

Handbook for College Assessors

April 2007



The Royal College of Surgeons of England

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Introduction by Mr Richard Collins

Assessors are the College's representatives on advisory appointment committees (AACs) and are the only statutory external influence on the committee. Their role is vital in ensuring that the standards of surgical training and service are maintained.

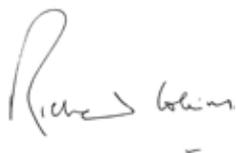
The College places great reliance on those consultant surgeons prepared to act as assessors and their hard work and the time they dedicate to the role are greatly appreciated.

I recognise that in order to meet local needs, assessors may sometimes come under considerable pressure to appoint candidates judged to be below the standards expected by the College. I wish to reassure assessors that in such circumstances they will receive the full support of the College.

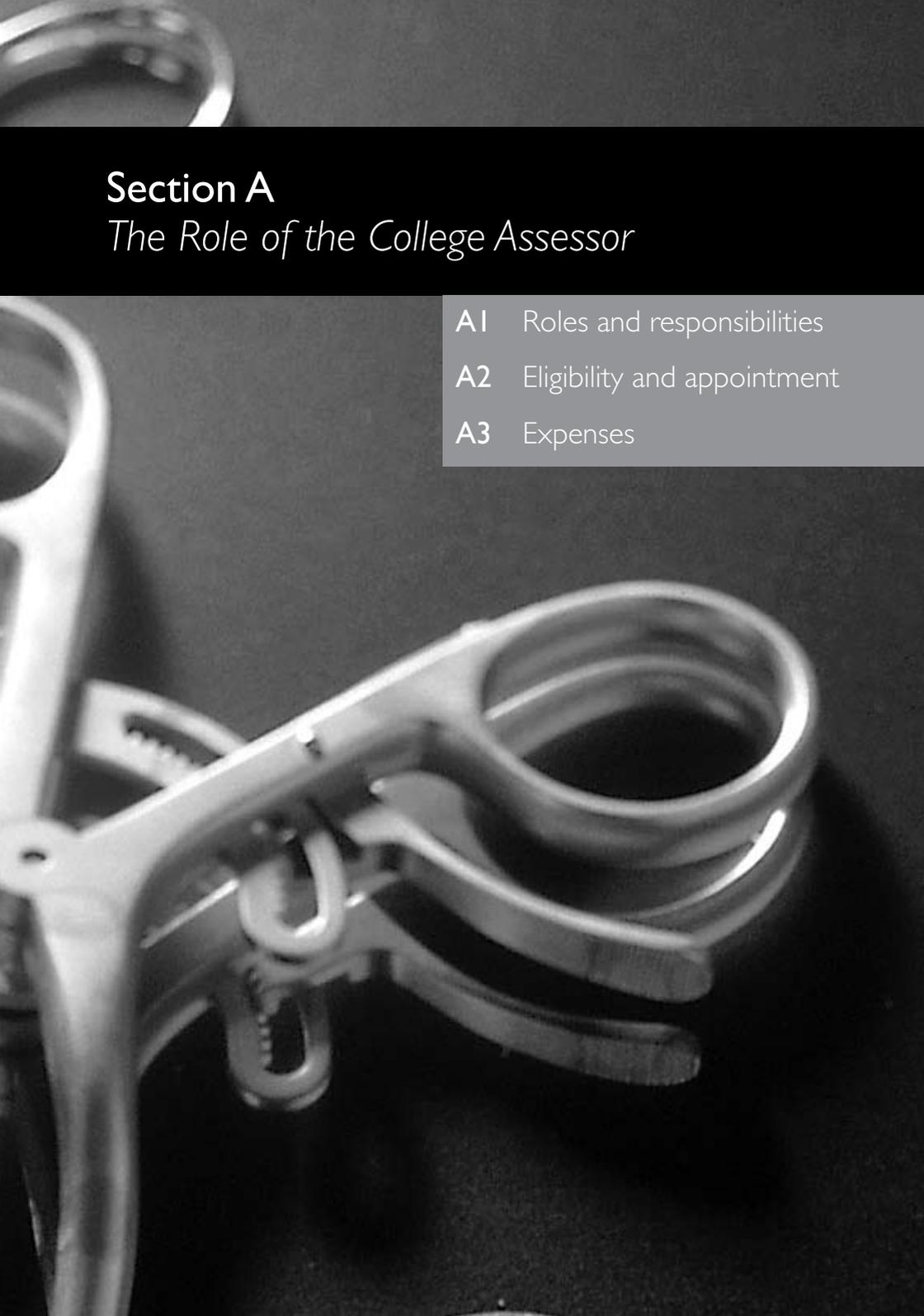
The *Handbook for College Assessors* was first published in 1999. However, since then, the Department of Health guidance – *The National Health Service (Appointment of Consultants) Regulations 1996: Good Practice Guidance* (2005) – has been updated and the scope of College involvement in the appointment of consultant surgeons and specialists to posts outside of the NHS has been widened. Independent sector providers now have the option of using the AAC process for the appointment of consultants. This development is important as it is a means of monitoring the selection and appointment of medical personnel in an industry that is expanding to meet the demands of health policy and service delivery.

The aim of this second edition is to provide an up-to-date, comprehensive reference document to help and advise College assessors when undertaking their role.

I would like to take this opportunity to thank all College assessors for your hard work and dedication and look forward to continuing to work with you all in the future.



Richard Collins FRCS
Council Lead for AACs

A black and white photograph of surgical instruments, including a pair of forceps and other tools, resting on a dark surface. The lighting creates highlights on the metal surfaces, emphasizing their texture and form.

Section A

The Role of the College Assessor

- A1 Roles and responsibilities
- A2 Eligibility and appointment
- A3 Expenses

AI Roles and responsibilities

The College has, as a primary responsibility, the upholding of the highest standards of practice of surgery in all specialties. In order to fulfil this responsibility, the Council places great reliance on the consultant surgeons nominated to sit on AACs.

The College assessor is the only statutory external influence on the AAC. Along with the other members of the AAC, the assessor must ensure that the best candidate for the job is appointed and that the process is fair and open within current legislation and current employment practice.

Selection must be based on a candidate's fitness, ie qualifications, experience and, when relevant, suitability as a trainer.

It is the responsibility of the assessor to ensure that only individuals who are fully trained are shortlisted and appointed. This includes adequate training in any sub-specialty that is mentioned in either the job advertisement or the post specification.

The role of the College assessor participating in independent sector AACs is generally identical to that for the NHS. The differences are outlined in appendix 4.

A2 Eligibility and appointment

College assessors are normally recommended by their respective specialist association and are formally appointed by the College Council. The College maintains lists of assessors in each specialty. Assessors will normally be fellows of this College. (On rare occasions, where circumstances preclude a College assessor from attending the AAC, a substitute may participate in the AAC if agreed by the College Council member responsible for AACs.)

