

# Guidance for Advisory Appointments Committees (AAC)

Guidance for representatives on AACs 2018





## Contents

Introduction	2
What is an AAC?	2
The RCoA Process for AACs	3
Glossary	4
Frequently asked questions	5

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This guidance will be reviewed in March 2021.

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## Introduction

The Royal College of Anaesthetists (RCoA), the Faculty of Intensive Care Medicine (FICM) and the Faculty of Pain Medicine (FPM) provide representatives to serve on the Advisory Appointment Committees (AACs) for consultant and staff and associate specialist (SAS) anaesthetist, intensivist and pain medicine specialist roles. The process to arrange representation is supported by the RCoA on behalf of all three organisations. This guidance is intended for our representatives, also known as AAC assessors; separate guidance is available for employing authorities [here](#).

## What is an AAC?

An Advisory Appointments Committee (AAC) is a legally constituted interview panel that is established by an employing body when appointing consultants or SAS doctors. The remit of an AAC is to decide which, if any, of the applicants is suitable for appointment and to make a recommendation to the employing body.

The core membership of the committee for a consultant post can be found in the DH [Good Practice Guidance](#) section 2.1 – 2.8

NHS Trusts/Boards are required by the [Consultant Appointment regulations](#), produced by the Department of Health (DH), to include a representative from the appropriate medical college or faculty on the appointment committee.

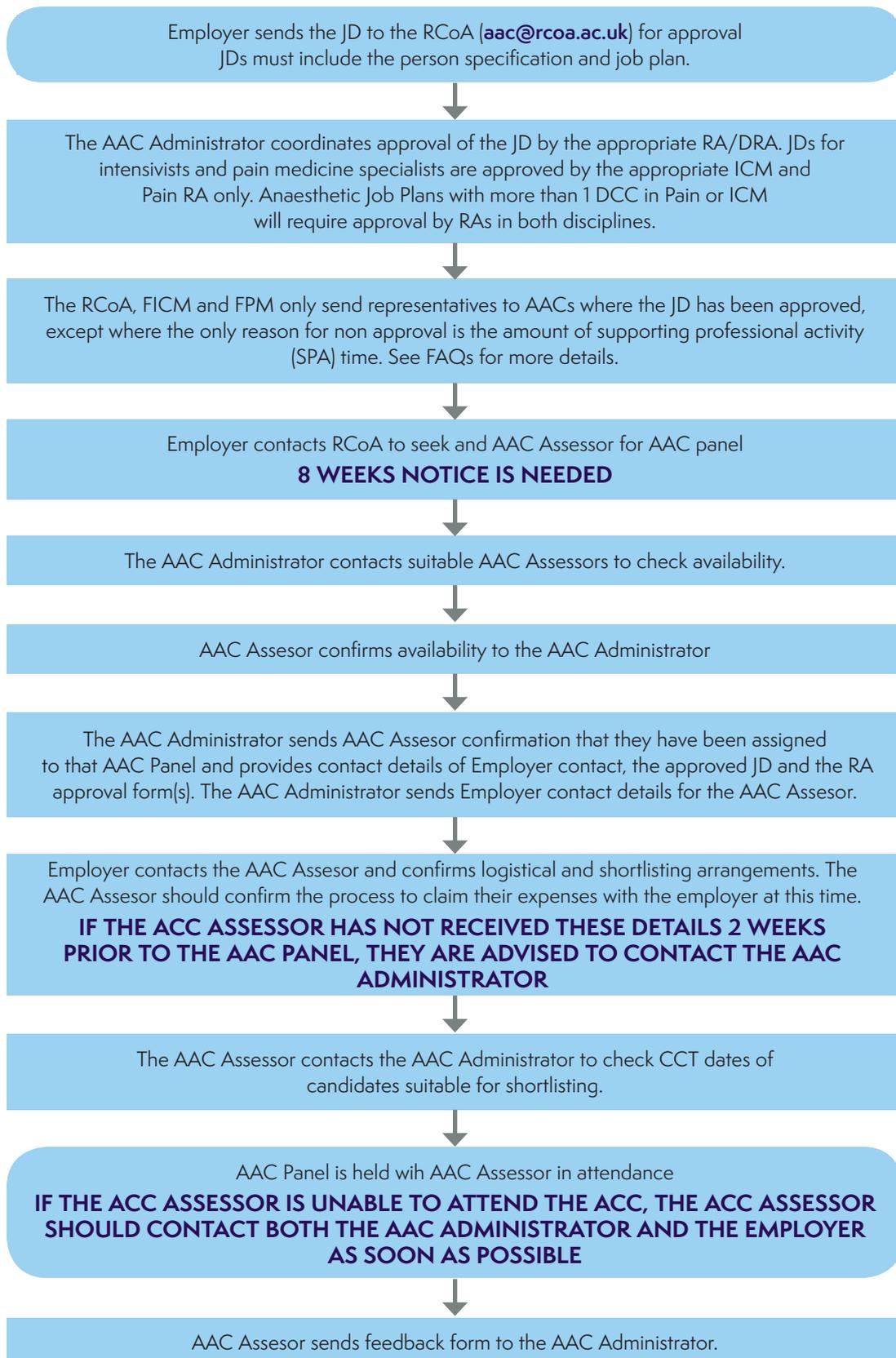
NHS Foundation Trusts are not required by law to follow the [Consultant Appointment regulations](#). However, they are encouraged by the [Academy of Medical Royal Colleges](#) and the [Foundation Trust Network](#) to include a representative from the appropriate college or faculty as described in the [Concordat between the Academy of Medical Royal Colleges and the Foundation Trust Network](#). The process for Foundation Trusts to secure a representative of the RCoA, FICM or FPM is the same for all trusts, regardless of their foundation status.

