Royal College of Obstetricians & Gynaecologists

# Guidance for Advisory Appointment Committees (AAC) and RCOG representatives on AAC Panels

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Royal College of Obstetricians and Gynaecologists, 10-18 Union Street, London SE1 1SZ

T: +44 (0) 20 7772 6200 W: rcog.org.uk S: @RCObsGyn Registered Charity No. 213280

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# Introduction

## What is an AAC?

An Advisory Appointments Committee (AAC) is an interview panel used by an employing body when appointing Consultants; the purpose of an AAC is to determine whether an applicant is suitable for appointment.

There is information on the Department of Health's website to be used by NHS Trusts, Primary Care Trusts and Strategic Health Authorities when making appointments to Consultant posts. It provides good practice guidance on the NHS (Appointment of Consultants) Amendment Regulations 2004 (Statutory Instrument 2004 No. 3365).

All NHS Trusts/Boards must include a representative from the relevant medical college on their appointment committee. Although NHS Foundation Trusts do not have to include a Royal College representative, it is strongly recommended they do so by the Academy of Medical Royal Colleges and the Foundation Trust Network.

The RCOG places great reliance on those who are nominated to act as Assessors to uphold and maintain the standards of the College. The College recognises that the Assessor can sometimes face pressure to relax these standards in the interest of local service requirements. The College will give its full support to any Assessor who, having followed the general guidance outlined below, concludes that the AAC is making a recommendation that conflicts with the maintenance of proper standards and does not conform with the criteria for appointment to a Consultant post.

# Approval of a job description (JD)

Trust sends the JD to RCOG (jobplans@rcog.org.uk) for approval; an average weekly timetable showing the breakdown of DCC/SPA activity and Job Planning Form **must** be completed in order to be approved.

The RCOG reviews the JD for omissions before allocating a tracking number and recording it in the AAC spreadsheet. JDs are then sent to a College job plan reviewer for approval (reviewers are chosen from different regions to candidates to avoid conflicts of interest).

RCOG representatives will respond within two weeks with feedback to the Job Plans. If corrections are required, the Trust will be asked to amend the Job Plan before approval is given.

Once a Job Plan is approved, the RCOG will send the Trust/Health Board the RCOG kite mark and list of RCOG-approved Assessors in their neighbouring regions for the Trust to contact directly to secure a representative for their panel.

The Trust/Health Board should let the RCOG know the name of the secured representative and contact the AAC representative directly to organise arrangements for the panel.

Once the Trust/Health Board has confirmed the name of the chosen representative the RCOG will send the representative the RCOG Guidance.

**AAC Panel is held with the Assessor in attendance**

# RCOG criteria for job plan approval for new Consultant posts

## General guidelines

- RCOG encourages a transparent, departmental approach to job planning and this should be linked to developmental objectives of the new appointee and the department. In particular, the job description should include information about access to mentoring for newly appointed consultants. Mentoring arrangements for the person recommended for appointment at the committee should be discussed and agreed by the committee as part of its decision making process.
- A timetabled Job Plan should enable the Consultant to maintain continuity of patient care with his/her caseload.
- For Consultant posts with resident night shifts, time off before and after night shifts should be clear in the Job Plan and should neither impinge on clinical care, nor on professional development.
- Consultants should not have to travel between sites more than once in a day.
- Those with an academic/management component to their Job Plans should have this taken into account.
- Subspecialty posts should have at least 2 PAs per week (or equivalent) for subspecialty activities.
- Jobs advertised with a special interest should have appropriate PAs built into the Job Plan.
- The College is recommending that at least one clearly defined fixed labour ward session should be included in Job Plans where the appointment includes obstetrics.

## DCC/SPA split

- The total number of PAs per week must be clearly stated in a regular timetable, showing clinical duties and allocated DCC, SPAs and time off (which may be used for private practice).
- If annualised, this needs to be shown as the average per week.
- If total Job Plan is 7 or more PAs then a minimum of 1.5 SPAs should be allocated.
- If total Job Plan is less than 7 PAs there should be a minimum of 1 SPA.

## DCC time

- Job Plans will have a maximum of 85% DCC, of which at least 10% will be clinical administration.
- DCC time must be allocated for appropriate ward rounds (e.g. pre and post-operative, and obstetric inpatients).
- MDTs and ward rounds should be included in DCC and activity captured in Job Plans.
- Other aspects of direct clinical care should be captured during DCC planning, including communications with patients and colleagues, GP advice and related administration.

