



THE SCOTTISH OFFICE

Department of Health

NHS
MEL(1997)23

NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG
7 May 1997

**FOR
REFERENCE ONLY**

Dear Colleague

**REVISED GENERAL GUIDANCE ON APPOINTMENT
PROCEDURES
THE NATIONAL PANEL OF SPECIALISTS**

Summary

1. This letter encloses revised general guidance on the Appointments Procedures, which should be associated with the 1993 Regulations. Also enclosed is the current membership list for the National Health Service (Appointment of Consultants) (Scotland) Regulations 1993.

Action

2. Trusts and Health Boards should:

- note the revised guidance;
- note the appointment of new members of the Panel who will serve from 1 May 1997 to 30 April 2001.

3. Details of what is required are set out in the Appendix and Annexes attached.

Yours sincerely

Jane A McGregor

MISS J A MCGREGOR
Acting Director of Human Resources

NHS MEL (1996)39 is cancelled

Addressees

For action:
Chief Executives, NHS Trust

General Managers, Health Board

General Manager, Common Services Agency

General Manager, State Hospitals Board for Scotland

General Manager, Health Education Board for Scotland

Executive Director, Scottish Council for Postgraduate Medical and Dental Education

Enquiries to:

Mrs L Middleton
Directorate of Human Resources
NHS Management Executive
Room 62
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 2828
Fax: 0131-244 2683

SCOTTISH HEALTH SERVICE COMMON SERVICES AGENCY TRINITY PARK HOUSE LIBRARY	
CLASS	Ref.
ACC	IP-1A: 100370
Date:	Price:

COMMON SERVICES AGENCY	
RECEIVED	
- 8 MAY 1997	
FILE No	
REFERRED TO	ACTION TAKEN

KMA05204

REVISED GUIDANCE ON APPOINTMENT PROCEDURES

1. MEL(1993)62 issued on 4 May 1993 contained guidance on the appointment of consultants. With the introduction of the new specialist registrar grade and the changes associated with the European Specialist Medical Qualifications Order 1995, the guidance was revised last year. This has now been further revised this year. All previous guidance is now superseded.

MEMBERSHIP OF THE NATIONAL PANEL OF SPECIALISTS (1996)

General

2. The National Panel of Specialists is constituted under regulation 6 of the National Health Service (Appointment of Consultants) (Scotland) Regulations 1993. The national Panel provides members for Consultant Advisory Appointments Committees, also constituted under the 1993 Regulations. The enclosed membership list supersedes that enclosed with NHS MEL(1996)39.

3. The Panel has been structured to ensure that approximately one-quarter of the members retire each year; retiring members may, however, be re-appointed, subject to any conditions which the Secretary of State may impose. After retirement from a consultant post, a member of the Panel may complete his or her term of office unless he or she first attains the age of 70 years, at which time membership must cease.

Changes to the Panel

4. To assist in maintaining an up-to-date list of members, NHS Trusts and Health Boards are asked to inform the Scottish Office Department of Health when any Panel member leaves NHS employment for any reason.

Secretary to the Panel

5. The Secretary to the National Panel of Specialists is Dr D J Ewing, SODoH, Room 360, St Andrew's House, Edinburgh EH1 3DG (Tel: 0131-244-2275) to whom any enquiries of a professional nature should be referred.

GUIDANCE ON THE APPOINTMENT OF CONSULTANTS AND SPECIALIST REGISTRARS

1. Consultant appointments, with certain specified exceptions, are made by employing bodies on the advice of an Advisory Appointments Committee (AAC). An appointment cannot be made unless the candidate has been interviewed by the AAC and has been assessed by the majority of its members as suitable. The AAC does not make the appointment but acts in an advisory capacity to the employing body which may decide to make no appointment, even although names of candidates assessed as suitable are provided by the AAC. If this happens, the employing body will be expected to give to the AAC its reasons for not making an appointment.

Membership of AACs

2. The regulations set out the provisions governing the membership of AACs. An AAC will normally consist of:-

2.1 four members appointed by the employing body, of whom one shall act as Chairman; not fewer than 2 shall be registered medical or dental practitioners as appropriate and one shall be the Chief Executive or the General Manager of the employing body; where the appointment is in public health medicine, one shall be the Chief Administrative Medical Officer (CAMO)/Director of Public Health, or if for reasonable cause he or she is unable to act, a consultant in public health medicine;

2.2 two members in an appropriate specialty from the National Panel of Specialists constituted in accordance with regulation 6; while one of them may be employed by the employing body making the appointment, where possible, it would be preferable for both to come from outwith that employing body; and

2.3 in the case of an appointment involving undergraduate teaching duties, 2 members nominated by the university concerned; where, in the opinion of the employing body (in consultation with the university concerned) the post carries major undergraduate teaching responsibilities, the university may be invited to nominate up to a maximum of 4 members.

