



The Royal College of **Pathologists**

Pathology: the science behind the cure

Guidance for College assessors on consultant (medically and/or dentally qualified) Advisory Appointment Committees in England, Wales and Northern Ireland

November 2018



Contents

1.0	Introduction	3
2.0	Job description	3
3.0	Advertisement	4
4.0	Membership of the Advisory Appointment Committee	4
5.0	Appointment of a College assessor	5
6.0	Duties of the College assessor	5
7.0	Pre-interview tests	6
8.0	References	7
9.0	Criminal investigation or conviction and 'fitness to practise' proceedings	7
10.0	Proceedings of the Advisory Appointment Committee	7
11.0	Conflicts of interest	8
12.0	Eligibility of candidates	8
13.0	Counselling of unsuccessful candidates	11
14.0	Referral to the College	11
15.0	Equal opportunities	11
16.0	Exemptions from the regulations	12
17.0	References	13



1.0 Introduction

- 1.1 The procedures for the appointment of consultants in England are governed by Statutory Instrument (SI) No. 701, The National Health Service (Appointment of Consultants) Regulations 1996, as amended by SI 2002/2469, SI 2003/1250, SI 2004/696 and SI 2004/3365. The 1996 regulations and subsequent amendments do not apply to NHS Foundation Trusts, although they can follow this guidance when appointing to a consultant post if they so choose.

Appointments in Wales are governed by Statutory Instrument 1996 No. 1313, The National Health Service (Appointment of Consultants) Regulations 1996.

Appointments in Northern Ireland are governed by Statutory Rule 1996 No. 562, Appointment of Consultants (Northern Ireland) Regulations 1996.

The composition of an Advisory Appointment Committees (AACs) is specified (see below) and must include a professional member in the appropriate specialty, nominated by the relevant College, who is not employed by the employing body hosting the AAC. In the case of pathology specialties, the relevant College is The Royal College of Pathologists (RCPath).

Arrangements for Scotland are different and are governed by Statutory Instrument 1993 No 994 (S.140). The National Health Service (Appointment of Consultants) (Scotland) Regulations 1993.

- 1.2 The SI 2004/3365 was accompanied by a Good Practice Guidance document from the Department of Health in January 2005.
- 1.3 The AAC must also abide by current anti-discrimination legislation and relevant codes of practices of employment.
- 1.4 The British Medical Association's Central Consultants and Specialists Committee (CCSC) has also issued guidance on appointment procedures

2.0 Job description

- 2.1 The employing body should have consulted upon and agreed the content and workload of all (new and established) consultant posts with the Workforce department before the posts are advertised.

College AAC assessors should not comment on the job description at the AAC, however they may wish to confer with the Workforce department beforehand.

The job description approved by the RCPath workforce department should be compared with the copy issued by the employing body at the time of notification of the interview date, to ensure that no significant changes have been made.



If the employing body has not sought the views of the Workforce department, or has ignored them, the College assessor should inform the Workforce Department workforce@rcpath.org without delay.

- 2.2 The job description and person specification should form the basis of the selection process. The criteria must be objective and applied consistently, preferably by the use of a scoring system. Applicants must have received a copy of the job description and person specification.

3.0 Advertisement

- 3.1 All posts have to be advertised unless the appointment falls within the exempted categories (defined in the Statutory Instrument, as amended) or the prior approval of the Secretary of State not to advertise has been obtained.

4.0 Membership of the Advisory Appointment Committee

- 4.1 The core membership of the Advisory Appointment Committee is as follows:

- a lay member (often the Chair of the employing body or another non-executive director)
- an external professional specialty assessor, appointed after consultation with the relevant Royal Medical College or Faculty
- the Chief Executive of the employing body (or a Board-level Executive or Associate Director)
- the Medical or Dental Director of the employing body (or person who acts in a similar capacity at that hospital), or the relevant Director of Public Health for public health appointments
- a consultant from the employing body who should be from within
- the relevant specialty
- in the case of appointments to posts that have either teaching or research commitments or both, the Committee must also include a professional member nominated after consultation with the relevant university.

An AAC may not proceed if any core member (or their appointed deputy) is not present.

- 4.2 Employing bodies are free to add additional members, however the balance of the AAC must continue to have both a local and a medical/dental majority. Employing bodies should seek to ensure that the size of AACs is, in all cases, kept to a minimum.



