



## SENIOR PUBLIC HEALTH CONSULTANT APPOINTMENTS SUPPLEMENTARY EMPLOYER'S GUIDANCE

### Introduction

This supplementary guidance is intended to provide more detailed advice on the recommended process for senior public health appointments in local authorities, public health agencies, academia and the NHS. This is to 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 on recruitment procedures or of making an inappropriate appointment.

The guidance contained in this paper, should be read in conjunction with the Department of Health's Good Practice Guidance (January 2005) and the relevant Statutory Instruments:

- For [England, Wales and Northern Ireland](#) (this guidance may also be used for appointments outside the UK mainland such as the Channel Islands).
- For [Scotland](#) (the appointment process in Scotland differs in detail from the rest of the UK but the Faculty of Public Health specimen job descriptions (see below) may be adapted for use in Scotland).

The Advisory Appointment Committee is a widely recognised, tried and tested method of recruiting to senior public health appointments and is consistent with the process for appointing other consultants in the NHS. It provides a quality assured appointments system to any employer and minimises the potential risks to them by ensuring that only those who are qualified for specialist posts are considered for appointment. It is an efficient way of assuring the necessary technical and professional skills and ensuring that all appointments are fit for purpose.

The appointment of consultants to NHS organisations is regulated by statutory instrument<sup>1</sup> and **it is strongly recommended that local authorities, public health agencies and NHS organisations, including Foundation Trusts, follow this process for the appointment of public health consultants.**

[Joint guidance](#) on the appointment of directors of public health and consultants in public health in England was produced in partnership by FPH, Public Health England, the Local Government Association and the Universities and Colleges Employers Association. 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.

### Your key contact as an employer: Faculty Advisers

Your regional Faculty Adviser (FA) should be the first point of contact and can advise on the whole recruitment process; details of your local Faculty Adviser can be found [here](#). At the earliest opportunity and before a post is advertised, you should provide your FA with a copy of:

- Draft job description
- Person specification

---

<sup>1</sup> NHS (Appointment of Consultants) Regulations 1996, as amended. (S.I. 1996/701 as amended by S.I. 2002/2469, S.I. 2003/1250, S.I. 2004/696 and S.I. 2004/3365.)

- Draft advert to include salary band
- Date of the AAC panel

Until the Faculty Adviser has agreed the recruitment literature by email, you should not advertise the appointment, nor approach any Faculty Assessors to sit on any panel. You should expect an initial response within 10 working days of sharing the relevant documents with the Faculty Adviser.

### Preparation of recruitment literature

Specimen templates for a selection of job descriptions are provided on the [FPH 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 none of the essential criteria is removed without discussion with the Faculty Adviser. Employers are welcome to add items to reflect the nature of the post. The criteria in the person specifications are the minimum required.

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

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 and public health), the job description must be discussed with the Faculty Registrar.

Approved documents are valid for 6 months, after this (or if documents need updating) employer needs to contact Regional Adviser and AAC Team again.

### Setting up the AAC

Once the Faculty Adviser has agreed the recruitment literature, employers should request by email a list of FPH Assessors from the Faculty ([aac@fph.org.uk](mailto:aac@fph.org.uk)) attaching:

- Faculty Adviser's approval letter
- Job description
- Person specification
- Advertisement
- Date of AAC panel
- Salary

The faculty office supplies the employer a reference number for the post and a list of Assessors via a secure portal. Employers should contact only the people on this list. If an employer is re-advertising a post, they must request a new assessor list as the lists are frequently updated.

Please contact all the Assessors provided by the Faculty without delay as they will need sufficient notice to attend panels. FPH advise that Assessors should be given at least six weeks' notice where possible.

Normally the FPH Assessor may be from a medical or multidisciplinary background. In the rare circumstance of a consultant post only being available to a medically qualified candidate, the Faculty assessor would also normally be medically qualified.