Assessors must have been trained in fair and non-discriminatory interviewing and selection techniques and have received appropriate training in the application of equal opportunities legislation to appointment procedures in line with the Equal Opportunities Commission and Commission for Racial Equality codes of practice. The College holds regular equal opportunities training courses, which assessors are highly recommended to attend. However, assessors can also undertake training locally.

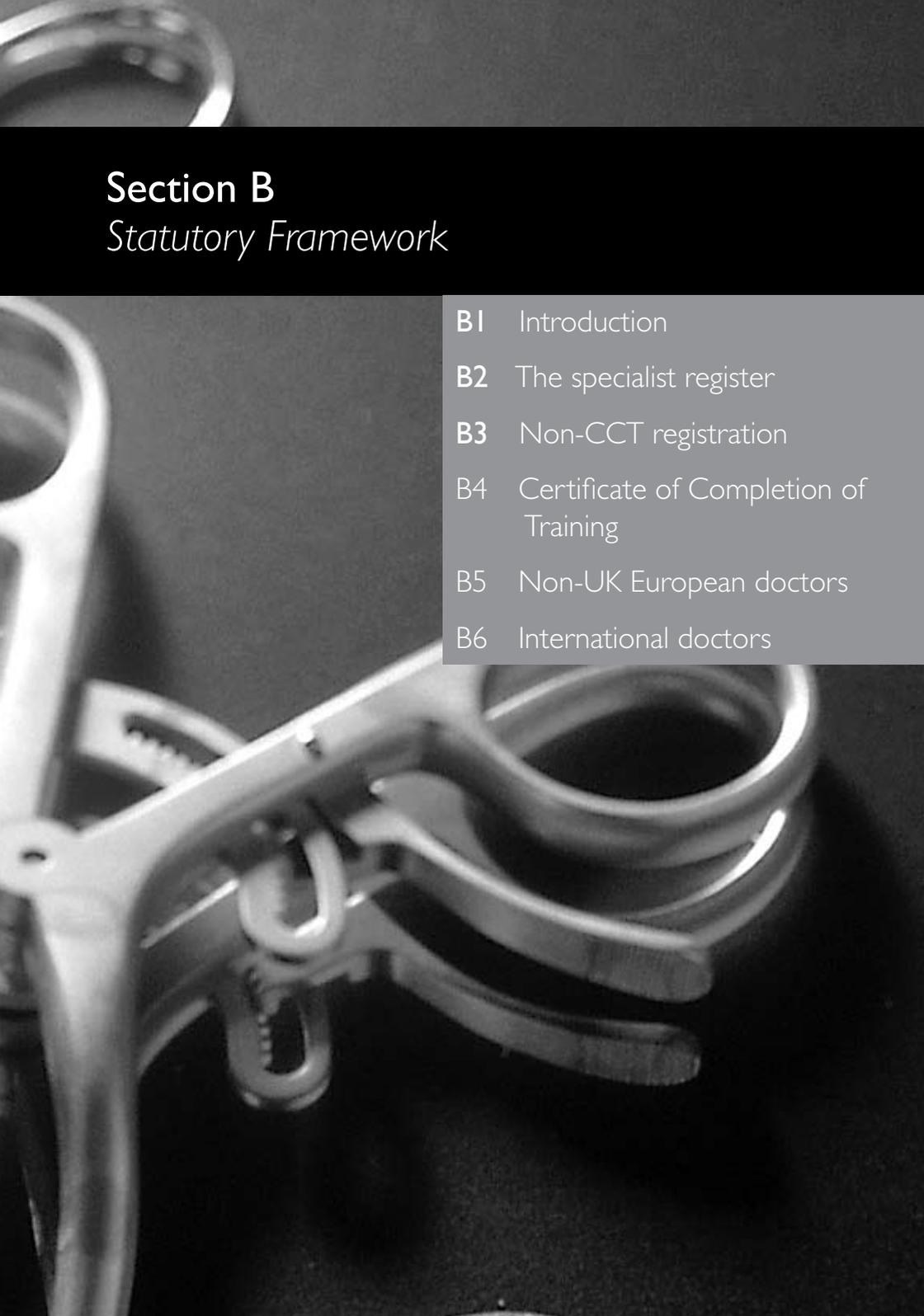
An assessor must be an established consultant or honorary consultant in the NHS. They must have been in active practice for a minimum of five years and should normally stand down when they retire from active clinical NHS practice. The College may allow an assessor to continue acting in that capacity for a period not exceeding 24 months following retirement from the NHS.

The National Health Service (Appointment of Consultants) Regulations: Good Practice Guidance (2005) states that the assessor must not be employed by the recruiting Trust and should, where possible, be employed by a Trust geographically distant from the recruiting Trust. In order to ensure that this guidance is followed, the College will only identify assessors from outside the Trust and ideally not from an immediately adjacent Trust to which the appointment is to be made.

The appointment of assessors is coordinated by the Professional Standards and Regulation Division.

A3 Expenses

Members of an AAC will be reimbursed their expenses by the healthcare organisation holding the AAC, including travel, hotel accommodation and other subsistence allowances, in accordance with regulations or rules established by the employing body. It is usual to reimburse on the basis of first class rail or economy air travel. However, rates for reimbursement and restrictions vary between healthcare organisations. Assessors should confirm entitlements with the healthcare organisation before the AAC event.



Section B

Statutory Framework

- B1** Introduction
- B2** The specialist register
- B3** Non-CCT registration
- B4** Certificate of Completion of Training
- B5** Non-UK European doctors
- B6** International doctors

BI Introduction

Consultant appointments are governed by *The National Health Service (Appointment of Consultants) Regulations 1996* and the accompanying *Good Practice Guidance (2005)*. It is therefore a legal requirement that all employing authorities in England and Wales comply with these regulations, apart from NHS Foundation Trusts and ISTCs. The 1996 regulations and subsequent amendments do not apply to NHS Foundation Trusts or ISTCs although it is recommended by the DH that Foundation Trusts do follow them. In 2005 a concordat was drawn up between the Foundation Trust Network and the Academy of Medical Royal Colleges to enable the two organisations to work together on the appointment of consultant medical staff.

In late 2006, an agreement between the Department of Health and the College established a framework for independent sector providers to participate in the AAC process for the appointment of consultant surgeons to independent sector consultant posts. The participation in the process by the independent sector providers is voluntary but it is expected from a quality assurance standpoint that they will utilise the process and request College participation. The process for the independent sector providers is similar to the NHS process and the differences for the College assessor are outlined in appendix 4.

The statute states that a properly constituted AAC must be held for all consultant appointments. It is this AAC that then recommends the name of the doctor most suitable for the appointment to the Trust. However, it is normal (and acceptable) practice for the Trust to delegate the decision on appointment to its representatives on the AAC in order to enable decisions to be made speedily.

