Royal College of Surgeons
ADVANCING SURGICAL CARE

Handbook for College Assessors

2016

Contents

Introduction

The College places great importance on the role of the assessor at Advisory Appointment Committees (AAC). In taking on this role, you provide externality and experience to a recruitment process that is designed to ensure that the recommended appointee fully meets the required standard for a consultant-level appointment.

As an assessor you may find that expectations of you vary from appointment to appointment. Our view is that you should not merely 'validate' an appointment but play a full role in all aspects of the appointment, adding value to the process including contributing to the overall decision.

The aim of this document is to provide you with up-to-date guidance on the AAC process, College policy and best practice, including equality and diversity. We hope that it also gives you practical advice on your role at each stage of the recruitment process. While not every scenario can be covered, we hope that it deals with the themes that are most common and problematic. If you require further advice or information then please contact the College centrally at collegereps@rcseng.ac.uk.

We thank you for taking the time to be an assessor and your contributions to the development of the future surgical workforce.

The role of the assessor

The assessor's role on an AAC is to provide an assessment of the training, qualifications and experience of each candidate and, as part of the committee, ultimately decide whether they are suitable for appointment to the role for which they have applied.

Your role is primarily to:

- Be involved in the shortlisting process, checking whether each candidate meets the essential criteria in the person specification for the post for which they have applied
- Ask questions at the AAC that probe a candidate's training and background
- Be part of the overall deliberations that decide whether each candidate is appointable
- Contribute to the decision-making process of ranking the candidates
- Ensure that the process of appointment is conducted fairly and any issues of potential discrimination are raised with the trust
- Feedback to the College after the appointment

Some trusts have moved away from the traditional AAC process and have added elements to the recruitment process such as practical and cognitive tests. Ideally you should be involved in the whole recruitment process but if this is not possible then please make it clear to the trust which parts of the process you can be involved in. We are keen to work with trusts on enhancing the recruitment practices and we encourage you to participate as fully as you possibly can.

Section 1

Overview

1a AACs

The appointment of a consultant to non-foundation trusts is governed by the NHS (Appointment of Consultants) Regulations 1996 and the subsequent Good Practice Guidance 2005.

The core membership of an AAC is:

- 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 nominated deputy)
- The medical director of the employing body (or nominated deputy)
- A consultant, normally from the same specialty, from the employing body
- 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

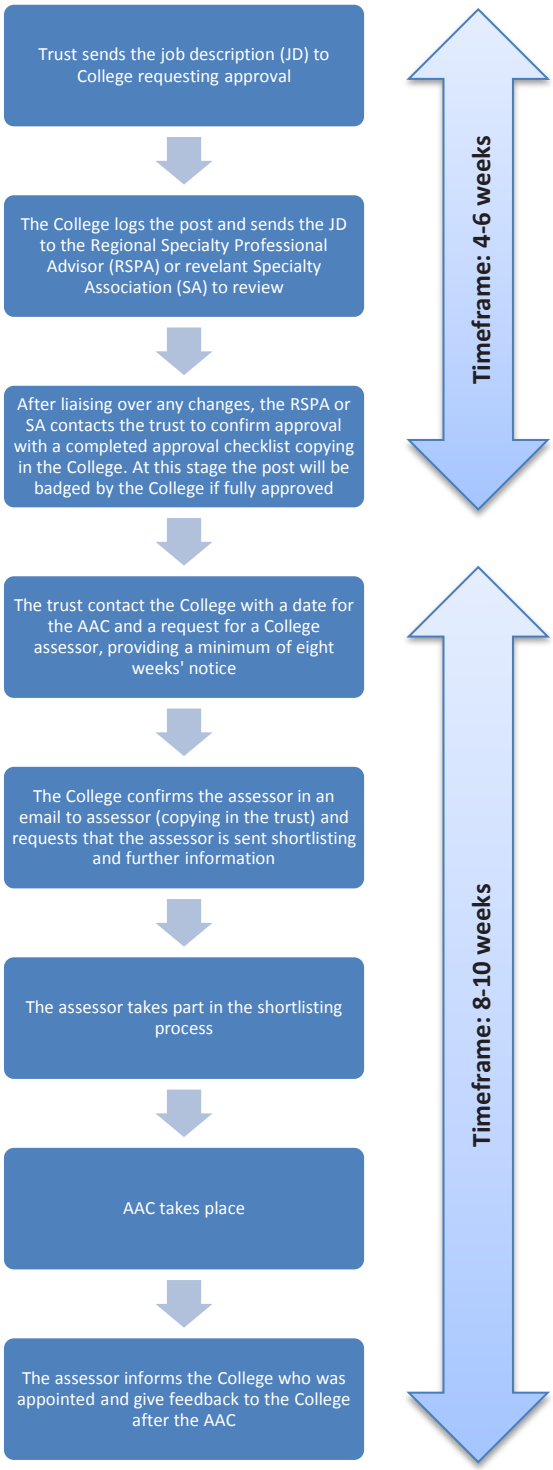
Trusts are free to add additional members, but the balance of the AAC must continue to have both a local and a medical majority. If you have concerns that the AAC is not properly constituted then these should be raised with the trust.

