The Royal College of Emergency Medicine

ADVISORY APPOINTMENTS COMMITTEES

ADVICE FOR COLLEGE ASSESSORS & COLLEGE REGIONAL CHAIRS

MAY 2016

Contents

Introduction

The Royal College of Emergency Medicine has a statutory function[1] to nominate assessors to sit on Advisory Appointments Committees (AACs) for Consultant posts in England, Northern Ireland and Wales. Nominated assessors can count on the full support of the President and College Council.

The College has two statutory responsibilities with regard to the AAC process:

1. To comment promptly on the employer's draft job description

2. To provide the Trust with a list of College assessors (and ensuring that nominated assessors have received training in non-discriminatory interview techniques and equal opportunities legislation).

In addition to the above responsibilities the AAC process provides the College with the opportunity to:

3. Collect data to assist with workforce planning

4. Collect data to help maintain accurate membership records

5. Contact new Consultants to ask them about their experiences and the effectiveness of their training in preparing them for the post.

The Chair of the Professional Standards Committee is the officer responsible for the College's AAC functions.

The AAC Process

Regulations

The Department of Health (DH) has issued guidance for the implementation of the regulations[2] regarding the appointment of Consultants, and this guidance is for use by NHS Trusts, Primary Care Trusts and SHAs in England. These regulations do not apply to NHS Foundation Trusts, although such Trusts may choose to follow this guidance when appointing to a Consultant post (see below).

There are separate regulations governing Scotland[3], Wales[4] and Northern Ireland[5], though the process is generally the same for England, Northern Ireland and Wales.

The DH guidance outlines the AAC process and all College assessors and Chairs of Regional and National Boards should be familiar with them. The advice contained in this document is intended to supplement the DH guidance.

The guidance is available on the DH website at:
https://webarchive.nationalarchives.gov.uk/20130103004835/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4102750.pdf

The diagram overleaf outlines the AAC process. The responsibilities of **College Regional Chairs** (aka College Regional Advisors) are highlighted in yellow; those of the **College** are highlighted in blue and those of the **College Assessor** in green. A suggested timeline for actions is outlined on the right.

Foundation Trusts

Although Foundation Trusts (FTs) do not have a statutory requirement to follow the AAC process, there is an agreement between Royal Colleges and the Foundation Trust Network that the FT hospitals will usually do so[6]. If a Foundation Trust hospital chooses to involve a College assessor, the role is identical to that for other AACs.

Scotland

The AAC process in Scotland is different to the process outlined in this document. See Appendix 3 for an outline of the process in Scotland. Most of the principles outlined in the main document are equally applicable in Scotland, particularly in relation to the distribution of programmed activities (see page 8).

Locum Appointments

Locum appointments are exempt from the AAC process 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 (review after 3 months in Scotland).

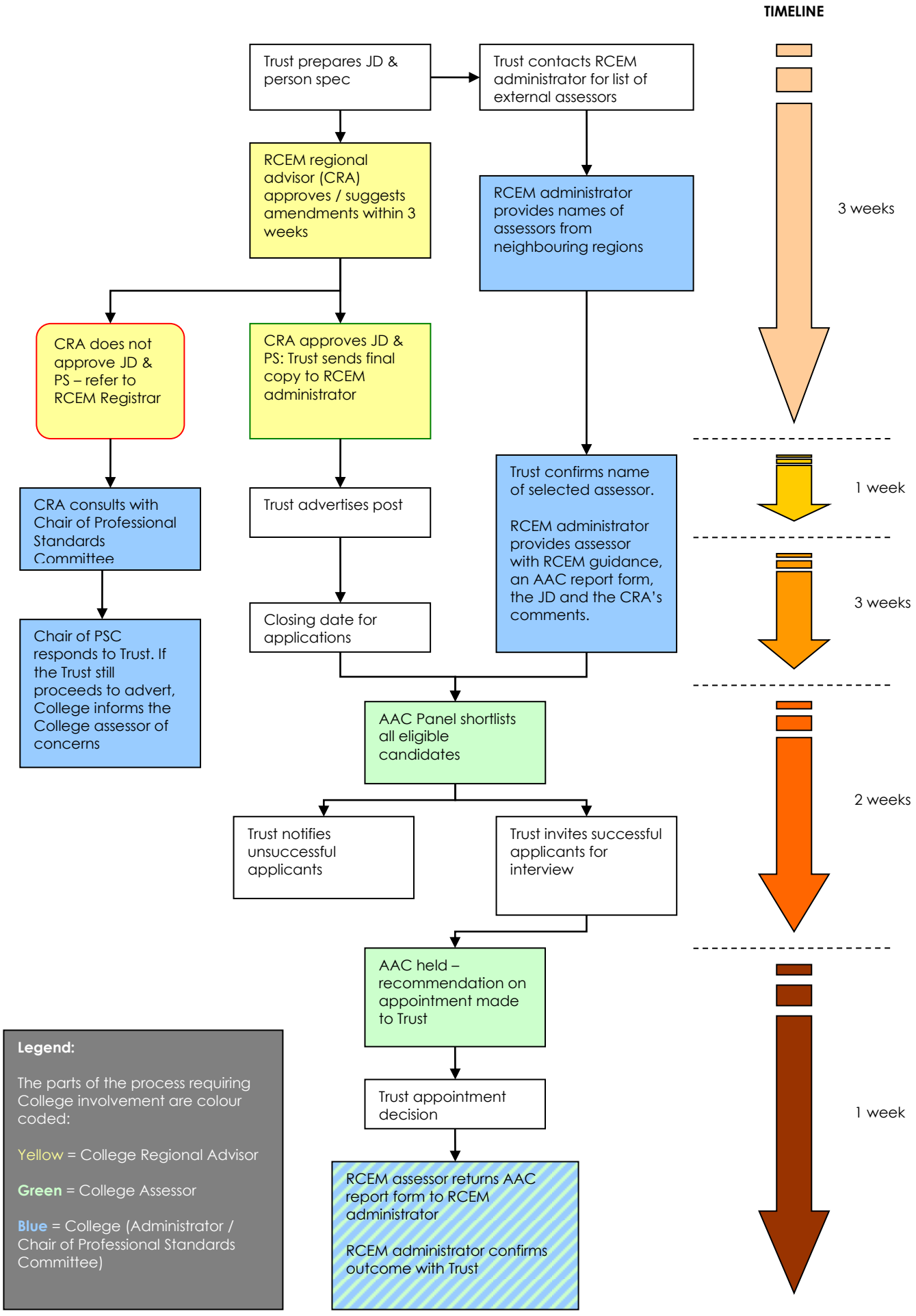
It is important that Trusts have satisfactory procedures in place to ensure that locum consultants are of adequate standard. There should always be assessment of the candidates by an 'appointments' committee, including at least two professional members, one in the specialty concerned. Where a locum is 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. Wherever possible, Trusts should try to appoint as locums doctors who hold, or have held, posts of consultant status, or else who have completed specialist training.