3. Where for reasonable cause, the Chief Executive or General Manager of the employing body cannot attend an AAC, a senior manager on the staff of the employing body may be appointed to serve in their place; in such circumstances, the senior manager should be the recognised deputy of the Chief Executive or the General Manager, or the General Manager of the base unit within which the consultant is to work, or the recognised deputy. These arrangements must be confirmed with the Chairman of the AAC. In the case of the appointment of a CAMO/Director of Public Health, the responsibility of the Health Board General Manager must not be delegated. In order to assist with the making of their nominations of registered medical or dental practitioners for the AAC, employing bodies are advised to seek appropriate local professional advice.

4. For a consultant appointment, each AAC should contain a member of the employing body's clinical staff who should be a consultant working in the clinical service (that is, in the same group of hospitals and specialty) to which the appointment is to be made. If the Chief Executive of a Trust or the Health Board or Unit General manager is medically or dentally qualified, he or she should not count as one of the minimum of 2 registered medical or dental practitioners on the AAC. If a new hospital or service is opened, there may be no consultant meeting the aforementioned definition of a member of the clinical staff. In such cases, this place on the AAC may be filled by any consultant employed by the employing body. In the case of laboratory and radiology or imaging services, the head of department or the recognised deputy should be a member of the AAC. In the case of a consultant in public health medicine appointment, the CAMO/Director of Public Health should be a member of the AAC, subject to the arrangements described in paragraph 2.1. Where a newly-recognised specialty is concerned, employing bodies should consult the Secretary of the National Panel of Specialists regarding appropriate Panel representatives.

5. The professional postgraduate bodies or organisations who have been selected by the Secretary of State to nominate 225 members for the National Panel comprise the present Royal Colleges and Faculties as follows:-

The Royal College of Anaesthetists
 The Royal College of Obstetricians and Gynaecologists
 The Royal College of Ophthalmologists
 The Royal College of Paediatrics and Child Health
 The Royal College of Pathologists
 The Royal College of Physicians of Edinburgh
 The Royal College of Physicians and Surgeons of Glasgow
 The Royal College of Psychiatrists
 The Royal College of Radiologists
 The Royal College of Surgeons of Edinburgh
 The Faculty of Occupational Medicine of the Royal College of Physicians of London
 The Faculty of Public Health Medicine of the Royal Colleges of Physicians of the United Kingdom

It is recognised that this list may require to be amended from time to time following the emergence of new colleges or faculties.

6. The other nominations to the Panel include 70 from the Universities of Aberdeen, Dundee, Edinburgh and Glasgow who are invited by the Scottish Office Department of Health to collaborate on the submission of names. The remaining 55 members of the Panel are nominated by the Secretary of State to ensure geographical and specialty balance.

7. Generally, members will be nominated to the Panel for a period of 4 years and be ineligible for re-nomination for a period of 2 years. However, in certain circumstances, the Secretary of the National Panel will be able to authorise short-term nominations to meet specific situations where, for example, a very small specialty may be involved.

8. Attention has been drawn to problems over university representation on AACs when the post carries a teaching responsibility. Although provision has been made for up to a

maximum of 4 university nominees, this provision should be used only where the employing body considers, in conjunction with the university, that the post carries a major undergraduate teaching responsibility. When making appointments to AACs, consideration should be given to the extent of teaching responsibilities carried by the post and the number of university nominees assessed accordingly. It is envisaged that in the majority of instances, 2 nominees would be adequate, but in cases of doubt there should be consultation between the Dean of the Medical School or Dental School (as appropriate) concerned and officers of the employing body.

9. A retiring consultant should not be a member of the AAC set up to select his or her successor.

10. Employing bodies will wish to avoid any question of partiality arising concerning the recommendations of an AAC and should therefore endeavour to see that no close relative of any candidate or candidate's spouse serves on an AAC. If it is apparent when the list of applicants is considered that any member of the Committee is a close relative of a candidate or candidate's spouse, that member should be required to stand down and a replacement nomination sought. Any relationship or personal, professional or business connection between the AAC members and candidates must be declared when the AAC meets. Acting as a referee for one or more candidates should not in itself debar an individual from membership of an AAC.

