



Guidance for RCP representatives

Advisory Appointments
Committees

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Introduction

Dear fellow,

The Royal College of Physicians (RCP) places great importance on the role of its representatives on Advisory Appointments Committees (AACs). It is a statutory requirement under [The National Health Service \(Appointment of Consultants\) Good Practice, 2005](#) and [Regulations 1996, \(amended 2004\)](#), that a representative from the relevant college is a core member of the AAC. As such you have the same rights (and restrictions) as the other members.

The 1996 Regulations and subsequent amendments do not apply to NHS foundation trusts although they may choose to involve the college if they so wish.

Eligibility

The Regulations state that a health authority must appoint to the AAC a professional member who

- practises in the relevant specialty,
- is not employed within the area of the authority making the appointment
- in consultation with the relevant Royal College.

In addition, the RCP requires that you:

- be a fellow of the Royal College of Physicians (London)
- be on the General Medical Council (GMC) specialist register (unless exemptions apply)
- have practised in the NHS in the past 2 years
- have undertaken equality and diversity training

As you will be involved in the assessing the eligibility of applicants on the specialist register it is essential that you are on the GMC specialist register and currently working in the NHS or recently retired.

If you do not meet all the criteria you must notify the RCP immediately so that a suitable replacement can be found.

Role of RCP representative

As a full member of the AAC the RCP representative must have the opportunity to contribute to the selection of candidates to be interviewed. Your role is to assess the training of applicants to ensure all candidates meet the standards for appropriate qualifications as set out in the person specification.

The RCP representative is often regarded as the senior member of the Committee and you may be asked to speak first in the discussion of the applicants. Occasionally, the RCP representative is referee for one of the candidates, or at least knows the person very well. If you find this to be so, it would be wise for you to declare this to the Committee and take particular care that you do not seem to be partisan in your summing up.

As the RCP representative you are concerned with selecting the best candidate. It is necessary (and a GMC requirement) that those applying for consultant posts have complied with the requirements of *Good medical practice*² which says that doctors should maintain their skills according to current practice.

If for any reason you feel the selected candidate to be unsuitable for the post you should make your views known to the AAC with any possible solutions. This should be noted in the record of the proceedings.



RCP Code of Conduct

The RCP has published a [Code of Conduct](#) that is intended to provide a clear set of expectations as to how RCP members, fellows and other healthcare professionals conduct themselves when working for or representing the RCP:

1. Treat others with respect and consideration
2. Recognise and value diversity and individual differences
3. Behave with integrity, honesty, kindness and patience
4. Be a role model for professional behaviours
5. Undertake our work in good conscience and to the best of our ability
6. Foster collaborative and supportive working with others
7. Promote trust and a just culture
8. Hold ourselves and others accountable for professional and personal behaviours
9. Take responsibility for the stewardship of our position of authority, mindful of our impact on others
10. Respect the RCP's standards and rules and be a guardian of its reputation.

The standards identified should be seen as an adjunct to guidance provided by the GMC and published in documents such as [Good medical practice](#).

Equality and diversity checklist

All members of AACs must act fairly in the appointment of candidates – they have a duty to avoid direct or indirect discrimination in the selection. The Equality Act 2010 states it is against the law to discriminate against anyone because of age, race (including colour, nationality, ethnic or national origin), gender, disability, religion (belief or lack of religion/belief), marital status, sexual orientation, gender reassignment or being pregnant or having a child.

Under the Act, taking positive action is legal if people from the groups above are at a disadvantage, have particular needs or are under-represented in an activity or type of work.


An employer who is recruiting staff may make limited enquiries about an applicant's health or disability to help decide if the applicant can carry out a task that is an essential part of the work, if he/she can take part in an interview, if the interviewers need to make reasonable adjustments in a selection process, to help monitoring, if they want to increase the number of disabled people they employ or if they need to know for the purposes of national security checks.

Indirect discrimination occurs when conditions or requirements, which are applied to all candidates, disproportionately disadvantage candidates of one group or another. Such requirements are unlawful unless justified by the needs of the job.

Candidates who feel they have been unfairly treated under the Act, whether directly or indirectly, are entitled to ask an employment tribunal, or in appropriate cases a court, to examine the proceedings of an AAC.