Foundation trusts are not bound by the NHS (Appointment of Consultants) Regulations; however, most trusts do wish to comply with the subsequent Good Practice Guidance and the College wishes to work with foundation trusts for all consultant recruitment and encourages the continued use of College Assessors as part of an AAC.[1]

1 The 2005 and subsequently renewed concordat between the Foundation Trust Network and the Academy of Royal Colleges agreed that 'independent professional medical advice has an important role to play in the ability of foundation trusts to make the best possible consultant appointments. The foundation trusts are self-governing, sovereign organisations that recognise the important contribution that the medical Royal Colleges can make in relevant stages of the appointment process'.

1b Consultant appointment process

The following chart sets the recruitment process:



1c Nomination as College assessor

We ask trusts to provide a minimum of eight weeks' notice to find an assessor, although we cannot guarantee this. We do stress that this notice is necessary to ensure that the most suitable assessor can be nominated, as they are more likely to be able to get professional leave.

On being informed of an AAC date, we contact all suitable assessors to check on availability. We maintain a database of assessors that contains information on your specialty and any subspecialty, as well as the notice period you require, which days of the week you are available on and the distance you are prepared to travel.

In the first instance, we contact assessors from outside the region of the appointment whose availability matches the details of the AAC. If you match the criteria then you will be one of a number of people we contact. If no one is available then we try assessors that are based inside the region. We make every effort to find a suitable subspecialty assessor; however, in some circumstances we may ask you to sit on an AAC outside your subspecialty. Please note that you cannot be the assessor for an appointment at your own trust.

On being confirmed for an appointment, you will be sent a 'confirmation email' that is copied to the trust so that arrangements regarding the shortlisting and travel can be made. This email contains details on the status of the job description and is also copied to the RSPA or SA advisor who reviewed it. There is also information about who is coordinating the appointment at the trust, as well as details on how to check candidates' training.

Occasionally you may be contacted by candidates ahead of an AAC to request an informal conversation. We advise against this. The candidate will have the opportunity to familiarise themselves with the trust during a pre-interview visit but you should have no involvement in this part of the process.

1d Conflict of interest

It is possible that you will occasionally find yourself required to decide on the application of a candidate who is known to you and for whom you may have even provided a reference. In these circumstances you should declare your knowledge or interest so that other members of the committee may take this into account.

You must not be biased, nor must you canvas for support for any applicant for a consultant post for which you represent the College on an AAC.

In the event of closer personal ties, or if you do not feel comfortable with the circumstances, please request that an alternative assessor is sought for the interviews at the earliest opportunity.

1e Job description review process

The approval of a consultant job description (JD) is a separate process to that of the AAC and does not involve the assessor. College input into job descriptions is advisory; however, we aim to assist in the creation of new or replacement consultant job descriptions by providing a suggested structure and set of standards that we believe will best ensure that the appointee can deliver a safe and effective service to patients.

Before the post is advertised the JD should have been reviewed by a Regional Specialty Professional Advisor (RSPA) or centrally by the relevant Specialty Association (SA). During this process the reviewer considers all aspects of the JD against a checklist. If the JD meets the RCS standard then trusts are given a 'JD approved' badge that can be used when advertising the post.

If there are concerns then the JD is referred to the region's Director for Professional Affairs (DPA) for further discussion with the clinical or medical director at the appointing trust. Should issues remain, the College Lead for AACs will make a recommendation to all parties.

You will be informed of the status of JD on agreeing to attend the AAC. If the post has not been approved you will still attend the AAC and your role remains unaltered (see section 3d). Your presence on the committee does not reflect tacit approval of the JD but a commitment to maintaining high standards throughout the recruitment process.

Prior to the AAC any candidate unsure over the status of a JD can contact the College centrally and will be advised of the recommendations that have been advised in relation to the post. It is the candidate's responsibility to decide if this affects their decision to apply for the role.

1f Absence of a College assessor

If you become aware that you will be unable to attend an AAC for reasons outside your control such as illness or court attendance, please inform both the trust and the College as soon as possible.

We will attempt to find a replacement but if this does not prove possible because of the close proximity of the interview date, a pragmatic approach will be taken. This may include using the university representative or another consultant, providing they meet the eligibility criteria for being an assessor.

In the event that you become ill in the 48 hours before the AAC, or are in some way prevented from attending (eg extreme weather conditions or family emergency), then we will seek the details of the remaining members of the AAC with a view to identifying another member of the panel who might undertake the role. At this stage we will ask you to confirm that you have already provided College input into the shortlisting process and we will seek your comments or advice on anything you would like to bring to the attention of the AAC. This information will be transmitted to your designated replacement.