The Trust may appoint only from persons recommended by the AAC. They may not appoint anyone who has not been found suitable. The post is offered to the successful candidate subject to the results of checks on professional qualifications, a criminal record check and health clearance. An appointment must not be confirmed until the appropriate pre-appointment checks have been made. If during the course of the interview it becomes apparent that an unsuspected chronic medical problem may exist in a candidate, it is *not* the role of the AAC to investigate further. This matter should be referred to

the Trust's occupational health department if the candidate is the preferred choice and the appointment of that candidate should not be confirmed unless and until a satisfactory report is obtained from them.

B2 The specialist register

The European Specialist Medical Qualifications Order 1995 came into force in January 1996. The Order implements the UK's European obligations relating to the training of medical specialists and to the mutual recognition of their qualifications. Under these arrangements, the General Medical Council (GMC) is required to maintain and publish the specialist register. It is now a legal requirement for all doctors to be on the GMC's specialist register before they can take up a substantive consultant post.

Specialist registrars are able to apply for consultant appointments before being admitted to the specialist register provided the date of the interview is within six months of their expected Certificate of Completion of Training (CCT) date. Where this occurs, it is important that College assessors contact the Joint Committee on Higher Surgical Training (JCHST) before the interviews to check whether a candidate is within six months of their expected CCT date. For further details see section B4.

Please note, the Order states that a candidate must be on the specialist register but does not define which specialty it must be in. This paradox has been drawn to the attention of the DH. Assessors are advised to use their judgement if there are problems in this area and ask the College for advice where necessary.

The GMC has a helpline that can be contacted on 08453 573 456 should an assessor wish to check whether a candidate is included on the specialist register. This can also be checked through the GMC's online medical register on their website (<http://www.gmc-uk.org/>).

B3 Non-CCT registration

In 2003 the government issued a new statutory instrument (*The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003*), which created the Postgraduate Medical Education and Training Board (PMETB) and reintroduced a mechanism, Article 14, that allows doctors who are not in possession of a CCT to apply for an evaluation of their specialist training or specialist qualifications, as well as acquired specialist medical experience or knowledge wherever obtained, to determine if it is equivalent to a CCT in the specialty in question. Article 14 broadens the routes through which an individual may apply and allows restricted registration based on limited areas of clinical practice.

The College advises that candidates subject to Article 14 should not be shortlisted or interviewed for consultant posts in advance of the outcome of that process. Part of the process undertaken by the College is the assessment of the training carried out abroad and its equivalence to training undertaken in the UK. This is undertaken by an Intercollegiate Panel of Specialist Advisory Committee members in the appropriate specialty. The recommendation is then forwarded to the relevant College for approval and submission to PMETB, the statutory body that formally recommends inclusion on the GMC's specialist register.

It is a legal requirement for all doctors to be on the GMC's specialist register before being able to take up a consultant appointment.

For information on Article 14.4 and 14.5 please contact the head of non-CCT specialist registration, JCHST, on 020 7869 6256.

For more information on Article 14 see the PMETB website:
<http://www.pmetb.org.uk/>

B4 Certificate of Completion of Training

Given the structured training programme and annual reviews by postgraduate deans via the record of in-training assessment (RITA) process, specialist registrars will be aware of their progress through the grade and will know their expected programme completion date and likely date for the award of the CCT. There is no reason why trainees cannot explore the possibility of post-CCT careers as soon as it is clear that a CCT will be awarded in the near future.

While it is recognised that applying for and obtaining a consultant post can be a lengthy process, trainees cannot be interviewed for a consultant post more than **six months** before their expected CCT date.

Where possible, the employing authority should include the date of the interview in the original advertisement for the post. (See section C3.)

When the successful candidate will not be required to take up the post within six months, the advertisement and the job description/person specification should make the planned start date explicit.

The DH's *Guide to Specialist Registrar Training* (1998) sets out several reasons for not interviewing candidates more than six months before their CCT date:

- > An AAC should never be put in the position of having to assess a candidate significantly in advance of the completion of training.
- > Those who train specialist registrars should not be placed in the invidious position of assessing the progress of trainees who, while having more than six months training to complete, have successfully obtained a consultant appointment on the condition that they complete training.
- > All potential candidates must be treated fairly and equitably. Serious difficulties may arise in assessing the comparative suitability for appointment of those who have yet to complete training and those who are already on the specialist register.

- > It is not in the interests of employers, trainees or the NHS to make appointments to the consultant grade significantly before training is completed and, consequently, before the trainee is in a position to take up post.

Specialist registrars applying for consultant posts should include with their CV a confirmatory certificate signed by their postgraduate dean giving the date that has been issued to them by their specialist advisory or higher surgical training committee for the completion of training. Ultimately, the AAC must be satisfied that the applicant is sufficiently near to the completion of training to enable the AAC members to judge the applicant's suitability for a consultant post.

The Professional Standards and Regulation Division has suggested to all Trust medical staffing departments that a space for specialist registrars to fill in their expected CCT date be included on the front of their application forms.

B5 Non-UK European doctors

The European *Council Directive 93/116/EEC* facilitates the free movement of doctors throughout the European Economic Area (EEA) by laying down minimum requirements for training and arrangements for mutual recognition of qualifications. The Directive does not stipulate the quality, quantity or content of training – only the duration.