A vacant post should not be filled over a substantial period of time by means of a series of short-term locum appointments. Long-term locums should not be used[7].

Defence Medical Services

Consultants employed by the DMSD follow a separate process for appointments called an Armed Services Consultant Approval Board (ASCAB). College Assessors nominated to represent the College on an ASCAB should read the Surgeon General's policy letter 06/06 (ref DMSD/2/9/3), which is available upon request from RCEM.

Stages in the AAC Process



Composition of an AAC

The Statute states that a properly constituted Advisory Appointments Committee (AAC) must be held for all Consultant appointments. It is this AAC which then recommends to the employing Trust the name of the doctor(s) most suitable for the Consultant appointment(s).

The minimum composition of the AAC is governed by statute which states that the Committee shall comprise a group of 5 core members. These are:

- a **lay member** (normally the Chairman of the employing body or another non-executive Director)
- the **College Assessor**
- the **Chief Executive** (or his/her nominated senior manager)
- the **Medical Director** of the employing body (or his/her medically qualified nominated deputy)
- a **Consultant**, normally from the relevant specialty, from the employing body

In the case of appointments to posts with teaching or research commitments the AAC panel will also include a professional member nominated after consultation with the relevant university.

Within the regulations, regulation 5 indicates the exact constitution of an AAC where two or more bodies are involved in the appointment. The AAC cannot transact any business in the absence of any core member unless there is present a person who has specifically been nominated by the core member to act as his or her deputy. By absenting him/herself, the College Assessor can terminate proceedings.

All AACs must have a majority of medical professional members and a majority of local members. 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.

Role of the College Regional Chair

Each RCEM Regional or National Chair fulfils the role of the College Regional Advisor (CRA) in their region. They are responsible for approving job descriptions of new EM Consultant posts in their regions (including clinical director posts in EM which may not involve any direct clinical care PAs).

Reviews should be undertaken as early as possible in the process of appointment and certainly prior to advertising. The CRA should comment on the job description and person specification in writing within 3 weeks of its receipt. Failure to respond following confirmation of receipt of the job description will be interpreted as agreement.

Approving Job Descriptions

The principal role of the CRA is to consider whether the post described represents a satisfactory Consultant post in the local circumstances of the Trust. Early contact with the Medical Director of the Trust is likely to be helpful in resolving concerns.

It is the Trust's responsibility for drawing up the job description. The Trust should seek to respond positively to feedback from the CRA but there is no imperative for the Trust to amend the job description in the light of the CRA's comments.

Once 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. The College recommends that approval should be granted for a period of one year, assuming no changes are made to the job description during that time. If changes are made, then they should be submitted for approval again.

The final version of the job description should be sent to the CRA for information and copied to the College AAC administrator.

A CRA should not approve Consultant posts within their own Trusts as this may incur a conflict of interest. Should a CRA be requested to do so, they should contact the College AAC administrator who can elect a different CRA to approve the post.

Concerns

If the CRA has any doubts with regard to the job description, he/she should discuss these concerns with the Medical Director of the Trust in the first instance. This must be done within 3 weeks of receipt of the job description. Should differences of opinion persist, approval should not be given and the CRA should refer the problem as a matter of urgency to the College (Chair of the Professional Standards Committee or President) informing the employing body that he/she is doing so. The College will then respond to the Trust. If the Trust decides to go ahead with the appointment, the College assessor attending the AAC panel should be informed of the College's reasons for not approving the job description. Candidates should be made aware that the College has not approved the job description and why.

Remit

When commenting on job descriptions the central concern of the CRA should be with the professional content of the post in relation to clinical, teaching and research work. Whilst posts should be considered on their merits rather than against a standard template for a consultant post in the specialty, there are general aspects that should be taken into account. A detailed list of suggested considerations for approving a job description is listed in Appendix 1.