Role and Responsibilities of Members of Advisory Appointments Committees

11. Guidance for members of AACs on their roles and responsibilities is provided at Annex C, in a form that may be reproduced easily for their use. Many employing bodies prepare their own detailed guidance for members of AACs and the Scottish Office Department of Health strongly commends this practice, provided that it is issued as a supplement to the guidance given in Annex C. National Panel members of the AAC should also take account of separate guidance issued to them on their role and responsibilities and of relevant professional guidance such as that issued by Royal Colleges and Faculties.

12. Employing bodies should ensure that all members of AACs, in particular the Chairman, should have training in the procedures for short-listing and selection of applicants by interview. This should cover all aspects of appointments and concentrate on those areas where difficulties can arise. These include:-

12.1 equal opportunities (see paragraphs 13 and 17 below);

12.2 European Community (EC) provisions and the requirements for particular qualifications and experience;

12.3 matters (eg those relating to the candidate's personal situation) which should not be discussed at the interview other than in exceptional circumstances.

13. All members of AACs and others involved in the appointments procedure must act fairly in the short-listing and selection of candidates. In assessing a candidate's suitability for appointment there should be no discrimination, intended or otherwise, on the grounds of age,

gender, marital status, race, ethnic origin, religion, creed, sexual orientation, colour, disability, politics, membership or non-membership of trade unions or other associations. The Chairman has a special responsibility to guard against assessments being distorted by any possible preconceptions or prejudice in these areas; however, the provisions of the Rehabilitation of Offenders Act 1974 need to be observed.

14. Before candidates are short-listed, the AAC should agree and record objective criteria against which all the candidates are to be considered in order to ensure a common understanding for both short-listing and interviewing purposes. Decisions on the candidates should relate to the agreed criteria. The proposed criteria should be discussed by the Chairman of the AAC and the employing body. Subjective decisions can be difficult to defend and may demonstrate a subconscious prejudice which might disadvantage a person or class of person unfairly.

15. Selection must be based solely on the candidate's suitability, ie qualifications, experience and other qualities necessary for the post. AACs are advised to make a contemporaneous record of the proceedings and record their reasons for accepting or rejecting candidates. Individual members, or the AAC as a whole, can be questioned by the courts or industrial tribunals (who may order the production of contemporaneous notes) about the reason or reasons why a particular candidate was accepted or rejected. It is advisable to keep these records for 12 months after the AAC.

16. In any other context, the proceedings of the AAC, including any notes of discussions and any references or documents including application forms put before it are confidential. This confidentiality must be strictly observed by members of the AAC and members or officers of the employing bodies and other bodies associated with consultant appointments. Again, the Chairman has a special role in ensuring that the AAC is aware of its responsibility in relation to confidentiality (see also paragraph 49).

17. All members of the AAC should:-

17.1 receive training in equal opportunities and be encouraged to follow good practice on equal opportunities as advised by the Commission for Racial Equality and the Equal Opportunities Commission;

17.2 be reminded at the outset of the proceedings, by the Chairman of the AAC (or the Clerk to the AAC, if one is nominated under paragraph 25) of the requirements of fairness, in particular in relation to equal opportunities and of the requirements of confidentiality.

Role and Responsibilities of the Chairman

18. These are:-

1. agreement on objective criteria before candidates are short-listed and on which recommendations for appointments are made;
2. short-listing arrangements;

3. interviewing arrangements;
4. briefing members and training update;
5. explanation of members' roles (responsibility and confidentiality etc);
6. running of procedure to ensure fairness etc;
7. summarising conclusions and confirmation of agreement or otherwise; and
8. reporting recommendations to the employing body, notifying when the advice of the AAC is contrary to the advice of both members of the National Panel.

MAKING AN APPOINTMENT

19. There are 6 stages to the making of an appointment under the regulations. These are:-
 - 19.1 prepare and agree a job description in consultation with the profession locally and with a member of the National Panel in the appropriate specialty;
 - 19.2 advertise the post;
 - 19.3 draw up the short-list of candidates by the AAC;
 - 19.4 interview of short-list of candidates by the AAC and decide on the suitability of each candidate;
 - 19.5 report from the AAC to the employing body on the persons recommended as being suitable for appointment;
 - 19.6 decision by the employing body on the appointment from those determined suitable by the AAC.