Assessors must be geographically distant (from a different region) and will normally be from outside the employer organisation. Once an Assessor has been identified, employers must supply the FPH Office ([aac@fph.org.uk](mailto:aac@fph.org.uk)) with the name of Assessor, the AAC date and the list of panel members.

Do not use a list of Assessors provided on any previous occasion for the same or any other post, and always ask for an up-to-date list of Assessors if some time has elapsed since the list was first provided.

### **AAC panel composition**

Descriptions of the composition of panels various consultant posts can be found in the DHSC guidance documents. Employers should provide all members of the panel, including the FPH Assessor, with the names of all members of the AAC panel together with their role, at the time of shortlisting.

### **Professional indemnity cover for FPH Assessors**

Although Assessors are nominated by FPH, they become an agent of the employing authority as a member of an AAC and consequently the employing authority provides indemnity.

### **Assessors' expenses**

You should offer to reimburse Assessors for their travel, hotel accommodation (where appropriate) and other subsistence expenses. A sessional payment (in line with BMA guidelines) may also be payable on application by the Assessor. You should check the current rates with the BMA.

### **Where to advertise**

All posts must be advertised unless exempted from doing so (see Annex D of the Good Practice Guidance for exemptions). We recommend that a minimum of two advertisements must normally appear, one local and one national. These may be in nationally distributed journals or on nationally available internet sites commonly used for similar advertisements. A commonly used internet site is NHS Jobs. It is also good practise to advertise in Faculty of Public Health's [Jobs Board](#).

Advertisements must be consistent with rest of the recruitment literature. The closing date and the interview date must be included. If the interview date is not available, the information pack for applicants must contain this information.

### **Re-advertising a post**

If a post has to be re-advertised, employers must contact their Faculty Adviser to let them know before re-advertising. Any changes to the recruitment literature must be approved by the Faculty Adviser. Employers must then contact the FPH office for a new list of Assessors. Do not use a list of Assessors provided on any previous occasion.

### **Shortlisting**

Employers should send copies of all applications, copies of all the recruitment literature and shortlisting instructions to each member of the AAC, including the FPH Assessor. It is not acceptable for recruiting agencies to exclude any application. The recruitment literature must be identical to that agreed by FPH. It is

also good practice to send a list of AAC members, together with their specific roles, to each panel member.

It is the **employer's responsibility** to carry out their own checks on each applicant's eligibility for short-listing and appointment and to verify the source of this evidence. This information must be distributed to all AAC members. It will need to include proof of inclusion in an appropriate specialist register or documentary evidence that applicants are within six months of inclusion at the time of interview. A description of the type of documentary evidence which applicants should be asked to provide is set out below and is also given in the specimen person specifications.

### Additional selection techniques

If any selection techniques in addition to interview are to be used, all members of the AAC must be involved and employers must ensure that all members of the AAC are appropriately skilled in these techniques. Selection criteria, including any tests, must relate to job requirements. All aspects of the selection process must relate to the previously agreed selection criteria as described in the approved person specification for the post. Where assessment centres are used (for example to assess leadership skills), all members of the AAC should have access to the results for each applicant even if not directly involved.

### Applicants' references

All applicants must provide their current or most recent employer as one of their three referees. If this is not provided, employers should ask the Faculty Assessor to investigate during interview. This applies to all posts at consultant level including locum and honorary positions.

### 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 appointees for specialist / consultant / DPH posts **must** be included in an appropriate specialist register (GMC Specialist Register/GDC Specialist List in Dental Public Health/UK Public Health (Specialist) Register) **at the point of application**. The only exception relates to public health registrars (trainees) on a GMC-recognised UK training programme. 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 \(UKPHR\) Specialist Register](#)

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.

### Applicants in training grades

Applicants who are public health specialty registrars (trainees) 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/UKPHR (Specialist) from the date of interview.