A good job description includes:

- A profile of the hospital, the Emergency Department (ED) and the ED team
- Details of the case mix, workload and patient profile for the ED

- Details of the supporting resources provided (see Appendix 2)
- An indication of the educational programme in the department
- Evidence of commitment to supporting CPD
- A job plan (see below and Appendix 1)
- Indication of any anticipated changes in the service
- An appropriately worded person specification (see below)
- Provision for special interest.

Job Plans

When reviewing a job plan the following aspects should be considered where relevant:

- **Distribution of PAs:** The job plan should give an indication of the post's allocation of programmed activities (PAs) for:
    - Direct Clinical Care (DCC)
    - Supporting Professional Activities (SPA)
    - Additional NHS responsibilities (AA)
    - External duties.

  The standard full time job plan comprises 10 PAs, which should typically include an individual average of 7.5 PAs (30 Hours) for direct clinical care and 2.5 PAs (10 Hours) for supporting professional activities. The College and Academy strongly advocate that each new EM Consultant full time post should average PAs of 7.5 DCC / 2.5 SPA[8].

- **CPD and Revalidation**: The College believes a minimum of 1 PA is required for maintaining their CPD and preparing for Revalidation.

- **Non-clinical work**: EM consultants will need to participate in many non-clinical activities including departmental administration and management, liaison with other specialties and departments, teaching and teaching preparation, service development and quality improvement work, audit and appraisal. There are a number of non-clinical requirements that every Emergency Department will have regardless of size and these may increase in larger departments. The College's recommendations for these departmental non-clinical requirements are as follows:
    - Clinical Director 3PAs/week
    - Teaching organisation 2PAs/week (up to 4 in large teaching EDs)
    - Educational support 1PA per four trainees/week
    - Clinical Governance lead 1PA/week
    - Contingency Planning lead 1PA/week
    - Emergency Care network duties 1PA/week

- **Out-of-hours**: Any cover out of hours for a clinical decision unit or emergency admission unit must be identified in the job plan and allocation of a suitable amount of time and therefore compensatory time off allowed. Any PAs included as a late shift or weekend shift must include an allowance for unsocial hours work and be calculated in accordance with the standard Consultant contract. Each programmed activity (PA) worked between 7am and 7pm Monday to Friday, excluding bank holidays, is a period of 4 hours. Outside this time, one PA is normally 3 hours long.

- **Prospective cover**: There must be adequate prospective cover for the department during normal working hours, provided from the Consultant team as a whole, before attempting to provide out of hours Consultant presence in addition. A Consultant has 6 weeks annual leave and 10 days of public holidays and statutory holidays, plus 10 days of professional and study leave. This equates to ten weeks of leave in a year and so they will be at work for 42 weeks of the year.

  If a given activity is to be covered prospectively, the average weekly PAs must not only be divided amongst the consultants on the rota but an allowance for leave made by adding a factor of 10/42. (This is the same as multiplying by 52 and dividing by 42).

- **Acute medicine**: If the job plan includes time covering an acute medical admission ward, and this cover is planned to extend beyond the first 24 hours of a patient admission, the College recommends that the job description and person specifications stipulates the desirability for experience or a CCT /CESR in Acute Medicine.

- **Selection criteria**: The job description should contain all information relevant to the selection criteria which might include the minimum qualifications, training and experience required. The person specification should also be available for approval (information regarding the other posts within the clinical team including other Consultants and other professionals should be provided).

- **Part time working**: There should be a presumption that applicants may wish to work less than full time. If there are specific reasons why any individual post would not be appropriate for someone wishing to work less than full time, these should be clearly indicated in the job description. Although the division of PAs between DCC and SPAs should be seen broadly as pro-rata, part timers will need to devote proportionately more of their time to SPAs as they will need to participate to the same extent in CPD.

- **Working Time Directive**: All Consultant job descriptions should be compliant with the WTD. Consultants can opt out of this if they choose to do so.

- **Supporting resources**: In order to ensure delivery of the objectives identified within the job plan, the resources required to do so must simultaneously be identified. Examples of supporting resources are outlined in Appendix 2.

- **Professional and Study Leave**: A good job description will include arrangements for professional and study leave (e.g. courses, conferences, research, teaching and examinations).

- **Extended Hours cover**: There is an inherent conflict between the benefits to patients from having their care directly supervised by a Consultant in Emergency Medicine and the sustainability of career-long anti-social hours working arrangements. There is also a College responsibility to maintain the attractiveness of the specialty of Emergency Medicine as a career so that it continues to attract the brightest and the best of the doctors in training. If EM is the only specialty with significant scheduled out of hours consultant working this may influence career choices away from EM. Patient care will not be best served by the out of hours presence of less than excellent EM doctors.

  Despite this, provided the overall working pattern and rewards are reasonable, extended consultant shopfloor presence should be supported. The more consultants who share the cover, the greater the extended hours presence that can be sustained.

  As a guide, it may be considered reasonable to approve arrangements for extended hours evening cover on a Monday to Friday basis as follows:

Number of Consultants in ED	Weekday evening cover up to		Weekend cover each day Saturday and Sunday
6	6pm	AND	8 hours (e.g. 12pm to 8pm)
8	8pm	AND	12 hours (e.g. 8am to 2pm & 2pm to 8pm)
10	10pm	AND	16 hours (e.g. 8am to 4pm & 4pm to MN)
12	12 MN	AND	20 hours (e.g. 8am to 6pm & 2pm to MN)

Person Specification

The College recommends that any person specification for a new appointment to an Emergency Medicine Consultant post should require the Specialist Registration to be in Emergency Medicine. Candidates should have received training in Emergency Medicine equivalent to CCT level.