The RCoA encourages all employing authorities to include a representative from the RCoA, FICM or FPM on their interview panels for permanent SAS roles as a point of good practice.

**This guidance does not pertain to Scotland since, from 2009, it has had a different appointment process. Job descriptions (JDs) in Scotland are not required to be sent to the Regional Advisor (RA). An External Assessor is instead provided by the Academy of Royal Colleges and Faculties in Scotland.**

For more information about any part of this guidance please contact [aac@rcoa.ac.uk](mailto:aac@rcoa.ac.uk) or call 020 7092 1572

## The RCoA Process for AACs



## Glossary

AAC	Advisory Appointments Committee
AoMRC	Academy of Medical Royal Colleges
DCC	Direct Clinical Care
DH	Department of Health
DRA	Deputy Regional Advisor
DRAA	Deputy Regional Advisor Anaesthesia
FICM	Faculty of Intensive Care Medicine
FPM	Faculty of Pain Medicine
JD	Job Description
PS	Personal Specification
RA	Regional Advisor
RAA	Regional Advisor Anaesthesia
RCoA	Royal College of Anaesthetists
SAS doctor	Staff grade, associate specialist and specialty doctor
SPA	Supporting professional activity

## Frequently asked questions

Please click on the links below to be taken to the full text.

- [What is the role of the AAC assessor? »](#)
- [How do I contact the RCoA AAC team? »](#)
- [How do I become an AAC assessor? »](#)
- [What information does the RCoA AAC team hold about me? »](#)
- [What training do I need to be an AAC assessor? »](#)
- [How does the RCoA AAC team choose a representative for a particular AAC panel? »](#)
- [How many AACs will I be asked to attend per year? »](#)
- [What should I do if a hospital asks me directly to attend an AAC? »](#)
- [Why do I receive requests at short notice? »](#)
- [Will the RCoA, FICM or FPM send an assessor to an AAC panel if the job description is not approved? »](#)
- [I have agreed to attend an AAC, what happens next? »](#)
- [Should I be involved in shortlisting? »](#)
- [What if I have concerns about the job description? »](#)
- [How can I check that candidates are eligible to be appointed? »](#)
- [What happens at the AAC? »](#)
- [What do I need to do after the AAC? »](#)
- [What if I am asked to give feedback to the candidates? »](#)
- [What happens if I have concerns about the process? »](#)
- [What happens if the employer has concerns about an AAC assessor? »](#)
- [What happens if employing authorities do not follow AAC guidance? »](#)
- [What is the RCoA / FICM / FPM's role in the appointment to academic posts? »](#)
- [Who pays the AAC assessors' fee and expenses? »](#)

## What is the role of the AAC assessor?

The AAC assessors' role is primarily to assess the candidates and assure themselves, the panel, and the RCoA, FICM and/or FPM, that the successful appointee has evidence of suitable training and experience for the post. In addition, the college assessors provide external bench marking and validation. The assessor will ensure that standards are not relaxed in the interest of local service provision and ensure that patient safety and the quality of service are maintained.