Preparing the Job Description

20. Employing bodies should plan for consultant appointments well before any post is to be advertised or filled. They will need to consider, in discussion with the profession locally, the service need to be met and the training and supervision of junior staff to be undertaken by the post-holder. They will also need to draw up a job description for the post, in consultation with a member of the National Panel in the appropriate specialty, bearing in mind the educational opportunities and training possibilities of the post. The National Panel member who advises on the job description may not necessarily be a member of the AAC for that particular vacancy.

21. Employing bodies should ensure that they have taken adequate professional advice in drawing up the job description both locally and, where necessary, from professional sources outwith the employing body's area. A copy of the job description for the post should be sent

for information to all members of the AAC, including the National Panel members, prior to the meeting of the AAC. The appropriateness of the job description is a matter for the employing body and, having been agreed previously, is not open to debate at the time of interview by any member of the AAC, including the National Panel members.

Eligibility for Appointment

22. No one may take up appointment to any consultant medical post in the NHS unless his or her name is included in the General Medical Council's specialist register. (SI.1995.No.3208, the European Specialist Medical Qualifications Order 1995). For appointment to a consultant dental post, the appointee must be a registered dental practitioner or a fully registered medical practitioner. The additional skills and experience required by a candidate for a post are determined by the AAC. Specialist Registrars who have not completed their training are eligible to apply for consultant medical posts, provided that the date on which the AAC is held is within 3 months of the expected completion of their training programme and issue of a Certificate of Completion of Specialist Training (CCST).

Advertising

23. All posts must be advertised except in the specific circumstances described in regulation 5(1) and (2). Advertisements must appear in 2 professional journals. Although inclusion in the General Medical Council's specialist ^{register} is necessary for appointment to consultant medical posts, advertisements should not contain other absolute requirements for specified higher qualifications; this might deter applications from those with equivalent qualifications or experience and might be considered to be discriminatory.

24. Consultant posts may be either whole-time (with a maximum part-time option) or part-time. All whole-time consultant posts should be advertised in such a way as to encourage those doctors able to work only part-time for well-founded personal reasons, disability or ill-health to apply and be considered for appointment.

AAC PROCEDURE

25. The procedure adopted by an AAC is a matter for decision by the AAC itself (subject to the provisions of paragraphs 11 to 16 above). Separately from the membership of the AAC, the Chairman may invite officers of the employing body to attend any meeting of the AAC to provide administrative support, assist the AAC generally and answer questions of fact, but they will have no voting rights. Employing bodies may wish to nominate an officer to act as Clerk to the AAC. The Clerk should be well versed in personnel matters and in equal opportunities legislation and its application and be able to provide advice to the AAC.

26. The employing body should ensure, as far as possible, that dates for meetings are arranged so that all members are able to attend. It should be noted that the profession attaches great importance to the attendance of members of the National Panel of Specialists at all meetings of AACs.

27. The employing body should seek appropriate professional advice as regards the identification of the relevant specialty of the National Panel. In cases of doubt involving the

selection of National Panel members, employing bodies should seek the advice of the Secretary to the National Panel.

Short-listing

28. Each member of the AAC, including the lay members, must have the opportunity to contribute to the selection of candidates to be interviewed, and for this purpose must receive a copy of each application, timeously, together with the job description. A short-list can usually be formed by correspondence, on the basis of the criteria referred to in paragraph 14. If, however, the Chairman decides that it is necessary (or if the members of the AAC so request), a meeting may be held for the purpose of short-listing candidates. In all cases, the Chairman should ensure that the members are content with the short-list before moving to the interview stage.

29. Canvassing in support of any application for a post is prohibited. It is nevertheless desirable that any applicant or prospective applicant should feel able to visit the relevant Unit and meet prospective colleagues before the AAC selects its short-list and holds interviews. The opportunity to make such visits should be drawn to the attention of candidates for the post. At such visits, no formal interview should be held, nor any meeting that forms part of the selection process, and care should be taken by all concerned to avoid creating the impression that such a visit or meeting forms part of the selection process. Travel and subsistence expenses will be reimbursed by the appointing employing body in accordance with paragraph 313 of the Terms and Conditions of Service.

