

Advisory Appointments Committee (AAC) for Consultant Staff (MD12)

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Links or overlaps with other policies:			
<i>Need to list all policies that are referred to, or have links to this policy. List them in numeric order.</i>			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1		March 17	New policy template and review	

Rapid Equality Impact Assessment

Policy Title (and number)		Advisory Appointment Committee for Consultants			
Policy Author		HR Directorate			
Version and Date (of EIA)		Version 1 March 2017			
Associated documents (if applicable)					
RELEVANCE: Does the aim/purpose of the policy relate to each of the aims of the Public Sector Equality Duty?					
• Eliminate unlawful discrimination or other conduct prohibited by the Equality Act 2010					Yes
• Advance equality of opportunity between people from different groups					Yes
• Foster good relations between people from different groups					Yes
SIGNIFICANCE AND IMPACT: Consider the nature and extent of the impact, not the number of people affected.					
Does the policy affect service users, employees or the wider community? (if no, proceed to sign off)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the policy affect service delivery or business processes?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the policy relate to an area with known inequalities (deprivation/unemployed/homeless)?					Yes <input type="checkbox"/> No <input type="checkbox"/>
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?					
<i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers; travellers; homeless; convictions; social isolation; refugees)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
What if any, is the potential for interference with individual human rights? (consider the FREDA principles of Fairness/ Respect/ Equality/ Dignity/ Autonomy)					
N/A					
RESEARCH AND CONSULTATION					
What is the reason for writing this policy? (What evidence/ legislation is there?)					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
ACTION PLAN: Please list all actions identified to address any impacts					
Action				Person responsible	Completion date

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1 Policy Statement

- 1.1 This document incorporates Torbay and South Devon NHS Foundation Trust good practice with the guidance issued by the NHSE with the National Health Service Appointment of Consultants Regulations 1996.

2 Introduction

- 2.1 An Advisory Appointments Committee (AAC) is a committee to whom the Trust Board has delegated power to make a Consultant appointment.
- 2.2 The NHS Executive circular HSG(96)24 entitled the National Health Service (Appointment of Consultants) Regulations 1996 introduced these regulations giving further guidance on practice on both consultant and senior registrar appointments.
- 2.3 The procedures apply to all consultant appointments, with certain (very few) exceptions, for example, honorary appointments.

3 Scope

- 3.1 This policy applies to Consultant appointments.

4 Equality and Diversity Statement

- 4.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.
- 4.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

5 Vacancy/Establishment of the Post

Planning the Post

- 6.1 A Directorate should begin planning for consultant appointments well before the post is to be advertised or filled and should be included in the Local Development Plan (LDP) for their service. An Establishment Control Form, provided by the Finance Department, will be prepared by the relevant Directorate and taken to the Executive Panel for approval. Annex D of this document sets out this and the subsequent stages of the appointment approval process prior to advertising the vacancy.

Directorates will need to consider, with relevant professional advice, service needs, continuing educational requirements, teaching, training and supervision of junior staff and research and should take account the views of the other consultant staff concerned. In the case of a replacement post, factors to be taken into account include:

- whether the post continues to be necessary;

- what the nature of the post is, whether it has changed and whether the post should continue in its present form;
- whether the staffing needs to be strengthened by another post or if the existing post should be re-organised to provide different commitments;
- what special interests and/or responsibilities might be appropriate in the light of service needs.

An Establishment control Form (ECF) will also need to be completed in the case of a replacement post.

5.2 All consultant posts should be available for job sharers. If there are reasons why the post is deemed inappropriate for job sharers this decision should be explicitly justified with reference to supportive facts.

5.3 A job description and selection criteria should then be prepared.

Preparation of a Job Description

5.4 The initial work in preparing the job description and selection criteria is undertaken at directorate level and should include an assessment of the service needs and future demands of the post. It is important that the job description includes all information relevant to the post and that the document is as informative as possible for potential applicants and in the standard format (available from Medical HR).

5.5 Potential applicants will need to know details of the post including the work programme and fixed commitments together with information on the Trust, its hospitals, units and clinics and the range of services provided by the department in which the applicant will work. Information about appropriate associated undergraduate or medical or dental teaching work should be included. The job description should include a list of the relevant terms and conditions of service, including pay and any local terms of service.

5.6 If a post requires the undertaking of 'exposure prone procedures' (EPP) evidence of freedom from Hepatitis B infection is mandatory. Where relevant the job description should include appropriate wording to this effect - which could be:-

"This post requires the undertaking of exposure prone procedures. As such, evidence of freedom from Hepatitis B infection is mandatory; the attention of applicants is drawn to the Department of Health and professional guidelines relating to other serious communicable diseases such as TB, Hepatitis C and HIV. Advice may be sought on an entirely confidential basis from the Trusts' Consultant Occupational Health Physician - (01803) 653489."

5.7 When a final draft job description and selection criteria has been agreed by the directorate (and the Medical Staff Committee have been consulted for their views) then it should be sent to the Regional Adviser of the Royal College or Faculty for comment. The Regional Adviser of the Royal College or Faculty or his/her deputy must be given an opportunity to comment on the draft job description and selection criteria. This is to ensure that the post contains a proper balance of clinical, academic, research and managerial activities and that there are sufficient facilities to

enable these activities to be performed. The Regional Adviser should be asked to comment on the draft job description in writing within three weeks of its receipt. Failure to respond following confirmation of receipt of job description will be interpreted as agreement. The names, addresses, telephone and fax numbers of the Colleges' Regional Advisers will be published annually by each College and distributed to all relevant parties. In some specialities e.g. communicable disease control the regional adviser of more than one college or faculty may need to be consulted.

- 5.8 When in doubt, Regional Advisers should discuss their concerns with the Medical Director or Clinical Director of the Trust or the relevant Director of the Public Health for appointments in Public Health Medicine and Communicable Disease Control, and Dental Public alternatives.