The assessor should be involved in all stages of the AAC including the shortlisting.

The role of the AAC assessor during the interview need not be restricted to questions related to the information provided on application forms, although question areas should be agreed by the committee before the interviewing starts.

The AAC assessor should be present throughout the interview process. When additional selection criteria are used by employers, e.g. personality tests or clinical presentations, it should be clearly stated if the results are to be considered at the AAC and if so, the AAC assessor should be given the opportunity to attend and/or access to the results of those tests.

The assessor will not provide feedback to the candidates and will direct any queries back to the personnel department at the employer.

## How do I contact the RCoA AAC team?

All correspondence should be sent to [aac@rcoa.ac.uk](mailto:aac@rcoa.ac.uk). The AAC Administrator can be contacted on 020 7092 1571.

## How do I become an AAC assessor?

The application form to become an AAC assessor can be found [here](#). This includes the criteria for the role and a letter of support that needs to be signed by your Clinical Director. The form should be submitted to the RCoA, where it is considered for approval.

## What information does the RCoA AAC team hold about me?

The RCoA AAC team maintain a database of assessors that contains the following information:

- Your indicated subspecialty interests
- Your preferred day(s) to attend an AAC
- Your region
- Your contact details
- Any annual leave or other information that may prevent you attending an AAC.

We ask you to confirm that this is correct on a yearly basis, but if your contact details change, please let us know as soon as possible.

We only share your email address with employing authorities once you have agreed to attend an AAC at their hospital.

## What training do I need to be an AAC assessor?

You must have completed equal opportunities training before attending an AAC. Additional information on Equality and Diversity can be obtained from the NHS Employers website at [www.nhsemployers.org](http://www.nhsemployers.org). Refresher training in Equal Opportunities is available online from a variety of sources and at our Assessor Training day.

The RCoA runs training days for assessors, which includes equal opportunities and interviewing techniques. You must attend one of these training days at least once every three years.

## How does the RCoA AAC team choose a representative for a particular AAC panel?

The RCoA AAC team selects assessors to ask based on the following criteria:

- Whether the role is representing the RCoA, FICM and/or FPM
- Geographical proximity to the employing authority – it is good practice for the assessor to come from outside the region
- Sub-specialty interests specified in the JD

Please note that due to the time constraints involved in securing a representative, a number of assessors may be approached simultaneously.

## How many AACs will I be asked to attend per year?

It is up to you how many AACs you attend each year. The RCoA AAC team sets no upper or lower limit on the number of AACs an assessor attends each year. The RCoA AAC team will send you a letter at the end of each year confirming the number of AACs that you have attended for your records.

## What should I do if a hospital asks me directly to attend an AAC?

Should you be approached directly by a hospital to serve on an AAC, you should refer such requests immediately to the AAC Administrator at the RCoA, as they may not have received RCoA approval for the post. For further information about the approval process, please see the AAC Guidance for HR Departments ([www.rcoa.ac.uk/node/18698](http://www.rcoa.ac.uk/node/18698)).

## Why do I receive requests at short notice?

The RCoA AAC team asks employers to provide at least 8 weeks' notice, as we recognise that it is difficult for assessors to secure leave from your employer at short notice. We action requests as soon as we receive them. However, we do still process requests that give less than 8 weeks' notice, so you may still receive short notice requests. If you are never able to attend at short notice, please let us know and we will put a note on our database to ensure that you are not asked to attend short notice requests.

## Will the RCoA, FICM or FPM send an assessor to an AAC panel if the job description is not approved?

In most circumstances, the RCoA, FICM and FPM will not send a representative to an AAC panel if the job description is not approved. This is because the presence of a representative may give candidates the impression that the RCoA, FICM and/or FPM are satisfied with role and the majority of our representatives are not willing to attend panels for unapproved roles.

The RCoA, FICM and FPM, backed by the Academy of Medical Royal Colleges and Chief Medical Officers of all four UK nations require a minimum of 1.5 sessions per week of supporting professional activity (SPA) for consultants and specialty doctors to maintain competence and allow revalidation.

