



Faculty of Public Health

Of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

GUIDANCE TO LOCAL AUTHORITIES ON THE APPOINTMENT OF A DIRECTOR OF PUBLIC HEALTH

Purpose of guidance to Members and Executive teams of Local Authorities

As you will be aware, Government has stated its intention to legislate to reform the public health system in England. The Faculty of Public Health is the standard setter for Public Health in the UK and offers guidance on senior appointments in public health in the UK. In the NHS, FPH has a role in the appointments of Consultants to the NHS and seeks to share its best practice guidance with colleagues in Local Authorities to ensure the best appointment process.

The advice here is aimed to aid Local Authorities in the appointment of Directors of Public Health. It replicates the statutory process for the NHS.

Understanding the role of your Director of Public Health (DPH)

Responsibility for the health of your local authority population will largely rest with the local authority itself once the public health system is reformed. This is a great opportunity for local authorities, who know their constituents, to practise localism and to ensure services are designed for their communities within the priorities of their strategic vision and the budgetary constraints.

The DPH has a pivotal role in the health of the population. Your DPH needs to be qualified as a public health specialist and on either the GMC, GDC or UKPHR specialist register. This means that your DPH is both highly qualified to FPH standards and also regulated, with fitness to practise sanctions. A qualified specialist is a DPH who is able to properly plan for, and advise, officers and the executive team over the three domains of public health; health protection, health improvement and the provision of healthcare services with key healthcare partners including GP commissioning consortia. In appointing a qualified specialist, Local Authorities buy in experts who are able to strategically lead from political instruction whilst at times ensuring full compliance with legislation able to influence, negotiate and present the various scenarios in times of outbreak or crisis. In addition, a qualified specialist is able to ensure sound and effective health interventions are introduced across the borough, particularly in key wards that have high inequality gaps at a time of financial strain.

There are risks to the Local Authority if these areas are not addressed and appointing a qualified public health specialist will ameliorate these. Compromising on this criterion will limit your field and potentially expose the Local Authority to allegations of failure in legal and safeguarding duties should there be a health crisis. In a worst case scenario, the risks to the employer could also include capability issues, cost of support, absenteeism, failure to meet key targets, employment Tribunal costs and compromise agreements.

Designing the job description

FPH provides a template job description and person specification which can be adapted to suit your Local Authority's needs.

In order to ensure that your potential DPH is appropriately qualified and competent, FPH

recommends that employers only add to the template, rather than subtract. Even if the employer feels some skills will not be used a qualified specialist will have them and to remove them risks removing key competence areas which you can use in the future.

In each region of the UK, FPH has a Faculty Adviser who will check over your job description and sign it off as appropriate. This will save your organisation time and provide assurance to you that the job description and person specification are appropriate.

The qualification and registration details should be included in the application from the outset with proof being brought at interview stage.

Once the FPH Adviser has signed off your job description, you can approach FPH about appointing FPH assessors to your panel.

Forming an appropriate panel

FPH's recommended panel composition based on the statutory NHS panel will give you assurance that the LA can probe the candidate's knowledge of your borough and its key issues. The panel is weighted in favour of your locality but also concentrates on specialist knowledge. The FPH assessors on the panel can offer you quality assurance and can explore candidate's public health knowledge across the three areas of public health and can advise your panel on the suitability of candidates for your role.

1. an elected member of the local authority as the chair, normally the chair or other non-executive director of the Local Authority
2. an external FPH assessor from a public health medicine background
3. an external FPH assessor from a public health professional background other than medicine
4. the Chief Executive of the Local Authority or his/her nominated deputy who will be a Board level Executive or Associate Director who normally deputises as a senior manager for the CE **(for joint appointments, see notes 1, 2 and 3 below)**
5. the Regional Director of Public Health (i.e. RDPH/SHA DPH) or his/her nominated deputy **(for joint appointments, see notes 1, 2 and 3 below)**
6. consultant from the employing body from the same specialty (public health). (Where the employing organisation does not employ other consultants from the same or from other specialties, it is acceptable to use a consultant from the same specialty from the geographical area in which the post is being established (e.g. from a neighbouring Local Authority) **(for joint appointments, see notes 1, 2 and 3 below)**

Note 1: for joint appointments between two employing organisations, one of the employers will appoint two panel members and the other will appoint one panel member to fulfil the roles described in 4, 5 and 6 above. The RDPH (i.e. RDPH/SHA DPH) or his/her nominated deputy must be included.

Note 2: for joint appointments between three employing organisations, each employer will each appoint one member to fulfil the roles described in 4, 5, and 6 above. The RDPH (i.e. RDPH/SHA DPH) or his/her nominated deputy must be included.

Note 3: for joint appointments between more than three employing organisations, each employer will appoint at least one member to fulfil the roles described in 4, 5 and 6 above. The RDPH (i.e. RDPH/SHA DPH) or his/her nominated deputy must be included.

Additional members - depending on post content/structure/links

7. a representative from the relevant local authority (if substantial LA component **but not a joint appointment with LA – see notes 1-3 above**)
8. a representative from the local university (required if substantial academic or teaching component to post)
9. a GP from the commissioning consortium (will aid local representation)

Advertising the post

In order to ensure to maximise applicants of an appropriate calibre, posts should be advertised in at least two places. Typically, FPH recommends advertisements are placed in two nationally distributed printed journals that would normally be associated with such posts – e.g. the BMJ or HSJ. One advertisement could appear online, on a recruitment site such as NHS Jobs for example, but at least one advertisement should appear in a printed journal.

Timeline and flowchart

+9 weeks

1. Local Authority drafts job description, person specification and advert.
2. Local Authority sends all of the above recruitment literature to the regional FPH Adviser (by email).
3. FPH Adviser sends advice and comments to the Local Authority (within 3 weeks of receipt).
4. Local Authority selects members of committee (except FPH Assessors) and arranges interview date (minimum of 3 weeks after shortlisting).
5. Local Authority amends recruitment literature as appropriate and sends final versions to FPH Adviser.
6. FPH Adviser confirms approval of recruitment literature in writing (email) to the Local Authority and copies approval letter to FPH office (aac@fph.org.uk).
7. Local Authority sends agreed recruitment literature and written confirmation from FPH Adviser to the FPH office (aac@fph.org.uk) with a request for FPH Assessors.
8. FPH office supplies lists of Assessors to the Local Authority by email with further guidance (normally within 2 working days).
9. Local Authority places advert, in at least two professional and nationally distributed journals (e.g.: *BMJ*, *HSJ*) **one** of which may be on the web; allow minimum of 3 weeks to closing date; interview date (3 weeks after shortlisting) must be included in advert.

+6 weeks

10. Local Authority finalises composition of AAC panel as soon as or just before advert is placed and confirms names of FPH Assessors and date of AAC to FPH office

(aac@fph.org.uk).

11. Local Authority arranges any preliminary visits by applicants.

+ 3 weeks

12. Immediately after close of applications, the Local Authority 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.

13. Immediately after shortlisting, the Local Authority invites shortlisted applicants for interview (3 weeks after shortlisting), takes up 3 references for each and notifies unsuccessful applicants.

AAC

14. AAC held and recommendation made.

Queries

If you have any queries, please contact your regional Faculty Adviser in the first instance. Staff at the Faculty office will also be pleased to help (aac@fph.org.uk).

Dr Peter Sheridan
Assistant Registrar
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