For applicants who are still in training, the **documentary evidence** should be **either** an ARCP 6 **or** a letter from the postgraduate dean (or Training Programme Director) specifying the expected date for completion of training.

### 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 called 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 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 specialist 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 cover the three domains of public health and 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

### Consultant appointment panels

The Good Practice Guidance describes one of the core members for consultant appointments as 'a consultant from the Trust, who, if available, should be from the relevant specialty'. Where the employing organisation does not employ other consultants from the same or from other specialties, it is recommended that a consultant from the same specialty from the geographical area in which the post is being established.

For consultant in health protection posts, a health protection consultant or regional consultant epidemiologist (but not the outgoing incumbent of the post being advertised) should normally be included on the AAC as a consultant from the employer, who, if available, should be from the relevant specialty').

### DPH appointment panels

The outgoing DPH **must not** be a member of the AAC set up to select his/her successor. **An appropriate Office of Health Improvement and Disparities (OHID) regional director or representative must be on the panel.** For regional director in public health posts in England, a professionally qualified national or regional director would be on the panel. For posts in other parts of the UK, the professionally qualified senior appointing officer may be the Chief Medical Officer or a representative.

### Royal College of Pathologists' Assessor

When an AAC for a CCDC post is being set up, employers may need to invite an Assessor from the Royal College of Pathologists to serve on the AAC, together with a FPH Assessor when the applicants include a specialist in microbiology. For consultant in health protection or similar posts which are normally open to applicants from a variety of backgrounds including medicine, FPH or the Royal College of Pathologists will supply an additional external Assessor from a similar professional background.

All FPH assessors are trained to be competent to serve on any AAC Panel.

### Honorary appointments

Honorary consultant appointments are exempt from the need to advertise and to be selected by an AAC. 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 (Specialist) Register. In the interests of public protection and risk management FPH 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 FPH 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 post-holder 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 (Specialist) Register).

### University appointments

The Academy of Medical Royal Colleges has agreed that FPH 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 FPH agree). However, the Academy has also ruled that the reverse

would not be acceptable (that is. university representatives may not double as FPH Assessors). If such an arrangement is necessary, it should be agreed **in advance** with FPH and with an appropriate Assessor nominated by FPH.

### **Civil Service appointments**

Some Civil Service appointments, for example many of those in the Department of Health & Social Care, 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/short-term senior public health 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.

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 six month duration require a Faculty Assessor involvement, except in Scotland where there is a 12-month stipulation.

### **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'. **FPH, 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, FPH therefore firmly advises approval of the recruitment literature by the Faculty Adviser. FPH will then be able to provide FPH Assessors to take part in the selection process.

## After the AAC and queries

Employers should inform the FPH office as soon as possible after the AAC of the outcome. If an AAC is cancelled or postponed at any stage, employers should inform the FPH office without delay.

### 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.
3. Employer sends agreed recruitment literature and written confirmation from Faculty Adviser to the Faculty office 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 (e.g. BMJ, HSJ), one of which may be online, for example 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 FPH [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.
7. Employer arranges any preliminary visits by applicants where appropriate.
8. Immediately after close of applications, employer sends all applications to AAC members for shortlisting, together with documentary evidence of applicants' eligibility, list of AAC panel members and their roles, agreed job description/person specification and instructions for the shortlisting process.
9. Immediately after shortlisting, employer invites shortlisted applicants for interview (3 weeks after shortlisting), takes up 3 references for each and notifies unsuccessful applicants.
10. AAC held and appointable candidates are ranked on suitability for the post. The AAC must be the final decision-making mechanism for recommending the preferred applicant for DPH posts; such posts are covered by Statutory Instrument. It is highly recommended that the AAC is the final decision-making body for consultant posts.
11. Employer notifies FPH office of outcome of AAC (NB: if AAC cancelled/postponed at any stage, employer to inform FPH office without delay).
12. Assessors complete the online feedback report within 5 working days [via a secure portal](#) (one report per post).