

# TITLE: Recruitment and Selection of Medical Consultants and Specialists Procedure

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Version	Issue Date	Section(s) involved (author to record section number/ page)	Amendment (author to summarise)
		Not Applicable	NEW document

## CONTENTS

	Description	Page
1	INTRODUCTION/ BACKGROUND	3
2	AIMS/ OBJECTIVES/ PURPOSE (including Related Trust Documents)	3
3	ROLES AND RESPONSIBILITIES	3
4	PROCEDURE DETAILS (including flowcharts)	4
5	EDUCATION AND TRAINING	14
6	MONITORING COMPLIANCE AND EFFECTIVENESS	14
7	EQUALITY IMPACT ASSESSMENT	15
8	APPENDICES	
	Appendix 1 – Guidance for Chair of the Committee	17
	Appendix 2 – Recruitment Timetable	19
	Appendix 3 – Exemptions from the AAC process	20

## **1 INTRODUCTION/ BACKGROUND**

### **Advisory Appointments Committee**

An Advisory Appointment Committees (AAC) is a legally constituted interview panel established by the Trust when appointing consultants. The function of an AAC is to decide which, if any, of the applicants are suitable for appointment and to make a recommendation to the Trust.

## **2 AIMS/ OBJECTIVES/ PURPOSE (including Related Trust Documents)**

The aim of this document is to provide all those involved in the recruitment of Consultants and Specialists a procedure to follow that meets national good practice guidance.

## **3 ROLES AND RESPONSIBILITIES**

### **Lay Representative**

This is typically the Chairman of the Trust or a Non-Executive Director. Deanery nominated Lay Representatives may also be used, as may Governors. A Lay Representative acts as the Chair of the AAC. Additional guidance on the role of the AAC Chair can be found at Appendix 1.

### **Executive Representative**

This is typically the Chief Executive of the Trust or a Board level Executive or Deputy Directors. Associate Directors may be used in exceptional circumstances.

### **Corporate Medical Representative**

This is typically the Medical Director of the Trust or the Deputy. Associate Medical Director and Clinical Chairs not from the directorate where the post is located may deputise for the Medical Director.

### **Specialty Representative**

This is typically the specialty Heads of Service, Deputy or Clinical Lead.

### **External Professional Assessor**

An assessor from outside the immediate geographical area usually identified and nominated by the relevant Royal College or Faculty. Where the Royal College is unable to nominate an assessor, the Trust will consider identifying and inviting an alternative external assessor.

### **Consultant Representative**

A suitable Consultant Representative from the relevant specialty.

### **Patient Representative**

Approved Patient Representatives are volunteers trained in interview techniques and the Trust's "We are here for you" Behavioural Standards.

### **Medical Workforce Representative**

A nominated member of the Trust Medical Workforce team who is responsible for individual consultant post recruitment activities.

## **4 PROCEDURE DETAILS (including Flowcharts)**

### **4.1 Planning for the Vacancy**

4.1.1 There are a number of important steps that must be completed before a consultant appointment can be advertised. Consultant recruitment is an important process to which time and care must be given. An illustrative flowchart and timetable for consultant appointments are at Appendix 2. It is essential that the planning process begins as early as possible to minimise the clinical impact of any vacancy.

4.1.2 All proposed consultant appointments (new and replacement) need the internal approval via the e-Recruitment system. New posts will also have been approved following the submission of a Business Case to the Executive Team.

4.1.3 If a post is not able to be approved within the required timescales the Medical Workforce team will contact the business unit to discuss the delay. If the vacancy isn't likely to be approved in the near future it will be removed from the e-Recruitment system and re-submission will be required once approval is likely to be granted by all stakeholders.

4.1.4 The advertisement wording must be consistent with the job description and person specification. Unnecessary requirements, such as length of residence or experience in the UK, are to be avoided. Care should also be taken when specifying particular types of qualification so as not to exclude overseas qualifications comparable to those achieved in the UK.

