

Guidance for Advisory Appointments Committees (AAC)

Guidance for HR Departments
setting up an AAC 2018





North Health 1234
Patient ID: 56789
Date: 10/26/2023

Time	Temp	HR	RR	SpO2	BP	Glucose	Notes
08:00	37.5	72	18	98	120/80	100	
09:00	37.8	75	20	97	125/85	110	
10:00	38.0	78	22	96	130/90	120	
11:00	38.2	80	24	95	135/95	130	
12:00	38.5	85	26	94	140/100	140	
13:00	38.8	90	28	93	145/105	150	
14:00	39.0	95	30	92	150/110	160	
15:00	39.2	100	32	91	155/115	170	
16:00	39.5	105	34	90	160/120	180	
17:00	39.8	110	36	89	165/125	190	
18:00	40.0	115	38	88	170/130	200	
19:00	40.2	120	40	87	175/135	210	
20:00	40.5	125	42	86	180/140	220	
21:00	40.8	130	44	85	185/145	230	
22:00	41.0	135	46	84	190/150	240	
23:00	41.2	140	48	83	195/155	250	
00:00	41.5	145	50	82	200/160	260	
01:00	41.8	150	52	81	205/165	270	
02:00	42.0	155	54	80	210/170	280	
03:00	42.2	160	56	79	215/175	290	
04:00	42.5	165	58	78	220/180	300	
05:00	42.8	170	60	77	225/185	310	
06:00	43.0	175	62	76	230/190	320	

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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) seek to help employing authorities to attract the best available candidates and to ensure high quality posts. The support offered is described in this guidance, which should be used by employers when making appointments to consultant and Specialty and Associate Doctor (SAS) posts.

NHS Trusts/Boards are required by the [Consultant Appointment regulations](#), produced by the Department of Health (DH), to include a representative from the appropriate royal college/faculty on the appointment committee for consultants. This guidance describes the process that employers must follow in order to secure a representative from the RCoA, FICM or FPM.

NHS Foundation Trusts are not required 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 on the interview panel for consultants, 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 regardless of their foundation status.

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

What is an AAC?

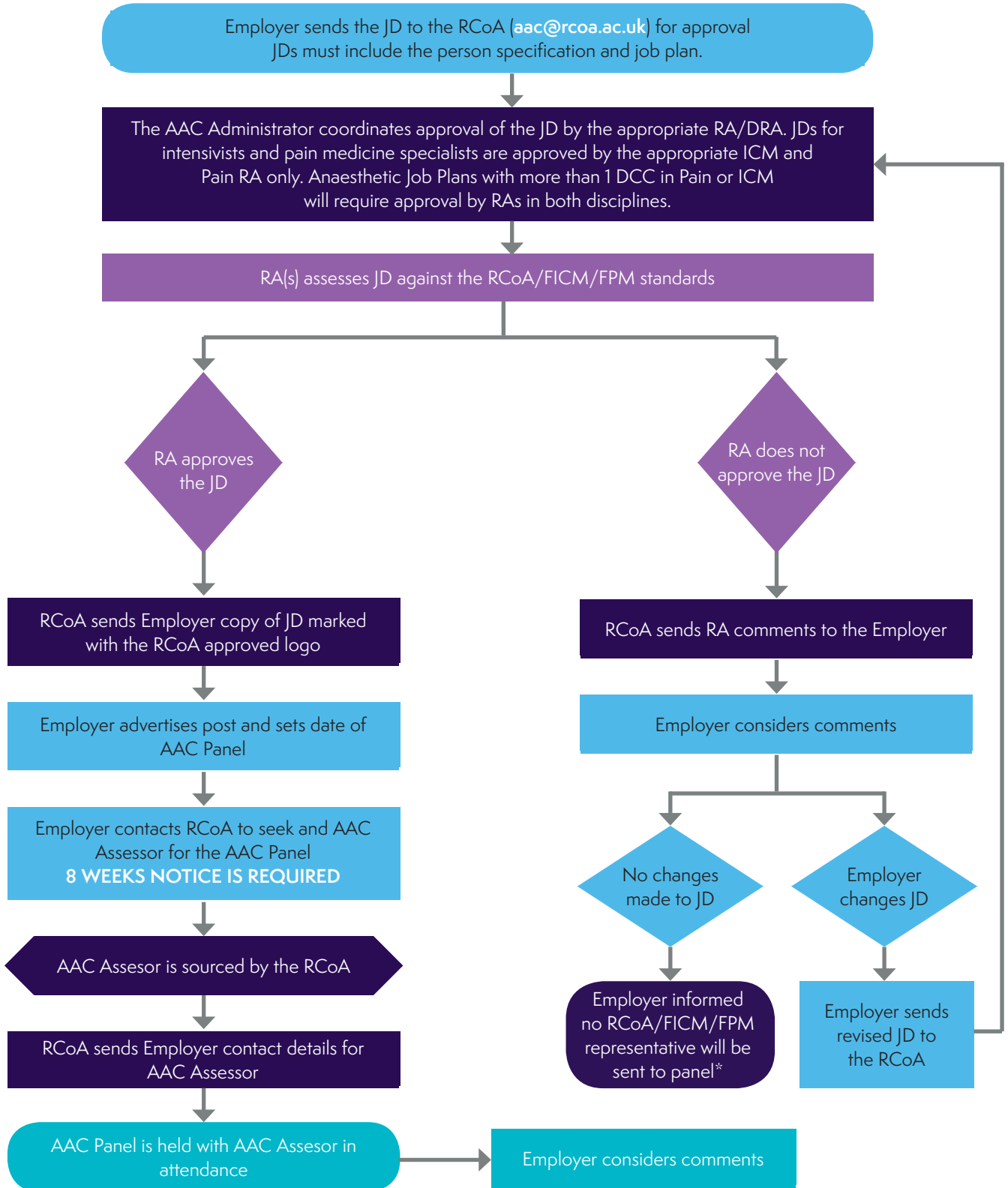
An Advisory Appointments Committee (AAC) is a legally constituted panel that is established by an employing body when appointing consultants or SAS doctors. The remit of an AAC is to decide which, if any, of the applicants is suitable for appointment and to make a recommendation to the employing body.