The RCoA, FICM and FPM will seek to send a representative to AAC panels where the sole reason for non-approval is the amount of SPA time. If you do not feel comfortable attending AACs when the post is not approved, please let us know. You or the Chair should check with the candidate that they are aware the post has not been approved during the interview.

## I have agreed to attend an AAC, what happens next?

The RCoA AAC team will send you the approved job description, the completed RA approval form(s) and the contact details of the employing authority. The employing authority will be sent your contact details and should be in touch regarding shortlisting processes and logistics for the day. If you have not made contact with the employer two weeks before the AAC, please contact the RCoA AAC team.

## Should I be involved in shortlisting?

You should be involved in the shortlisting process. If you have agreed to attend an AAC at short notice, the shortlisting may have already taken place. In this case, you should review the candidates' applications to ensure that you are comfortable that all shortlisted applicants meet the minimum criteria for the role.

The approved job description, job plan and person specification should be sent to you with a list of the applications for shortlisting. There can be a significant variation in the application and short-listing processes between employers. Application requirements vary from electronic applications only (either the standard online NHS form or an individual employer's own version); to the need for electronic forms and a curriculum vitae (CV) (some make a CV optional). The information provided for shortlisting can also vary significantly, and you should encourage employers to make explicit what information is required for application, as well as what the panel members will receive to shortlist.

Best practice advice is that all core members of the AAC must be included in the short-listing process, in which it should be established which candidates have the training and experience as defined in the person specification.

The Chair is required to produce the shortlist taking into account the views of all members of the committee and he/she must secure overall agreement of members. The views of one member cannot ordinarily prevail over the rest of the committee. To assist the Chair, it is important for you to clearly indicate reasons why you think any candidate should not be shortlisted.

In Northern Ireland, a local shortlisting meeting is normally held before the AAC. It is usually impractical for the assessor to travel twice to Northern Ireland, so assessors should make sure that their views on the proposed shortlist will be noted. Using video or telephone conferencing to join the shortlisting meeting may be an option.

## What if I have concerns about the job description?

The full guidance that RAs follow when approving JDs can be found [here](#). When anaesthetic posts involve one or more daytime direct clinical care (DCC) sessions of Intensive Care Medicine (ICM) (including activity in stand-alone cardiac and neuro critical care units) or Pain Medicine (PM), the relevant RAs in both anaesthesia and ICM/PM approve the JD.

If you have serious concerns about a job description, you should contact the RCoA AAC team immediately.

If you think unapproved changes have been made, you should raise these with the RA, via the AAC administrator, and Chair of the AAC and resolve the issue well before the AAC meets. It is poor practice for disputes over the JD to be first raised on the day of the AAC and unacceptable for them to be discussed during an AAC with candidates present.

## How can I check that candidates are eligible to be appointed?

You can contact the RCoA AAC team before the AAC panel meets, usually at the shortlisting stage, to confirm the eligibility of candidates.

The RCoA AAC team will confirm the Certificate of Completion of Training (CCT) or Certificate of Eligibility for Speciality Registration-Combined Programme (CESR-CP) dates for all relevant candidates. Trainees are only eligible to be interviewed if they have less than 6 months remaining before their CCT/CESR-CP date on the date of the AAC panel. If the date that the trainee has provided in their application is different to that provided by the RCoA AAC team, the trainee should contact the training department at the RCoA, FICM or FPM immediately.

Applicants who have not undergone their training through the RCoA, FICM or FPM must be on the [Specialist Register](#) held by the General Medical Council. Applicants who are still seeking equivalence and their Certificate of Eligibility for Specialist Registration (CESR) are not eligible to be interviewed.

## What happens at the AAC?

The DH [Good Practice Guidance](#) outlines the process that employers should follow.

All core members of the AAC should be present throughout the interview process.

Question areas should be agreed by the committee before interviewing starts. You should be clear about how any other selection processes, such as psychometric testing or presentations, will be considered as part of the AAC. If they will be taken into account, then you should have at least received feedback from these exercises.

You will take part in discussions at the end of the interviews to determine the AAC's recommendation.

