disproportionately more employment problems than substantive posts and equal attention and care should be paid to following the correct recruitment procedures as for substantive posts to reduce the risk to employers and the public. Employers must have satisfactory procedures in place to ensure that those appointed are of adequate standard and meet the criteria for the post to which they are appointed: candidates should always be assessed by an appointments committee including at least two professional members and references must always be obtained. In the interests of public protection and risk management, FPH therefore firmly advises the use of the AAC process for ALL posts. This includes the approval of the recruitment literature for interim and locum posts by the Faculty Adviser as for substantive posts. FPH will then provide FPH Assessors to take part in the selection process.

Locums and interims are an important asset to the public health system and make a valuable contribution to it. However, the appointment should be a temporary measure of limited duration.

A substantive appointment to the post should be made as quickly as possible. A vacant post should not be filled over a substantial period of time by means of a series of short-term appointments.

All Consultant posts of more than 6 months duration require a Faculty assessor involvement, except in Scotland who have a 12 month stipulation.

More detailed guidance is given [in the Code of Practice](#) on the appointment and employment of HCHS locum doctors, issued by the NHS Executive in August 1997.

### Foundation Trusts (England)

The 1996 NHS (Appointment of Consultants) Regulations and subsequent amendments do not apply to NHS Foundation Trusts (England). However, paragraph 1.1 of the Department of Health's *Good Practice Guidance 2005* says that *Foundation Trusts can follow the AAC guidance when appointing to a consultant post if they so choose*. The Faculty, together with the Academy of Medical Royal Colleges, recommends that Foundation Trusts should use the same or similar appointments procedures as those used for NHS consultant appointments. In the interests of public protection and risk management, the Faculty therefore firmly advises approval of the recruitment literature by the Faculty Adviser. The Faculty will then be able to provide Faculty Assessors to take part in the selection process.

### Role of Deputy Faculty Advisers

In some regions, the Faculty Adviser has delegated responsibility over the approval of job descriptions to a Deputy Faculty Adviser. You must ensure that employers and the Faculty office are aware of the arrangements and who they should contact in your region **at all times**:

Deputy Faculty Advisers should assume the responsibilities of Faculty Advisers if:

- a Faculty Adviser is away for one week or more
- a vacant post is in the employing authority for which an Adviser works
- a Faculty Adviser is applying for the post being advertised
- there may be any other conflict of interest.

If there is no Deputy Faculty Adviser, a Faculty Adviser from a neighbouring Faculty region should be nominated to deputise in all the above circumstances. ***It is essential that you keep both the Faculty office and the employing authority informed of any changes in responsibility (temporary or otherwise).***

### List of Faculty Advisers

A list of Faculty Advisers is available [here](#):

### Queries

Please contact the Faculty office by email ([aac@fph.org.uk](mailto:aac@fph.org.uk)). The FPH Registrar will provide further advice as necessary.

### STAGES IN SETTING UP AN AAC

1. Employer drafts job description, person specification and advert and sends the recruitment literature to the regional Faculty Adviser (by email)
2. Faculty Adviser sends advice and comments to the employer. Faculty Adviser approves literature and returns to the employer (within 3 weeks of receipt). Approved documents are valid for 6 months, after this (or if documents need updating) employer needs to contact Regional Adviser and AAC Team again. ([aac@fph.org.uk](mailto:aac@fph.org.uk))
3. Employer sends agreed recruitment literature and written confirmation from Faculty Adviser to the Faculty office ([aac@fph.org.uk](mailto:aac@fph.org.uk)) with a request for Faculty Assessors.
4. Faculty office supplies a list of Assessors to the employer via a secure portal (normally within

2 working days)

5. Employer places advert, in at least two professional distributed journals (one local and one national) (eg: *BMJ*, *HSJ*) **one** of which may be on the web e.g. NHS Jobs; allow minimum of 3 weeks to closing date; the interview date (3 weeks after shortlisting) must be included in the advert. It is also good practice to advertise posts on the Faculty's Jobs Board.
6. Employer finalises the composition of AAC panel as soon as or just before advert is placed and confirms names of Faculty Assessors and date of AAC to Faculty office ([aac@fph.org.uk](mailto:aac@fph.org.uk))
7. Assessors check with Faculty office that they have been properly appointed for the specific AAC and that recruitment literature have Faculty approval
8. Immediately after closing the application period, the employer sends all applications to AAC members for shortlisting, together with documentary evidence of applicants' eligibility, list of AAC panel members and their roles, recruitment literature and instructions for the shortlisting process
9. Faculty Assessor to notify Faculty office of shortlisted candidates for further eligibility checking. The faculty will confirm their specialist registration status and also that they are in good standing with the Faculty and for CPD. CCT dates will be checked when appropriate.
10. Immediately after shortlisting, employer invites shortlisted applicants for interview (3 weeks after shortlisting), takes up 3 references for each and notifies unsuccessful applicants
11. AAC held and recommendation made. The AAC must be the final decision-making mechanism for recommending the preferred DPH applicant. DPH posts are covered by a SI. It is highly recommended that the AAC is the final decision-making body for consultant posts
12. Employer notifies Faculty office of outcome of AAC. [NB if AAC cancelled/postponed at any stage, employer to inform Faculty office without delay]
13. Assessors complete the online feedback report within 5 working days via a secure portal (one report per post)