The core membership of the committee for a consultant post can be found in the DH [Good Practice Guidance](#) section 2.1 – 2.8, which includes a representative of the appropriate college or faculty

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 or call 020 7092 1572

The RCoA Process for securing representation at AAC Panels



*The RCoA may send a representative to an unapproved role if the only reason for non-approval is the amount of supporting professional activity (SPA) time. See FAQs for more details.

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

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How do I contact the RCoA AAC team?

All correspondence should be sent to aac@rcoa.ac.uk. You will be given a unique reference number that should be quoted on all correspondence about that role. The AAC Administrator can be contacted on 020 7092 1571.

You should not send the job description to the Regional Advisor (RA) directly for approval, as not informing the RCoA AAC team at this stage can delay the process later on. This does not prevent the employing authority from asking advice from the RA before seeking formal approval.

Which roles should I contact the RCoA AAC team about?

The RCoA provides representatives, also known as AAC assessors, for consultant anaesthetist and SAS anaesthetist roles. The RCoA AAC team also organises representatives to attend AAC panels on behalf of FICM and FPM and thus should also be contacted regarding consultant Intensivist, consultant pain medicine specialists and related SAS posts.

These will normally be permanent posts or for fixed term posts longer than six months. You do not need to contact the RCoA AAC team regarding short term locum roles.

The overall process for securing an RCoA, FICM or FPM representative for an AAC panel is the same for all of these roles.

Do I need to contact any other medical royal colleges about ICM posts?

The Paediatric Intensive Care Medicine Specialist Advisory Committee (PICMISAC), administered by the Royal College of Paediatrics and Child Health (RCPCH), supervises training programmes in paediatric intensive care medicine (PICM). The RCPCH should be contacted in the first instance about PICM posts.

Where consultant intensivist jobs are proposed with unspecified second specialty commitments, e.g. anaesthesia, medical specialties and emergency medicine, the employer may wish to contact other medical royal colleges additionally, such as the [Royal College of Physicians](#) or the [Royal College of Emergency Medicine](#). Employing authorities should note that the vast majority of FICM representatives are only able to represent anaesthesia in addition to intensive care.

Do I need to contact any other medical royal colleges about Pain Medicine posts?

Posts advertised for other specialties, such as rheumatology or neurology, with a component of pain medicine cannot be approved by the FPM. Such posts should be reviewed by their parent specialty.

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.

How soon should I contact the RCoA AAC team?

As soon as the job description, job plan and person specification have been agreed by the employing authority internally. All job description approval requests should come to the RCoA before a job is advertised and an AAC Panel organised. The earlier you contact the RCoA, the more likely we will be able to find an assessor to attend.

What criteria does the Regional Advisor apply when approving a job description?

The full guidance for RAs can be found [here](#).

It is important to note that all job descriptions must include a job plan and person specification in order to provide the RA with sufficient information to assess the role.

When anaesthetist posts involve one daytime direct clinical care (DCC) session or more 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 should be involved.

How long does it take for a Regional Advisor to approve a job description?

RAs will normally provide approval or initial reasons for non-approval within two weeks. If there are significant changes requested by the RA, discussions between the employing authority and the RA may last longer.

Why do the RCoA, FICM and FPM approve job descriptions?

The approval process seeks to provide prospective candidates with assurance that the role is appropriate and employers with assurance that they are advertising for the right skills to match the role. It provides a national benchmark for quality of posts at consultant and SAS level.