The Regional Adviser must express concern within three weeks of receipt of a job description. The Trust must acknowledge receipt of this opinion and give a reasoned response within three weeks. The Regional Adviser must reply to this response indicating agreement or disagreement within three weeks. Should there be an irreconcilable difference of opinion between the Trust and an Adviser, the Adviser should refer the problem as a matter of urgency to his/her College and inform the Trust that he/she is doing so. In such circumstances the President of the College or his/her nominated deputy should respond within three weeks and seek an amicable solution.

If agreement cannot be reached, the College must explain the effect that this will have, should an appointment be made, upon the status of the appointee as a trainer and the educational approval of any junior doctor posts supervised by the appointee. This information should be made available to all applicants. However, in all cases the ultimate responsibility for the content of a particular job description rests with the Trust.

- 5.9 Where individual consultants will undertake teaching of undergraduate medical or dental students, the job description will be forwarded to the Dean of the associated Medical or Dental School in order to establish the requirement for teaching of medical students.
- 5.10 When agreement has been reached the job description should not be changed, nor challenged at the AAC by any member of the committee unless an obvious error has been made and incorrect information given to candidates or if it appears that it could lead to unlawful indirect discrimination.

Selection Criteria

- 5.11 The Trust should prepare selection criteria for each post. These should be drawn from the job description and outline the minimum qualifications, skills and experience required to perform the job. The selection criteria should include both what is necessary and what is desirable and should focus the minds of the committee as to the criteria they are using to judge candidates. The criteria needs to be objective, job-related, applied consistently to ensure equal opportunities for all candidates and a commitment to equal treatment in access to employment regardless of age, disability, gender reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or believe, sex and sexual orientation (protected characteristics defined by the Equality Act 2010).

The Trust should pass any selection criteria to the College Adviser along with the job description to enable them to comment. The selection criteria should be sent out to the appointments committee for use in short-listing and used at the interview to select the most suitable person for the post. Applicants should where possible also be given copies of the selection criteria so that they know how they are to be judged.

- 5.12 Since 1 January 1997 it has been a legal requirement for all doctors to be on the GMC's/GDC's specialist register with licence to practice before they can take up a consultant appointment. There is no reason, however, why trainees cannot explore the possibility of post- Certificate of Specialist Training (CCT) careers as soon as it is apparent that a CCT will be awarded in the near future. Given the structured training programmes, and the annual reviews by the postgraduate deans, specialist registrars should be fully aware of their progress through the grade and know their expected programme completion date and hence the likely date for the award of a CCT. Consequently, specialist registrars can apply for consultant appointments within 6 months of the date of interview (ie. 6 months beforehand) and being admitted to the GMC's/GDC's specialist register. All other categories of doctors must be on the specialist register to be eligible for consideration for a consultant appointment by an AAC.

Advertising the Post

- 5.13 All posts must be advertised, unless the prior consent of the Secretary of State not to advertise has been obtained. Examples of such exemptions can include grade assimilation where it is part of a specific national agreement eg. regrading of SCMOs to consultant paediatricians; health problems that may require moving to lighter duties or posts where the duties change over time and the Trust consider that the incumbent should be considered for the new post.
- 5.14 Advertisements must be approved by the directorate and forwarded to the Medical HR Department. Advertisements must normally appear in at least two professional and nationally distributed journals which are commonly used for similar advertisements (NHS Jobs is an approved professional advertising medium). The advertisements are normally quite small and appear in the classified section. Display advertising is rarely needed. Where possible the date of interview should be included in the advertisement. The closing date for applications, which is normally three or four weeks after the publication of the advertisement, should also be included.
- 5.15 Advertisements should avoid prescribing requirements such as length of residence or experience in the UK. Where a particular qualification is required it should be made clear where a fully comparable qualification obtained overseas is as acceptable as a UK qualification.
- 5.16 The Trust normally uses the British Medical Journal and NHS Jobs, and for dental posts the British Dental Journal is also used. The advertising agency must receive the advertisement at least ten days prior to publication of the chosen journal. A display advertisement requires at least twelve days. The usual closing date should normally be three to four weeks following advertisement.
- 5.17 Intending applicants should apply via the NHS jobs website completing the NHS Jobs application form and attaching a copy of their CV to the on-line application. Further relevant information such as the Job Description, Person Specification and details of the Trust can also be found on the website.

- 5.18 Where, exceptionally, the Trust wishes to make an appointment without advertising the post, the application to the Secretary of State should include the full job description which has been approved by the Royal College, a detailed statement of the circumstances giving rise to the application, a curriculum vitae of the application concerned and details of local professional support of the application. In all cases where an exemption from advertising is approved by the Secretary of State the Trust must still ensure that an AAC is convened to consider the applicant's suitability for appointment. Applications should be sent to:-

In England:

NHS Executive Headquarters
Human Resources Division 1C
2N34 Quarry House, Quarry Hill
Leeds LS2 7UE
Telephone Number 0113 2545709

In Wales:

Welsh Office Health Department
Crown Buildings
Cathays Park
Cardiff
CF1 3NQ

6 The Advisory Appointments Committee

Selecting the AAC

- 6.1 Where possible the date of the AAC should be arranged at the time of placing the advertisement and should be approximately six weeks after the closing date for applications. When a date is agreed the Medical HR Department must write to the relevant Royal College or Faculty asking for a representative to sit on the Appointments Committee, enclosing the job description and letter of approval from the Regional Adviser. It must be taken into consideration that some Royal Colleges require at least eight weeks' notice of the date of interview prior to releasing names of representatives.
- 6.2 The composition of the AAC should be made in accordance with the requirements of the Statutory Instrument and Direction for Trusts, and modification of the Regulations (September 2000). In selecting the AAC consultation should take place with the named contact at the appropriate Royal College or Faculty who will provide an assessor for the AAC. All such requests for nominations should include a copy of the job description and selection criteria and the date and time of the AAC when this has been arranged before the names of the outside assessors are known.