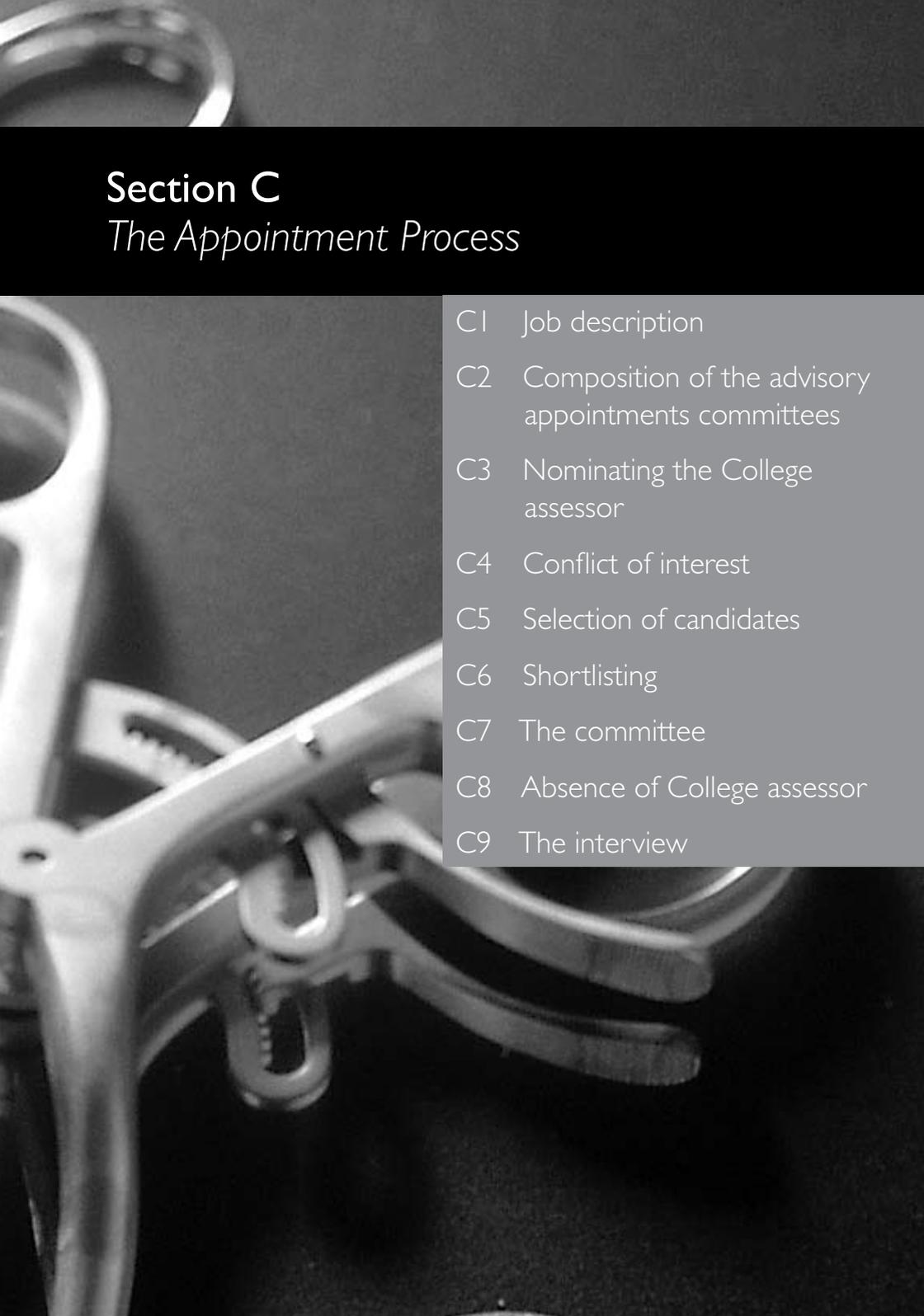
The GMC specialist register helpline (08453 573 456) can confirm whether a European candidate is on the specialist register or holds a specialist medical qualification that gives them automatic right of entry to the specialist register.

The College advises that the person specification for a consultant post should state that clinical training and experience equivalent to that required for gaining a UK CCT in the relevant specialty is essential. (See attached suggested person specification in appendix 2.) Standards set out in the intercollegiate surgical curriculum could be used to inform this process. More information is available at <http://www.iscp.ac.uk/>.

B6 International doctors

An AAC should never be asked to assess the quality of training undertaken abroad by an overseas candidate. The assessment of overseas (non-EEA) training and its equivalence to UK training is undertaken through Article 14. (See section B3.) The intercollegiate assessment process ensures that a consistent standard is applied to all international doctors' applications.

In March 2006 the DH announced important changes to the immigration rules for doctors. From 3 April 2006 international medical graduates who wish to work or train in the NHS need a work permit. To obtain a work permit, an employer must show that a genuine vacancy exists that cannot be filled by a UK or EEA graduate.



Section C

The Appointment Process

- C1 Job description
- C2 Composition of the advisory appointments committees
- C3 Nominating the College assessor
- C4 Conflict of interest
- C5 Selection of candidates
- C6 Shortlisting
- C7 The committee
- C8 Absence of College assessor
- C9 The interview

CI Job description

The job description should include an assessment of the service needs and future demands of the post, including the possibility of relocation when service arrangements are under discussion, together with all the information relevant to the post and selection criteria, which might include the minimum qualifications, training and experience required. It should also be clear if the post requires a consultant with a particular sub-specialty interest.

Employing bodies should also prepare a person specification for each post, drawn from the job description. The selection criteria should list both the essential and desirable skills and experience needed to perform the job, including any sub-specialty interest. It should be noted that a doctor listed on the specialist register may apply for a consultant post in any specialty so it is important that the person specification stipulates that clinical training and experience equivalent to that required for gaining a UK CCT in the relevant specialty is essential. A suggested person specification for a consultant surgeon can be found in appendix 2.

The role of the regional specialty adviser is to comment on the professional content of the job description in relation to clinical, teaching and research work. Non-professional issues (eg the availability of car parking) do not come under the regional specialty adviser's remit.

Before the consultant post is advertised, the employing authority must send a copy of the job description and person specification to the relevant regional specialty adviser for approval, **with a further copy to the deanery adviser/regional adviser for information.** The regional specialty adviser may wish to consult with the appropriate regional sub-specialty nominated representatives (advisers). This is to ensure that the post contains the proper balance of clinical, academic and managerial activities and that there are sufficient facilities to enable these activities to be carried out. The regional specialty adviser should be asked to comment on the job description and selection criteria, in writing, **within three weeks of its receipt.** Failure to respond following confirmation of receipt of the job description will be interpreted as agreement. If the regional specialty adviser is due to be on leave for a substantial period, arrangements should be made for the job descriptions to be considered by the deanery adviser/regional adviser or another regional specialty adviser in the same specialty but from a neighbouring region.

If the regional specialty adviser has doubts with regard to the job description, their concerns should be discussed with the medical director of the Trust or independent sector providers. This must be done within three weeks of receipt of the job description for Trusts or within one week for independent sector providers. Should differences of opinion persist, the regional specialty adviser should refer the problem as a matter of urgency to the College and inform the employing body. In such circumstances, the president of the College, or nominated deputy, should respond within three weeks and seek an agreed solution. **To make the appointment process as fast as possible, it is important that regional specialty advisers respond promptly to requests for approval and deal with any difficulties within the agreed time frame.**

Once the employing authority has received the regional specialty adviser's approval, it should send a copy of the job description and the letter of approval from the regional specialty adviser together with a formal request to the Professional Standards and Regulation Division, which will then proceed with nominating suitable assessors for the AAC.

Once appointed, the College assessor should contact the regional specialty adviser for a copy of the approved job description.

When agreement has been reached on the job description, it 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.

If by amending the job description to correct an error or an oversight the content or balance of the post changes, the process should be suspended and the job description should be re-submitted to the regional specialty adviser for further approval. If the change is significant then the post may have to be re-advertised.

The AAC can take place 12 months or more after the job description has been approved. If the consultant post has not been advertised within 12 months of the job description approval, the Trust or independent sector provider must seek approval from the regional specialty adviser again.

C2 Composition of the advisory appointments committees

The core composition of an AAC is governed by statute, which states that the committee shall comprise a group of five members. These are:

- > a lay member (normally the chairman of the employing body or another non-executive director);
- > the College assessor;
- > the chief executive of the employing body (or a nominated deputy);
- > the medical director of the employing body (or a medically qualified nominated deputy); and
- > a consultant, normally from the relevant specialty, from the employing body.

An AAC may not proceed if a quorum is not established or there is not a local medical majority. A quorum consists of the core membership. The College assessors can therefore terminate proceedings by absenting themselves. This does not apply to independent sector providers. (See appendix 4.)

Employing authorities are free to add additional members provided there remains a local medical majority and the size of the AAC is kept to a minimum.