Decision on Suitability

30. The function of the AAC is to select from the applicants those whom it considers suitable for appointment and to recommend a name or names to the employing body together with such comments as it considers appropriate. Candidates able to offer only part-time work in whole-time posts and whom the AAC considers suitable for appointment should be included in the recommendations to the employing body. The AAC cannot recommend any candidate that it has not interviewed. On no account should the AAC indicate to applicants that they are considered suitable or unsuitable for appointment. AACs should not recommend a candidate who is not yet able to undertake the responsibilities of the consultant grade, even where he or she might become so after further training. It can, however, advise that a candidate who it deems is at present able to undertake such responsibilities would nonetheless benefit from further specific training before taking up duty.

31. Before the AAC reaches a decision on which candidates to recommend as suitable for appointment, the Chairman of the AAC should ensure that the members of the National Panel are content that the candidates being considered have sufficient training and experience in the appropriate specialty or specialties to enable them to assume the professional responsibilities of the consultant grade in the particular post. Should both National Panellists disagree with the decision of the AAC, the Chairman should inform the employing body accordingly.

DECISION BY EMPLOYING BODY

32. The employing body may appoint only from persons recommend by the AAC, but it is not required to make an appointment and may decide to re-advertise the post. Where the advice of the AAC is contrary to the advice of both members of the National Panel, employing bodies should make no appointment but should refer the matter to the Management Executive through the Secretary to the National Panel. Before making an offer of appointment, employing bodies should also check applicants' references in terms of registration, identify etc - see also paragraph 46 below.

EXEMPTED APPOINTMENTS

33. A number of appointments are exempt from the provisions of the regulations. Some of these important exemptions are detailed below.

Academic and Research Staff - Honorary Contracts

34. An employing body proposing to grant an honorary contract must satisfy itself as to the practitioner's competence to carry out the clinical duties required, as the employer carries the same liability in law for the actions of its honorary staff as it does for its paid staff. Holders of honorary contracts cannot be appointed to fill paid NHS consultant posts without fulfilling the provisions of the regulations unless the duties of the post remain substantially the same and the approval of the Secretary of State has been obtained.

35. It is usual for universities or the Medical Research Council (MRC) to apply to an employing body on behalf of clinical academic research staff of appropriate seniority for the award of an honorary NHS consultant contract. For this reason, universities recognise that it is desirable for the employing body to participate in the selection process for senior clinical academic staff who are being considered for appointment to a post that might appropriately attract an honorary NHS consultant contract. The universities will also bear in mind the great importance attached by the profession to the inclusion of National Panel members. This will generally mean that the universities will consult with the relevant employing body before appointing clinical members to their Appointment Committees. NHS employing bodies should wherever possible include NHS consultant representation from the staff of the main hospital in which the successful candidate will be undertaking clinical work among their nominations. A number of universities and the MRC have long established arrangements for consulting NHS employing bodies and existing practices which are working satisfactorily should be allowed to continue.

Appointments to Consultant/Grade C Clinical Scientist Posts

36. In exceptional circumstances, employing bodies may wish to advertise a post as being suitable for either a consultant or Grade C clinical scientist. While the procedure for appointing a Grade C clinical scientist is similar to that for appointing a consultant, subject to 2 members of the National Panel of Assessors replacing the 2 members of the National Panel of Specialists, it is not laid down in regulations and is therefore more flexible. When an employing body wishes to advertise a post as suitable for a consultant or Grade C clinical scientist, a joint Advisory Appointments Committee should be set up comprising a formally

constituted consultant AAC plus 2 members from the National Panel of Assessors for clinical scientist posts. In addition, one of the 4 members nominated by the employing body under regulation 7(2)(a) should, where possible, be a non-medical scientist. This enlarged AAC would perform 3 distinct functions:-

36.1 as an AAC for medical candidates;

36.2 as an AAC for non-medical candidates; and

36.3 as a joint AAC when determining its overall recommendations.

37. The members from the National Panel of Assessors would be present at all interviews, but would not participate and would not have a vote in the assessment of the suitability of candidates for appointment as a consultant. Similarly, the 2 members from the National Panel of Specialists would also be present at all interviews but not participate or have a vote in the assessment of the suitability of candidates for appointment as a Grade C clinical scientist. The AAC in its role as a “consultant” AAC would report its recommendations to the employing body as normal and in its joint role would produce a further statement setting out its views on the relative merits of all candidates seen.