Any consultant who acts as assessor in this situation is asked to report back to the College via our feedback form and confirm that they were the assessor. They should also highlight any important information relating to the appointment, including who was recommended for the role.

If it is not possible to identify an alternative assessor from the existing panel, and no other local surgeon is available to attend, then we will recommend that the AAC is deferred.

1g Expenses

Trusts should inform you of their expenses claim procedures, claim limits and booking arrangements before attending the AAC. Please be aware that rates for reimbursement and restrictions will vary so confirmation of entitlements should be agreed before booking travel or overnight accommodation.

Travel: If you intend to drive, please ensure you are aware of the trust's mileage reimbursement terms. If you would like to enquire about first-class travel, this must be agreed with the trust prior to booking. For all other travel, please ensure that you keep all receipts and that they are dealt with according to the appointing trust's expense claim policy. The appointing trust should provide an expenses claim form at the time of the interview – please request one at that time.

Overnight accommodation: If you require overnight accommodation please inform us when replying to the original request. We will ask the trust if they are prepared to meet this request before confirming you as the assessor. Subsequently if you book the hotel yourself then please ensure the cost falls within the trust's claim parameters. If you are unsure of what these are, please contact the trust before booking.

Retired assessors and claiming a fee: If you are a retired assessor and are requesting an attendance fee, the College recommends £125 for a half day, £250 for a full day. This is at the trust's discretion and must be agreed in advance in writing with the trust prior to confirmation of your attendance at the AAC. If you require a fee please let us know when replying to the original request as we cannot facilitate a request for fee after confirmation of your attendance.

When submitting expenses please ensure that you keep a photocopy for your own personal records. This is essential should you encounter any problems being reimbursed. The claims process is significantly improved if you submit them as close to the AAC date as possible.

Section 2

Pre-interview

2a Eligibility of candidates

Since 1 January 1997 a doctor may not take up appointment to any post as a substantive consultant in the National Health Service (NHS) unless their name is included in the Specialist Register.[2]

Candidates are able to apply for a substantive consultant post 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 or proposed CESR (CP) date. This date must be checked through the Joint Committee on Surgical Training – please contact the appropriate Specialty Advisory Committee for this confirmation. It should also be noted that the appearance on the Specialist Register does not necessarily mean that a candidate is suitable for shortlisting – their training and experience MUST be cross-checked with the person specification for the post.

Candidates awaiting the outcome of a CESR application are not eligible for appointment and should not be considered until that process is complete.

Please note that although stating a candidate must be on the Specialist Register to work as a substantive consultant, the order does not define the specialty in which they must be appointed. The Department of Health is aware of this and you are asked to use your judgment in this area and ask for advice from the College where necessary.

2 The European Medical Qualifications Order 1995 came into force in January 1996 and 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 by law to maintain and publish the Specialist Register.

2b Shortlisting

Every member of the AAC should be involved in the shortlisting process and should assess candidates against the person specification, ensuring they meet the essential requirements for the post. The appointing trust should have made every effort to ensure that the shortlisting has not taken place until you have been appointed to the committee.

As the assessor you should be sent all applications received by the trust, together with the job description and person specification. Shortlisting must be carried out even if there are only a small number of candidates. It is essential that you are part of this process. If shortlisting has taken place prior to your confirmation as the assessor, please request to review the shortlisted candidates agreed by the trust and ensure they meet the eligibility criteria and, time permitting, also review those applications that did not make the shortlist. If you feel a candidate has not been shortlisted who should have been then this should be raised with the Chair of the AAC.

The Chair should take into account the views expressed by all members of the AAC to determine suitability. As the assessor, you are particularly fit to judge whether the applicant has appropriate experience commensurate with the requirements of the post. If the trust insists on shortlisting a candidate who lacks the necessary qualifications for appointment, you should initially discuss this with the Chair. If this does not resolve your concerns then the College should be informed.

If a non-UK-trained candidate has a training background that is harder to assess against the person specification of the post, please use your experience and professional judgment as much as possible. If you feel unable to come to a definitive view, it is likely that other members of the shortlisting panel are in the same position. Although trusts may look to you as the assessor in these circumstances, we would suggest speaking to the Chair and taking a collective view. Please note that if a candidate is shortlisted it implies they fulfil the person specification and thus are appointable to the post. It is subsequently difficult to justify not appointing the candidate to the post at interview, particularly if the applicant is the sole candidate. It should be noted, however, that the trust are the responsible body for the recruitment and have ultimate responsibility for offering a candidate the post.