University representatives are no longer necessarily part of an AAC, except where the appointment is to a post that involves either substantial teaching or research commitments or both.

C3 Nominating the College assessor

The employing authority must contact the Professional Standards and Regulation Division at least eight weeks before the date of the AAC in order to request an assessor to represent the College at the AAC. This period of notice is essential to ensure that the most suitable assessor may be nominated and that they will be available.

While the NHS *Good Practice Guidance* (2005) suggests that the date of the interview should be included in the advertisement, primarily as an aid to specialist registrars who can then gauge whether the interviews will be held within six months of their CCT date, medical staffing departments should be aware that by setting a date for interview they may exclude some assessors who will find it difficult to re-arrange previous clinical commitments.

The College suggests that medical departments indicate **the week** in which they expect the interviews to take place. This would alleviate some of the problems that have been encountered in identifying an assessor, particularly in some of the smaller specialties. If the Trust or independent sector provider is able to inform the College of the proposed interview date before the job description has received approval, the College will endeavour to allocate an assessor and the name will be released once the approval has been received.

Once the Professional Standards and Regulation Division has received the request together with the job description and the regional specialty adviser's approval letter, the department will produce a list of possible assessors from the database. If the Trust has given at least eight weeks notice of the AAC, the Professional Standards and Regulation Division will attempt to secure an available assessor. If the Trust has provided the department with less than eight weeks notice, the Trust will be provided with a list of assessors to contact themselves.

While every endeavour will be made to find a suitable sub-specialty assessor, in some circumstances consideration might be given to assessors outside the sub-specialty.

In order to ensure that the NHS *Good Practice Guidance* (2005) is followed and that assessors are appointed who are geographically distant from the

Trust making the appointment, the College will only identify assessors from outside the Trust and ideally not from an immediately adjacent Trust to which the appointment is to be made.

C4 Conflict of interest

It is inevitable that a College assessor will occasionally find themselves required to decide on the application of a candidate who is known to them and for whom they may have even provided a reference.

In these circumstances, the assessor should declare their knowledge or interest so that other members of the committee may take this into account. The assessor must be careful not to show bias. In the event of closer personal ties, an assessor should ask to be excused from serving and an alternative assessor should be sought.

Canvassing for support of any applicant for a consultant post is prohibited.

C5 Selection of candidates

Members of the AAC will be sent all applications received by the employing authority together with the job description and selection criteria shortly after the advertised closing date. There must be a reasonable explanation for any applications received after the closing date.

Applicants should be asked to complete a standard application form so that basic information is available to committee members in a standard format. This does not preclude submission of a personal CV and the College would expect that a CV for all candidates would be available for the selection process.

The shortlisting process must be carried out, even if there are only a small number of candidates. It is essential that the College assessor takes part in the shortlisting process. Independent sector providers may choose not to involve the College assessor in the shortlisting process. (See appendix 4.)

In order to be shortlisted, a candidate must appear on the GMC's specialist register or the date of the interview must be within six months of the candidate's expected CCT date. **It should be noted that appearance on the specialist register does not necessarily mean that a candidate is suitable for shortlisting.**

Applicants or prospective applicants should be able to visit the relevant unit and meet some of their prospective colleagues before the AAC holds its interview. The opportunity to make such visits should be drawn to the attention of the candidates, who should be provided with a list of relevant contacts such as the medical director, chief executive and other officers. However, the status of such 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.

Since January 1997 it has been a legal requirement for all doctors to be on the GMC's specialist register before taking up a consultant post. (See section B2.)

The committee and candidates should be fully aware of the process for selection and interview. Where the employer wishes to use selection techniques in addition to interview, all AAC members should be informed in advance and be appropriately skilled in using these techniques.

C6 Shortlisting

Each member of the committee, including the lay member, should be involved in the shortlisting process by assessing candidates against the person specification. All members of the committee have equal say in both shortlisting and determination of suitability. The chairman and chief executives of Trusts do not have the power of veto over shortlisting or recommendations made by members of the AAC on the suitability of candidates for appointment as consultants. The chairman should ensure that all members of the committee are content with the shortlist.

It is important that shortlisting does not take place until the College assessor has been appointed to sit on the AAC at an agreed date. (For the independent sector, see appendix 4.)

In order to overcome difficulties of scheduling, the AAC chairman may wish to consider setting up a teleconference during which shortlisting might take place.

When shortlisting, the chairman takes into account the views expressed by all members of the committee to determine suitability. The advice of the College assessor is most important at this stage as they can advise whether doctors still in specialist registrar posts are likely to be awarded their 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 post.

If the Trust insists on shortlisting a candidate who the assessor has deemed as lacking the necessary qualifications for appointment, the assessor should discuss this with the medical director of the Trust and inform the College. If the problem persists, advice should be sought from the College.

The assessor may feel it is appropriate to contact the regional specialty adviser and/or the College if there are concerns about the job description or the appointment process.

In order to check whether a specialist registrar is within six months of their expected CCT date, the assessor should contact the appropriate Specialist Advisory Committee (SAC) office through the JCHST.

Candidates for posts that require a particular sub-specialty interest should only be shortlisted if they have been trained at an advanced level in the sub-specialty.

If the College assessor considers that a candidate is not suitably trained for the post, they must inform the Trust and the College in writing.

C7 The committee

The function of the AAC is to decide which, if any, of the applicants is suitable for appointment and to recommend a name or names to the employing body. The overriding aim is to ensure that the best candidate for the job is appointed, that the process is fair and open within current legislation on employment practice and that the candidate is fully trained for the post. The AAC may not recommend for appointment a candidate whom it has not interviewed. Exceptionally, candidates may be interviewed by video- or audio-link when they cannot be physically present. However, a candidate interviewed in this way must not be given an unfair advantage or disadvantage over a candidate interviewed face-to-face and it is important that the AAC is satisfied as to the candidate's identity.

AACs should always make a clear recommendation of the most appropriate candidate. In the event of an equality of votes, the chairman shall not have any second or casting vote and no applicant shall be considered suitable for appointment unless a majority of the committee considers them to be so. The recommendation does not, however, need to be unanimous and no member of the AAC has a right to veto an appointment.

Selection must be based solely on the candidate's fitness, ie qualifications, experience and other qualities set out in the person specification for the post. Members of the AAC should make contemporaneous notes of the proceedings and the reasons for accepting or rejecting candidates. Individual members of the committee can be questioned by the courts of employment tribunals (who may order the production of contemporaneous notes) about the reason why a particular candidate was accepted or rejected. In any other context the proceedings of the committee are confidential.

If an unsuccessful candidate seeks feedback on the reasons for non-appointment, they should be advised to contact the chairman of the committee.

C8 Absence of College assessor

If an appointed assessor becomes aware before an AAC that they will be unable to attend for reasons outside their control, ie sickness or court attendance, the assessor should contact the Professional Standards and Regulation Division at the earliest opportunity. (For the independent sector, see appendix 4.)