The following points should be borne in mind in determining whether or not the selection procedures are fair and in accordance with the principles of equality and diversity:

- > Each applicant should be assessed according to personal capability to meet the requirements of the job.
- > Selection criteria, including any tests, should relate to job requirements.

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- > Questions at interview should be relevant to the job. It is lawful for an AAC, where necessary, to assess whether a candidate's personal circumstances will affect his or her ability to meet fully the requirements of the job (eg where it involves unsocial hours), provided both sexes are treated equally.
 - > Questions about marriage plans or family intentions or family ties should not be asked.
 - > Candidates should not be asked about social customs, political beliefs or religious practices, nor should the different social interests of people from different ethnic groups be permitted to influence the selection process.
 - > Candidates who may reasonably be expected to have family ties abroad should not be asked questions about visits 'home'.
 - > Information necessary for personal records or any aspect of equal opportunities policy should not be requested by any member of the AAC.

Avoiding bias

AAC members should make selection decisions based on each candidate's suitability for the post on objective grounds; however, evaluation can be subject to a variety of biases. Please be aware and try to avoid any bias when assessing candidates. Examples of bias which can lead to discrimination include:

Personal liking and judgements

Interviewers can be strongly influenced by the extent to which a candidate has similar beliefs, attitudes or social background to their own. Interviewers often favour candidates similar to themselves; however, this may have nothing to do with performing effectively in this post.

Halo/horns effect

Interviewers often form views about candidates based on their performance in the very early stages of an interview. The 'halo' effect takes place when a candidate starts an interview well or is particularly competent or confident in one area. This can lead an interviewer to assume that they are as competent in all areas and to not probe the candidate sufficiently or minimise any weaknesses in the candidate. The opposite 'horns' effect may occur when a candidate starts an interview poorly and is then assumed to be incompetent in all areas and probed mercilessly by the interviewer.

Cultural and gender differences

Often, people's background, culture, or personal experiences lead to them adopting certain attitudes or perceptions without even realising it. There are cultural and gender differences which can be misread by an interviewer. For example, in some cultures, individuals will not look an interviewer in the eye to show respect, particularly across genders. This is often misread by interviewers as evidence of hiding something or dishonesty. Try to be aware of differences and assess an interviewee solely on objective criteria – their qualifications, experience and personal attributes as stated in the person specification.



Guidance

In representing the RCP at AACs we have a set of guidelines you might find helpful.

Job description approval status

The appointment will usually have been advertised after our regional advisers have been consulted.

If a foundation trust has chosen to proceed without approval of a job description (as they are not obliged to do so) they may still choose to include an RCP representative in the appointment process. Despite the potential difficulty of this we think it important to be represented on the panel. You will usually be informed ahead of the AAC about the issues regarding the job description if it is not approved.

If you have any concerns regarding the job description or think that it is unsatisfactory you can contact the regional adviser via the relevant regional office. If there are some points of detail in the job description that could be simply remedied, it would be perfectly proper to raise them at the AAC.

Posts greater than 10 PAs

It is common to have a job plan that is over 10 PAs particularly including on-call commitments. It should be clear in the job description that any additional time over 10 PAs is approved *'on the condition that the applicant has agreed to the proposed job plan at interview'*. In such cases RCP representatives are asked to follow this up at the AAC.

Mentorship

The RCP is aware of the many challenges facing newly appointed colleagues as they assume full consultant responsibilities and wishes to encourage recruiting health authorities to provide support at this crucial time by developing mentorship schemes. After wide consultation with national stakeholders the RCP believes that every newly appointed consultant should be offered a mentoring opportunity. Many health authorities already have excellent schemes in place.


We have therefore asked our regional advisers to request that *"The job description should always include a reference to information about access to mentoring for newly appointed consultants. The RCP is not prescriptive about the form this must take as it may vary by health authority or specialty but the RCP wishes to see opportunity available to all newly appointed consultants"*.

We also suggest to RCP representatives that these opportunities should be discussed at the time of interview. The RCP does expect that the mentoring arrangements for the person recommended for appointment at the AAC should be discussed and agreed by the AAC as part of its decision-making process. We would welcome your feedback on whether mentoring for the newly appointed consultant was discussed and agreed at the AAC.

Suitability and training of applicants

To assess the suitability and training of applicants please refer to the latest [JRCPTB specialty training curriculum](#).