Doctors from the European Economic Area may qualify for entry on the Specialist Register in Emergency Medicine. However, their training and experience varies considerably and should be scrutinised carefully against the selection criteria included in the job descriptions for the post advertised.

Role of the College Assessor

College Assessors have three main roles in the AAC process:

- Shortlisting candidates for interview
- Interviewing candidates and making a recommendation for appointment
- Reporting on the outcome of the AAC.

Requirements

College Assessors are required to be:

- A substantive Consultant in EM in active practice with at least 5 year's experience
- A Fellow of the College in good standing
- Trained in fair and non-discriminatory interviewing and selection techniques and have received appropriate training in the application of equal opportunities legislation to appointments procedures in line with the Equal Opportunities Commission and Commission for Racial Equality Codes of Practice. It is the responsibility of potential members of the AACs to attend such training as required. *This training must have been undertaken within the last 5 years.*
- Registered with the College as an assessor.

Selection of a College Assessor for an AAC

The College maintains a list of registered Assessors. When requested by a Trust, the RCEM administrator will provide the Trust with selected names of College Assessors (usually 6). These assessors are selected using the following criteria:

- Nominated Assessors must be 'geographically distant' from the employing Trust[2]. In practice Assessors are selected from a neighbouring region
- Assessors will not normally be nominated to sit on an AAC if they have already served on an AAC at the same Trust within the last 12 months
- The RCEM administrator will try to spread the number of nominations equally between Assessors
- Where relevant and possible Assessors with suitable subspecialty training or interests will be nominated.

The hospital will then be asked to contact them in the order given and usually within one week of receiving their details. If none of the Assessors are able to attend the AAC, the hospital must contact the office as soon as possible for further nominations.

When agreeing to serve on an AAC, the College Assessor should inform the RCEM administrator before the interviews.

College Assessors should notify the Trust *immediately* they become aware they are no longer able to attend the AAC on the set date. The Trust should then find an appropriate replacement. If the College assessor is unable to attend the interview at short notice, e.g. because of illness, the employer should contact the College urgently and it will endeavour to provide an alternative.

The nominated College Assessor is advised to consult with the College Regional Advisor to discuss any specific features or requirements of the post or any disagreements with the Employing Authority. If the Assessor has any concerns regarding the job description – he/she should contact the College President or Registrar. This is particularly important in the case of Foundation Trusts where the assessor may be the first person to see the job description.

It is inevitable that a College Assessor will occasionally find him/herself required to decide on the application of a candidate that he/she has been involved in training. In these circumstances, the Assessor should declare his/her knowledge or interest so that other

members of the Committee may take this into account. In the event of closer personal ties, an Assessor should ask to be excused from serving and an alternative Assessor should be sought.

Short-listing candidates

Members of the AAC will be sent all applications received by the Employing Authority on or shortly after the advertised closing date. There must be a reasonable explanation for any applications received after the closing date. It is essential that the College Assessor takes part in the short-listing process. Candidates must be assessed against the selection criteria, and any short-listing notes kept for a minimum of 6 months. All members of the Committee have an equal say in both short-listing and the determination of suitability. The Chairmen and Chief Executives of Trusts do not have the power of veto over short-listing or recommendations made by the members of the AAC or the suitability of candidates for appointment as Consultants.

The advice of the College Assessor is most important at this stage. He/she can advise whether doctors still in Specialist Registrar posts are likely to be awarded their CCST/CCT within the following 6 month period by contacting the Training Standards Committee Administrator who will also be able to give advice over the status of Article 14 applications. The College Assessor is also able to judge whether the applicant has appropriate experience commensurate with the requirements of the particular post applied for and is suitably trained.

It should be noted that suggesting a candidate for the short-list does not necessarily mean that he/she is suitable for appointment. It usually does, but in some cases the Assessor may wish to find out more about an individual's training not indicated in the CV, before deciding whether he/she is suitably trained for the post. The Assessor should inform the Employing Authority's Personnel Officer when this is the reason for including a candidate on a short-list.

If the College Assessor considers that no candidate is suitably trained for the post, he or she must inform the other members of the AAC at the time of short-listing.

Proleptic appointments

It is a legal requirement for all doctors to be on the GMC's Specialist Register before being able to take up a Consultant post. However trainees may be appointed to Consultant posts if the date of the interview falls no more than 6 months before the expected date of award of the CCST or CCT. For Article 14 applicants, as there is less certainty about the date of award of CESR, there is less clarity. Candidates may be short listed, and may take up work as a locum Consultant but the substantive appointment would not be possible until they are on the Specialist Register. There is a risk in appointing to such locum posts as there is no guarantee of the candidate being placed on the Register; however the Assessor should not make any comment on the likelihood of Specialist Registration.

Interviewing

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 and that the process is fair and open within the current legislation on employment practice. The AAC may not recommend for appointment a candidate whom it has not interviewed. In the event of an equal number 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 him/her to be so.