If possible, the assessor should inform the College of a deputy to undertake the role of assessor on their behalf. Where an assessor is not able to identify a replacement, the Professional Standards and Regulation Division will attempt to identify a replacement. If this does not prove possible, the AAC will have to be deferred.

In the event that an assessor is taken ill on the day of an AAC or is in some other way prevented from attending, the Professional Standards and Regulation Division will seek details of the remaining members of the AAC with a view to identifying another member of the already convened appointments panel who might undertake the role of assessor on behalf of the College and who might safeguard the College's interest in the appointment. It may also be possible that the regional specialty adviser could act as the College assessor in this instance.

If it is not possible to identify another member of the AAC to undertake this task and another individual suitable to the College cannot be identified locally, the AAC will have to be deferred.

It may be necessary to appoint an individual who is not geographically distant from the post as assessor:

Events such as those described above should happen on very rare occasions. Each case will be considered on its own merits and a decision taken in consultation with the Council lead for AACs as to the most appropriate way to progress.

C9 The interview

It is important to establish at the outset whether the committee is acting as an AAC for later formal appointment by the employing authority or as an appointments committee with the power to make the appointment at the time.

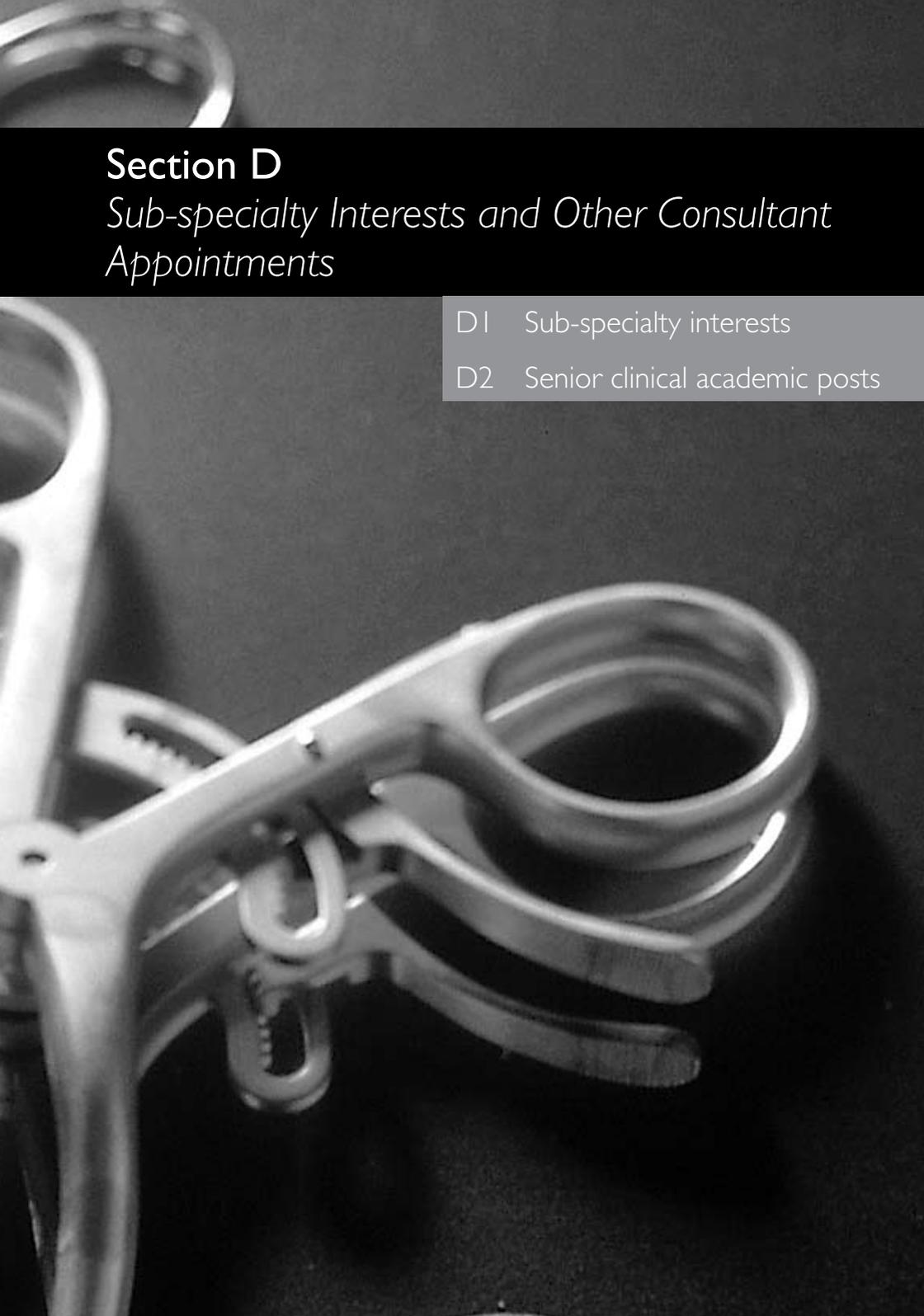
If the committee is acting as an appointments committee and, in the opinion of the College assessor, it appears that an appointment is about to be made of a candidate who does not meet the standards expected and to be safeguarded by the College, then the assessor can prevent the appointment only by leaving the committee before a decision is made, so rendering the committee non-quorate and invalid. (For the independent sector, see appendix 4.)

If an unsuitably trained candidate for the advertised post is called for interview the assessor should inform the chairman of their reservations prior to the interview. If the interview still proceeds, the assessor should leave the committee before a decision is reached and so prevent any appointment taking place.

In addition, if at interview information becomes available that was not available before, the assessor should inform the chairman that the interview should not continue.

In cases such as these, the College assessor should write immediately to the president of the College, the chairman of the AAC, the chairman of the relevant Trust or health authority and the chief executive of the relevant Trust or health authority to explain what transpired.

If the College assessor considers that a candidate is not suitably trained for the post, they must inform the Trust and the College in writing.



Section D

Sub-specialty Interests and Other Consultant Appointments

- D1 Sub-specialty interests
- D2 Senior clinical academic posts

DI Sub-specialty interests

Posts that require a consultant with a particular sub-specialty interest should make clear that requirement in both the job description and the advertisement for the post.

Candidates applying for the post should only be shortlisted if they have been trained at an advanced level in the sub-specialty.