Completion of training varies across the EU, so although a candidate may be on the Specialist Register this only recognises the minimum level of training and expertise required for consultant duties. It does not necessarily equate with possessing the necessary subspecialty clinical skills and abilities required for the post for which they have applied. The onus is on the applicant to provide enough evidence through their application that they meet the criteria set out in the person specification.

Although the person specification will have been reviewed by the RSPA or SA, we recommend that the essential criteria in person specifications should state:

- Full GMC registration
- Entry on the GMC Specialist Register via:
    - CCT or CESR (CP) – proposed CCT/CESR (CP) date must be within six months of interview
    - CESR or
    - European Community right to GMC Specialist Registration
- An appropriate higher [specialty eg 'ENT'] surgical qualification

While we make every effort to ensure trusts follow this guidance before going to advertise, there will be occasions when the terminology in the person specification has not been altered to reflect this guidance. We have experience of seeing the following examples, which can be misleading and discriminate against some applicants:

- The essential criteria in the person specification asks for 'FRCS' – This implies that doctors who entered the specialist register via a route other than the FRCS may not apply. It would be better to request entry on the specialist register and, if necessary, 'FRCS or qualification of an equivalent level'.
- The desirable criteria includes wording such as 'CCT holder' – This reinforces a perception that UK-trained and CCT-qualified surgeons are preferred over those who achieved specialist registration with the GMC Specialist Register via an alternative route, such as the CESR (Certificate of Eligibility for Specialist Registration). It would be better to state: 'The candidate should be on the GMC Specialist Register or within six months of obtaining their CCT or CESR (CP).'

We ask that if you notice this during the shortlisting process and there is an application that meets the suggested criteria but not the person specification provided, please raise it initially with the trust's human resources representative or with the Chair of the AAC and point out the potential for discrimination.

2c Certificate of Completion of Training

A Certificate of Completion of Training (CCT) confirms that a doctor has completed an approved training programme and is eligible for entry onto the Specialist Register. This demonstrates that the surgeon has reached the standards of competence to practice as a consultant surgeon in the UK. These requirements are set by the Specialty Advisory Committees (SACs) and the Royal College of Surgeons, are approved by the GMC and translate into the ability to manage a significant proportion of the elective work within the specialty and undertake the primary management of emergencies.

While it is recognised that applying for a consultant post is a lengthy process, a candidate cannot (according to current regulations) be interviewed for a consultant post more than six months before their expected CCT date. A candidate awaiting their CCT cannot take up the post until this process is complete and they are on the Specialist Register.

The Department of Health has set out several reasons why a trainee should not be considered more than six months before their expected 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 position of assessing the progress of trainees who have more than six months' training to complete but 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 the post.

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.

2d CESR (CP)

The Certificate of Eligibility for Specialist Registration Combined Programme – CESR (CP) – is a route to entry onto the Specialist Register for those trainees that join an approved specialist training programme having previously trained in other, non-approved posts.

Health Education England's Local Education and Training Boards (LETBs) or Deaneries may decide that these posts have already given the trainee some of the CCT curriculum competencies. If so, they can enter training at a later starting point, complete the rest of the programme and gain the remaining competencies. This is known as the 'combined programme'.

CESR (CP) applicants should be considered in the same way as CCT applicants. They can be interviewed for consultant posts ahead of completion of training but by a period of no greater than six months prior to the interviews.

2e Certificate of Eligibility for Specialist Registration

The Certificate of Eligibility for Specialist Registration (CESR) is a route to entry onto the Specialist Register for those doctors who have not followed an approved training programme.