Any recommendation for selection or appointment must be based solely on the candidate's fitness – i.e. qualifications, experience and other qualities necessary for the post. It is important to focus discussion on information obtained through the appointment process (application form and interview). Members should not refer to third party comment or hearsay about the candidates[2]. Failure to abide by this requirement (e.g. by discussing personal preferences

formed outwith the application form, references submitted and answers given at interview) may render the RCEM AAC representative personally liable to a successful challenge under employment legislation.

Members of AACs, and in particular the Chairman, should make notes of the proceedings and the reasons for accepting or rejecting candidates. Individual members of the Committee as a whole can be questioned by the Courts or Industrial Tribunals (who may order the production of contemporaneous notes) about the reasons why a particular candidate was accepted or rejected. In any other context, the proceedings of the Committee are confidential.

The structure of the appointment process and the contents of the interview and other supporting selection activities are not governed by legislation. Providing there is no evidence of discrimination towards a particular candidate, selection activities such as performance assessment, aptitude testing etc. are acceptable. However these selection activities and therefore selection criteria should be open, transparent and relate to the job requirements. There is clear DOH guidance on inappropriate questions for the interview itself. Exceptionally, a candidate may be interviewed by video or audio-link providing there is adequate confirmation of the candidate's identity and there is no unfair advantage or disadvantage thus conferred.

Recommendations for appointment

If, in the opinion of the College Assessor, it appears that a recommendation for an appointment is about to be made of a candidate who does not meet the standards expected and to be safe-guarded by the College, the College Assessor can prevent the appointment only by walking out from the Committee before a decision is made, so rendering the AAC non-quorate and invalid.

This stipulation might arise when short-listed candidates withdraw shortly before an Appointments Committee meets, so leaving a restricted choice of candidates.

If an unsuitably trained candidate for the advertised post is interviewed, despite recommendation to the contrary at the time of short-listing, the Assessor has 2 choices:

a. to walk out from the Committee before a decision is reached and so prevent any appointment being made, or
b. vote against the appointment at the AAC but allow the appointment to be made if the evidence at interview suggests that the candidate might be able to undertake some, but not all the responsibilities of the Consultant post, without detriment to the patient population because of the particular requirements of the post.

Having voted against an appointment, the College Assessor should write immediately to the President of the College, the Chairman of the AAC, and the Chairman/Chief Executive of the Trust or Health Authority, confirming his/her objection and pointing out the consequences which may include the College not recognising the appointee as a trainer.

Reports

The College Assessor should complete the College AAC report form (see Appendix 4) and return it to the College AAC Administrator to notify the College of the outcome, as the information is important for future workforce planning.

If the College Assessor has any concerns that the AAC was not conducted properly they should contact the College immediately.

FAQs

- ***What do I do if I am serving as a College assessor on an AAC where the job description has not been approved by the College?***
  The primary role of the College Assessor remains to interview the candidates and recommend whether they should be appointed. If there are concerns about the job description you will be informed by the College prior to interview. Assessors should ensure that the candidates have been made aware that the post has not been approved by the College and given the reasons why not.

- ***Do I have the same rights and responsibilities if I serve as the College Assessor on a Foundation Trust AAC?***
  College Assessors should seek clarification from the chair of the AAC of their role before shortlisting and interviewing takes place. Most FTs follow the AAC process as outlined in the Department of Health's good practice guidance and regulations.

Further Information

Travelling and subsistence

Members of the AAC will be reimbursed for their actual expenses 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 standard class rail or economy air travel, if required.

Legal indemnity

The College is covered by insurance which will provide the necessary legal expenses incurred in the defence of a College Assessor whose decision, made while faithfully exercising his/her duties on behalf of the College, is challenged by an Employing Authority or an unsuccessful applicant.

College AAC Contacts

AAC Administrator: AAC@rcem.ac.uk

References

1. Statutory Instrument 1996 No 701. The National Health Service (Appointment of Consultants) Regulations (as amended by S.I. 2002/2469, S.I. 2003/1250, S.I. 2004/696 and S.I. 2004/3365)

2. *The National Health Service (Appointment of Consultants) Regulations 2005– Good Practice Guide,* NHS Executive

3. SSI 2009 No. 166. The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009

4. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 W.227 (No. 3039)

5. Statutory Rule 1996 No. 562 Appointment of Consultants Regulations (N. Ireland) 1996

6. Concordat between the Royal Colleges and the Foundation Trust Network

7. *Guidance on the appointment and employment of NHS locum doctors*, NHS Employers, August 2013 https://www.nhsemployers.org/~/media/Employers/Publications/Guidance-on-the-appointment-and-employment-of-locum-doctors.pdf

8. *Advice on Supporting Professional Activities in consultant job planning*, Academy of Medical Royal Colleges, Feb 2010

Appendix 1: Job Plan Approvals – Advisory Checklist

When reviewing a job plan, the CRA should consider whether the following aspects, if relevant, have been clearly outlined in the job plan:

Direct Clinical Care

The Terms and Conditions of Service define Direct Clinical Care as "work directly relating to the prevention, diagnosis or treatment of illness". A number of types of work are listed as falling within this category:

- Emergency duties
- Operating sessions (including pre-operative and post-operative care) ward rounds
- Outpatient activities
- Clinical diagnostic work. Examples include:
    - Scheduled "Shop Floor" duties and unscheduled clinical work carried out during on-call, on an ad-hoc basis or as late finishes
    - Ward rounds on CDU/Observation or Short Stay Wards
    - Review clinics – outpatient clinics
    - Multi-disciplinary meetings about direct patient care
    - Administration related to patient care (e.g. referrals, notes, dictation, correspondence). The College advises that one hour of administration is required for every 4 hours of
    - Handling complaints
    - Morbidity/mortality meetings
    - Managing equipment and drugs in the ED
    - Travel: to and from home for on-call work and between sites
- Other patient treatment, e.g. Intensive care or other subspecialty work.
- Public health duties
- Multi-disciplinary meetings about direct patient care
- Administration directly related to the above (including but not limited to referrals and notes)