Membership of Advisory Appointments Committees

- 6.3 The Regulations and Direction set out the provisions governing the membership of AACs for different types of appointments. The Trust requirements are in keeping with the regulations but go marginally beyond them. In meeting the requirements of these, the Trust should seek to secure a balanced Committee. The core membership of Advisory Appointments Committees, as specified in the Regulations, is set out below.
- a lay member¹ (normally the Chairman of the Trust or another Non-Executive Director);

¹ The definition of a lay member is given in the Statutory Instrument. This will allow a registered medical or dental practitioner who is the Chairman of the Trust to Chair AACs.

- an external assessor² from the relevant college or Faculty³; (if it is not possible to secure an external member within a reasonable time period then the Medical Director will make a decision to proceed the interview without them, but this would only be considered in exceptional circumstances)
 - the Chief Executive (or his or her nominated senior manager)⁴;
 - the Medical Director of the Trust or his/her medically qualified nominated deputy;
 - the Clinical Director of the specialty;
 - a consultant from the Trust normally from the relevant speciality (where circumstances permit) and if no such consultant is available, another consultant employed by the Trust;
- 6.4 The Trust is free to add additional members, for example, where the appointee will also work for another trust or authority or where more than one college has an interest but the balance of the AAC should continue to have both a local and a medical/dental majority. The Trust should seek to ensure that the size of AACs, is, in all cases, kept to a minimum.
- 6.5 Particular care needs to be taken when appointing to posts across two or more trusts. It is possible to contract an employee jointly between a trust and a health authority (or two trusts). When constituting the AAC, it should reflect both the Health Authority and the Trust constitution.
- 6.6 The Trust will wish to avoid any question of partiality arising concerning the recommendations of an AAC, and should therefore endeavour to see that no close relative of any candidate or candidate's spouse should serve on an AAC. If it is apparent when the short list of candidates is complete that any member of the committee is a close relative of a candidate, that member should be invited to stand down and a replacement nomination sought.
- 6.7 Other points to note include:-
- the Trust should aim to ensure that where possible no AAC consists wholly of men or wholly of women;
 - where possible the AAC membership should also reflect the composition of the local population and workplace;
 - the retiring consultant should not be a member of the AAC set up to select his/her successor.

² The appropriate Royal College or Faculty should ensure that the assessor is chosen from another NHS Trust that is geographically distant from the Trust where the appointment is to be made so as to remain independent.

³ The appropriate Royal College or Faculty will provide a list of officers responsible for processing their requests for assessors.

⁴ This should in most cases be the nominated senior manager who normally deputises for the Chief Executive. It may in certain circumstances be another executive director but in all cases should be a senior officer of the Trust.

Function of the AAC

- 6.8 The function of the AAC is to decide which, if any, of the applicants is suitable for appointment and to make the appointment. In performing its function it is for the AAC to determine its own procedures, paying clear regard to the general selection procedures and equal opportunity policies of the Trust, but the final decision on the procedures adopted should be made by the AAC together and should be made known to all candidates for the post. The AAC may not recommend for appointment a candidate whom it has not interviewed.
- 6.9 The procedure adopted by an Advisory Appointments Committee is a matter for decision by the Committee itself, subject to the provisions of the regulations and of current legislation on employment practices. As a formal part of the appointment procedure for consultants, the Committee must act fairly within the terms of the Equality Act 2010 and the relevant Codes of Practice of Employment. Members should be aware that a candidate who feels he/she has been unfairly treated under the Equality Act 2010 is entitled to ask an Employment Tribunal, or in appropriate cases, a court to examine the proceedings of an appointment. They should also be reminded that in any other context the proceedings of the committee, any notes of discussions etc, and any references or documents put before it are confidential.
- 6.10 A majority of the Committee should agree whether or not the Committee should proceed if a quorum is not established, or there is not a local and medical/dental majority. A quorum consists of the core membership (including deputies), as stated in the Statutory Instrument and Direction to Trusts amended 7th September 2000. As an NHS Foundation Trust an AAC may still continue in the absence of an external assessor with the approval of the Medical Director, however, the Trust has agreed that it is good practice to have a Royal College Representative on the panel.

In the event that a local medical/dental representative cannot attend, all attempts should be made to substitute a deputy to ensure a medical/dental majority. If a deputy cannot be found, the Committee should not proceed unless the majority of the Committee are willing to proceed.

Role and responsibilities of Members of Advisory Appointments Committee

The Chair's Role

After checking with the Medical HR Department that all candidates and members have arrived, the Chairman will wish to open proceedings by welcoming the members.

Before the interviews commence the Chairman should confirm that members agree the final shortlist of candidates.

- 6.11 The Chairman has an important role to play in ensuring that members:
- consider candidates on professional merit and suitability in line with the selection criteria;
 - have read the notes on confidentiality and unfair discrimination;
 - have equal opportunity to question candidates;

- act fairly in accordance with the Equality Act 2010 and the Trust Equal Opportunities Policy;
- have copies of all applications, job description, references and other relevant papers;
- are given the opportunity to clarify with the local representative(s) points of detail of the job description or the particular experience or qualities required of the post holder;
- do not ask questions which are, or could be construed as, indications of bias or prejudice
- act fairly in accordance with the Trust's Equal Opportunities Policy.

6.12 The Chairman should ascertain if there is any relationship or personal or business connection between a member of the AAC and a candidate. For example, it must be declared if a candidate has worked for any member(s) of the committee at any time. Any relationship or personal or business connection between committee members and candidates must be declared when the committee meets.

Occasionally, one of the candidates will be well known to the "local" members of the AAC, eg as a locum in the post. Such prior experience should not be discounted, but should not be allowed to interfere with an objective assessment of all the candidates. Sometimes a candidate is working for or is well known to one or more members of the AAC. The member may also have provided a reference for the candidate. On such occasions the member should declare an interest and be careful not to show a bias. They can use their knowledge of the candidate to the advantage of the committee. However, care needs to be taken that in doing so particular candidates are not advantaged or disadvantaged in comparison to other candidates.

6.13 It is essential to ensure a reasonable timetable for the proceedings allowing sufficient time for prior discussion and agreement on the structure of the interviews and a suitable period of time for each interview.