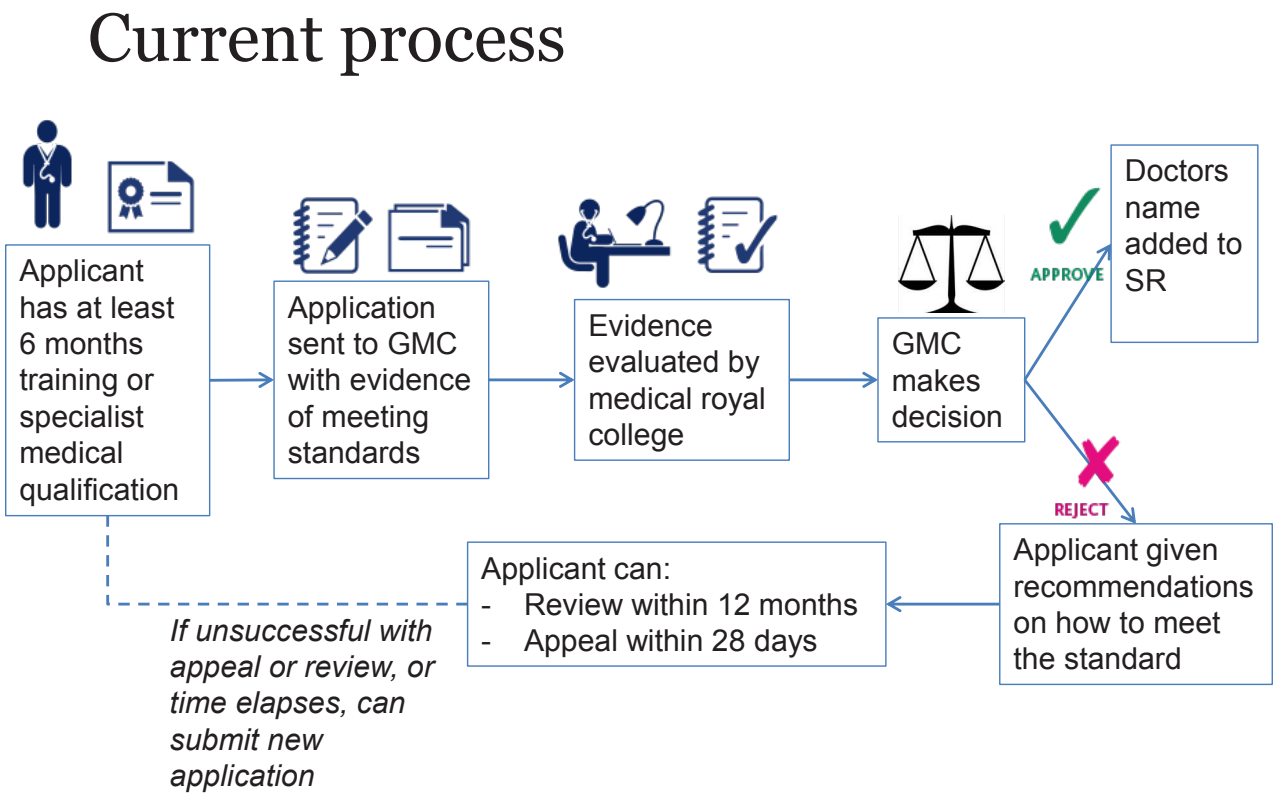
The General Medical Council (GMC) is responsible for regulating all stages of medical education in the UK and oversees the application process to CESR, which is evaluated intercollegiately through the Joint Committee on Surgical Training (JCST). One of its functions is to decide whether doctors are eligible to be included in the Specialist Register through the equivalence pathway. The process involves submitting evidence to prove that a candidate has the equivalent experience, skills, and competences of doctors who have followed the specialty training route.

A successful CESR application follows the below pathway:

Because the outcome of this CESR process is unpredictable, we advise that candidates whose CESR application is still in progress should not be shortlisted or interviewed for consultant posts in advance of the outcome of the above process.

If a trust insists on interviewing and appointing a consultant whose CESR application is still awaiting a GMC decision then please advise them of the College position. If they wish to proceed against this advice then, as the employing body, they are ultimately responsible for the final judgement, taking into account the risk that the appointee cannot begin work as a consultant until they are on the Specialist Register, which is dependent on a GMC decision and is not guaranteed.

Candidates who have obtained entry on the Specialist Register via CESR are as eligible for a consultant post as those via CCT and CESR (CP). Care must be taken to avoid judgment-based discrimination as a result of the route taken.



2f Non-UK European doctors

Separate arrangements govern the recognition of training and qualifications of doctors from the European Economic Area (EEA) who have completed specialty training overseas and may have gained direct entry to the Specialist Register without having undergone any further training in the UK. They are eligible to apply under the EEA freedom of movement regulations but must be on the Specialist Register or eligible to be on the Specialist Register in order to be eligible for shortlisting.

A candidates' Specialist Register status can be checked on the List of Registered Medical Practitioners found on the GMC's website. 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 has given the right to automatic entry onto the Specialist Register.

The rules about entry to the Specialist Register are set out in the General and Specialist Medical Practice (Education, Training & Qualifications) Order 2003. The order provides a number of routes to the Specialist Register:

- If you are a citizen of a European Economic Area (EEA) state (or married to an EEA national) with a specialist medical qualification awarded outside the UK, you can apply for mutual recognition of your qualification under EEA law.
- You must meet all of the following criteria in order to apply to the GMC for direct (automatic) entry to the Specialist Register:
    - Be a national of an EEA member state (or married to an EEA citizen who intends to demonstrate an enforceable European Community right to live in the UK).
    - Have been awarded a recognised European specialist qualification in a specialty in which there is a Certificate of Completion of Training.

Section 3

At interview

3a College and trust expectations

The overriding aim of the AAC is to decide which of the applicants are suitable for appointment and to recommend a name or names to the trust, which is then responsible for offering the position and making the appointment.

As the assessor, you are an equal member of the committee and your role should involve more than simply stating whether a candidate meets the eligibility criteria and is appointable. Our feedback has shown that trust views inevitably differ on what they perceive the role of assessor to be, but we believe that the assessor should bring as much value and knowledge to the process as possible. Rather than simply running through a candidate's CV, you should agree questions with the committee that will probe a candidate's clinical ability and suitability for the post.