Supporting Professional Activities

To fulfil these requirements, full time Emergency Medicine consultants should have a minimum of 2.5PAs for supporting professional activities. The following are examples of SPA duties that may need to be considered in the job plan(this is not exhaustive):

- CPD (i.e. all regular activity such as reading journals, attending regular professional or academic meetings etc.)
- Appraisal
- Teaching organisation
- Training (e.g. of trainees, medical students)
- External teaching and education delivery (e.g. ATLS, APLS)
- Formal teaching and preparation (e.g. giving lectures, seminars)
- Audit and local clinical governance activity
- Clinical management
- Service development and quality improvement work
- Major incident planning
- Rota organisation
- Job planning
- Research

Additional NHS responsibilities

Some job descriptions may include additional NHS responsibilities that cannot be absorbed into the time normally set aside for SPAs. These should be recognised in the job plan accordingly. Examples include:

- Medical director
- Clinical director
- Lead clinician
- Other official Trust management roles
- Audit lead
- Clinical governance lead
- Risk management lead
- Teaching or research lead
- Subspecialty lead
- Project lead
- Equipment officer

External duties

These activities are deemed to be for the greater good of the NHS. The DH recognises their value and has given implicit support for such activities. If these activities are regular then allowance should be made for them within the Job Plan. Examples of external duties include:

- Acting as an external member of an advisory appointments committee
- Work for other NHS bodies (e.g. Care Quality Commission)
- College tutor
- Work for the General Medical Council or other national bodies
- NHS disciplinary procedures
- Regional advisor, deputy, programme director etc.
- Trades union activities (e.g. BMA)
- College work
- University roles

Appendix 2: Examples of Supporting Resources

In order to ensure delivery of the objectives identified within the job plan, the resources required to do so must simultaneously be identified. These resources might include:

Staffing Support

- Adequate staffing levels within department, to allow absence on CPD activities and other leave
- Resident trainee staff to cover on-call work
- Secretarial support (at least 1 wte secretary/2 wte consultants)
- Technical and IT support
- Managerial support
- Audit support staff

Accommodation

- Office accommodation as recommended in HBN 26. This suggests that normally one office should be provided for every WTE consultant. The office should be located in a site that is accessible during the normal working day.
- Office space for supporting staff
- Secretarial office(s)
- Common room
- Teaching space
- Clinic space as required
- Appropriate space within ED for changing, rest and refreshment

Equipment

- Up to date monitors and other resuscitation and other equipment, which comply with published standards and which are regularly serviced
- A dedicated computer for each consultant with access to an appropriate range of programmes and email/internet connection
- Software should be up to date
- Access to confidential telephone and fax facilities
- Access to equipment allowing suitable delivery of teaching, e.g. projectors, flip charts, power-point projector
- Adequate secure storage space, both for paperwork and personal belongings
- Secure locker space
- A constant supply of all sizes of appropriate clothing e.g. scrubs

Other

- Funding for study leave
- Timely access to a full range of supporting services such as laboratory services, radiology
- Time allowed for administrative meetings within working hours (DCC)
- Access to up to date library services
- Car or bicycle parking, particularly out of hours, should provide for personal safety as well as protecting the vehicle

Appendix 3: Advice for Candidates Applying to New Consultant Posts in Emergency Medicine

The College of Emergency Medicine does not normally approve new job descriptions that allocate less than 2.5 PAs for SPAs (in a typical 10PA job plan).

This advice is intended for candidates applying to new substantive Consultant posts where the advertised provisional job plan has less than 2.5 SPAs.

Candidates may wish to consider that in the College's view (and that of the Academy of Medical Royal Colleges) at least 1 SPA is required per week for Continuous Professional Development (CPD). In addition to that, most EM Consultants undertake SPA duties that include (note this is not an exhaustive list):

- Junior doctor appraisal and supervision – at least 0.25PA should be allowed per week for each junior doctor's educational appraisal
- Medical student/ENP supervision, appraisal etc
- Preparation for, and undertaking of, organised teaching sessions for any clinical staff
- Clinical governance activity including risk management, incident investigation and complaints
- Guideline preparation and development
- Clinical audit supervision and implementation of actions
- Research
- Clinical management/leadership for service development including urgent care, major trauma and strategic management of the Emergency Department
- Involvement in major incident planning for the Trust
- Many more activities that underpin Direct Clinical Care and that are essential to allow the individual to work along side colleagues as a full Consultant team member.

Candidates should also be made aware that, if they accept the post on the day, they should not sign a contract until they are happy that SPA activity explicit in the job plan (sessions written into the weekly plan) equates to the proposed amount of PAs for SPAs in the contract (including 4 hours of personal CPD).

Advice should be sought, if necessary, from a BMA rep/IRO prior to signing. All SPA work not contracted i.e. not in the job plan, can justifiably be declined and all SPA work that is undertaken by default and that falls into this category should be recorded in a detailed diary exercise. If appropriate, an early job plan with review of the activity diary covering the relevant period, should be sought, with a view to increasing the number of SPAs to a level that would then allow the appointee to function fully in their role as an EM consultant.