5.0 Appointment of a College assessor

- 5.1 Assessors are appointed by the College at the request of the employing body. Employing bodies may not approach potential assessors directly; any such approach should be referred to the College Workforce Department.
- 5.2 College assessors must not be in the employment of the employing body making the appointment and, to ensure independence, will usually be chosen from another employing body that is geographically distant from the body making the appointment.
- 5.3 The College will contact potential assessors and, having obtained their consent to be nominated, will confirm this in writing (email) to the assessor and the employing body.
- 5.4 Assessors will also receive a form from the College on which details of the successful candidate should be recorded. There is also space for comments about the conduct of the AAC. This information is essential for the College's workforce planning and the form should therefore be completed accurately and returned to the College as soon as possible after the AAC.
- 5.5 The employing body is required to reimburse the College's assessor for all reasonable expenses, e.g. travel, accommodation and subsistence, incurred in attending the AAC. Arrangements regarding local travel or car parking should be made by the assessor with the employing body.
- 5.6 Assessors (or their own employing bodies, depending upon contractual arrangements) are entitled to receive a fee from the employing body for sitting on the AAC, as specified in the [Pay Circular](#).

6.0 Duties of the College assessor

- 6.1 The RCPATH attaches great importance to the duties of its assessors on AACs; they act as the College's spokesperson regarding the adequacy of the candidate's suitability for the post.

College assessors will need to assess and compare the length and specific content of the training and experience of candidates who qualified in the UK, European Economic Area (EEA) and overseas. This should be in relation to the requirements of the job description and selection criteria provided, and their overall suitability for the post in question.

College assessors should be familiar with the relevant training curriculum and examination regulations, the arrangements for the awarding of the Certificate of Completion of Training (CCT) and other routes of obtaining Specialist Registration.

If there are candidates who are already established consultants and who completed their training before current guidelines were in operation, the assessor should ensure that they are on the GMC Specialist Register with a current licence to practise and that their experience is up to date and relevant to the post in question. If there is some aspect of the work for which they would need some retraining or a refresher course, the College assessor is an appropriate person to provide advice.



- 6.2 College assessors should be circulated with all the candidate's applications and must play a full part in the shortlisting process, taking into account the selection criteria provided by the employing authority. They should not feel debarred from pressing for interview any person they think suitable whose name has not been included on the final shortlist.
- 6.3 College assessors are full members of AACs. As well as satisfying themselves that the candidates fulfil the necessary requirements for the post, they should also express their opinions as to the most suitable candidate. If it is considered that none of the candidates are suitable for the post, the assessor should not hesitate to recommend that no appointment should be made.
- 6.4 If a candidate who does not fulfil the necessary criteria, or is thought to be otherwise unsuitable, is selected by an AAC against the advice of the College assessor, a report should be sent to the Assistant Registrar who may then forward it, with the authority of the College, to the employing body concerned. If, having given due weight to local needs and preferences, a College assessor feels that an appointment recommended by the AAC would endanger the maintenance of proper standards, the assessor should point out their intention to lodge a report.
- 6.5 The proceedings of AACs are confidential. 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 employing body according to their individual policy. If an applicant were to bring a claim against an employing body (e.g. alleging discrimination), an employment tribunal may require these papers. The proceedings should not be discussed with any outside party, however the records will be revealed to an industrial tribunal or court should an unsuccessful candidate make a subsequent complaint.
- 6.6 It is important to focus discussion on information obtained through the appointment process (application form and interview). Members should not refer to third party comment or hearsay about candidates.

Members of AACs should be broadly familiar with Statutory Instrument 1995 No. 3208 (The European Specialist Medical Qualifications Order 1995), as amended by SI 99/1373 and SI 2002/849. This is the legislation that provides for the establishment of the Specialist Training Authority, and for the establishment and maintenance of the GMC Specialist Register.

7.0 Pre-interview tests

- 7.1 Instances have occurred of candidates being asked to make presentations or undergo psychometric testing prior to an AAC. It is important that both the AAC and the candidates are fully aware of the process for selection and interview. Where the employing body wishes to use selection techniques in addition to interview, all AAC members should be appropriately skilled in these techniques. College assessors are asked to report to the College if any such exercises have been conducted.