6.14 On occasions the AAC may be asked to consider a candidate "in absentia" and it has discretion to allow this. However, as no candidate can be recommended for appointment without complying with the AAC's agreed procedure, the committee may have to reconvene and interview at a later date if the absent candidate was considered potentially stronger than those candidates interviewed on the day. However, every attempt should be made to interview all candidates on the same day to minimise any undesirable variations that might otherwise occur.

The role of other members of the committee

6.15 All members of the AAC should have received training in the shortlisting and selection of applicants by interview. The training should cover all aspects of appointments and concentrate on those areas where difficulties can arise. These include:

- equality of opportunities (please refer to Trust Policy No.13 'Equality and Diversity')
- matters (eg. those relating to the candidate's personal circumstances) which should not be discussed at the interview other than in exceptional

circumstances.

- 6.16 Selection must be based solely on the candidate's fitness, ie, qualifications, experience and other qualities necessary for the post. Members of the AAC and, in particular, the Chairman are advised to make a contemporaneous record of the proceedings and record their reasons for accepting or rejecting candidates.

These records must be returned to Medical HR Department and held for a period of at least twelve months. Individual members, or the Committee as a whole, can be questioned by the Courts or Employment Tribunals (who may order the production of contemporaneous notes) about the reason or reasons why a particular candidate was accepted or rejected.

- 6.17 In any other context, the proceedings of the Committee, including any references or documents put before it are confidential. This confidentiality must be strictly observed by members of the Committee and members or officers of the Trust.

7 The Pre-Interview Process

Processing Application Forms

- 7.1 Intending applicants will apply via the NHS Jobs website, completing the NHS Jobs application form and attaching a copy of the CV to the on-line application.

Applicants should be asked to provide names of three referees, at least one of which should normally be connected with the applicant's current or most recent employment. Applicants who already hold a substantive consultant post (not locum) should include either their Chief Executive or Medical Director as one of their referees. Applicants should not be asked to provide multiple copies of applications.

- 7.2 All staff dealing with applicants and applications must receive training in fair recruitment and selection procedures. The Medical HR Department will receive and acknowledge all applications. They will be responsible for ensuring that an initial check is made to ensure that basic information about the candidates is given and current GMC or GDC registration and inclusion, on the specialist register is confirmed or date or expected date, of CCT.

- 7.3 The Trust has discretion to accept late applications taking into account the reason for late arrival.

- 7.4 The Trust should ensure ethnic and gender monitoring of applicants, shortlisted candidates and successful candidates at interviews. This is in line with Goal 2 of *'Ethnic Minority Staff in the NHS: A Programme of Action'*. At the end of the NHS Jobs application form there are two sections – i.e. Monitoring Information and Safeguarding which are not shown to the AAC Panel. Once the successful candidate is downloaded from NHS Jobs onto ESR these sections are also downloaded. The Trust is then able to analyse ethnic monitoring data on the appointments process in order to identify possible areas of concern and take appropriate action to redress them.

Shortlisting of Candidates

- 7.5 Each member of the Committee including the lay members must have the opportunity to contribute to the selection of candidates to be interviewed, and for this purpose must receive a copy of each application. Shortlisting must be carried out by assessing

candidates against the selection criteria which all AAC members will need to have available for this purpose.

- 7.6 Lay members may opt to leave shortlisting to medical members.
- 7.7 A shortlist can usually be formed by correspondence, taking into account the views expressed to the Chairman by all the members of the Committee. Individual shortlists should be returned to the Medical HR Department. The final shortlist is agreed with the Clinical Director of the speciality and, if necessary the Medical Director. It is important to note that valid reasons for not shortlisting particular candidates should be given. In all cases the Chairman should ensure that the members are content with the shortlist. It may be necessary, or be requested by a member or members of the committee, to convene a meeting to discuss the shortlist. Records of these decisions should be retained by the Trust for a period of at least six months.
- 7.8 It is at this stage that the advice of the college assessor is most important. It is the college assessor who can advise on whether doctors who are still in a Specialist Registrar post are likely to complete a specialist training programme successfully and be awarded a CCT within the following six month period. They are also particularly fitted to judge whether the applicant has appropriate experience commensurate with the requirements of the particular post applied for.
- 7.9 Any reservations by members of the panel with respect to shortlisted candidates should be notified to the Chairman of the AAC as soon as possible prior to interview. Similarly if the College assessor is in doubt, he/she should approach the President of the College.
- 7.10 Candidates unsuccessful at this stage should be notified in writing.
- 7.11 The Committee, before interviewing candidates, should draw up objective criteria against which all the candidates are to be considered and discuss these in order to ensure a common understanding. Decisions on the suitability of candidates should relate to the agreed selection criteria. Reliance on facts rather than impressions is less likely to any bias.
- 7.12 At the time candidates are invited for interview two references are taken up. Candidates are invited for interview in alphabetical order. The maximum number of candidates to be shortlisted must be agreed with the Medical Director.

8 The Interviews

Prior Discussion

At the beginning of the process the Chairman should agree with panel members the questions to be asked, the structure of the interviews and suitable period of time for each candidate. All panel members will have an interview timetable of candidates.

Questioning

- 8.1 Following introductory remarks and any questions from the Chairman the procedure and ordering of the questioning is at the discretion of the Chairman. However, it is customary and helpful to the AAC if the college assessor opens the questioning since he/she is particularly concerned to ensure that the training, experience and

qualifications are appropriate for the post.

- 8.2 As well as ensuring that principles of equal opportunities are followed, the Chairman should ensure that candidates are not questioned on the following:
- the type of contract that the applicant would opt for;
 - matters relating to terms and conditions of service, including salary;
 - whether or not the applicant would undertake private practice work.