NB. As the number of consultants increase, the requirements for individuals to have the full SPA time allocated may reduce but this is unlikely until at least 10 WTE consultants are in post within each department. Job plans can sometimes be more helpfully described in terms of team job plans rather than individual SPA allocations (see overleaf)

Professional Standards Committee
October 2010

Team SPA job planning
Example of team job plan for 6 consultants, each with named area of responsibility

	PAs
Clinical lead (management) (a)	1
ES Juniors (1FY1, 16 FY2, 2 CT3, 11 St4-6 equivalent) 30 (all)	7.5
Educational lead (b)	1
Clinical governance lead (risk and guidelines (c)	1
Audit and research lead (e)	1
Major incident planning (d)	1
Complaints (c)	1
Major trauma lead (d)	0.5
Urgent care lead (f)	1
CPD SPAs	6
	21 (3.5 each)

Example of team job plan for 10 consultants, same responsibilities	**PAs**
Clinical lead (management) (a)	1
ES Juniors (1FY1, 16 FY2, 2 CT3, 11 St4-6 equivalent) 30 (c,d,e,f,g,h,i)	7.5
Educational lead (c)	1
Clinical governance lead (risk and guidelines (b)	1
Audit and research lead (c)	1
Major incident planning (d)	1
Complaints (e)	1
Major trauma lead (f)	0.5
Urgent care lead (g)	1
CPD SPAs (all have one)	10
	25 (2.5 each)

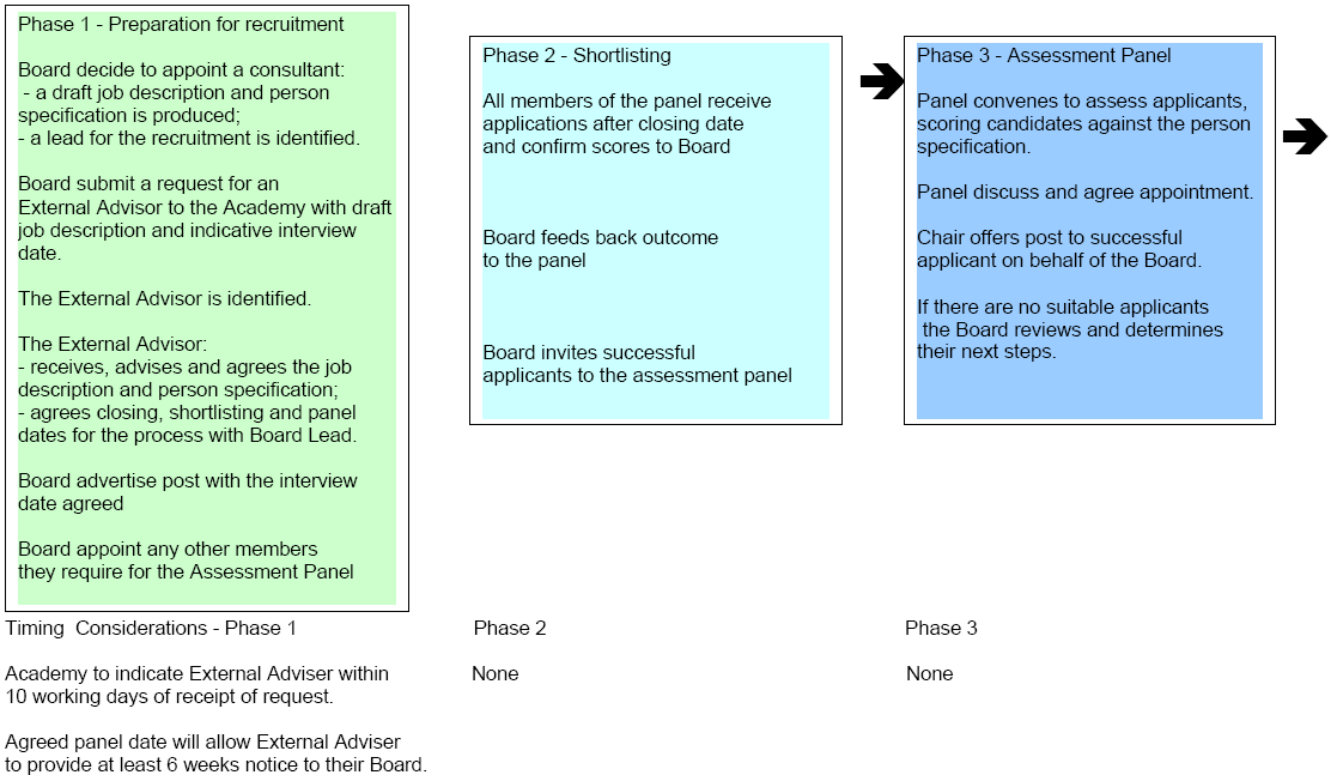
Appendix 4: AAC's in Scotland

From 1st July 2009 new regulations3 govern the AAC process in Scotland. Guidance on the appointment of Consultants in Scotland is available from http://www.show.scot.nhs.uk. The following summary of the AAC process in Scotland is taken from this guidance.