## SPA time

- SPAs must be a minimum of 15% of the total PAs, including at least 1 SPA for mandatory training, appraisal, audit and CPD.
- Trusts may wish to allocate further SPAs for research, education or specific activities.

## Out of Hours (OOH) work

- Job Plans should include a maximum of 3 PAs per week OOH, i.e. 5pm-9am and weekends, either predictable / unpredictable on call, or resident shifts (Job Plans may be approved with up to 4 OOH PAs in those Trusts who are actively planning to reduce this number).
- All OOH (non-resident) on-call work should be Band A.

## Obstetrics On-Call

- Posts which cover obstetrics OOH, should have at least 0.5 PA per week (or equivalent in annualised job plans) on labour ward during normal daytime working hours (8am-5pm, Monday to Friday).
- It should be made clear within the Job Plan that the Consultant is not on duty for the labour ward whilst covering services on another site or doing private practice.
- Consultants should not be on duty for the labour ward whilst being timetabled for other clinical duties, such as antenatal or gynaecology clinics.

## Gynaecology On-Call

- The recommended number of gynaecology theatre lists is at least alternate weekly, but on call gynaecology capabilities should be competency based.
- Competency should be maintained in laparotomy, diagnostic laparoscopy, and management of miscarriage and ectopic for OOH work.
- The Job Plan should specify how competency will be maintained in emergency gynaecology, or include a description of how patient safety will be assured. For example, individualising their gynaecology emergency cover or having a 'second on' rota for gynaecology.
- Trusts need to consider regional network models for complex emergency gynaecological surgery.

## Further information

- Template person specification for an O&G Consultant post here.
- Sample weekly timetables for O&G and pure obstetrics consultant posts below.

# Sample job plans

## Job plan example 1

**Mixed obstetrics and gynaecology job**
**1:8 non-resident on-call**

| | | Week 1 | Week 2 | Week 3 | Week 4 | PA Allowance |
|---|---|---|---|---|---|---|
| **Monday** | 08:00-13:00 | Admin | Elective caesarean section (c/s) list | Core SPA | Elective c/s list | 1.25 |
| | 13:00-17:00 | Core SPA | Elective c/s list | Admin | Elective c/s list | 1 |
| | 17:00-08:00 | On-call | | | | |
| **Tuesday** | 09:00-13:00 | Compensatory rest | General Outpatient Department (GOPD) | Core SPA | GOPD | 0.75 |
| | 13:00-17:00 | Comp. rest | Gynae theatre (finish 18:00 to inc. ward round) | Admin | Gynae theatre (finish 18:00 to inc. ward round) | 0.875 |
| | 17:00-08:00 | On-call | | | | |
| **Wednesday** | 09:00-13:00 | Comp. rest | OFF | OFF | OFF | |
| | 13:00-17:00 | Comp. rest | OFF | OFF | OFF | |
| | 17:00-08:00 | | | | | |
| **Thursday** | 09:00-13:00 | Antenatal Care (ANC) | ANC | ANC | ANC | 1 |
| | 13:00-17:00 | FM lead role 0.75/core SPA 0.25 | FM lead role 0.75/admin 0.25 | FM lead role 0.75/admin 0.25 | FM lead role 0.75/core SPA 0.25 | 1 |
| | 17:00-08:00 | | | | | |
| **Friday** | 09:00-13:00 | OFF | Delivery suite (start 08:00) | Core SPA | Delivery suite (start 08:00) | 0.875 |
| | 13:00-17:00 | OFF | Delivery suite | Educational supervision | Delivery suite | 0.75 |
| | 17:00-08:00 | | | | | |
| **Weekends** | | 1:8 weekends – resident 08:00-12:00 + evening ward round (2hrs) Weekend split either Saturday/Sunday or days/nights with compensatory rest on Monday | | | | |

Weekday on-calls – resident until 22.00 then non-resident until 08:00

## Principle of Out of Hours (OOH)

- Four consultants provide 1:4 Monday-Tuesday overnight cover
- Their weekly fixed Direct Clinical Care (DCC) allocation is concentrated on Thursday and Friday
- Four consultants provide 1:4 Wednesday-Thursday overnight cover
- Their weekly fixed DCC is concentrated on Monday and Tuesday
- Fixed compensatory rest following overnight on-calls which does not interrupt daytime activity
- Flexible DCC such as admin and Supporting Professional Activities (SPA) is nominally placed around OOH work
- Ideally consultants should swap on-calls with those from their block to minimise disruption to daytime activities