Decision Making

- 8.3 Consideration of individual candidates should be made after all interviews have taken place. A folder containing references for each applicant will have been made available at the start of the meeting to, to each member of the committee. It is important to limit comments upon the references to the actual written remarks. Members should not refer to third party comment or hearsay about the candidates and the Chairman should limit discussion to the written information contained in the references.
- 8.4 The college assessor is the most appropriate member to open the general discussion. His/her assessment of the professional suitability of candidates at this stage is often of assistance to other members in reaching a decision but it should be remembered that neither he/she nor any other member of the AAC have the power to veto a decision/recommendation by the AAC.
- 8.5 When considering which candidate(s) to recommend for appointment, the over-riding consideration of the AAC must be to decide who is the best candidate for the post. The Chairman should work towards a unanimous decision if possible and only use a formal voting procedure to reach a decision if unanimous agreement is not possible. This vote should normally take place at the meeting and only in exceptional circumstances should the vote be taken by post.
- 8.6 There may be instances where there are irreconcilable disagreements between members of an AAC over the decision as to whether a candidate is suitable to take up a particular appointment. These cases must be referred to the Trust Board to consider before any appointment is made. It will be for the Trust Board to decide whether to make an appointment taking into account the views of the committee.
- 8.7 An ACC should not make an appointment of a candidate who is not yet suitably qualified but who would become so after a further period of training.

However, an AAC may in certain circumstances advise that a suitable and qualified candidate who has obtained, or will have obtained (within 6 months of the interview date) and by the time they commence in post, their CCT would benefit from further training in a specific area peculiar to a post. This could be arranged during the early part of the appointment and the AAC may be able to give helpful advice to the Trust as to where special experience might be obtained and for how long.

If, in the opinion of the AAC, an applicant or applicants offering to work on a part-time basis only would be suitable for appointment the names of the applicants should be recommended to the Trust in the normal way.

Administrative Support

- 8.8 It is desirable for an officer of the Trust to be present at the AAC to provide any assistance required by members and it is usual practice for the administrative support to be someone who has been involved in the recruitment procedure for the post in question. This person will be able to give advice on the terms and conditions of service for the appointment and might normally be a member of the human resources department. Such a person is not a member of the committee and has no voting rights and should not contribute to the discussion or ask questions unless by agreement of the Chairman.

It is the Trust's practice for the administrator to be an officer from the Medical HR Department who has been involved in the recruitment procedure. This officer will also be able to answer any questions on the terms and conditions of the appointment.

- 8.9 In addition, a senior human resources manager should be available in case there are unforeseen problems. The administrative support will liaise between the Chairman and the senior human resources manager as necessary.

9 The Post Interview Process

After the AAC

- 9.1 A brief report of the AAC should be prepared and signed by the Chairman of the AAC.
- 9.2 All records and documents in connection with the shortlisting and interviewing including formal records of the decision and informal notes taken by members of the AAC should be retained by the Trust for six months, confidentiality being secured. If an applicant were to bring a claim against the Trust of either racial, sexual or disability discrimination these papers may be required by an industrial tribunal. Statistical information in the form of anonymised returns can be used as necessary by the Trust or college.
- 9.3 As part of the '*Ethnic Minority Staff in the NHS: A Programme of Action*' the Secretary of State has committed the NHS Executive to being the central collection of ethnic monitoring data.
- 9.4 The successful candidate should be formally offered the post in writing within two working days of the decision to appoint.
- 9.5 The HR team will raise awareness of this policy through the publication of information on ICON and to advise staff of changes to the policy through the staff bulletin and ratification processes.

10 General

Definition of a Consultant

- 10.1 The Terms & Conditions – Consultants (England) 2003 give the duties of practitioners. The exact role, however, of a consultant is not defined in either the Statutory Instrument or the terms of service handbooks. A consultant will usually have independent clinical responsibility for any patient entrusted to his/her care by his/her Trust.

Preliminary Visits

- 10.2 Canvassing for support of any application for a consultant post is prohibited. Applicants or prospective applicants should feel able to visit the relevant unit and meet some of their prospective colleagues before the AAC selects its shortlist and holds interviews. The opportunity to make such visits should be drawn to the attention of candidates for the post and a list of relevant contacts such as the Medical Director, Chief Executive and other officers provided. However, the status of the visits should be made clear to applicants or prospective applicants and no offer or promise of success in the application should be made. Such visits form no part in the selection process.

Potential areas of Difficulty

- 10.3 Any member of the AAC may express concern to the Trust Board via the Director of Workforce and Organisational Development if they are unhappy with the conduct of the committee including decisions made by the AAC as a whole and the possible consequences of those decisions. This can include disputes over appointments or equal opportunities. Decisions on disputed appointments should be made by the Trust in full knowledge of all the views put forward to the AAC.
- 10.4 There will be occasions, particularly in specialities where there is a shortage of candidates, when there is local pressure to appoint to cope with the workload. AACs are usually understanding in this situation. However AACs should not recommend an individual who does not fulfil the essential requirements of the selection criteria (see Annex C).

Expenses

- 10.5 It is for the relevant Directorate, under the guidance of Medical HR, to determine arrangements for the payment of expenses to candidates whether for pre-visits or for interview subject to the provisions of their terms and conditions of service. The T&Cs state that a candidate for a consultant appointment shall not be reimbursed for more than three attendances once informed that they are shortlisted. Where the Trust invites such a candidate to attend prior to short-listing, it may re-imburse the candidate's expenses provided that he/she is subsequently shortlisted, but not otherwise. A consultant who is invited for interview whilst on holiday shall be re-imbursed for travelling expenses from the consultant's holiday address, but limited in the case of travel from abroad to expenses from the port of entry in Great Britain, provided that the consultant returns to their holiday address after interview, for this purpose, travel from Northern Ireland, Isle of Man and the Channel Islands shall not be regarded as travel from abroad. Re-imburement shall not be made to a consultant who refuses the offer of the appointment as advertised on grounds which the Trust considers inadequate.
- 10.6 Members of the AAC will be reimbursed their actual expenses including travel, hotel accommodation and other subsistence allowances in accordance with the standard Trust rules.

Confidentiality

- 10.7 Applications, and all documents relating to them, including references and testimonials should be handled in such a way that their confidentiality is safeguarded and that they are seen only by members of the AAC and by members of staff of the Trust on a need to know basis.

Duties involving termination of pregnancy

10.8 The Trust must conform to the guidance contained in HSG(94)39 which updates guidance given in PL/CMO (89)8.

Review of the Arrangements

10.9 It is important for the arrangements for consultant appointments to be reviewed regularly to ensure that they continue to work satisfactorily.