8.0 References

- 8.1 Members of the AAC should not normally also act as referees. Committee members should endeavour to ensure that they are not referees for candidates being seen by their Appointments Committee, as the candidates themselves will not necessarily know who is on the Committee.
- 8.2 For smaller specialties, where it would cause difficulty if a member of the AAC is acting as referee, this should be indicated at the start of the AAC's deliberations so that all other members are fully informed.

9.0 Criminal investigation or conviction and 'fitness to practise' proceedings

- 9.1 This was issued to strengthen the recruitment and selection procedures to prevent doctors who have been subject to criminal investigation or conviction by the police, or 'fitness to practise' proceedings by a licensing or regulatory body, in the UK or overseas, practising in the UK without an employer's prior knowledge or consideration.
- 9.2 The NHS Employment Check Standards, outline the employment checks that employers must carry out before appointing staff into NHS positions across England. These are outlined in the [NHS Employment Check Standards](#)
- 9.3 The model declaration statement refers to:
- a) any criminal offence, being bound over or cautioned, or current proceedings which might lead to a conviction, an order binding over or a caution
 - b) 'fitness to practise' proceedings taken or being currently contemplated by a licensing/regulatory body.
- 9.4 Information about any pending proceedings or action by a regulatory body or the police needs to be available to potential NHS employers as part of the recruitment process. Whilst NHS employers should not prejudge the outcome of any such action, it may be legitimately explored as part of the appointments process.

10.0 Proceedings of the Advisory Appointment Committee

- 10.1 The overriding consideration of the AAC must always be to recommend the best candidate for the post. Note that the AAC recommends a candidate for appointment by the employing body, although in practice they may delegate the power of appointment to the Chair or another member of the AAC.
- 10.2 The AAC cannot recommend the appointment of an individual who has not been interviewed. No candidate can be recommended for appointment (unless the appointment is an exempt appointment) without having been before an AAC. On occasions, a candidate may, for good reason, be unable to attend the interview on the set date. In these circumstances, the committee may consider the absent candidate. If this candidate is considered potentially stronger than those candidates interviewed on the day, the AAC will



have to reconvene and interview at a later date with the exact same committee. Nonetheless, every attempt should be made to interview all candidates on the same day to minimise any undesirable variations that might otherwise occur.

In exceptional circumstances, candidates may be interviewed by video or audio-link when they cannot be physically present. However, the AAC will wish to reassure itself that a candidate interviewed in this way is not given an unfair advantage or disadvantage over a candidate interviewed face to face. It is important that the AAC satisfies itself as to the candidate's identity.

- 10.3 Should no appointment be made, either because no applicants were shortlisted or because the AAC could not recommend the appointment of any candidate who was interviewed, the employing body must comply afresh with all the procedures required by the Statutory Instrument before convening another AAC (e.g. obtaining College re-approval of the job description, re-advertising, etc.), unless the prior approval of the Secretary of State not to advertise has been obtained.
- 10.4 It is not the College assessor's role to provide feedback to unsuccessful candidates.

11.0 Conflicts of interest

- 11.1 It is inevitable that College assessors will occasionally find themselves required to adjudicate on candidates with whose training that they themselves have been involved in. They should indicate this involvement at the start of the AAC's deliberations, so that all other members are made fully aware of it. Such involvement must not prejudice the assessor's impartiality during the appointment procedures. In the event of closer personal ties with a candidate, the assessor should ask to be excused from serving.
- 11.2 Occasionally a College assessor may have provided a reference for a candidate. On such occasions the member must declare this and be careful not to show a bias.
- 11.3 An outgoing consultant should not be the College assessor on the AAC set up to select their successor.

12.0 Eligibility of candidates

12.1 Specialist Registration

It is a **legal** requirement for a doctor to have their name entered on the Full and Specialist Register (with a current licence to practise) of the General Medical Council (GMC) **before** they take up a substantive, honorary or fixed-term NHS consultant post in the United Kingdom (UK).

Therefore in order to be **suitable** for shortlisting for an interview, the doctor must be eligible for full and specialist registration within six months of interview (regardless of where they trained). It is then the Interviewing Committee's responsibility to determine that the doctor has the right background and qualification to be **appointable** for the post.



The General Medical Council is the UK competent authority for postgraduate medical and GP training in the UK. The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 sets out the legislative framework for the GMC.