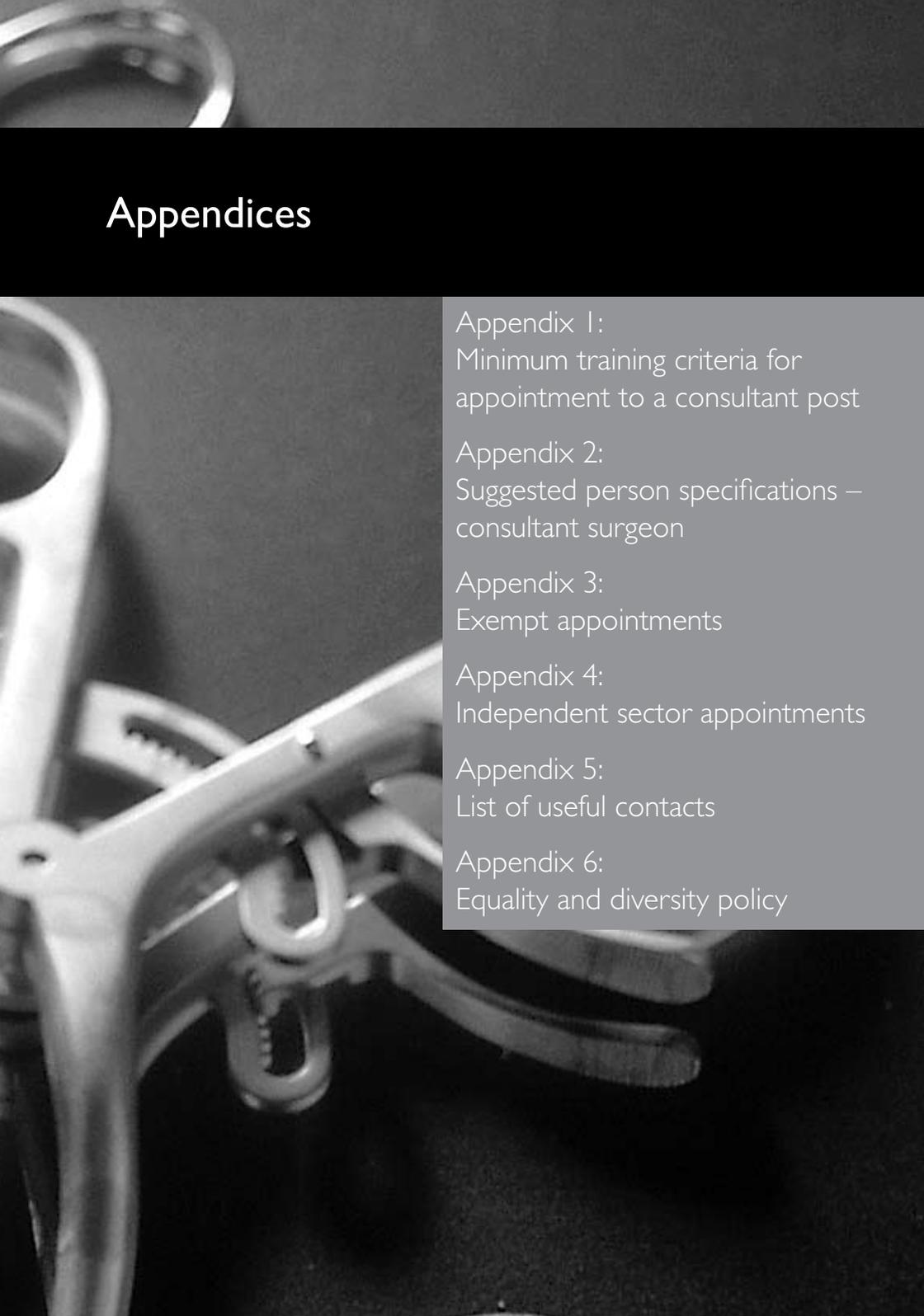
Trusts may be vulnerable to litigation from candidates discouraged from applying if a candidate is appointed with a declared interest in a sub-specialty that differs from the sub-specialty of the post advertised.

D2 Senior clinical academic posts

The arrangements for honorary contracts are exempt from the regulations relating to AACs. However, the College will only recognise a consultant as a trainer (including senior clinical academic posts) if a College assessor has been a member of the appointments committee and has agreed that the individual is suitable as a trainer, and the College's regional specialty adviser has approved the job description.

It is the legal requirement for the proposed holder of an honorary NHS contract to be on the specialist register, paid or unpaid. On occasion, a university may wish to interview candidates from overseas who are not on the specialist register for a senior clinical academic appointment. In these circumstances, a candidate may be interviewed and an offer made which is subject to the doctor gaining entry to the specialist register. The university and the candidate must be clear that an honorary (unpaid) NHS consultant contract cannot be issued until the candidate has been entered on the specialist register. Providing the appointment is made under a procedure analogous to that for hospital consultants, an additional AAC procedure will not be needed when the honorary contract is awarded. If the honorary contract is to be paid by the Trust, a second AAC procedure must take place. Exemption may be sought from the Secretary of State for Health following application to the NHS Executive under regulation 5(1)(g) of *The National Health Service (Appointment of Consultants) Regulations 1996*.

Universities are advised to seek legal advice when making a conditional offer to a candidate who must obtain entry to the specialist register before they can take up the appointment. The university and the candidate must be aware that an honorary consultant contract cannot be awarded if the candidate is not recommended for inclusion on the specialist register.



Appendices

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Appendix I: Minimum training criteria for appointment to a consultant post

1. From January 1997 all doctors taking up a consultant post must be on the GMC's specialist register.
2. Postgraduate medical education is currently undergoing major reform largely driven by the Department of Health's Modernising Medical Careers (MMC) project and the Intecollegiate Surgical Curriculum Project. During the transition phase, the current training structure will continue to exist but assessors should familiarise themselves with the proposed new structures under MMC and the surgical curriculum project. More information is available at <http://www.mmc.nhs.uk/> and <http://www.iscp.ac.uk/>.
3. The intercollegiate surgical curriculum is based on an educational model of staged progression, with each stage underpinned by explicit standards. This provides the framework for delivering competence-based training and assessment.

The curriculum deliberately adopts an approach that affirms the importance of professional and educational values, and privileges the concept of professional judgement. It is underpinned by the principles of promoting care of the surgical patient and ensuring that such care is delivered safely.

4. The curriculum is still evolving and will be subject to change until August 2007. From August 2007 there will be a standards-based curriculum and all specialties will have a competence-based syllabus. The award of the CCT will be based on satisfactory completion of competencies and training periods will be indicative.
5. Until August 2007, appointment to a Type I higher surgical training programme leading to the award of the CCT is conditional upon the successful completion of basic surgical training and the award of the Certificate of Completion of Basic Surgical Training or equivalent. Appointment to a higher surgical training programme will be in open competition by a properly constituted appointments committee.

The principle of higher surgical training is that trainees should enter a period of training in the grade of specialist registrar; by appointment to posts that have been inspected and approved for training by the appropriate SAC.

6. The CCT is awarded on completion of a defined period of structured training and assessment and passing the intercollegiate specialty examination. Recommendation will then be made by PMETB for entry to the GMC's specialist register.

