DEPARTMENT OF HEALTH

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Regional Directors of Public Health/RMOs

EL(89)P31

District Directors of Public Health/DMOs

22 February 1989

Copies to Regional and District General Managers

Dear Colleague

CONTROL OF COMMUNICABLE DISEASE:
NOTES FOR GUIDANCE ON THE CONDUCT OF REVIEWS OF REGIONAL ARRANGEMENTS

1. Circular HC(88)64 called upon RHAs to submit to the Department by 31 December 1989, transitional plans aimed to improve their arrangements for the control of communicable disease and infection. The publicity which recent episodes of infectious illness has attracted will have served to highlight the vital importance of making early progress in this field. Regional plans should reflect the outcome of reviews of current arrangements and to assist RHAs the circular promised that Notes for Guidance on the conduct of these reviews would follow. DHAs were asked to include proposals on this topic in their general public health proposals to be produced for consideration by RHAs by 30 June 1989

Review Team

2. In consultation with general manager colleagues, RMOs should take the lead in establishing a small review team for this purpose, preferably under their own chairmanship, and including representatives of the disciplines concerned and of district interests. The review team will wish to have access to appropriate professional advice and the letter sent to all RMOs in November 1988 jointly by the Presidents of the Faculty of Community Medicine and the Royal College of Pathologists has provided a framework within which it can be made available.

Review of Existing Arrangements and Proposals for Change

3. As a first step the review team should inquire into and report on present arrangements throughout the region for surveillance and prevention of communicable disease and management of outbreaks. Matters to be covered should include:-

- the identification of MOsEH, their qualification and training;
- management arrangements covering both hospitals and community and including responsibilities for coordination in cases of major outbreaks including the setting up of ad hoc teams with representation from outside agencies, eg the relevant LAs, CDSC etc;
- the precise details of linkages with local authorities;

- surveillance procedures;
- arrangements for ensuring 24 hour cover, including Bank Holidays and week-ends;
- inter-district links and links between district and the region for dealing with outbreaks involving more than one district;
- arrangements for liaison with the regional clinical infectious disease unit;
- microbiological resources including PHLS facilities;
- availability of epidemiological support;
- liaison arrangements with CDSC.

4. The team should then propose new arrangements covering the issues above and designed to deal with any problems identified. Particular attention should be devoted to management arrangements and reporting relationships. Field staff necessary for the investigation and control of communicable disease at District Health Authority and local authority level should be identified at the earliest opportunity.

Post of CCDC

5. One outcome of the regional reviews will be the introduction of the new post of consultant with special responsibility for communicable disease control, some provisional details of which are set out in the Annex.

PUBLIC HEALTH MEDICAL MANPOWER

6. "Public health in England" drew attention to the shortage of public health medical manpower and recommended (para. 6.7) "that each RHA with its DHAs should urgently review its manpower requirements in the light of our recommendations and amend current policies for training public health doctors".

7. RHAs may find it expedient to combine their review of management arrangements for communicable disease control with the study of present and future manpower requirements in the field of public health medicine as a whole also called for in HC(88)64 so as to ensure that sufficient training places are available to meet their predicted future needs. Authorities are requested to adopt the attached proformas (forms A & B) as the basis of their reports.

L B HUNT
SENIOR MEDICAL OFFICER

The guidance in this letter will be cancelled and deleted from the communication index on 31 December 1989 unless notified separately.

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FORM A

COMMUNITY MEDICINE/PUBLIC HEALTH

CONSULTANT LEVEL POSTS

PART 1 Establishment at 31 March 1989			Vacant Posts			PART 2 Plans for posts in the period up to 31 March 1994			Plans for posts in the period for 1 April 1994 to 31 March 1999		
Type of Staff	No of posts	No in posts	Recently vacated not yet advertised procedures not yet completed	Unfilled despite advertisement in the previous 6 months	Not advertised within the previous 6 months	Number of additional posts planned	Number to be disestablishment	Expected retirements	Number of additional posts planned	Number to be disestablished	Expected retirements
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
RMO/DPH											
DMO[1]/DPH											
SCM[2]											