## Breakdown of PAs

| | |
|---|---|
| Out of hours DCC | 2.5 |
| Daytime DCC | 5.125 |
| (of which admin 0.875) | |
| Core SPA | 1.125 |
| Leadership role | 0.75 |
| Educational supervision | 0.25 |
| **TOTAL PAs** | **10 PAs** |

## Advantages of this job plan

- Fixed non-working day
- Compensatory rest following OOH work and non-clinical work prior to OOH work
- Minimal/no disruption to regular daytime work caused by OOH work
- Scope for weekly DCC (e.g. ANC) and alternate week activity (e.g. gynae operating) if correctly aligned with OOH commitments
- DCC:SPA split 7.625:2.375
- Admin equal to or greater than 10% of DCC
- 1:2 gynae theatre list
- >0.5PA average for daytime delivery suite cover

# Job plan example 2

**Pure obstetrics post**
**1:12 Consultant of the Week 'hot week' model**
**1:12 non-resident on-call**

| | | Week 1 | Week 2 (1:4 will be CoW, 3:4 as detailed below) | Week 3 | PA Allowance |
|---|---|---|---|---|---|
| **Monday** | 09:00-13:00 | ANC | ANC | ANC | 0.917 |
| | 13:00-17:00 | OFF | OFF | OFF | |
| | 17:00-08:00 | | | | |
| **Tuesday** | 09:00-13:00 | Scan list | Admin | Scan list | 0.917 |
| | 13:00-14:00 | Admin | OFF | Admin | 0.167 |
| | 14:00-17:00 | OFF | OFF | OFF | |
| | 17:00-08:00 | | | | |
| **Wednesday** | 09:00-13:00 | Governance lead role/SPA | Gov. lead role/SPA | Gov. lead role/SPA | 0.458/0.458 |
| | 13:00-17:00 | Gov. lead role | Gov. lead role | Gov. lead role | 0.917 |
| | 17:00-08:00 | On-call | | | |
| **Thursday** | 08:00-13:00 | Comp. rest | Admin | Elective c/s list | 0.72 |
| | 13:00-17:00 | Comp. rest | Core SPA/educational supervision | Elective c/s list | 0.587 |
| | 17:00-08:00 | | | | |
| **Friday** | 09:00-13:00 | ANC | ANC | ANC | 0.917 |
| | 13:00-17:00 | Core SPA | Core SPA | Core SPA | 0.917 |
| | 17:00-08:00 | | | | |
| **Weekends** | | 1:12 weekends – resident 08:00-15:00 + evening ward round (2hrs)<br>Weekend split either Saturday/Sunday or days / nights with compensatory rest on Monday | | | |

Consultant of the week 1:12 delivery suite cover Mon – Fri 08:00-17:00 0.885

## Principles of OOH cover and 'hot week'

- Rolling three-week rota, with Consultant of the Week (CoW) occurring 1:12 (1:4 of every 'Week 2' of three in the example below)
- This principle could be extended to a 1:8 or 1:16 by making it a two- or four-week rolling rota
- On-call shifts are placed on either Week 1 or Week 3 to avoid clashes with CoW weeks
- Consultants should ideally swap their CoW shifts with other consultants from the same block (in the example below, the consultant should swap into another 'Week 2' CoW
- Fixed DCC activity is focused on Weeks 1 and 3 to minimise disruption by the CoW
- Week 2 during non-CoW weeks is heavily focused on non-fixed DCC (e.g. admin) and SPA. This enables capacity for swapping the CoW
- Care should be taken when buddying consultants for ANCs etc. that compensatory rest days or on-calls for one do not regularly clash with CoW commitments for the other

## Breakdown of PAs

| | |
|---|---|
| Out of hours DCC | 2.07 |
| Daytime DCC | 4.85 |
| (of which admin 0.82) | |
| Core SPA | 1.46 |
| Leadership role | 1.37 |
| Educational supervision | 0.25 |
| **TOTAL PAs** | **10 PAs** |

## Advantages of this job plan

- Accommodates CoW model of working
- Minimal disruption to regular daytime activity by OOH working or CoW
- Scope for weekly DCC (e.g. ANC) and alternate week activity if correctly aligned with OOH commitments
- DCC:SPA split 6.92:3.08
- Admin equal to or greater than 10% of DCC
- 1:2 gynae theatre list
- >0.5PA average for daytime delivery suite cover

# Appointment of an Assessor

## Overview

It is an important principle that, to avoid any conflict of interest, the College Assessor shall not be in the employment of the Trust/Health Board making the appointment. The College has sought to observe this principle by providing lists of Assessors from a different region, who are sufficiently geographically distant to avoid the possibility of interest, but who are not so far away as to render travel inconvenient.