Appointments following Redundancy or Reorganisation of Services

38. Where a consultant is to be made redundant, the employing body has a moral obligation to provide assistance to help the consultant to obtain comparable work elsewhere. Appointments to consultant posts where the applicant has been made redundant within the previous 2 years are exempt from the provisions of the regulations and Direction. Transfers from one employing body to another are also exempt from the provisions of the regulations and Direction where the employment of the consultant would otherwise be terminated on grounds of redundancy.

Locum Appointments

39. Appointments for locums under the terms and conditions of service are made in various circumstances: to cover the temporary absence of the permanent holder of a post, to meet an urgent service need until a substantive appointment can be made, or to provide “bridging” arrangements during an interim period when services are being reorganised locally. Such appointments are not subject to the full procedures used for substantive appointments; it is nevertheless important to ensure that the practitioner appointed has appropriate qualifications and experience for the post. Employing bodies should appoint as locums, practitioners who hold, or who have held, posts of consultant status, or are practitioners with equivalent experience. Wherever possible, there should be assessment of candidates by a Committee with at least 2 professional members, one in the specialty concerned. It may be necessary to waive this procedure in cases where a locum is needed urgently, but there should always be some professional involvement in the appointment of such a locum. Where a locum is not known to his or her prospective consultant or specialist colleagues, the locum should be seen by at least one of them before he or she is engaged. Employing bodies are reminded that the advice of National Panel members should be sought

in cases of difficulty if time permits. It is important that references are obtained for all locum appointments, irrespective of the short-term nature of the post.

40. Such appointments should be short-term only. It is, however, not always possible to determine at the outset a period for which a locum appointment will be required. Where the period extends for longer than 3 months, the situation should be reviewed, and thereafter at 3 monthly intervals and this requirement should be included in any appointment letter. The review should include an assessment of the locum consultant's suitability for continuing in post, and consideration of whether there is a more suitable means of meeting the service need, eg by making a substantive appointment or rearranging the duties of existing staff.

Limited Duration Appointments

41. Certain appointments may be for a limited period of time, pending a reorganisation of the service, for example because several limited session posts are to be amalgamated or a hospital is to be closed. Such appointments are exempt from the provisions of the regulations and Direction provided the duration of the post is not to extend beyond 2 years. The profession locally should be consulted on such proposals. These appointments should be considered in the same way as in paragraph 39 above.

OTHER MATTERS

Posts Which are Hard to Fill

42. Where posts are repeatedly advertised without success, employing bodies should consider whether some change in the duties or responsibilities or the organisation of the service would make the post more attractive: they might also wish to consider using the facility to advertise the post at the maximum of the consultant scale (see paragraph 134 of the Terms and Conditions of Service for Hospital Medical and Dental Staff (Scotland)).

43. It may happen that an advertisement for a substantive consultant post attracts no suitable candidates and that there is an urgent service need which cannot be met by other consultants working locally. In such cases, pending re-advertisement of the post, employing bodies may wish to make a short-term appointment, perhaps to carry out only part of the duties of the post. If so, they should convene a special committee as outlined in paragraph 39 above. Such short-term appointments are exempt from the provisions of the regulations in terms of regulation 4(1)(b). It is important, however, that they are strictly short-term, and that the post is re-advertised within a year. The essentially temporary nature of the post should be emphasised in writing to the doctor or dentist to be appointed. Employing bodies are also reminded of the complications under the employment legislation in the case of an individual continuing to occupy a series of short-term appointments in the same post.

APPOINTMENT OF SPECIALIST REGISTRARS

44. The regional Postgraduate Dean is responsible for operating the appointments process. Posts should be advertised and an Appointments Committee should be set up comprising at least 5 members including:-

- (i) a Chairman selected from a panel drawn up by the regional Postgraduate Dean in consultation with the Trusts in his or her region;
- (ii) a member from the appropriate section of the National Panel of Specialists;
- (iii) a member of the Regional Medical Education Committee (usually the regional Postgraduate Dean or a deputy);
- (iv) a senior medical representative of the services principally, involved in the training programme for the post in question (eg clinical director or consultant); and
- (v) a consultant appointed by the relevant university.

If additional or alternate membership is necessary to take account of a particular discipline, placement or rotation, the postgraduate dean should arrange for this. Care should be taken to ensure that a proper balance of membership is preserved.