A doctor may not take up a consultant post unless his/her name is included in the Specialist Register kept by the GMC. The majority of applicants will hold a CCT (or recognised equivalent, if outside the UK), which entitles them to a place on the Specialist Register, or have an expected CCT date no more than 6 months after the AAC date. Doctors who do not hold a CCT or equivalent can apply to the GMC



for a direct entry to the Specialist Register and in these circumstances the AAC will wish to be satisfied that subsequent Specialist Register entry is likely. The employer is responsible for obtaining all the basic information that inclusion, or eligibility for inclusion, on the Specialist Register is confirmed.

It is usual, and clearly desirable, that a candidate for a consultant post should hold a CCT(s) in the specialty(s) in which he or she is required or intends to practice. If the post requires a commitment to general internal medicine (GIM), particularly involvement in the rota for acute emergency admissions, then the candidate should hold a CCT in GIM or dual certificate, which includes GIM. There may be instances where candidates have clearly obtained equivalent experience in GIM or a specialty but are not included in that specialty on the Specialist Register. In these cases health authorities must be satisfied that equivalent experience has been obtained and advised by the RCP representative to arrange explicit supervision for 6 to 12 months, with a formal review at the end of that time. Should the AAC propose to ignore this advice then the RCP would ask you to point out to the health authority that they might be leaving themselves vulnerable in any relevant future negligence claims. In addition junior staff training posts might lose educational approval. If, in your view, the AAC acts inappropriately after your advice please let the registrar know of the outcome.

Another matter that may arise concerns candidates including those from within the EU where there is free movement of employment. The relevant directive (93/16/EEC Art 20, Para 3) states: "Member states shall see to it that, where appropriate, the persons concerned acquire, in their interest and in that of their patients, the linguistic knowledge necessary to the exercise of their profession in the host country."

Shortlisting

Each member of the Committee must have the opportunity to contribute to the selection of candidates to be interviewed. The Chair can usually agree a short list by correspondence, taking into account the views expressed by all the members of the Committee. In all cases the Chair should confirm that the members are content with the shortlist.

The Committee and candidates should be made fully aware of the process for selection and interview. The Committee, before interviewing, should ensure a common understanding of the criteria, drawn from the job description and person specification, against which the candidates are to be considered. Decisions on the suitability of candidates should relate to the agreed selection criteria. Candidates unsuccessful at the shortlist stage should be notified in writing and offered feedback.

Equal opportunities legislation and confidentiality

As a matter of good practice, and to guard against unwitting discrimination, members of the panel should agree the main areas of questioning before the interview commences. It is the chair's responsibility to ensure that no questions are asked which are, or could be, construed as being biased or prejudicial (*see equality and diversity checklist above*).

As a member of the AAC you should be aware that the proceedings of the committee, any notes of discussions and any references or documents put before it are confidential. Members of the AAC and members or officers of health authorities must strictly observe this confidentiality.

Late unavailability

If, in unforeseen circumstances, you are unable to attend the interview at short notice you should contact the RCP immediately so we can try to source an alternative representative. Similarly, if you are late for an AAC please contact the health authority urgently. Ideally you should provide the health authority or RCP with a suitable contact number should they wish to contact you at short notice.



Expenses

As a member of the AAC you are entitled to be reimbursed for your actual expenses including travel, hotel accommodation and other subsistence allowances in accordance with the rules of the health authority. If you are an SAS doctor or consultant attending from outside the region you may be entitled to claim a fee in accordance with the [NHS Employers Pay and Condition Circular \(M&D\)](#). Please contact the health authority directly prior to the AAC to clarify their expense policy.

Feedback to candidates

It is appreciated by the unsuccessful candidates if some feedback is available to them after the interview. The AAC should agree in advance how feedback is to be offered to candidates. Where this is to be done orally on the day, the AAC should determine who is best placed to do this. If, as RCP representative, you are called upon to undertake this role care should be taken to ensure that it is a constructive and helpful process. If you feel the circumstances to be awkward the RCP would advise that unsuccessful candidates should be seen by two members of the AAC simultaneously and a file note kept of the discussion.

Your feedback

Information about consultant AACs is important to help the RCP keep up to date with the workforce situation in the various specialties.

If you have agreed to be an RCP representative at an AAC, following nomination by the RCP, you will be sent an RCP representative form to complete and return. If you have not received this form please contact us.

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