Enquiries

10.10 Enquiries which cannot be dealt with by the Trust should be addressed to:

NHS Executive Headquarters
HRD1C 2N34
Quarry House
Quarry Hill
Leeds
LS2 7UE

11 Contact Details

11.1 Any queries regarding this policy should be directed to the HR team of the Directorate of Workforce and Organisational Development.

- HR Helpline – 01803 655754 (ext. 55754)
- Medical HR department – 01803 656831

12 Monitoring, Audit and Review Procedures

12.1 This policy will be monitored and audited on a regular basis. A full review will take place every two years by the Directorate of Workforce and Organisational Development unless legislative changes determine otherwise.

13 ANNEX A

Exemptions from the regulations

The Statutory Instrument lists appointments exempt from the need to advertise and to hold an Appointments Committee. Guidance on such exemptions is detailed below.

Honorary Consultant contracts

The Trust proposing to grant an honorary contract must satisfy itself as to the practitioner's competence to carry out the clinical duties required as the employer carries the same liability in law for the actions of its honorary staff as it does for its paid staff. When considering whether to grant an honorary contract the Trust should ensure that the proposed holder is on the specialist register. Holders of honorary contracts cannot fill paid NHS consultant posts without fulfilling the provisions of the regulations.

It is unusual for universities or the Medical Research Council to apply to the Trust on behalf of clinical academic or research staff of appropriate seniority for the award of an honorary NHS consultant contract. Universities recognise that it is desirable for the Trust to participate in the selection process for senior clinical academic staff who do not already hold an honorary NHS consultant contract.

The universities will also bear in mind the great importance attached by the profession to the inclusion of a College assessor on AACs for senior clinical academic staff. The Trust should, wherever possible, include in their nominations an NHS consultant on the staff of the main hospital in which the successful candidate will be undertaking clinical work. A number of universities and the MRC have long established arrangements for consulting the Trust and existing practices which are working well should be allowed to continue.

Locum appointments

Appointments of locum consultants are made in various circumstances: to cover the temporary absence of the permanent holder of the post; to meet an urgent service need until a substantive appointment can be made; or to provide bridging arrangements during an interim period when services are being re-organised locally.

The Trust's procedures as outlined in '*Appointment and Employment of Locum Doctors (including Assessment of Appointments)*' must be adhered to.

Locum appointments should be restricted to an initial period of six months and that any extension beyond that period should be subject to a satisfactory review by the Trust in consultation with the relevant college and Medical Director. In all cases, locum appointments should be limited to a maximum period of one year.

Appointments following redundancy or reorganisation

Where a consultant has been, or is about to be made, redundant from his or her post by the Trust, the latter has a moral obligation to render him or her the greatest possible

assistance with a view to obtaining comparable work elsewhere. In cases where such work has not been found before he/she is declared redundant, the Trust should apply to the Secretary of State for a certificate, recognising that the officer has been made redundant from a paid appointment which has been the subject of an AAC recommendation, and a copy of this given to the consultant concerned. In cases where comparable work has been found before she/he leaves the Trust, the Trust should apply to the Secretary of State for approval of his or her transfer to that post and then inform the prospective Trust of the result. In all cases the Trust for the new post will wish to be satisfied that the individual is suitably qualified for the duties involved and also wish to give due weight to the views of the profession locally on the prospective appointment. If the Trust then decides to proceed, appointment of the individual can be exempted from the procedures of the regulations either on presentation of his or her certificate of redundancy (provided that the appointment is made within one year of the date of the redundancy), or if the Secretary of State has given his or her consent to the transfer.

Other exemptions include:-

Where, as part of a local reorganisation of the health service, a consultant's employment is transferred from one authority to another without any significant alteration in the duties of the post;

Where a consultant is working for the Public Health Laboratory Service or a university and has been appointed in that post under a procedure analogous to that for hospital consultants;

Where a consultant is working in a hospice and has been appointed in that post under a procedure analogous to that for hospital consultants.

14 ANNEX B

The Specialist Register

Introduction

The European Specialist Medical Qualifications Order 1995 came into force in 1996 and 1997. Part IV of the Order which deal with the specialist register is reproduced below.

Part IV

The Specialist Register

- (1) The GMC/GDC shall keep and publish a register of specialists.
- (2) Subject to paragraph (3), the register shall contain the names of -
 - (a) persons who hold a Certificate of Completion Training (CCT) awarded by the STA; and
 - (b) other eligible specialists as specified in article 9.
- (3) A person is entitled to have his/her name included in the specialist register if he/she applies to the Registrar of the GMC/GDC for the purpose (paying any fee determined by the GMC/GDC) and satisfies the Registrar-
 - (a) of his/her entitlement by virtue of paragraph (2); and
 - (b) that he/she is a registered medical practitioner and, in the case of an oral and maxillo-facial surgeon, that he/she is also a registered dentist.
- (4) The specialist register shall indicate -
 - (a) the speciality in respect of which each person's name is included in the register, and
 - (b) where the STA is satisfied that he/she has particular expertise in a field within that speciality and he/she also requests in his/her application under paragraph (3) or subsequently, the name or a description of that field.
- (5) The GMC/GDC must tell anyone who asks it (and pays any fee determined by the GMC/GDC) whether or not a particular person's name is included in the register, and must do so in writing if required, stating the date on which that person's name was entered in the register, the information included pursuant to paragraph (4), and any registration number identifying the entry. This information may now be found on the GMC/GDC websites.

Eligible specialists

- (1) A person is an eligible specialist for the purposes of article 8(2)(b) if he/she holds a recognised specialist medical qualification (as specified in article 10) and is -
 - (a) a national of an EEA State; or
 - (b) a person who for the purposes of access to and the practice of the medical profession is entitled to be treated in the same way as such a national in order to enable an enforceable Community Right to be exercised.