4.1.5 All posts must be advertised unless the appointment is exempt under the regulations, outlined at Appendix 3. A minimum of one advertisement must appear on nationally available internet sites used for similar advertisements relating to the profession concerned. As a standard, the Trust will advertise positions in the following:

- Trust Internet site (<https://www.sfh-tr.nhs.uk/work-for-us/our-vacancies/>); and
- NHS Jobs

4.1.6 If supplementary advertising media is required, such as specialty publications, they must be specified at this stage.

### **4.2 Preparing the Job Description and Job Plan**

4.2.1 When a new or impending vacancy has been identified, the relevant Head of Service must contact the Medical Workforce team for the current job description template and the relevant Royal College or Faculty job description guidance.

4.2.2 Consultant job titles must not use the term 'Special Interest'. Permissible terms are 'Expertise in' or 'Responsibility for'.

4.2.3 Consultation with the Regional Adviser via the relevant Royal College or Faculty will be initiated by the Medical Workforce team once the vacancy and documentation has been added to the e-Recruitment system. The role of the Regional Adviser is to ensure that the professional aspects of the post are suitably structured.

### **4.3 Person Specification**

4.3.1 The person specification should be drawn from the job description and outline the minimum qualifications, skills and experience required to perform the job. It should distinguish between the essential and desirable criteria for the position. The person specification must include a commitment to the Trust's Values and Behaviours.

4.3.2 It is a legal requirement for all consultants to be on the General Medical Council's Specialist Register before being able to take up a consultant post. Specialty Trainees are able to apply for a consultant appointment provided the expected date of the award of their Certificate of Completion of Training (CCT) (or recognised equivalent if outside UK) falls no more than 6 months after the interview date for the consultant position. These criteria must be reflected in the person specification.

4.3.3 Where a doctor has taken the CESR route of training they must have obtained their Certificate of Eligibility of Specialist Registration prior to making an application for a Consultant post.

### **4.4 Approval**

4.4.1 When approval to proceed is received, the job description and associated documents, should be submitted to the Regional Adviser of the relevant Royal College or Faculty for comments. Comments should be sought within three weeks of receipt. The role of the College or Faculty Advisor is set out in Annex C of the 2005 Good Practice Guidance to recruiting Consultants.

### **4.5 Setting up an Advisory Appointments Committee (AAC)**

4.5.1 The Medical Workforce Team will organise the interview panel, known as the Advisory Appointments Committee or AAC, once full Trac approval is received, and the post is advertised.

4.5.2 The Medical Workforce team will ensure all advertisements include the closing date for applications. This must be a minimum of three weeks from the date the advertisement is placed. The date of the interview will also be included to enable candidates to plan accordingly.

#### **4.6 Advertisement**

4.6.1 The Medical Workforce team will check all of the documentation and advertisement wording for compliance with National Health Service and Trust regulations and give the recruitment campaign a unique reference number. Where amendments are required to documentation, the Medical Workforce team will liaise with the appointing Manager.

4.6.2 The Medical Workforce team will insert the closing date and the AAC date. They will also ensure contact details are accurate. The advertisement must specify that the opportunity for potential candidates to make a preliminary visit exists and provide a list of relevant contacts, such visits form no part of the selection process.

#### **4.7 Membership of the Advisory Appointments Committee**

4.7.1 The core membership of the AAC is set out in the NHS (Appointment of Consultants) Regulations 1996. Trusts have the authority to add additional members but must ensure that size of AAC is kept to a minimum and there remains a local and a medical majority.

4.7.2 Advisory Appointments Committees must include the following appointments:

- Lay Representative
- Executive Representative
- Corporate Medical Representative
- Specialty Representative
- External Professional Assessor
- Consultant Representative
- Patient Representative

4.7.3 The size of the AAC should not typically exceed the membership detailed above, with no more than 3 members from the specialty where the post occurs. If further consultant representatives from the specialty are requested and justified, additional corporate representatives must be appointed to the AAC to ensure specialty representatives are not in the majority (the medical majority should be maintained). It is the responsibility of the appointing medical manager to inform the Medical Workforce team of the contact details for any additional member they wish to invite.