Appendix 2: Suggested person specification – consultant surgeon

REQUIREMENTS	ESSENTIAL	DESIRABLE
<p>Qualifications</p>	<ul style="list-style-type: none"> > entry on specialist register (or entry expected within six months) 	<ul style="list-style-type: none"> > postgraduate thesis > success in intercollegiate speciality examination or overseas equivalent
<p>Clinical experience</p>	<ul style="list-style-type: none"> > clinical training and experience equivalent to that required for gaining UK CCT in relevant speciality (details provided in the relevant JCHST speciality curriculum) > ability to offer expert clinical opinion on range of problems, both emergency and elective, within speciality > ability to take full and independent responsibility for clinical care of patients > expertise in sub-speciality (where specified) 	
<p>Management and administrative experience</p>	<ul style="list-style-type: none"> > ability to advise on efficient and smooth running of specialist service > ability to organise and manage outpatient priorities, surgical waiting lists and operating lists > ability to manage and lead surgical firm > understanding of clinical governance network > evidence of audit 	<ul style="list-style-type: none"> > ability to manage and lead specialist unit, surgical directorate and working parties as appropriate > basic IT skills

REQUIREMENTS	ESSENTIAL	DESIRABLE
<p>Teaching experience</p>	<ul style="list-style-type: none"> > experience of supervising foundation year trainees or equivalent. > ability to teach clinical and operative skills 	<ul style="list-style-type: none"> > experience of teaching basic clinical skills to undergraduates > experience of supervising specialist registrars > ability to supervise postgraduate research
<p>Research experience</p>	<ul style="list-style-type: none"> > ability to apply research outcomes to clinical and surgical problems 	<ul style="list-style-type: none"> > publications in peer-reviewed journals
<p>Personal attributes</p>	<ul style="list-style-type: none"> > ability to work in a team > good interpersonal skills > enquiring, critical approach to work > caring attitude to patients > ability to communicate effectively with patients, relatives, GPs, nurses and other agencies > commitment to continuing medical education > willingness to undertake additional professional responsibilities at local, regional or national levels 	

Appendix 3: Exempt appointments*

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

The statutory instrument lists appointments exempt from the need to advertise and to be selected by an advisory appointments committee.

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:

- i) a member of the academic staff of a university;
- ii) a consultant who is over the age of 65;
- iii) a mental health officer who is over the age of 60;
- iv) a person who is wholly or mainly engaged in research that requires his or her appointment to the staff of a Trust;
- v) 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 a Trust proposing to grant an honorary contract satisfies itself as to the practitioner's competence to carry out the clinical duties required; the employer carries out 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.

Locum appointments

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 Trust and to consultation with the relevant College.

It is important that Trusts have satisfactory procedures in place to ensure that locum consultants are of adequate standard. There should always be assessment of the candidates by an 'appointments' committee, including at least two professional members, one in the specialty concerned. Where a locum is to be appointed at short notice and is not already known to the Trust, they should be seen by at least one of the hospital consultants before they are engaged. It is important that references are obtained for all locum appointments, irrespective of the short-term nature of the post.

Wherever possible, Trusts should try to appoint locum doctors who hold, or have held, posts of consultant status, or else who have completed specialist training.

More detailed guidance is given in the code of practice on the appointment and employment of Hospital and Community Health Services locum doctors, issued by the NHS Executive in August 1997.

Appointments following redundancy

Where a consultant has been, or is about to be, made redundant from their post by the Trust, the latter has a moral obligation to render them the greatest possible assistance with a view to obtaining comparable work elsewhere. Where this is not possible, the Trust should apply to the Secretary of State for Health for a certificate recognising that this person has been made redundant from a paid appointment, which has been the subject of an AAC recommendation; a copy should be given to the consultant concerned. On presentation of the certificate of redundancy, they may be exempted from the AAC procedures, provided an appointment is made within one year of the date of the redundancy.

Other exemptions for the NHS AAC process

Other exemptions occur where the person to be appointed:

- > is transferred from one Trust 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 Trust to another consultant post with that Trust;
- > is a consultant transferred to a consultant post with a different Trust where the employment of the consultant would otherwise be terminated by reason of redundancy;
- > is a consultant, working for the Health Protection Agency (HPA), the Defence Medical Services (DMS) or a university, transferred to an NHS post in which the duties are substantially the same as those performed for the HPA, the DMS or the university; or
- > was a consultant who retired as a consultant and returns to work in the same Trust and specialty as one they filled prior to retirement.

NB If an exempt appointment is made without the agreement of a College assessor, the appointee may not be recognised as a trainer by the College. To be recognised as a trainer, the appointee must be on the specialist register and approved as a trainer by the College assessor.

Appendix 4: Independent sector appointments

The AAC process for the appointment of non-NHS consultants is based on the process used for the NHS but there are some changes to the overall role of the College assessor in the process.

The differences are:

- > Shortlisting: The College assessor is not required to participate in the shortlisting of candidates. However, the employing independent sector provider must provide the College assessor with copies of the shortlisted candidates' CVs before the AAC panel convenes.
- > Interview of candidates: The College assessor role is to ensure that the process of appointment is fair and that the best candidate is selected. The College assessor cannot veto a proposed appointment. However, if the College assessor has concerns about the proposed appointment, then those concerns should be addressed in writing to the healthcare organisation, the College and the medical director of the Department of Health commercial directorate. It will be the medical director's responsibility to liaise with the healthcare organisation concerned to address the issue(s) raised.
- > Unavailability of College assessor: If a College assessor is unable to attend due to unforeseen circumstances or no assessor is available, the AAC will proceed without College representation. College representation is not mandatory; however, in the event an assessor is unable to attend, they should contact the AAC coordinator in the College and the independent sector provider concerned.

Appendix 5: List of useful contacts

The Royal College of Surgeons of England

For enquiries regarding consultant surgeon appointments, AAC regulations, job descriptions and contact details of College assessors please contact:

AAC coordinator (020 7869 6203)

For enquiries regarding regional specialty advisers please contact:

Regional representatives' administrator (020 7869 6203)

Joint Committee on Higher Surgical Training

For enquiries regarding candidates' CCT dates, mediated entry candidates and overseas candidates applying for entry to the specialist register, please contact the SAC secretary for the relevant specialty as detailed below:

ENT surgery	020 7869 6249
Plastic surgery	020 7869 6242
Neurosurgery	020 7869 6251
Paediatric surgery	020 7869 6249
General surgery	020 7869 6245
Urology	020 7869 6252
Trauma and orthopaedics	020 7869 6247
Cardiothoracic surgery	020 7869 6251

<http://www.jchst.org/>

General Medical Council

Specialist register helpline: 08453 573 456

Department of Health

<http://www.doh.gov.uk/>

Intercollegiate Surgical Curriculum Project

<http://www.iscp.ac.uk/>

Modernising Medical Careers

<http://www.mmc.nhs.uk/>

Postgraduate Medical Education and Training Board

<http://www.pmetb.org.uk/>

Appendix 6: Equality and diversity policy

The Royal College of Surgeons of England has responsibilities under the domestic and European equality legislation to act without discrimination in all its practices and arrangements.

The College's equality and diversity policy sets out the College's commitment to equal opportunities and the encouragement of diversity. The document can be found in full on the College website (http://www.rcseng.ac.uk/publications/docs/equality_diversity.html).

Professional Standards and Regulation

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www.rcseng.ac.uk/publications/docs

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