



## SENIOR PUBLIC HEALTH CONSULTANT APPOINTMENTS

### SUPPLEMENTARY EMPLOYER'S GUIDANCE

#### INTRODUCTION

This supplementary guidance is intended to provide more detailed advice on the recommended appointments process for senior public health appointments in local authorities, 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 about 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 Instrument:

- For [England, Wales and Northern Ireland](#)
- For [Scotland](#)\*

This guidance may also be used for appointments outside the UK mainland – for example Isle of Man, Guernsey.

\*The appointment process in Scotland differs in detail from the rest of the UK but the Faculty of Public Health (FPH) 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 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 specialists' posts are considered for appointment.

The appointment of consultants to NHS organisations is regulated by statutory instrument.<sup>1</sup> Public Health England also uses this method for appointing to consultant posts. **It is strongly recommended that local authorities and NHS Foundation Trusts also 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 has been 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. The system in place for appointing directors of public health and consultants in public health (the AAC – Advisory Appointment Committee) is seen as the most efficient way of assuring the necessary technical and professional skills and ensuring that all appointments are fit for purpose.

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<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.)

## Your Key Contact: 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
- Draft advert to include salary band
- Date of the AAC panel

Until the Faculty Adviser has agreed the recruitment literature, 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 which call upon the core competencies as set out by the Faculty. There is flexibility for employers to adapt the person specification to emphasise those that are particularly relevant and this is made clear on the template. **If employers are uncertain please discuss it with the Faculty Adviser.**

The recruitment literature should also include:

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

Most of these posts will 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 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.

## 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

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.

Assessors must be geographically distant and will normally be from outside the NHS region or PHE Centre where the post is being advertised. 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.

Employers should not use a list of Assessors provided on any previous occasion for the same or any other post, as this list may be out of date. Please contact the Faculty office to ask for an updated list of Assessors for each post.

### AAC panel composition

Descriptions of the composition of panels various consultant posts can be found in the DH 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. **Employers should note the importance of having sufficient lay representation on the panel.** For local authorities, this will be a councillor and for PHE or NHS bodies, a board member.

### 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 national advertisements must normally appear. 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.

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 **must** be included in an appropriate specialist register (GMC Specialist Register/GDC Specialist List in Dental Public Health/UK Public Health (Specialist) Register) **before they can take up an appointment** as a consultant. 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 \(Specialist\) Register \(UKPHR\)](#)

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 in a recognised UK public health training scheme must be asked to provide 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) at 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 Certificate of Eligibility for Specialist Registration route (formerly Article 14 of the European Specialist Medical Qualifications Order (ESMQO)), 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 CESR 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

Other than trainees (see above), applicants from a background other than medicine would normally be expected to have gained full registration with the UKPHR. Exceptionally, however, individuals who can demonstrate that they are **within six months** of registration may be considered for shortlisting. **Suitable evidence must include a letter from the UKPHR confirming that registration will be completed within six months.**

Other than trainees (see above), applicants from a background in public health dentistry must be included in the GDC Specialist List in dental public health. However, those who can demonstrate that they have submitted an application for inclusion on the GDC specialist list in public health dentistry may be considered for shortlisting. **Employers should ask the applicant to provide documentary evidence that he/she has submitted an application to the GDC which is eligible for consideration at the time of application (for shortlisting).**

## 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

No individuals can take up consultant roles in public health until such point as they have gained entry to the GMC Specialist Register/GDC Specialist List/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. Doctors illegally appointed are unlikely to be covered by the employing authority's professional indemnity.

## SPECIAL ISSUES

### Consultant appointments' 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 Communicable Disease Control (CCDC) posts (or consultant in health protection, or combined CCDC/CPHM, or combined consultant in microbiology/communicable disease control, or regional consultant epidemiologist posts), a CCDC 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 Trust, who, if available, should be from the relevant specialty').

### England: local authority DPH appointment panels

**The panel cannot be quorate without the PHE representative being present. All DPH posts need to be discussed with PHE as appointments must be ratified; PHE acts on behalf of the Secretary of State for Health.** Moreover, the outgoing DPH **must not** be a member of the AAC set up to select his or her successor. **The regional director of Public Health England or representative will be on the panel.**

### PHE Regional Director/Regional DPH posts, Public Health England

One of the professionally qualified PHE national directors would be on the panel. Elsewhere in 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.

### 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 NHS organisation or PHE. 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

Civil Service appointments, such as 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/short-term senior public health appointments

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.

## 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.
2. Employer sends all of the above recruitment literature to the regional Faculty Adviser (by email).
3. Faculty Adviser sends advice and comments to the employer (within two weeks of receipt).
4. Employer selects members of committee (except FPH Assessor) and arranges interview date.
5. Employer amends recruitment literature as appropriate and sends final versions to Faculty Adviser.
6. Faculty Adviser confirms approval of recruitment literature in writing (email) to employer and copies approval letter, JD/PS/advert including salary to Faculty office.
7. Employer sends agreed recruitment literature and written confirmation from Faculty Adviser to the FPH office with a request for FPH Assessors.
8. Faculty office supplies lists of Assessors to employer by email with further guidance (normally within five working days).
9. Employer places advert on nationally available internet sites commonly used for similar advertisements.
10. Employer finalises composition of AAC panel as soon as or just before advert is placed and confirms name of FPH Assessor and date of AAC to FPH office.
11. Assessor checks with FPH office that they have been properly appointed for the specific AAC and that recruitment literature have FPH approval.
12. Employer arranges any preliminary visits by applicants where appropriate.
13. 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.
14. Immediately after shortlisting, employer invites shortlisted applicants for interview, takes up three references for each and notifies unsuccessful applicants.
15. AAC held and appointable candidates are ranked on suitability for the post.
16. Employer notifies FPH office of outcome of AAC. [NB. if AAC cancelled/postponed at any stage, employer to inform FPH office without delay]
17. Assessor returns completed report to FPH office (one per post).