In addition, you should contribute fully to the discussion at the end of the interviews and use your experience and knowledge to give your view on who you believe the best candidate to be, ranking the candidates along with the other members of the committee. It may be that your preferred candidate is not the preferred candidate of the remainder of the committee, however, and the decision does not have to be unanimous.

In addition to ranking the candidates, the AAC should also recommend who is appointable. The trust rather than the AAC makes the appointment so this ensures that if the recommended candidate decides not to take up the post it may be offered to the next highest ranked, provided they are appointable.

Selection must be based solely on the candidate's qualifications, experience and other qualities laid out in the person specification for the post. As the assessor, you may occasionally face pressure to soften standards when there is a local service provision need or a local candidate is known to the panel. Ultimately the decision to offer the post is the responsibility of the trust and does not have to be unanimous. However, no candidate should ever be recommended for appointment if they do not meet the essential criteria necessary for the post.

On the rare occasions when a trust may overlook this, please declare your concerns, refuse to approve the appointment and report your concerns to the College after the appointment. Your experience will be communicated to the College Lead for AACs who reports to RCS Council.

You should make contemporaneous notes of proceedings and the reasons for accepting or rejecting candidates. Individual members of the committee can be questioned by the courts or an employment tribunal about the reason why a particular candidate was accepted or rejected.

3b Best practice for interviewing

Preparation of questions

Questions should be prepared prior to interview and discussed with the panel before the AAC commences to ensure all the criteria on the person specification have been covered and each individual interviewer knows which questions s/he will be asking the candidates.

Interview structure and open questions

The interview should be structured to follow the same path for each interview and should measure the same criteria for each interviewee. However, this does not mean every candidate has to be asked exactly the same question. Interviewers should produce a set of lead questions that draw out evidence of the criteria in the person specification, which are the same for each candidate. These should be open questions, ie questions that begin with 'What…?', 'When…?', 'How…?', 'Where …?', or 'Who…?'.

Probing questions

These initial questions should be followed up with probing questions that may be slightly different for each candidate, eg 'Tell me some more about how you approached that…'; 'Talk us through how you achieved that…'; 'Could you please clarify that point?'; 'You mentioned something about X; could you explain what you meant by that?'.

The trust's HR are the responsible body for the recruitment policy, so if they insist that best practice is to only ask the same question of each candidate and not probe further then you can discuss this with the AAC chair, but must ultimately comply with their policy.

Interviewer behaviour

The behaviour of the interviewer has a considerable effect on how the interview will progress and how the interviewees will perform.

The purpose of an interview is to establish which of the candidates is the best person for the job. This is best achieved if candidates are treated with respect and given the opportunity to demonstrate their ability in a supportive environment that encourages them to give their best. Interviewers can intimidate candidates, making them unduly nervous or discourage them from giving a true representation of their abilities. Unhelpful behaviours that interviewers should avoid include:

- Speaking more than the candidate – the candidate should be speaking 80% of the time
- Not listening to what is being said by asking follow-up questions that have already been answered
- Indicating they are not interested via their body language – looking at their phone, staring out the window, doodling, fiddling with papers/pens, or even falling asleep!
- Interrupting the candidate repeatedly so they cannot give a full answer to any question
- Filling in any silences or jumping in if the candidate hesitates, thereby preventing candidates from thinking about what they want to say or reflecting on what has been said
- Imposing their own views on the candidate of how things should be done

3c Equality and diversity

Interviewers should make selection decisions based on each candidate's suitability for the post on objective grounds, ie their qualifications, experience, personal attributes, etc. However, evaluation of candidates is a complex process and can be subject to a variety of biases. Please be aware and try to avoid any bias when assessing candidates. Some of the most common biases are as follows:

Personal liking and judgements

There is substantial evidence to suggest that interviewers are strongly influenced by the extent to which a candidate has similar attitudes, values, beliefs and social background to him/her. Interviewers often favour candidates who are similar to them and are less likely to select those who are dissimilar. These similarities to the interviewer may bear little relationship to the effective performance of the interviewee in the post.

Halo/horns effect

The 'halo or horns effect' can also influence the process as interviewers often form views about candidates early in the interview. The 'halo effect' occurs when a candidate starts an interview well or is particularly competent or capable in one area. This leads the interviewer to assume they are competent overall and minimise or ignore any weaknesses they have in other areas. The 'horns effect' is the opposite of this and can occur when a candidate starts their interview badly or is weak in one area. Interviewers may then look for other negative information to back up their first impression that the candidate is poor overall and minimise or ignore any positive evidence they are given.