#### **4.8 Arranging the AAC**

4.8.1 Quarterly, the Medical Workforce team will produce and maintain a programme of agreed AAC dates and venues. Each date will have nominated representatives for the following AAC members:

- Lay Representative
- Executive Representative

- Corporate Medical Representative
- Patient Representative

4.8.2 At the beginning of each month, the Medical Workforce team will release nominated representatives from unallocated dates no longer required in that calendar month.

4.8.3 In accordance with the recruitment timetable at Appendix 3, the Medical Workforce team will consult the AAC programme and select the most suitable available date. In normal circumstances, this will be a minimum of 10 weeks from the date of notification of the intention to recruit to satisfy the notice periods required by the Royal Colleges.

4.8.4 Once the date has been determined, the Medical Workforce team will contact the Head of Service or Clinical Lead and relevant Royal College for the names of nominated members to sit on the AAC. Requests for panel members will include a response date to minimise delays in finalising the composition of the panel.

4.8.5 The Medical Workforce team will send a meeting request to each member of the AAC to confirm the date and location. A formal timetable, including timings, will be produced once short listing has been completed.

#### **4.9 Late Unavailability of AAC Members**

4.9.1 Trust members no longer able to attend the AAC on the set date should notify the Medical Workforce team immediately and are responsible for nominating a suitable replacement. If the external professional assessor is unable to attend at short notice, the Medical Workforce team will contact the relevant Royal College or Faculty urgently to identify an alternative member.

4.9.2 Where it has not been possible to secure a Royal College or Faculty representative, the Medical Workforce team will contact the Head of Service or Clinical Lead for them to secure an alternative external representative.

4.9.3 Once the date of the AAC has been agreed and confirmed the Medical Workforce team, cancellation will only be possible in extreme circumstances.

4.9.4 The Medical Workforce team will be responsible for contacting all members of the AAC immediately, should an organised panel need to be cancelled for any reason.

#### **4.10 Application Stage**

4.10.1 To apply, applicants will complete a medical application form on-line via the e-Recruitment platform.

#### **4.11 Long Listing**

4.11.1 Inclusion or eligibility for inclusion on the Specialist Register and qualification details are to be checked at this stage by the Medical Workforce team. Applications not meeting these

minimum requirements for the appointment will be rejected. Verification of overseas qualifications as UK equivalents must be undertaken by Medical Workforce Team at this stage to prevent delays and the short listing of unqualified applicants.

4.11.2 The Medical Workforce team will also consult the Department of Health Alert Register (to ensure there is no known history that would make the candidate unsuitable) and ensure the CCT date is within 6 months of the proposed interview date or that the candidate has their CESR. Immigration and sponsorship status must not be taken into consideration at this stage.

#### **4.12 Short Listing of Candidates**

4.12.1 It is usual for short listing to be completed via the e-Recruitment platform by the Specialty and Consultant representative of the AAC.

4.12.2 Candidates rejected during the long listing process will not be forwarded to the Specialty and Consultant representative for consideration.

4.12.3 On shortlisting completion the Specialty Representative, as appointing manager, will confirm who is to be invited to interview via the e-Recruitment platform.

4.12.4 All unsuccessful applicants will be given written notification via the e-Recruitment platform and offered the opportunity to receive feedback on the reasons for rejection.

#### **4.13 Invite to Interview**

4.13.1 Once the list of short listed applicants has been finalised, the Medical Workforce team will produce an AAC timetable and invite candidates to interview.

4.13.2 Short listed candidates will be invited to book their interview via the e-Recruitment platform. Invitations will also provide the following essential information

- Date and time
- Venue
- Invitation to contact the Medical Workforce Team if the candidate has any special needs or disability so that reasonable adjustments can be considered

#### **4.14 Personality Profiling**

4.14.1 The Medical Workforce team will confirm the candidates' names and email addresses to the personality profiling company at least 1 week prior to the AAC panel date. The personality profiling company will send the details of how to log into the personality profile questionnaire along with the completion date directly to the candidates.