Under the Order there are three main routes to specialist registration:

- a) **Certificate of Completion of Training (CCT)** for doctors who have satisfactorily completed an approved specialist training programme in the UK. Please note doctors from the EEA/overseas will not have a CCT: they are required to show they have the equivalence.
- b) **Certificate of Eligibility for Specialist Registration (CESR)(CP)** through the Combined Programme (CP) for doctors who have been appointed to a GMC approved deanery specialist / specialty training programme above ST1 level and who have not completed all of their training in posts approved by GMC for the specialty to which they have been appointed.

In addition the GMC operates an 'existing specialists' scheme, which enables doctors who are not entered onto the Specialist Register, yet who were appointed as consultants in the NHS or in the UK armed forces before 1 January 1997, to apply for entry onto the Specialist Register. Further information can be found on the [GMC website](#)

- c) **CESR** for doctors wishing to make a direct application to the Specialist Register on the basis of training, qualifications and experience undertaken anywhere in the world.

Doctors from a country within the EEA will be eligible for the Specialist Register if they have obtained a specialist medical qualification from a country within the EEA. Doctors eligible to apply for entry to the Specialist Register under this route must contact and apply to the GMC directly.

Doctors from outside of the EEA apply for entry to the Specialist Register under one of the other pathways; they can expect a decision from the GMC about their application after submitting a complete application.

The College advises that doctors applying for entry to the Specialist Register under these pathways cannot be assumed to be eligible for appointment to a consultant post until they have been informed that their application for entry to the Specialist Register has been successful. The relevant medical Royal College or the GMC will not be able to indicate the likely outcome of an ongoing application to the Specialist Register.

For CCT queries, call 020 7451 6748 or email training@rcpath.org

For CESR (CP) or CESR queries, call 020 7451 6741 or email training@rcpath.org



For more information on:

Certificate of Completion of Training (CCT)

Certificate of Eligibility for Specialist Registration (CESR)(CP)

Certificate of Eligibility for Specialist Registration (CESR)

12.1.1 FRCPATH

The FRCPATH by examination is a prerequisite for entry to the Specialist Register for doctors applying via the CCT route. However, although obtaining the FRCPATH by examination may be an integral part of securing a CCT, the FRCPATH alone does not automatically deliver a CCT without documented completion of an approved training programme in the UK.

UK-trained doctor (pre 1 January 1997)	<ul style="list-style-type: none">▪ GMC medical registration▪ FRCPATH and other qualification relevant to the post▪ GMC specialist registration
UK-trained doctor (post 1 January 1997)	<ul style="list-style-type: none">▪ GMC medical registration▪ CCT from relevant Medical Royal College▪ FRCPATH and other qualification relevant to the post▪ GMC specialist registration
EEA-trained doctor	<ul style="list-style-type: none">▪ FRCPATH equivalent training for country of origin▪ GMC medical and specialist registration
Overseas doctor	<ul style="list-style-type: none">▪ FRCPATH equivalent training for country of origin▪ GMC medical and specialist registration

12.2 Existing Specialists

The 'Existing Specialists' scheme for existing specialists applying for entry onto the Specialist Register.

Since 1 January 1997, it has been a legal requirement that a doctor must be on the Specialist Register in order to take up a substantive, fixed term or honorary consultant post in the NHS. When the Specialist Register was created, individuals who were NHS consultants in a substantive, honorary or fixed term consultant post prior to 1 January 1997 were entitled to entry under a 'grandfathering' clause. This entry route existed until 2005. After that date it became apparent that a small number of consultants had not applied for entry to the Specialist Register.

In 2009 the GMC reintroduced a direct application route for these consultants and advises that all doctors in the NHS or UK Armed Forces who were appointed to a substantive, honorary or fixed term consultant post prior to 1 January 1997, and who are not yet on the Specialist Register, to take advantage of this scheme.



13.0 Counselling of unsuccessful candidates

- 13.1 It is customary for the Chair of an AAC to ask a member of the AAC to speak to unsuccessful candidates once the business of the AAC has been concluded. Before the Committee meets to select the successful candidate, the AAC as a whole should agree that a member of the panel should fulfil this counselling role. It is not the College's assessor's role to provide feedback to unsuccessful candidates.