- (2) A person is also an eligible specialist for the purposes of article 8(2)(b) if-
 - (a) he/she does not fall within paragraph (1); but
 - (b) he/she has specialist medical qualifications awarded outside the United Kingdom in a speciality listed in Schedule 2,and he/she satisfies the STA that those qualifications are equivalent to a CCST in the speciality in question.

- (3) A person is also an eligible specialist for the purposes of article (8)(2)(b) if-
 - (a) he/she has specialist qualifications awarded outside the United Kingdom in a medical speciality not listed in Schedule 2; or
 - (b) he/she has knowledge of or experience in any medical speciality derived from academic or research work,and he/she satisfies STA that these give him a level of knowledge and skill consistent with practice as a consultant in that speciality in the National Health Service.

- (4) In the case of a person falling within paragraph (2) or (3) who is as described in sub-paragraph (a) or (b) of paragraph (1) and -
 - (a) has specialist qualifications awarded outside the EEA which have been accepted by another EEA State as qualifying him to practise as a specialist in that State; or
 - (b) has acquired specialist medical experience or knowledge in an EEA State, the STA shall, when considering whether it is satisfied as mentioned in paragraph (2) or (3), take account of that acceptance and of that medical experience or knowledge.

Recognised specialist Medical Qualifications

- (1) The following are recognised specialist medical qualifications for the purposes of

article 9(1) -

- (a) a qualification listed in article 5(2) of the Directive (which sets out the names of specialist qualifications in EEA states) granted in an EEA state other than the United Kingdom (these names are set out in Schedule 4) in -
 - (i) a speciality listed in article 5(3) of the Directive (specialities common to all EEA states (a)¹⁵ or
 - (ii) a speciality listed in article 7(2) of the Directive (specialities peculiar to two or more EEA States) in which the United Kingdom is shown as awarding qualifications (b)⁶,
- (b) a qualification in specialist medicine granted in an EEA State other than the United Kingdom which does not satisfy all the minimum training requirements laid down by the Directive and was awarded following training begun before the relevant date, accompanied by a certificate from the competent authority in the EEA State in which the qualification was awarded or in which its holder has subsequently become established, stating that the holder has been engaged in the practice of his/her speciality for at least the period required by article 9(2) of the Directive (qualifications not satisfying the minimum training requirements) for the recognition of his/her qualification in the United Kingdom.
- (c) a qualification in specialist medicine, in a speciality referred to in article 5(3) of the Directive or in a speciality referred to in article 7(2) of the Directive in which the United Kingdom is shown as awarding qualifications -
 - (i) which has been obtained at any time in an EEA State other than the United Kingdom,
 - (ii) which does not conform with the designations set out in article 5(2), 5(3) or 7(2) of the Directive (which together set out the specialist medical qualifications awarded in EEA States), and
 - (iii) evidence of which is accompanied by a certificate of the competent authorities of that State to the effect that the qualification was awarded following training in accordance with the provisions of articles 24, 25, 26 or 27 (as appropriate), and 29 of the Directive (which set out minimum standards of training for special medical qualifications) and is treated by that State as if it were a qualification set out under the heading relating to that State in article 5 or 7 of the Directive; and
 - (iv) subject to compliance with paragraph (2), any qualification which is

5 These qualifications are marked* in Part 1 Schedule 2.

6 These specialities are those listed in Part 1 of Schedule 2 which are not marked *

evidence of training which does not accord with the standards laid down by articles 24 to 27 of the Directive, undertaken on the territory of the former German Democratic Republic and begun before 3 April 1992.

- (2) this paragraph is complied with where -
- (a) the holder of the qualification referred to in paragraph (1) (d) satisfies the GMC/GDC (by means of a certificate of the competent authorities in Germany or otherwise) that he/she is entitled by virtue of that qualification to practise his/her speciality throughout the territory Germany on the same conditions as the holder of a qualification awarded in Germany and listed in article 5 or 7 of the Directive; and
 - (b) evidence of the qualification is accompanied by a certificate of the competent authorities in Germany that the holder has practised his/her speciality in Germany for the period referred to in article 9(4) of the Directive (training in former German Democratic Republic).
- (3) In paragraph (1) (b), "the relevant date" means -
- (a) 1 January 1981, in the case of a qualification granted in Greece;
 - (b) 1 January 1986, in the case of a qualification granted in Spain or Portugal;
 - (c) 1 January 1994, in the case of a qualification granted in Austria, Finland, Iceland, Norway or Sweden;
 - (d) 1 May 1995, in the case of a qualification granted in Liechtenstein; or
 - (e) 20 December 1976, in the case of all EEA States.

Effect of inclusion in specialist register

- (1) Subject to paragraph (2), a person may not taken up appointment to any post listed in Schedule 5 unless his/her name is included in the specialist register.
- (2) This article does not apply to any person who held a post as a consultant in oral and maxillo-facial surgery in the National Health Service immediately before 1 January 1997.