On the rare occasion a Trust/Health Board has extreme difficulty in securing a representative from outside their region they can suggest a name of a representative from within the region but outside their organisation; this individual can be checked with the Council representatives for that region and/or the Vice President for Membership and Workforce, via the RCOG.

The College sends the names of suitable Assessors directly to the employing hospital, which contacts the Assessor directly; the Trust/Health Board should then inform the College of the name of the Assessor selected in advance of the AAC. Along with the confirmation, the Assessor will receive the College guidance document. Following the meeting of the AAC, the Trust should inform the College of the name of the successful candidate/s.

The employing Trust/Health Board is expected to reimburse all reasonable expenses including travel, hotel accommodation and other subsistence allowances. Arrangements regarding overnight accommodation, expenses, car parking etc. should be made directly by the Assessor with the Trust/Health Board HR Department.

## Criteria for AAC Assessor

### Essential

- Member or Fellow of the RCOG
- Registered with a licence to practise with GMC, in good standing
- Substantive Consultant in Obs &/or Gynae in UK NHS Practice with at least 3 years' experience
- Evidence of annual appraisal if in active clinical practice
- If retired from the NHS, must be within 5 years of retirement
- Excellent communication and interpersonal skills
- Ability to represent the College appropriately
- Willingness to undergo RCOG AAC Assessor Training
- Up-to-date knowledge of clinical governance, appraisal and revalidation processes
- Up-to-date knowledge of Good Medical Practice (GMC, 2013)
- Evidence of equal opportunities and diversity training within previous 3 years
- Experience of interview panels.

### Desirable

- Experience as a Clinical Director
- Experience on an AAC.

## Role description

The role of the College Assessor is to act on behalf of the RCOG, to ensure that NHS Consultant posts are structured in accordance with College standards and to provide external impartial advice to recruiting NHS healthcare organisations to ensure that prospective candidates meet the requirements of the post, ensuring that high standards of obstetrics and gynaecology care are maintained. The College Assessor must ensure that the candidate appointed to the post meets the criteria for the role and that the process is fair, inclusive and open within current legislation and employment practice. The Assessor must therefore:

1. Be familiar with the National Health Service (Appointment of Consultants) Regulations: Good Practice Guidance (2005).
2. Ensure job descriptions and person specifications have been drafted in accordance with College Guidance and have been approved by RCOG.
3. Short-list and assess candidates against the criteria outlined in the job description and person specification.
4. Participate as a core member of the AAC, working with other panel members to identify the most suitable candidate for the post and to make a recommendation to the health care organisation.

### Criteria for candidates applying for Consultant posts

1. To be suitable for appointment to a Consultant post via the CCT or CESR-CP routes, candidates must be on the GMC Specialist Register or within 6 months of attaining this. Candidates pursuing the CESR route must already be on the Specialist Register; they are not eligible to be appointed in advance of this. Further information on this can be found in the COPMeD Gold Guide.
2. Trainees may apply for a Consultant post and be interviewed up to six months prior to their anticipated CCT/CESR(CP) date if progress has been satisfactory and if it is anticipated that the final ARCP outcome will recommend that training is completed by the time the suggested CCT/CESR(CP) date is reached.
3. There may be instances when the six-month period is interrupted by statutory leave. In those circumstances, it is a decision for the potential employer as to whether the trainee is eligible for the Consultant post.
4. Once a doctor has been entered on the Specialist Register, they are able to take up a substantive, fixed-term or honorary Consultant or general practitioner post in the NHS. There are different arrangements for Foundation Trusts, which can be found on the GMC Specialist Register webpage.
5. Where ARCP Outcome 6 is not subsequently issued and the trainee has already been appointed to a Consultant post, the trainee will need to inform the employer immediately to discuss the possibility of deferring the start of employment to follow award of a CCT/CESR(CP).
6. There may be exceptional circumstances where there is a requirement for tailored training within the approved curriculum towards a specific post. The rural track in the general surgery curriculum is a good example, where the GMC has approved the tailored training. An advance appointment longer than six months can then be justified where particular training requirements for the post have been identified that would need to be met in the latter stages of training leading to CCT/CESR(CP). Such circumstances would require authorisation by the appropriate health department, and must be outlined in the

recruitment documentation and agreed by the Postgraduate Dean. As an alternative approach, consideration could be given to achieving these competences within a post CCT Fellowship.