14.0 Referral to the College

- 14.1 14.1 In the event of a College assessor having any query about an appointment, they should consult the Assistant Registrar of the relevant College.

15.0 Equal opportunities

- 15.1 All members of AACs must act fairly in the shortlisting and selection of candidates; they have a duty to avoid direct or indirect discrimination in the selection.

In assessing a candidate's suitability for appointment, there should be no discrimination, intended or otherwise, on grounds of gender, ethnicity, disability, sexual orientation, age, marital or civil partnership status, religion or belief or employment status

- 15.2 The following points should be borne in mind in determining whether or not the selection procedures are fair and in accordance with the principles of equal opportunities.
- Each applicant should be assessed according to personal capability to meet the requirements of the job.
 - Selection criteria, including any tests, should relate to job requirements.
 - Questions at interview should be relevant to the job. It is lawful for an AAC, where necessary, to assess whether a candidate's personal circumstances will affect their ability to meet fully the requirements of the job (e.g. where it involves unsocial hours), provided both genders are treated equally.
 - Questions about marriage plans, family intentions or family ties should not be asked.
 - Candidates should not be asked about social customs, political beliefs or religious practices, nor should the different social interests of people from different ethnic groups be permitted to influence the selection process.
 - Candidates who may reasonably be expected to have family ties abroad should not be asked questions about visits 'home'.
 - Information necessary for personal records or on any aspect of equal opportunities policy should not be requested by any member of the AAC.



16.0 Exemptions from the regulations

16.1 16.1 The Statutory Instrument lists appointments exempt from the need to advertise and to be selected by an Advisory Appointments Committee.

16.2 Honorary contracts

Unpaid appointments are exempt where the person to be appointed is to receive no remuneration in respect of the tenure of the post and is:

- a member of the academic staff of a university
- a consultant who is over the age of 65
- a mental health officer, as defined in the National Health Service Pension Scheme Regulations 1995, who is over the age of 60
- a person who is wholly or mainly engaged in research which requires their appointment to the staff of a employing body
- a medical practitioner who has been appointed to a post in a hospice, which is equivalent to a consultant post in the health service.

It is important that an employing body proposing to grant an honorary contract satisfies itself as to the candidate's competence to carry out the clinical duties required; the employing body carries the same liability in law for the actions of its honorary staff as it does for its paid staff. An honorary appointee must also be on the Specialist Register.

16.3 Locum appointments

It is not a legal requirement to be entered on the Specialist Register in order to take up a locum consultant post.

Locum appointments are exempt, provided the employment is for an initial period not exceeding six months and any extension for a maximum period of a further six months is subject to a satisfactory review by the employing body and consultation with the relevant Royal College.

16.4 Other exemptions

Other exemptions occur where the person to be appointed:

- is transferred from one employing body to another as part of a local reorganisation of the health service, without any significant alteration in the duties of the post
- is a consultant transferred within a employing body to another consultant post with that employing body
- is a consultant transferred to a consultant post with a different employing body where the employment of the consultant would otherwise be terminated by reason of redundancy



- is a consultant, working for the Public Health Agencies, the Defence Medical Services or an university, transferred to an NHS post in which the duties are substantially the same as those performed for the Public Health Agencies, the Defence Medical Services or a university
- was a consultant who retired as a consultant and returns to work in the same employing body and specialty as the one that they filled prior to retirement.

17.0 References

Statutory Instruments – Appointment of Consultant Regulations (England, Wales, Scotland and Northern Ireland)

The National Health Service Reform and Health Care Professions Act 2002
Supplementary, Consequential etc. Provisions Regulations

The General and Specialist Medical Practice Education, Training and Qualifications Order

The Health and Social Care (Community Health and Standards) Act 2003 (Supplementary and Consequential Provision) (NHS Foundation Trusts) Order 2004.

Department of Health. *The National Health Service (Appointment of Consultants) Regulations 2005: Good Practice Guidance.*

Central Consultants and Specialists Committee (CCSC). *Guidance on appointment procedures.*

Terms and Conditions of Service NHS Medical and Dental Staff (England)

NHS Employment Check Standards

Disability Discrimination Act

Race Relations Act

The Equal Pay Act 1970 Amendments and Regulations

The European Specialist Medical Qualifications Order Amendments and Regulations

The Sex Discrimination Act 1975 Amendments and Regulations