4.14.2 Any candidates that do not complete the personality profile questionnaire within the required timescale will not be able to attend the AAC panel.



## **4.15 Finalising the AAC**

4.15.1 Once timings have been organised and interview invitations issued, the Medical Workforce team must finalise the arrangements for the AAC.

4.15.2 Medical Workforce will write formally to the chairperson and other members of the AAC, confirming the candidates shortlisted for interview, timings and arrangements for the event including reporting. In addition to the covering letter, the AAC members will each receive a timetable. Interview paperwork will be distributed prior to the AAC.

## **4.16 Advisory Appointments Committee**

### **4.16.1 Medical Workforce preparation**

4.16.1.1 In the days leading up to the AAC, if candidates withdraw their applications, the Medical Workforce team will adjust the AAC timetable to minimise periods of inactivity. A new list of candidates and timetable will be produced and issued immediately to members of the AAC.

4.16.1.2 An interview pack will be prepared for each member of the AAC and emailed to them prior to the AAC date. The pack contain the following information:

- Timetable
- Panel Letter
- Candidate Response Sheet

The pack will also contain the following information on each candidate:

- Application Form

The pack may also contain:

- Suggested interview questions from the personality profiling process

### **4.16.2 Administration on the day**

4.16.2.1 If the AAC Panel is being held face-to-face, Medical Workforce staff will arrive in advance of members of the AAC to prepare the venue. The interview room is to be prepared ensuring water/refreshments are available for candidates and AAC members. Interview packs must be handed to members of the AAC as they arrive, highlighting any minor amendments to the timetable or candidate list.

4.16.2.2 A member of Medical Workforce will be available to the AAC to perform the role of administrative assistant to the committee. A member of Medical Workforce will be present to assist with the interview process and deal with issues as they occur. After the completion of the OSCE stations, the Medical Workforce team will take notes of proceedings and decisions. They are not a member of the committee, have no voting rights and will not contribute to discussions without the agreement of the Chair.

## 4.17 The Selection Process

4.17.1 The process will commence with OSCE style stations. The stations will incorporate traditional style interview questions, but also allow more in-depth assessment of clinical management, teaching and leadership skills. This will comprise of three 25-minute stations. There will be 5 minutes between each station.

4.17.2 This format will facilitate in-depth questioning in specific areas of the person specification. There will be clear scoring criteria which all panel members will be expected to adhere to. This is extremely important as no one sub-panel will oversee the whole process at this stage, and thus ensures objectivity.

The stations are as follows:

- **Station 1 – Candidate**  
A presentation title will be given to candidates at this point in the process. Candidates have 20 minutes to prepare.
- **Station 2 – Chair of the AAC (Lay Representative) and Executive Representative**  
A presentation title will be given to candidates in station one. The presentation should be no more than 10 minutes in length with 5 minutes for follow up questions. The remaining 10 minutes of the station the panel will ask questions which will cover leadership, probity and teamwork.
- **Station 3 – Corporate Medical Representative and External Professional Assessor**  
The station commences with the candidate being given a standard topic for their specialty often covered as 'clinical teaching'. They will have 5 minutes to prepare and then be invited to teach for 10 minutes on that subject. The final 10 minutes will comprise a 'clinical scenario' question. The panel may bring sheets from a relevant textbook to enable candidates to remind themselves of the topic. This station is testing the candidate's ability to portray basic concepts to "new" doctors in training/medical students rather than testing factual knowledge.  
The second part of this station is a clinical scenario. The clinical scenario in this station should test breadth of knowledge in line with requirements for general on-call duties.
- **Station 4 – Specialty Representative, Consultant Representative and Patient Representative**  
The time will be split between 'patient explanation' and 'explore potential for undertaking a service line management role'.  
The 'patient explanation' section is a scenario whereby a patient with a relevant condition is described to the candidate. The candidate is then asked to respond to the 'patient' to explain the condition. This tests communication skills & empathy.