Overarching Principles for Consultant Recruitment within NHS Scotland

- The consultant recruitment process is owned and determined by the Health Board as the employer
- The management of and decisions taken regarding the consultant recruitment process are the responsibility of the Health Board
- It is recognised that externality provides a valuable contribution to the objective assessment of applicants and the role of an External Advisor is included within the consultant recruitment process

Step Guide to the Three Phases of the Recruitment Process for Consultants in Scotland



Composition of Assessment Panels in Scotland

While there is no set limit on the size of the panel, under the regulations it remains that the panel must include a Chair, with delegated authority from the Board, an External Advisor as outlined below and one other consultant from the specialty.

External Advisors

The regulations require that a single External Advisor is included on the assessment panel for consultant appointments within NHS in Scotland. The role of the External Advisor will be to advise the recruiting Board on each stage in the process, including:

- Commenting and advising on the job description and person specification
- Participate in short-listing
- Participate in the Assessment Panel – providing an emphasis on the clinical standards required for Consultant appointment in EM
- Voting in decision process if a vote is required
- Raising concerns about the process with the panel Chair at any time

An External Advisor will normally be appointed for a four year period. It is recommended that an External Advisor should accept a minimum of one in three of the requests submitted to them by the Academy over the course of a year or they may be deemed not to have fulfilled duties adequately, and their position on the list may be reviewed by the College.

If an External Advisor has serious concerns about any part of the process, please contact RCEM AAC Administrator who will forward your concern onto the Chair of the RCEM's Scottish Board at aac@rcem.ac.uk .

Selection of External Advisors

This External Advisor is identified from the list of External Advisors maintained by the Academy, and must be external, i.e. not employed by the recruiting Board, and must be in the same specialty as the post being appointed to.

The Academy in Scotland administrates the identification of External Advisors in Scotland. Queries should be sent to RCEM's AAC Administrator who will forward your concern onto the Scottish Academy External Adviser Co-ordinator at aac@rcem.ac.uk .

Training of External Advisors

All newly appointed External Advisers should undergo training before they are included on the adviser list, and if reappointed to the list again should undergo refresher training.

Appointments and Appeals

Once the Assessment Panel has made decision on which candidate(s), if any, should be offered the post, the Chair and the HR Department will then take responsibility for offering and contracting with successful candidates. Board policies on offering feedback to unsuccessful candidates should also be followed.

Feedback should also be provided to the External Adviser regarding the final outcome of the panel.

Any candidate wishing to appeal a decision made by the panel should do so through the appointing Board.

All members of the Assessment Panel hold equal responsibility for raising concerns at any stage within the recruitment process with the Chair. In these instances, it is for the Chair to assess these concerns and to determine whether or not to proceed with the recruitment process. If the decision is taken to proceed to appointment the Chair should note the concerns raised and indicate the basis on which the decision to proceed was taken. If the Chair decides not to proceed this decision is to be reported back to the Board, outlining the basis on which this decision was taken. It is for the Board to decide on next steps and whether to re-run the process.

If any member of the appointments panel, including the External Adviser, has concerns about the appointment made or the conduct of the appointment, they should make their concerns known in writing to the Chairman of the recruiting Board, and also if the External Adviser has concerns, these should be made known in writing to the Academy.

Reporting

The outcome of appointments should be reported to the College AAC administrator using the standard AAC report form (see Appendix 4).

The College needs to collect the information contained in this pro-forma related to Advisory Appointments Committees. This will help to advise workforce planning groups about the number of Specialty Training posts required to fill predicted Emergency Medicine consultant expansion. Please complete to the best of your ability and return the pro-forma as soon as possible. Thank you for your help.

The Royal College of Emergency Medicine

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MEDICAL STAFFING REPORT: OUTCOME OF ADVISORY APPOINTMENTS COMMITTEE

Guidance to completing this report

Please complete this form to the best of your ability and return **within a month of the AAC** date by e-mail to aac@rcem.ac.uk. Thank you for your assistance.

RCEM AAC Ref:	

Section 1 – Hospital details

Hospital:	
Trust:	
Medical Staffing contact name:	
Contact tel. / e-mail:	

Section 2 - Post information

a) No. of posts advertised:			
b) Job title of posts advertised:			
c) AAC panel date:			
d) New or replacement post(s)? (Please delete as appropriate)	New / Replacement	If this is a new post, does it replace a middle grade post?	Yes / No
e) No. of PAs (DCC/SPA)	PAs:	DCCs:	SPAs:
f) Have posts been advertised before?	Yes / No	Comments:	
g) Was the JD approved by the College?	Yes / No	Comments:	

Section 3 - Applicant information pre-shortlisting

a) No. of applicants:	
b) No. of applicants who are on the specialist register:	
c) No. of applicants within 6 months of CCT/CESR:	
d) No. of applicants shortlisted:	
e) If AAC cancelled please state reason:	

Section 4 - Details of applicants interviewed *(please continue on a separate sheet if necessary)*

Name of Applicant(s)	GMC No.	Current Job Grade	Current place of work	Is the candidate currently on the Specialist Register? (Yes/No)	Was the applicant(s) approved for the post? (Yes/No)	Did the applicant accept the post at interview? (Yes/No)
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						

Section 5 - Appointment information

Name of candidate(s) who accepted the post at interview:	Are candidate(s) appointed on a full or part time basis? (FT/PT)	If appointments are subject to passing FCEM or obtaining CCT/CESR, please specify below: (FCEM or CCT/CESR)	Date candidate(s) to commence post:	Additional comments
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				

Name of College Assessor:	

Signature: _____ **Date:** ____