The Postgraduate Deans will usually convene appointment committees for more than one appointment at a time and core membership should reflect this. The Appointments Committee will advise on both the appointment of candidates and their appropriate entry point into the grade, taking into account advice from the relevant College or Specialist Advisory Committee.

Honorary Specialist Registrar Contracts

45. University appointments in academic clinical medicine are a matter for the relevant university. However, as a Scottish National Training Number (SNTN) is required for honorary specialist registrars as well as for NHS specialist registrars, it is essential that both the relevant member of the National Panel of Specialists and the dean of postgraduate medicine are represented on the appointment committee. This is a precondition for participation in NHS training programmes within the grade.

GENERAL

References

46. Employing bodies should be familiar with the guidance in NHS Circular No 1977(PCS)23 as amended by NHS Circular No 1980(PCS)18 and also NHS Circular No 1988(PCS)2 concerning checks on doctors' and dentists' registration, identity and references. Copies of these circulars should be available from the employing body. Where a practitioner is to be appointed at short notice, eg as a locum, checks should be made by telephone and written confirmation sought as soon as possible. The requirements in the guidance should be fully satisfied before an unconditional offer of appointment is made.

Confidentiality

47. Applications and all documents relating to them, including references and testimonials, should be handled and transmitted in such a way that their confidentiality is safeguarded and that they are seen only by members of the AAC and by members and staff of the employing body on a need to know basis. Confidential references should only be available at the meeting of the AAC. It is recommended that authorities should collect all documents relating to the appointment after the AAC has made its decision. All documents should be kept for 12 months and thereafter destroyed, except that, subject to the employing body's personnel records policy, references and testimonials for candidates appointed may form part of their personal file.

Expenses

48. Committee members are entitled to travelling, subsistence and financial allowances while engaged on AAC business. The fees for medical and dental practitioners should be paid in accordance with the rates set out in the current Pay Circular for Hospital Medical and dental Staff and Doctors in Public Health Medicine and the Community Health Service.

**ROLES AND RESPONSIBILITIES OF MEMBERS OF ADVISORY
APPOINTMENTS COMMITTEES (AACs)**

1. The function of Advisory Appointments Committees (AACs) is statutory and is set out in regulation 8 of the National Health Service (Appointment of Consultants) (Scotland) Regulations 1993 as follows:-

“8(3) The committee shall consider all applications so referred to them and may interview any of the applicants in order to select the persons whom the committee consider to be suitable for the appointment.

8(4) Thereafter the committee shall submit to the Authority* a report stating -

- (a) the names of the persons recommended by the committee as being suitable for the appointment;
- (b) the order in which those persons are so recommended; and
- (c) the comments of the committee (including in particular the views of the members from the Panel) on the suitability of those persons selected for appointment,

but such report shall not include the name of any person who has not been interviewed in accordance with paragraph (2).

8(5) Where an Authority* propose to make an appointment to a whole-time post but in the opinion of the committee one or more applicants would be suitable for appointment for less than whole-time they shall submit to the Authority* the names of any such applicants and may add such comments as they consider appropriate.

8(6) If the committee consider that none of the applicants is suitable for the appointment they shall so inform the Authority.

8(7) No applicant shall be considered suitable for appointment unless a majority of the members of the committee considers him to be suitable and in the event of an equality of votes the Chairman shall not have a casting vote.”

* For the purpose of this guidance, Authority means NHS Trusts and Health Boards, hereinafter referred to as employing bodies.

2. The AAC of which you have been invited to be a member has been set up to advise on the suitability of the applicants for a specified consultant post. The AAC does not make the appointment. That is the responsibility of the employing body. But that body can appoint only a candidate who has been seen by the AAC and approved as suitable for appointment. You and your fellow AAC members therefore have a crucial role to play in advising which applicants are suitable for the post.

3. In order that you can carry out your responsibilities properly, you, and the other members of the AAC should receive training on the short-listing and selection of candidates by interview. This training should be arranged by the employing body which appoints you to the AAC. It should cover all aspects of appointments and concentrate on those areas where difficulties can arise. These include:-

3.1 equal opportunities (see paragraph 4 below) and good practice as advised by the Equal Opportunities Commission and the Commission for Racial Equality;

3.2 European Community (EC) provisions and the requirements for particular qualifications and experience; and

3.3 matters (eg those relating to a candidate's personal situation) which should not be discussed at the interview other than in exceptional circumstances.