## 4.18 OSCE station sum-up

4.18.1 Once the OSCE stations have concluded the panel members will feedback on their station and provide the station scores. If a candidate at this point is not considered appointable the panel may decide not to take the candidate forward to interview. Should this be the case the candidate will be informed and provided with feedback by the Specialty Representative.

#### **4.19 Personality Profile feedback**

4.19.1 Following the OSCE station sum-up session a representative from the personality profiling company will attend to feedback to the full AAC panel on the personality profiling that has been completed for each candidate. Discussion is encouraged and suggested interview questions will be discussed based on the personality profiling feedback.

#### **4.20 Panel interview**

4.20.1 Once the OSCE stations have concluded the panel will interview the candidate for approximately 20-30 minutes, allowing the whole panel to explore remaining criteria in the Person Specification including Clinical governance.

4.20.2 Questions should be challenging and probe where appropriate. Questions could include the following elements:

- Tell me about your understanding of....
- What are the challenges you foresee....
- Describe the most important aspects of....
- Give me an example of....
- What would your peers say about....
- How many times have you....

4.20.3 AAC members should individually make brief notes of each candidate's answers. At the end of each interview the chair should allow time for each panel member to privately assess each candidate against the role and person specification requirements. A panel discussion should not take place at this stage.

#### **4.21 Decision Making**

4.21.1 Once all candidates have been interviewed, the Chair of the AAC will invite discussion from the panel to assess each candidate's suitability for the post. Under normal circumstances the Chair will invite the External Professional representative to speak first. Feedback will include comments on the candidates answers during the interview and relevant knowledge and experience taken from the candidate's application form. Particular attention must be given to assessing the candidates match to the Trust's values and behaviours.

4.21.2 The decision of the AAC does not need to be unanimous and no member of the AAC can veto the appointment. If there is no consensus view, a majority decision is acceptable providing the external/Royal College Assessor is in agreement that the candidate meets the professional requirements for the role. The Chair should take account of all the views put forward by AAC members when making the decision to appoint. Once discussions are

concluded each panel member is responsible for completing and signing the candidate response sheet.

4.21.3 The Chair of the AAC will work through the stages listed on the AAC Chair's Guidance Notes provided in the panel pack.

4.21.4 The AAC is not permitted to reach any decision on starting salary as this will be determined by the national Terms and Conditions for Consultants (England) 2003. Any relevant information the candidate wishes to offer in relation to starting salary should be recorded by the Chair and passed to the Medical Workforce Advisor.

4.21.5 A candidate cannot be appointed (unless exempt under regulations) without being seen by the AAC. If candidates are unable to attend for a substantial reason, the AAC must reconvene and interview the candidate at a later, mutually agreed date.

4.21.6 At the conclusion of the AAC, the Medical Workforce team must collect the candidate response sheets for inclusion on the recruitment file. The file must be retained for 5 years. The Medical Workforce team will also collect spare copies of the candidate application forms so that these can be confidentially disposed.

#### **4.22 Informing the Candidates**

4.22.1 The Specialty Representative is responsible for informing candidates of the outcome of the interview. It is not appropriate to keep candidates waiting after interview to be informed of the decision. Candidates should be informed by telephone as soon as is practicable following the conclusion of deliberations and provided with feedback on their performance.

Following the conclusion of the AAC, the Medical Workforce team will write to all members of the AAC, on behalf of the Chairperson, thanking them for their assistance.

#### **4.23 Appointment of Locum Consultants**

4.23.1 Locum Consultant appointments are not subject to the full appointments procedure used for substantive appointments.

4.23.2 All Locum Consultant appointments should be restricted to an initial period of 12 months. An extension beyond 12 months will be subject to a review by the Head of Service, discussion with the Medical Workforce team and agreement from the Clinical Chair.

4.23.3 Locum Consultant appointments should be advertised for a minimum of two weeks on the Trust website and NHS Jobs. Applicants must be short listed against job description and person specification by a minimum of two consultants.