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 the Chief Medical Officers of all four UK nations, require a minimum of 1.5 sessions of supporting professional activity (SPA) per week 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. Employing authorities in this situation should note:

- not all of our assessors are willing to attend panels where the JDs have not been approved for this reason, so it may be more difficult for us to secure a representative
- the assessor or the AAC Chair should check on the day that the candidates are aware if a post is not approved and why. The AAC Chair should be made aware of this before the day of the interview panel.

Can I appeal the decision not to approve the job description?

The employing authority can appeal directly to the RCoA, FICM or FPM if it considers that the RA has insufficient grounds to refuse to approve a job description. The matter will be referred to the lead Regional Advisor, lead AAC Assessor and the Chair of the relevant committee at RCoA, FICM and/or FPM as appropriate.

What will I receive when a job description is approved?

You will receive a copy of the RA Approval form and a version of the JD which has been appended with the RCoA's Approved Post logo:



The RCoA encourages all colleagues to look out for this logo in advertisements.

Please note that use of this logo outside of the AAC approval process is not acceptable.

How long is job description approval valid for?

RCoA, FICM or FPM approval of a post is valid for 6 calendar months, provided that there are no significant changes to the original post.

If any changes occur to the job description, you are required to contact the RCoA for re-approval before advertising the post.

When should I contact the RCoA AAC team to find a representative?

As soon as the date for an AAC panel is set, you should send a request, including the time, date and location of the panel, to acc@rcoa.ac.uk, along with the approved JD. Using the reference number given to you by the RCoA AAC team when you applied for JD approval will help to speed up the process.

You must give us **at least 8 weeks' notice**. Almost all of our AAC assessors are practising doctors and require this amount of notice to secure leave from their employers.

What happens if I give less than 8 weeks' notice for an AAC panel?

The RCoA AAC team will still process your request for a representative in the same way. However, you should be aware that the shorter the notice period given, the less likely is it that the RCoA AAC team will be able to find a suitable representative for the AAC panel. This means it is more likely that you will have to rearrange the AAC panel date.

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

The RCoA AAC team will ask members of its pool of trained assessors 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
- Subspecialty interests specified in the JD

Employing authorities should not seek to recruit a representative directly without prior agreement of the RCoA AAC team.

How will I know who is the representative assigned to my AAC panel?

Once an AAC assessor has been identified by the RCoA AAC team, the AAC Administrator will contact the employer immediately to confirm who will be attending and will provide contact details. At the same time the assessor will be given the details of the employer as well as a copy of the approved documentation.

What happens if the RCoA cannot find an AAC assessor for the date requested?

The RCoA makes every effort to provide an AAC assessor for the date requested by the employer, including escalating the request to RAs, RCoA Council, FICM Board and/or FPM Board as appropriate. However, on rare occasions the RCoA AAC team will not be able to find a representative for the date requested. In these situations, there are several options:

- The employer is able to suggest a consultant in the appropriate specialty, in good standing with the General Medical Council (GMC) and RCoA, who is willing to represent the RCoA, FICM and/or FPM as appropriate. In these circumstances, the RCoA AAC team may allow this consultant to act as the representative as long as there are no conflicts of interest. The RCoA AAC team will never authorise a consultant already employed by the same employing authority to act as a representative of the RCoA, FICM and/or FPM, as this is against the rules outlined in [NHS \(Appointment of Consultants\) Good Practice Guidance, January 2005](#).
- NHS Trusts/Boards must rearrange the date of their AAC panel, as without a representative of the RCoA, FICM and/or FPM as appropriate, the AAC would not be properly constituted as outlined in [NHS \(Appointment of Consultants\) Good Practice Guidance, January 2005](#) and so any appointment would be open to legal challenge.
- NHS Foundation Trusts are within their rights to proceed with the AAC Panel as planned, without RCoA, FICM and/or FPM representation. However, this is not recommended by the RCoA as good practice.

To avoid these situations, the RCoA AAC team recommends contacting us more than 8 weeks before the AAC panel and avoiding scheduling panels on dates within the school holidays, when it can be more difficult to find available assessors.

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 AAC assessors 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.

AAC assessors will claim their 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](#). Hospitals will be required to provide their expenses paperwork and policy to the AAC assessor before the panel meets.

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.

What is the role of the AAC assessor?

The AAC assessors' role is primarily to assess the candidates and, ultimately, 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, they provide external benchmarking 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 is maintained.

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

The role of the AAC assessor during the interview needs 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 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.

Why might some of the applicants not be eligible to be appointed?

The AAC assessor will 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 be advised to contact the training department at the RCoA, FICM or FPM immediately.

Applicants who have not completed 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 if the AAC assessor has 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, the assessor will primarily alert the RCoA President or Faculty Dean, who, when the appointment is considered to be unsafe, 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. 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 this 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.

Royal College of Anaesthetists

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