Equal Opportunities

4. Selection must be based solely on the candidate's suitability for the post. You, and others involved in the appointments procedure, must act fairly in the short-listing and selection of candidates. In assessing a candidate's suitability for appointment you must not discriminate, intentionally or otherwise, on grounds of age, gender, marital status, race, ethnic origin, religion, creed, sexual orientation, colour, disability, politics, membership or non-membership of trade unions or other associations. The Chairman has a special responsibility to guard against assessments being distorted by any possible preconceptions or prejudice in these areas. All members of AACs should receive training on equal opportunities from the employing body constituting the AAC.

Proceedings and Confidentiality

5. It is for the AAC itself to decide how to go about its business although there will usually be officers from the employing body available to advise you. Before candidates are short-listed, the AAC should agree and record objective criteria against which all the candidates are to be considered in order to ensure a common understanding for both shortlisting and interviewing purposes. Decisions on the candidates should relate to the agreed criteria. At the interview stage, the Chairman should remind the AAC of the requirements of fairness, in particular in relation to equal opportunities, and of the requirements of confidentiality. The AAC may not recommend as suitable for appointment any candidate whom it has not interviewed, or whom it does not consider to be suitable now for appointment.

6. Before interviewing candidates, the objective criteria referred to above should be reconfirmed. Subjective decisions can be difficult to defend and may demonstrate a subconscious prejudice which might disadvantage a person or class of persons unfairly.
7. It would be sensible for you to make a contemporaneous record of the proceedings and record your reasons for accepting or rejecting candidates. You, or the AAC as a whole, can be questioned by the courts or industrial tribunals (who may order the production of notes) about the reason or reasons why a particular candidate was accepted or rejected. It is advisable to keep these records for 12 months after the AAC.
8. In any other context, the proceedings of the AAC, including any notes of discussions and any references or documents, including application forms, put before it are confidential. This confidentiality must be strictly observed by you and members or officers of the employing and other bodies associated with the appointment. Again, the Chairman has a special role in ensuring that the AAC is aware of its responsibilities in relation to confidentiality.
9. The AAC will make recommendations to the employing body concerning the appointment; these may be that:
 - 9.1 no appointment should be made which could only be because no suitable candidate had emerged. (Any other grounds for non-appointment would not be matters for the AAC.);
 - 9.2 one candidate only is suitable for appointment; or
 - 9.3 several candidates are recommended for appointment, in order of preference.
10. Candidates should not be informed of the outcome until the recommendation has been considered and a decision arrived at by the employing body or a committee of that body to which the task has been delegated under regulation 9(1) of the regulations. The views of the National Panel members on suitability for appointment should always be stated along with the recommendation of the AAC if there is any dissent or qualification regarding a candidate recommended for appointment.
11. Employing bodies may, at their discretion, ask AACs to make recommendations about placing on the incremental salary scale, but in the absence of such a request, AACs have no locus in this matter. In any event, the final decision about starting salary is for the employing body alone.
12. The job description of any post, new or replacement, is a matter for the employing body itself after appropriate consultation with the profession locally and other interests, including in particular the Area Medical Committee or where appropriate, the Area Dental Committee and with a member of the National Panel in the appropriate specialty. It is not a matter for decision or even debate by an AAC or any member of the AAC.

Role of the National Panel of Specialists

13. National Panel members are full members of the AAC, free to make comments on any aspect of the appointment under the guidance of the Chairman of the AAC and have full voting rights in the AAC. In addition, they have a separate function which is to advise the AAC on whether individual candidates have sufficient training and experience in the appropriate specialty or specialties to enable them to assume the professional responsibilities of the consultant grade in the particular post.

Fees and Travelling Expenses for Practitioners Serving on AACs

14. Medical and dental practitioners who serve as members of AACs are eligible for a fee and travelling expenses provided they are not employed by the appointing employing body and have no contractual commitment within the area of the appointing body. The fees are set out in the current Pay Circular for Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service. These fees are paid by the practitioner's own employing body, and not by the body making the appointment except where the AAC member has retired from the NHS or is from outwith Scotland, in which case the fees and travelling expenses are paid by the appointing body.

15. In summary therefore, if you serve on an AAC within your own employing body, no fee will be payable. If, however, you serve on an AAC outwith the area of your own employing body you would be entitled to a fee payable by your own employing body at the current rate.