PART 3

Vacant Posts not advertised in the last 6 months

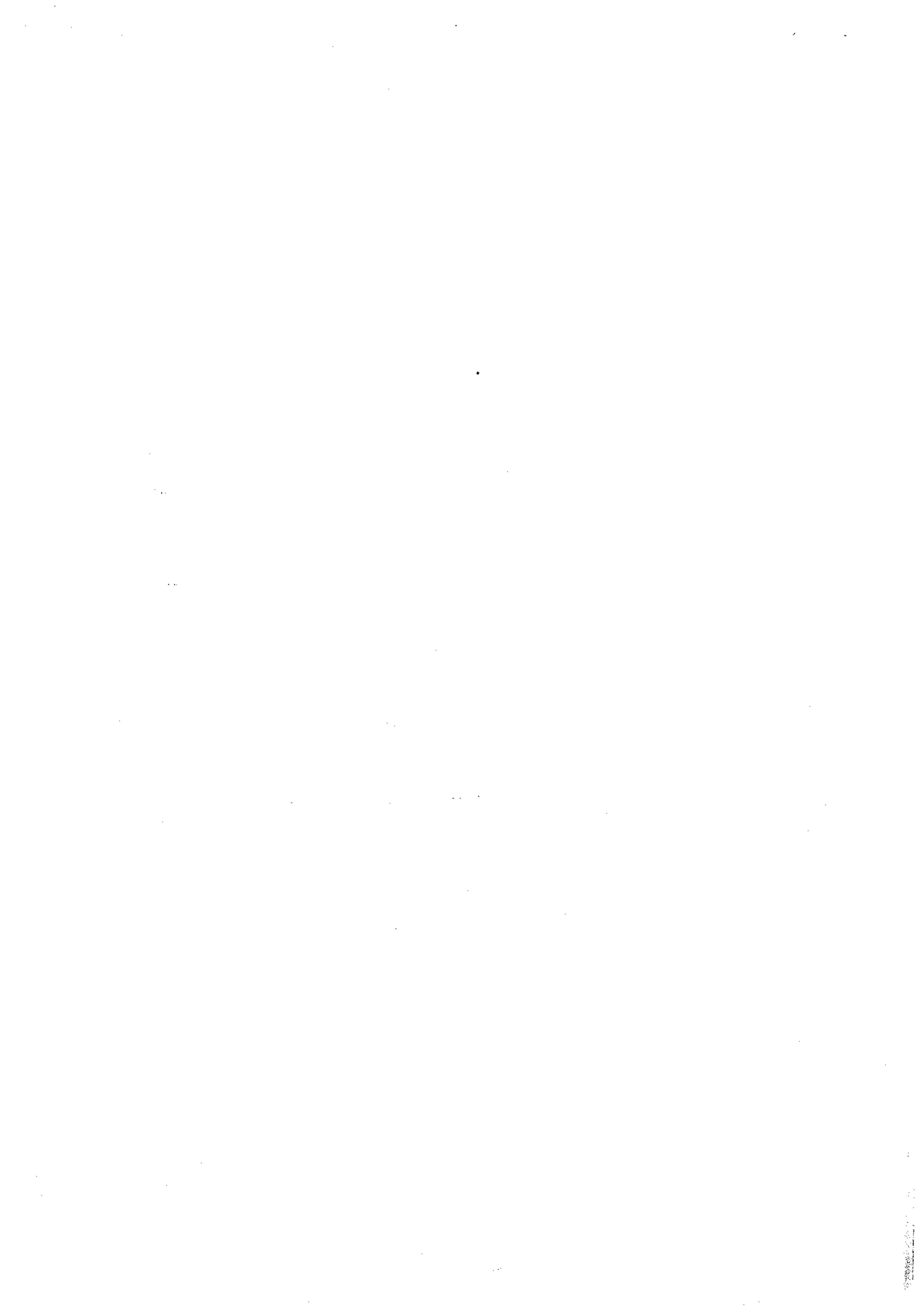
What contraints are there in filling these posts?

PART 4

Posts to be disestablished

What factors have lead to the decision to disestablish the posts indicated?

Notes:
1. Including any district level chief medical adviser.
2. Including any posts for which training in Community Medicine is considered a prerequisite.



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FORM B

COMMUNITY MEDICINE/PUBLIC HEALTH

SENIOR REGISTRAR AND REGISTRAR POSTS

PART 1	Establishment at 31 March 1989				PART 2	
No. of posts	No. in post	Vacant Posts: Recently vacated not yet advertised/ procedures not yet completed	Unfilled despite advertisement in the previous 6 months	Not advertised within the previous 6 months	No. of additional posts planned in the period up to 31 March 1994	Please indicate assumptions made about wastage from senior registrar and registrar posts in making this calculation
(1)	(2)	(3)	(4)	(5)	(6)	(7)

PART 3

Vacant Posts   Posts not advertised within the previous 6 months

What constraints have there been in filling these posts?

ANNEX

THE ROLE OF CONSULTANTS WITH RESPONSIBILITY FOR CONTROL OF COMMUNICABLE DISEASE

1. The guidance given in paras. 12-16 of HC(88)64 and the advice in these Notes is intended to begin the process of giving effect to the proposals contained in paras. 4.41, 4.42 and 7.13-7.20 of Public Health in England to which reference should be made.

2. The doctor responsible for communicable disease control in a district will always be of consultant grade and may be drawn from a number of different specialities: public health medicine, medical microbiology, clinical infectious diseases or epidemiology. Details of qualifications and training required, job specification (including title) and appointments procedures will need to be worked out in consultation with representatives of the professional bodies concerned. Effective discharge of the responsibilities of the post will call for a detailed knowledge of communicable disease and infection and knowledge and experience of epidemiology. It will necessitate co-ordination with other agencies and disciplines, and make an important contribution to management.

3. The District consultant will normally be directly accountable to the Director of Public Health for the control of communicable disease throughout the District and will be integrated into the District Department of Public Health Medicine in respect of this function.

4. In order to fulfil the obligations of the post he/she will require the collaboration of a range of other consultants, disciplines and agencies. A number of Districts have already found it helpful to establish an advisory control of infection committee to support and advise the CDC consultant, along the lines set out in Annex K of Public Health in England. Such a committee can often provide a useful focus for collaboration with the local authority, liaison with the hospital COI officers and their teams and provide the nucleus of an outbreak control action team should it be necessary for one to be formed. Districts which do not have such advisory committees will wish to consider setting them up. Such committees can play a useful role in ensuring CDC consultants

have access to necessary resources and in enabling them to assume overall control of outbreak management in case of emergency.

5. Regional proposals should take account of the scarcity of suitably qualified and experienced medical manpower. Some appointments at District level may be appropriately linked to other public health medical tasks eg. District Immunisation Co-ordinator. Alternatively, a CDC consultant discharging the role on a part-time basis could combine this with work in the PHLS or an academic department of infectious diseases or of epidemiology. Elsewhere, multi-district appointments (especially in conurbations) or whole-time appointments at regional level may be the best way of providing the necessary level of specialised expertise in the communicable disease field within the Region. Where the job is to be undertaken on a part time basis, districts must make arrangements to ensure the constant availability of suitably qualified cover.