Copies of any notes that you take at the AAC should be securely retained by the employing authority. Remember when making these notes that they will be retained and may be released to the candidate if a subject-access request is submitted or a challenge made to the process.

## What do I need to do after the AAC?

You should return a post-AAC feedback form to the RCoA AAC team. This will have been sent to you when you agreed to attend the AAC. This should be completed as fully as possible and returned to the RCoA even if no appointment is made. Completion of this form helps in all discussions regarding the workforce planning for anaesthetists, intensivists and pain medicine specialists.

You should destroy any personal data about the candidates and notes from the shortlisting process that you hold in accordance with the General Data Protection Regulation (GDPR).

## What if I am asked to give feedback to the candidates?

While the AAC may nominate one or more of its members to give feedback to all unsuccessful candidates, we advise you not to undertake this task, because feedback needs to be part of structured guidance and this is not best delivered by an external assessor.

The proceedings of the AAC are entirely confidential and any requests by candidates for feedback should be directed to the Personnel Officer or equivalent of the employing authority or the Chair of the AAC panel.

Should an employing authority receive a legal challenge from one of the candidates complaining that the AAC was unconstitutional or that there had been discrimination, we would expect the employing authority to confirm and comply with all the procedures required by the Statutory Instrument before holding another AAC. We will nominate a different AAC assessor and the employing authority would be advised to form a totally different panel.

## What happens if I have concerns about the process?

Full support will be given to any assessor who feels that, having given their guidance, the AAC is making a recommendation that conflicts with the maintenance of appropriate standards. Where this action is taken by the employer, you should alert the RCoA President or Faculty Dean via the RCoA AAC team ([aac@rcoa.ac.uk](mailto:aac@rcoa.ac.uk)). Please forward copies of relevant correspondence to the RCoA AAC team at this stage. This information will be considered by the relevant RCoA or Faculty officers.

When the appointment is considered to be unsafe, the President or Dean will contact the CEO of the employing organisation.

## What happens if the employer has concerns about an AAC assessor?

If the employing authority has a complaint about the conduct of an AAC assessor, this should be made in writing and sent to [aac@rcoa.ac.uk](mailto:aac@rcoa.ac.uk). This will be reviewed by the Director of Clinical Quality and Research and the lead AAC Assessor in the first instance.

## What happens if employing authorities do not follow AAC guidance?

The RCoA, FICM and FPM are not regulators and have few sanctions they can apply if an employer fails to heed its best practice advice in organising an AAC. However, in practice, it is rare for RCoA, FICM or FPM advice to go unheeded, as our focus is on assisting the employer to select the best possible candidate for the advertised post and to protect the employer from any subsequent claims by an unsuccessful candidate that the AAC was ill-formed and unjust in its decision making process.

## What is the RCoA / FICM / FPM's role in the appointment to academic posts?

The process for the appointment to senior academic posts varies slightly from the standard AAC in that responsibility for the approval of the job description is split between the RA and the appropriate university. The RA approves the clinical content and the appropriate university approves the academic requirements of the post. The AAC assessor's role at the AAC panel is confined to the clinical aspects of the role.

## Who pays the AAC assessors' fee and expenses?

The employing authority pays the AAC assessor's fee and expenses as outlined in Section 6 of the [NHS \(Appointment of Consultants\) Good Practice Guidance, January 2005](#).

The fees that you can claim from the employing authority for attending an AAC Panel are set by NHS Employers and can be found in Annex A: Section 11 of the ["Pay and Conditions Circular \(M&D\) 1/2017"](#). The current fee is £131.78 per day and £65.89 per half day.

You will claim your expenses, including travel, hotel accommodation and other subsistence allowances in accordance with the rules of the employing authority, from the employing authority concerned as outlined in Section 6 of the [NHS \(Appointment of Consultants\) Good Practice Guidance, January 2005](#).

The AAC administrator will provide you with details from the employing authority about their expenses paperwork and policies. It is good practice to confirm any local rules before booking your travel. We recommend keeping copies of all documents and receipts that you submit.

If you have not received payment from an employer within 6 weeks of submitting your claim, please contact the RCoA AAC team. We will chase the employer on your behalf. Persistent failure by an employing authority to pay representatives their fees and expenses within a reasonable time period may result in the RCoA, FICM and FPM ceasing to send assessors to that employing authority.

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