15 ANNEX C

GUIDANCE NOTES ON COMPLETION OF SELECTION CRITERIA

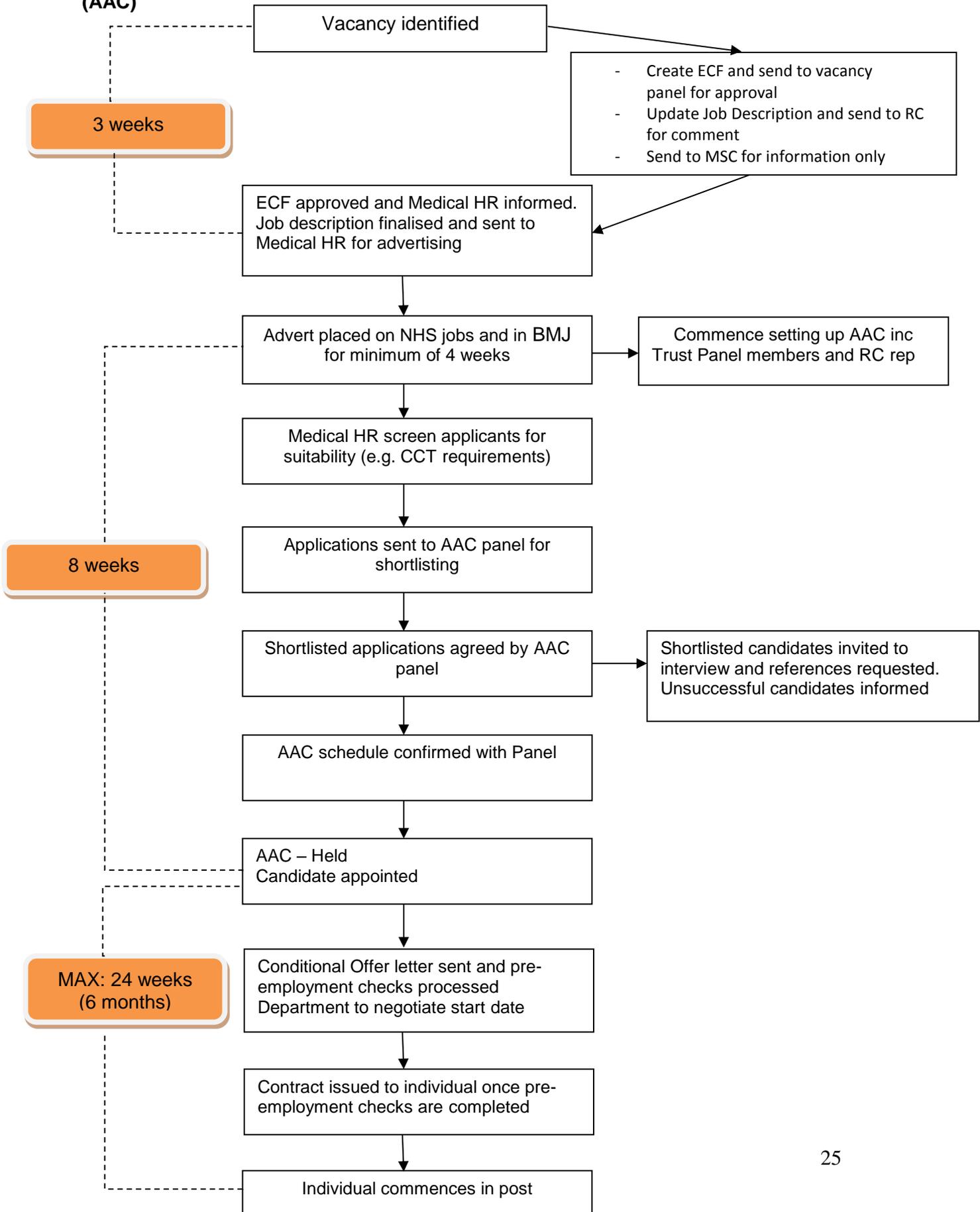
These notes should be read carefully before completing the model selection criteria for appointment to consultant medical and dental posts.

- (1) Directorates should prepare selection criteria for each vacant post. These should be drawn from the job description and outline the minimum qualifications, skills and experience required to perform the job. The selection criteria should then be sent together with the job description to the Royal College Advisor for comment. These should include both the essential and desirable criteria and should focus the minds of the committee as to the criteria they are using to judge candidates. They need, as far as possible, to be objective and job-related. They must be applied consistently to all candidates to avoid unfair discrimination against certain groups.
- (2) The selection criteria should be sent out to the AAC for use in short-listing and used at the interview to select the most suitable candidate for the post. It is, therefore, important that the 'Essential' column contains the *minimum* criteria necessary for appointment to the post. This does not mean that any person who meets the minimum criteria will automatically be shortlisted. It ensures that shortlisted candidates meet a minimum essential standard. A candidate who does not meet the essential criteria *cannot* be shortlisted. Applicants should also be given a copy of the selection criteria so that they know how they are to be judged.
- (3) It is a legal requirement for all doctors to be on the GMC's/GDC's specialist register before they can take up a consultant appointment. Candidates can apply within six months of the interview date and of the proposed date of their CCT.
- (4) The selection criteria are designed to:
 - assist panel members by giving a thumbnail sketch of the necessary experience, skills and personal qualities needed for the post;
 - meet equal opportunities guidelines;
 - help with assessment at the AAC providing criteria against which to assess candidates' suitability.
- (5) Criteria should not be included which may directly or indirectly discriminate on the grounds of sex, race, age, disability or marital status.
- (6) It is not acceptable to include either in essential or desirable criteria any wording which may be deemed discriminatory on the grounds set out

above.

- (7) The second page of the model form includes a number of suggested headings, e.g, leadership skills and organisational skills. You may wish to include others, dependent on the particular requirements of the post. There should be a brief explanation of how these skills will be applied in the post. You may wish to use this section to describe particular attributes of the desired candidate, but should be prepared to justify them by showing how they will apply in the job e.g. with reference to the job description.
- (8) The selection criteria are for use during the interview. For example, if the criterion 'Ability to cope under pressure' is thought to be essential, panel members will wish to frame questions to candidates which illustrate their skills or experience in this area.
- (9) When in doubt, it may be useful to use the words '... or equivalent'. For example, selection criteria for a post as consultant surgeon could contain under *Professional Qualifications* the minimum essential criterion of 'FRCS or equivalent qualification from overseas College of Surgeons, e.g, FRACS'.

16 ANNEX D Stages in the setting up of an Advisory Appointments Committee (AAC)



17 ANNEX E

Consultant Appointments – Process for Approval

1. Job description and business case Approved at Executive Panel meeting

Date of meeting.....
2. Job description and covering pro-forma received by Medical Staff Committee (MSC) and LNC Chair

Date:
3. Job description sent to Regional Advisor of the relevant Royal College for letter of approval

Date sent :.....
4. Regional Advisor approval received on:
5. Formal review of existing job plans within specialty completed on

Date.....
6. Existing staff written to, if, as a consequence of the new appointment their contract changes.

Letter sent by Clinical Director to existing staff informing them of the change on.....
7. ECF, MSC covering Pro-forma, Job description, Person Specification, Advert and Regional Advisor approval letter sent to Medical HR on to proceed with advertising the post