Body language: cultural and gender differences

There are often subtle cultural and gender differences in the body language of candidates that can lead interviewers to make the wrong assumptions about the person. For example, in some cultures, individuals will not look an interviewer in the eye to show respect, particularly across genders. Unfortunately, this is often misread by interviewers as evidence that the interviewee is 'hiding something', or as evidence that they are 'a shifty character – couldn't look me in the eye' or even 'she wasn't interested in anything I was saying – she never looked at me once when speaking to me'.

3d Assessor remit for job descriptions not approved by the College

The College role with regard to job description (JD) reviews is an advisory consultation process rather than a formal approval mechanism, and the JD will have been discussed at length with the trust ahead of the AAC.

You will be informed as to a JD's status when agreeing to sit on the AAC.

The status of the JD does not have an impact on your role at the AAC, which remains to ensure that the successful candidate meets the requirements for the post and is suitably trained and experienced to carry out the duties of the post safely and to the highest possible standards.

If approval has not been given to the post, you should not raise this directly with the candidate. The AAC is not the place for the terms of the post to be debated. Directly raising issues relating to approval would put the candidate in an awkward position and could prove counter-productive in assessing a candidate. If a candidate independently raises the subject you can let them know why the post was not approved.

There is an outdated perception that an unapproved JD will:

a) Affect an appointee's ability to act as a trainer. This is not correct and should not be included in feedback.

b) The appointee will not be able to practise privately. There is no requirement within private practice for a surgeon to have been appointed to a post with a royal college 'approved' job description.

Please ensure that these misperceptions are avoided.

3e Additional appointments at the same AAC

On some occasions the appointing trust may have secured funds to enable them to appoint an additional candidate to the same job description on the day of the AAC. In these instances, it is at the trust's discretion to make an additional appointment; however, we advise that you point out that:

- The RSPA or SA who reviewed the job description should be contacted to clarify whether any changes to the job description would have been suggested had it been established at the outset that there was to be an additional post on offer
- The trust are content that they are not open to challenge from potential candidates who may have applied for the additional post had they known it was available at the time when applications were sought.

As the assessor you are not in a position to validate an additional appointment beyond confirming that the candidate or candidates are 'appointable'. The College is not in a position to offer legal guidance on this and the trust must recognise that they are the responsible body for the recruitment process.

3f Feedback to candidates

At the conclusion of the AAC, unsuccessful candidates will be given feedback on the interviews. Some trusts view this as part of the role of the College assessor and will expect you to do this. However, the College considers this to be a trust responsibility and something that should be conducted by either the Chair or another member of the committee who is employed by the trust.

On occasions you may be happy to take on this role. However, the information given to candidates and the manner in which this is carried out should be very carefully considered. Inadequate or poorly phrased feedback could lead to a challenge that would be run through the trust's HR. This could then be misinterpreted as a College issue when it is the trust that is responsible for the appointment.

Section 4

Post-interview

4a Process for informing College

Following the AAC, please return the feedback form you are sent when confirmed for the appointment. In addition to informing us who the successful candidate or candidates are, it also gives you the opportunity to put on record anything regarding the appointment that you feel might be relevant for the College to consider and hold on record for future reference.

Finding out who has been appointed is essential for the College to keep track of consultant appointments and ensure that appointees can be made aware of how the College can support them in their career and be a valuable source of advice on issues such as professional practice, job planning and revalidation.

We can also ensure that they are invited to apply for College roles such as Surgical Tutor, for which they are now eligible.

4b Complaints

If a candidate contacts you directly to raise concerns about any element of the recruitment process then please advise them that this must be raised with the trust at which the interviews took place. As the responsible body for the AAC, they will have comprehensive notes from the interviews.

If a candidate feels there has been discrimination then this must be raised through the appointing trust's official complaints and appeals policy, which they will be required to follow. Any direct contact with the College must come from the trust, rather than the candidate. If the trust contacts the College in these circumstances then we will follow the procedures laid out in the trust's policy.

Finally, we would like to reassure our College assessors that the vast majority of AACs are conducted without a hitch.

Section 5

Appendices

Appendix A: Eligibility and appointment

The essential criteria to become a College assessor:

- Must have been in active practice as a substantive or honorary consultant in the NHS for a minimum of five years
- Must be a fellow of The Royal College of Surgeons of England
- All assessors must have undertaken equal opportunity and diversity training during the past three years[3]

An assessor can continue in the role for up to a maximum of two years after retiring from their full-time NHS consultant post. If you are beyond this period, please contact the College, which will carry out an individual assessment of your ongoing qualification for this role.

All appointments to the role of assessor need to be ratified by College Council.

3 All new assessors must attend the College assessor training day. Equality and diversity refresher training can be taken locally in conjunction with other NHS or GMC training.