Further information on candidate eligibility and the application process can be found in the COPMED Gold Guide.

## How to apply to become an AAC assessor

If you wish to apply to become an AAC assessor please email jobplans@rcog.org.uk. You will be asked to complete and return an application form. Applications are assessed and approved by the Vice President for Workforce and Membership. Applicants must ensure that they have completed their equal opportunities and diversity training.

## Assessor training

The College recommends that all members of an Advisory Appointments Committee receive training in the application of equal opportunities legislation in the selection and interview process. The College recommends that College Assessors receive such training in their own local hospital where it is usually available via the Medical Personnel/Human Resources Departments; however, additional information on Equality and Diversity can be obtained from the NHS Employers website at www.nhsemployers.org.

# Candidate selection

## Shortlisting candidates

Shortly after the closing date, the Trust should send the approved job description, Job Plan and person specification, together with copies of all applications and selection criteria to the Assessor for consideration.

**Assessors should be involved in the shortlisting process.**

If shortlisting has already taken place, the Assessor should review the candidates' applications to ensure they meet the minimum criteria for the role and should have sight of the score sheets. Shortlisting must be carried out by assessing candidates against the selection criteria and person specification to ensure they have the training and experience required.

The Chair should ensure that the members of the Advisory Appointments Committee are satisfied with the shortlist. Assessors cannot insist on the exclusion or inclusion of a particular candidate but if they feel strongly that a particular candidate should be excluded, they can request to have the shortlist reconsidered by the whole committee before or at the interview.

The Trust/Health Board need to investigate if a doctor is still in a specialty registrar post and is likely to complete a specialist training programme and be awarded CCT/CESR-CP within the following six-month period. The AAC Assessor can offer a professional view on this. The AAC Assessor will also be able to judge whether the applicant has appropriate experience commensurate with the requirements of the post applied for.

### Specialist Register

- From 1 January 1997 it became a legal requirement that the names of all those who are appointed to a substantive Consultant post must be included in the Specialist Register maintained by the General Medical Council before they can take up a Consultant post. This will include those who have been awarded the Certificate of Completion of Training (CCT), candidates who have trained overseas and whose training has been deemed to be equivalent to UK training, and EU Nationals holding appropriate qualifications in recognised specialties.
- The Good Practice Guidance states that applicants (other than specialist registrars in the final six months of their training) must be on the Specialist Register to be eligible for consideration by an AAC.

### Certificate of Completion of Training (CCT)

- The CCT is awarded by the GMC on the basis of the recommendations made by the College.
- The possession of a CCT cannot guarantee that its holder will be appointed to a Consultant post. It indicates that the College and the GMC regard the holder as having satisfactorily completed an approved training programme and thus complied with the College's training criteria. However, possession of a CCT does not and cannot imply that the holder is fully trained in every specialist branch of obstetrics and gynaecology to the extent that they are eligible for any post, however specialised.

- The College recognises the need for flexibility when considering not only the inevitable variations in higher training programmes but also the individual aspirations of trainees in terms of research interests, academic duties or working abroad. However disparate the content of individual training programmes may appear, possession of the CCT represents an attainment of the satisfactory level of training.
- Possession of a CCT does not imply that all holders are equal. Clearly, holders of such certificates will possess widely differing abilities and ambitions, and College Assessors are entitled to take these into account.
- While a candidate who is not suitably qualified must not be appointed, this does not prevent trainees who are aware of the prospective date for the completion of their training, as agreed by the College, from being interviewed up to six months before that date. Assessors may contact the Postgraduate Training Department to confirm the date of completion of training.
- It is the responsibility of the employing authority to ensure that the appointed candidate is on the Specialist Register before they take up the post.

## Doctors who have trained outside the UK

- Those doctors who have trained outside the UK who wish to be appointed to Consultant posts in the UK must have their names included on the Specialist Register.
- Assessors who are faced with such applicants must ensure that their names are included on the Specialist Register. They can thus be assured that the training of these individuals has been assessed and deemed equivalent to UK training in obstetrics and gynaecology by the College, who pass their recommendations to the GMC.
- However, it must be stressed that entry to the Specialist Register does not mean that an individual is automatically suitable for any Consultant post. Assessors must consider the merits of the individual's experience and training in the light of the requirements of the position for which they are shortlisting and interviewing.