4.23.4 The interview panel for Locum Consultant appointments should include the Medical Director, or nominated deputy, and the relevant Head of Service, or nominated deputy.

#### **4.24 Appointment of Specialists**

4.24.1 The recruitment of a Specialist is mostly the same process as the recruitment of a Consultant with a few key differences.

#### Membership of the Specialist interview panel

- Corporate Medical Representative, usually the Deputy Medical Director or a Clinical Chair from outside of the division being recruited to who acts as chair of the interview panel
- External professional assessor
- Specialty Representative, usually the Service Director/Head of Service
- Specialist Representative (or Consultant representative if no Specialist already within the specialty)

4.24.2 The size of the AAC should not typically exceed the membership detailed above, with no more than 2 members from the specialty where the post occurs. If further representatives from the specialty are requested and justified, additional corporate representatives must be appointed to the AAC to ensure specialty representatives are not in the majority. It is the responsibility of the appointing medical manager to inform the Medical Workforce team of the contact details for any additional member they wish to invite.

#### 4.24.3 The Selection Process

The process will commence with OSCE style stations. The stations will incorporate traditional style interview questions, but also allow more in-depth assessment of clinical management, teaching and leadership skills. This will comprise of three 25-minute stations. There will be 5 minutes between each station.

This format will facilitate in-depth questioning in specific areas of the person specification. There will be clear scoring criteria which all panel members will be expected to adhere to. This is extremely important as no one sub-panel will oversee the whole process at this stage, and thus ensures objectivity.

The stations are as follows:

- **Station 1** – Corporate Medical Representative and External Professional Assessor

The station commences with the candidate being asked to deliver 'ward round teaching' often covered as clinical teaching. They can choose their own topic, or one can be given to them. They will have 5 minutes to prepare and then be invited to 'teach' for 10 minutes on that subject. The final 10 minutes will comprise a 'service development' question to explore the candidate's knowledge of QIP, audit and knowledge sharing. As detailed above, please consider appropriate questions beforehand. The clinical teaching section is designed to consider teaching ability rather than knowledge.

The second part of this station will involve a service development question which should test breadth of knowledge in this area.

- **Station 2 – Specialty Representative and Specialist Representative**

The time will be split between ‘patient explanation’ and ‘clinical scenario’.

We envisage ‘patient explanation’ as the scenario whereby a patient with a relevant condition is described to the candidate. The candidate is then asked to respond to the ‘patient’ to explain the condition. We believe this tests communication skills & empathy. The panel will then move on to the ‘clinical scenario’.

#### 4.24.4 OSCE station sum-up

Once the OSCE stations have concluded the panel members will feedback on their station and provide the station scores. If a candidate at this point is not considered appointable the panel may decide not to take the candidate forward to interview. Should this be the case the candidate will be informed and provided with feedback by the Specialty Representative.

#### 4.24.5 Personality Profile feedback

Following the OSCE station sum-up session a representative from the personality profiling company will attend to feedback to the full AAC panel on the personality profiling that has been completed for each candidate. Discussion is encouraged and suggested interview questions will be discussed based on the personality profiling feedback.

#### 4.24.6 Panel interview

Once the OSCE stations have concluded the panel will interview the candidate for approximately 20-30 minutes, allowing the whole panel to explore remaining criteria in the Person Specification including Teamworking and insight, reflection and values.

AAC members should individually make brief notes of each candidate’s answers. At the end of each interview the chair should allow time for each panel member to privately assess each candidate against the role and person specification requirements. A panel discussion should not take place at this stage.

## 5 EDUCATION AND TRAINING

Education and training will be provided to all involved in the process to ensure they know what to expect of the process. Initially the training will take the form of a presentation with further support from the Medical Workforce team.

## 6 MONITORING COMPLIANCE AND EFFECTIVENESS

A review has recently been undertaken of the recruitment process for Consultants and Specialists and therefore the application and effectiveness of this procedure will be monitored by the Medical Workforce Team on an ongoing basis following each recruitment episode.