Appendix B: Suggested person specification

REQUIREMENTS	ESSENTIAL	DESIRABLE
Qualification	> Full GMC Registration > Entry on the GMC Specialist Register via: • CCT (proposed CCT date must be within six months of interview) • CESR or • European Community Rights > An appropriate higher surgical qualification in specialty	> Postgraduate thesis > Success in intercollegiate specialty examination or overseas specialty examination
Clinical experience	> Clinical training and experience equivalent to that required for gaining a UK CCT in relevant specialty (details provided in JCST specialty curriculum) > Ability to offer expert clinical opinion on a range of problems, both emergency and elective, within specialty > Ability to take full and independent responsibility for clinical care of patients expertise in subspecialty (where specified).	
Management and administrative experience	> 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 > Basic IT skills	> Ability to manage and lead specialist unit, surgical directorate and working parties as appropriate > Advanced IT skills

Teaching experience	> Experience of supervising foundation year trainees or equivalent > Ability to teach clinical and operative skills	> Experience of teaching basic clinical skills to undergraduates > Experience of supervising specialist registrars > Ability to supervise postgraduate research
Research experience	> Ability to apply research outcomes to clinical and surgical problems	> Publications in peer-reviewed journals
Personal attributes	> 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 C: Armed Services Consultant Appointment Board

Occasionally you will be asked to represent the College on an Armed Services Consultant Appointment Board (ASCAB). These are consultant-level appointments to the Armed Services rather than competitive interviews for a single post. The Board sits in lieu of the National Health Services (NHS) Appointments Advisory Committee for consultant appointments and is constituted to mirror, as far as practicable, the NHS process to ensure that military candidates are suitably assessed before appointment as consultants in the Defence Medical Services (DMS).

As such the role of College assessor is one of the membership requirements that make up the Board, which has a minimum of six members.

- Two military representatives
- Two clinicians (of which the College assessor will be one)
- One external NHS representative (NHS trust Medical Director and/or NHS Confederation representative)
- Chair

The Defence Dean is responsible for ensuring that candidates are making satisfactory progress in their training programme in order to complete the appropriate clinical training that will allow admission to the General Medical Council (GMC) Specialist Register. This will lead to the award of a Certificate of Completion of Training (CCT). [1]

Each ASCAB is to satisfy itself that the applicant has the appropriate qualities to be appointed to a post with consultant status in the Armed Services. Such qualities will include professionalism, leadership, honesty and integrity, moral courage, strong verbal and non-verbal communication skills, the ability to manage resources effectively, determination, effective intelligence, humility and the ability to cope under pressure when working in austere environments and remote from expert external assistance.

With regard to clinical competences and training experience, the applicant must be as suitable for advancement to consultant status as their civilian counterpart. The ASCAB members will have access to generic job/person specifications for the military post to which they are appointing. In addition, where provisional arrangements have already been made to place a candidate in a NHS consultant post the job description for that post should be available to the Board.

Candidates for consideration for consultant appointment may be presented to ASCAB up to three months before their predicted date of completion of their clinical training (CCT) unless they are undertaking a post-CCT Fellowship.

Those undertaking a post-CCT fellowship will be presented to ASCAB three months prior to the end of that fellowship. ASCAB should take place no later than three months after CCT unless there are individual, specific reasons for the delay (eg requirement for further military development) that are identified in the preparatory work prior to ASCAB. Where ASCAB takes place before CCT, success at ASCAB will be confirmed on achievement of CCT and entry onto the GMC Specialist Register.

Ideally, decisions should be arrived at by consensus. Otherwise, each voting member shall have one vote. No candidate may be considered suitable for appointment unless a simple majority of the Board considers them to be suitable.

A full version of the ASCAB appointment charter can be requested from the College.

1 A CESR/CESR (CP) is an acceptable alternative. In rare cases a training programme may not be recognised for entry onto the GMC Specialist Register, although the College or faculty may issue a document confirming completion of training. The trainee may attend ASCAB if the sS HdMS intends to award the individual consultant status should they pass ASCAB.

Appendix D: Exempt appointments

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
- over the age of 60
- a person who is wholly or mainly engaged in research that requires his or her appointment to the staff of a trust
- a medical practitioner who has been appointed to a post in a hospice that 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 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, he or she should be seen by at least one of the hospital consultants before he or she is engaged. It is important that references are obtained for all locum appointments, irrespective of the short-term nature of the post.

Appointments following redundancy

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. Where this is not possible, the trust should apply to the Secretary of State 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, he or she may be exempted from the AAC procedures, provided an appointment is made within one year of the date of the redundancy.

Other exemptions from the NHS AAC process

Other exemptions occur when 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, the Defence Medical Services or a university, transferred to an NHS post in which the duties are substantially the same as those performed for the agency, the Defence Medical Services or the university
- was a consultant who retired as a consultant and returns to work in the same trust and specialty as the one he or she filled prior to retirement

Appendix E: 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 owing 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.