The Specialist Register is maintained by the General Medical Council, who will confirm if an applicant is on the Register.

## EU Nationals

- Doctors who hold a Relevant European Specialist Qualification should refer the GMC guidance on how to join the specialist register.
- These individuals must be on the Specialist Register to be appointed to any Consultant post in the UK.

## Locum Consultants

- Those who have been in locum Consultant posts can be considered for substantive Consultant posts only if they are on the Specialist Register.

# The interview process

## Overview

The Chair must ensure that the Advisory Appointments Committee is appropriately constituted. The Committee, before interviewing candidates, should draw up objective criteria against which all the candidates are to be considered, and discuss these in order to ensure a common understanding.

Assessors should review the job description sent to them by the Trust and ensure that, for shortlisting and selection, due attention is paid to any requirement or preference for special expertise. A significant departure from the agreed approved RCOG job description constitutes strong grounds for requesting the Chair to suspend the Appointments Committee proceedings. If the Assessor is unsure about any changes please contact the RCOG Administrator at jobplans@rcog.org.uk.

All College Assessors should have received appropriate training in the application of equal opportunities legislation to appointments procedures in line with the EOC and CRE Codes of Practice.

As well as ensuring that principles of equal opportunities are followed, the Chair should ensure that candidates are **not** questioned on the following:

- Matters relating to terms and conditions of service, including salary
- The type of contract the applicant would opt for
- Whether or not the applicant would undertake private practice work.

## Requirement to undertake duties in connection with abortion care

- Employing bodies must conform to the guidance contained in HSG (94)39. An understanding exists between the Department of Health and the Royal College of Obstetricians and Gynaecologists concerning the requirement for a newly appointed Consultant in obstetrics and gynaecology to undertake duties with regard to abortion care. This understanding was reached because of the various difficulties which arose at Advisory Appointments Committees between Committee members and candidates.
- The agreement is that a decision is made at the time when the job is composed as to whether candidates would be expected, if appointed, to undertake duties involving abortion care. If it is a requirement to include abortion care within a job description it is acceptable to include it in the job advertisement.
- The circumstances under which abortion care duties should be inserted in job descriptions are where a reasonable service would not be available in the event of the appointment of a Consultant who did not undertake these duties. It would not be grounds for insisting on this inclusion if, for example, all the Consultants in a unit carried out abortion care and therefore a reasonable service was already available.
- Where abortion care is being carried out by none or only a minority of the Consultants, or where only

two Consultants shared duties in a particular district, then the inclusion of the requirement is regarded as both reasonable and desirable.

- When the requirement to provide abortion care services has been included in the job description, questions can be asked at the Advisory Appointments Committee about the willingness of candidates to undertake these duties, if appointed. It is fair to assume that applications have been made based on the stated requirements of the post.

## Decision-making

- At the Appointments Committee the College Assessor has the special function of advising which candidates meet the College's criteria for Consultant appointment. Apart from this, the Assessor has no special powers and acts as any other member of the Committee with the power to vote.
- The statutory purpose of the Committee is to place those candidates considered to be suitable for appointment in order of preference. Often one candidate only is recommended to the employing authority (which makes the appointment) but sometimes two names are put forward.
- Consideration of the individual candidates should be made after all the interviews have taken place. References for each applicant will be made available. It is important to limit comments upon the references to the actual written remarks. Members should not refer to third party comments or hearsay about candidates, and discussions should be limited to the actual written information contained in the reference.
- When considering which candidate/s to recommend for appointment, the overriding consideration of the Advisory Appointments Committee must be to recommend the best candidate/s for the post. It is hoped that a unanimous decision as to whom to recommend can be reached.
- Opportunities for mentoring and other available support to newly appointed Consultants should be discussed at the time of interview and agreed by the committee as part of its decision making process.
- An Advisory Appointments Committee should not recommend the appointment of a candidate who is not yet suitably qualified but who would become so after a further period of training.
- All proceedings of the Committee, papers and references are confidential.
- Individual members, or the Committee as a whole, can be questioned by the Courts or Industrial Tribunals about the reason or reasons why a particular candidate was accepted or rejected. Copies of any notes taken at the AAC must therefore be securely retained by the employing body as they may be released to the candidate if a subject-access request is submitted or a challenge made to the process.
- Any personal data about candidates should be destroyed in accordance with General Data Protection Regulation (GDPR).

The Royal College of Obstetricians and Gynaecologists
10-18 Union Street
London
SE1 1SZ

Jobplans@rcog.org.uk

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