<b>7</b>	<b>EQUALITY IMPACT ASSESSMENT</b> (please complete all sections of form)
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- [Guidance on how to complete an Equality Impact Assessment](#)
- [Sample completed form](#)

Name of service/policy/procedure being reviewed:			
New or existing service/policy/procedure: Procedure for the recruitment of Consultants and Specialists			
Date of Assessment: 17.10.23			
<i>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</i>			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity:	None	None	None
Gender:	None	None	None
Age:	None	None	None
Religion:	None	None	None
Disability:	None	None	None
Sexuality:	None	None	None
Pregnancy and Maternity:	None	None	None
Gender Reassignment:	None	None	None
Marriage and Civil Partnership:	None	None	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation):	None	None	None
What consultation with protected characteristic groups including patient groups have you carried out?			
<ul style="list-style-type: none"> <li>• JLNC</li> </ul>			

What data or information did you use in support of this EqIA?
<ul style="list-style-type: none"> <li>Recruitment Information</li> </ul>
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?
<ul style="list-style-type: none"> <li>No</li> </ul>

<p><u>Level of impact</u></p> <p>From the information provided above and following EqIA guidance document please indicate the perceived level of impact:</p> <p>Low Level of Impact</p> <p>For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.</p>
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Name of Responsible Person undertaking this assessment:
Signature: Rebecca Freeman
Date: 17.10.23

<b>8</b>	<b>APPENDICES</b>
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See contents table



**Guidance for Chair of the Committee**

The AAC has delegated responsibility from the Trust Board to make appointment decisions for consultant posts. The role of the chair is to co-ordinate proceedings on the day; to ensure the selection interview is robust and to keep accurate records.

Typically there are 7 members of an AAC. Each has a defined role and lines of questioning to explore with the candidate. Separate guidance is issued to committee members to describe this further.

The Chair of the AAC has additional responsibilities and these are set out below:

**Before candidates arrive**

- Meet and greet all of the committee members and facilitate introductions
- Ensure the committee is clear about the post they are interviewing for and have all received and read their interview pack
- Describe how time will be managed during the day to ensure that the interviews run to time.
- Explain the use of the assessment sheets if any committee member has not used these before
- Ask the committee to declare any prior knowledge of the candidates
- Remind the committee about their responsibility to conduct the interview in a manner that complies with equal opportunities legislation
- Review the lines of questions to be pursued by each committee member to ensure robustness.
- Ensure the running order for questions
- Agree any additional questions to address any points of concern from the psychometric profile that have been provided

**During the panel interview**

- When all questions have been asked, invite any questions from the candidates
- Check that you have the correct contact details for the candidate and describe who will call them and when to confirm the panel's decision

**After each interview**

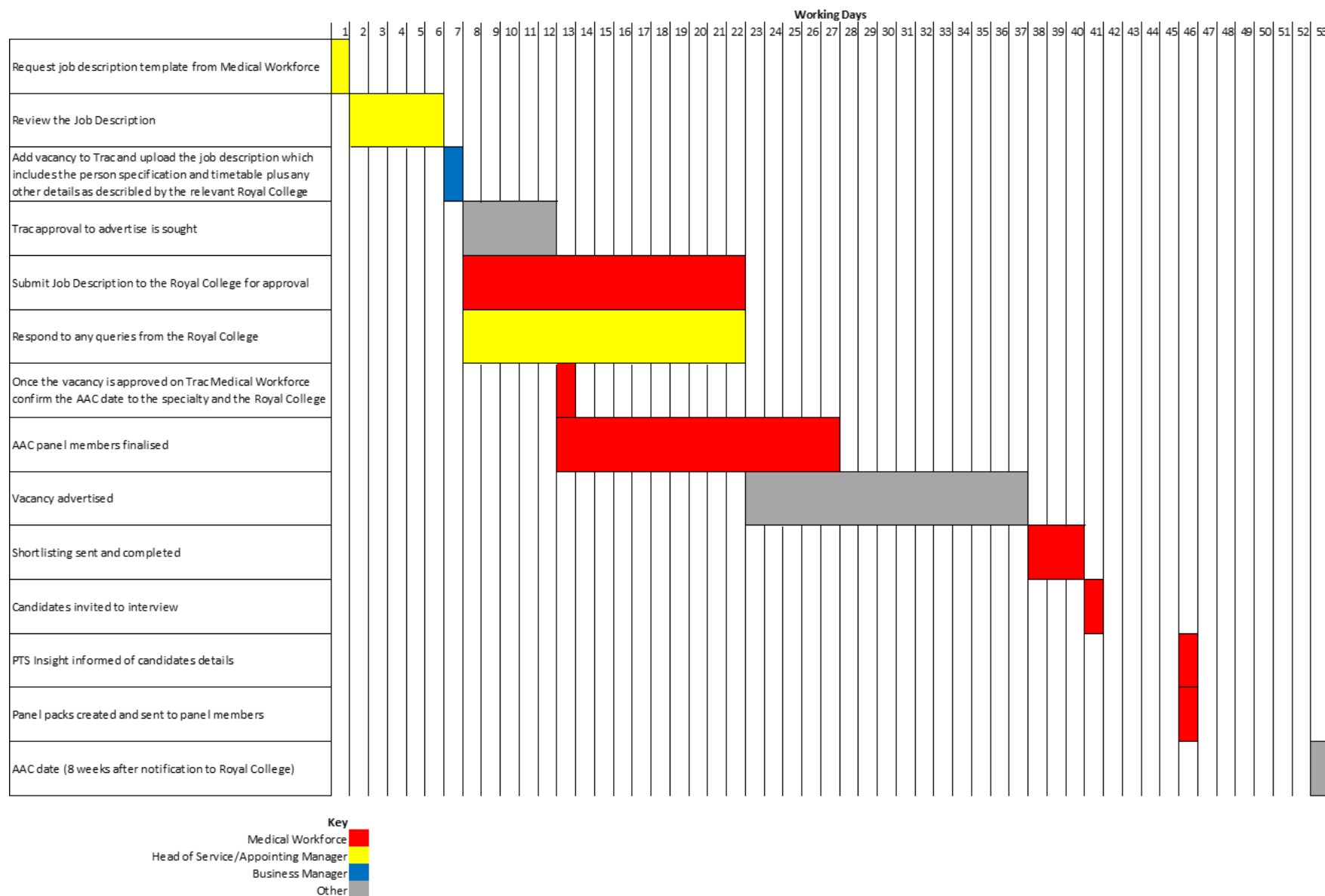
- At the end of each interview, when the candidate has left, allow each committee member a few minutes to finish any notes and to reflect on the candidates' answers

**When all interviews are complete**

- Collect feedback against each candidate in turn
- Ensure that a proper assessment of the candidate's match to the Trust's values and behaviours is included in the feedback
- Lead a discussion to identify a preferred candidate, ensuring this can be objectively justified. If there is no consensus view, a majority decision is acceptable providing the

external/Royal College Assessor is in agreement that the candidate meets the professional requirements for the role

## Recruitment Timetable



## **Exemptions from the AAC process**

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

### **Honorary Contracts**

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

1. a member of academic staff of a university
2. a person who is wholly or mainly engaged in research which requires an honorary appointment at the Trust

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 12 months and any extension for a maximum period of a further 12 months is subject to a satisfactory review by the Trust.

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.

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

### **Other Exemptions from the NHS AAC Process**

Other exemptions occur where the person to be appointed:

- is transferred from one Trust to another as part of a local reorganisation of the health service, without any significant alteration in the duties of the post; or
- is a consultant transferred within a Trust to another consultant post within that Trust; or
- 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; or
- 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; or
- was a consultant who retired as a consultant and returns to work in the same Trust and specialty as the one they filled prior to retirement.