

# **Guidance on Advisory Appointment Committees and the Appointment of Consultant Psychiatrists in the NHS**

## **The Role**

The College Assessor's role on an Advisory Appointments Committee (AAC) is to provide a reliable and constructive assessment of the training, qualifications and experience of a candidate. The College Assessor also ensures the process of appointment is conducted fairly by providing an impartial, external opinion and aims to maintain standards of practice in the profession. As a core member of the AAC, the College Assessor must be involved in all stages of the process, including short listing.

As College Assessor, you must ensure that:

- applicants for the post are included on the Specialist Register;
- the short list includes those applicants who meet the required standard for the post and excludes those who do not;
- the AAC identifies the most suitable candidate for the post;
- the Trust has identified (or will identify) an appropriate mentor for any candidate taking up his/her first substantive Consultant post in the NHS;
- the appointment process runs fairly; and
- the current views of the College are represented, especially where there are problems with any of the above.

## **Membership of the AAC**

The AAC is a legally constituted committee established by the Trust, which comprises:

- the Chief Executive (or his/her nominated senior manager);
- the Medical Director of the Trust (or his/her medically qualified nominated deputy);
- a College Assessor (selected by the College, to represent the views of the College);
- a Consultant from the Trust (normally from the relevant specialty);
- a University Representative (if the post contains a substantial teaching or research component);
- a lay member (normally the chair of the Trust or another non-executive director);
- any other additional member/s considered appropriate by the Trust (although the size of the AAC should be kept to a minimum).

Where possible, the AAC should not consist wholly of men or wholly of women. Furthermore, it should reflect the composition of the local population and workplace, and should not involve the retiring Consultant (where relevant).

## **The Function of the AAC**

The function of the AAC is to decide which, if any, of the applicants is suitable for appointment and to recommend a name (or names) to the Trust. It is for the AAC to determine its own procedures, paying clear regard to general selection procedures and equal opportunities policies within the Trust. These procedures should be made clear to all applicants for the post.

Although Consultant appointments are generally made by Trusts on the advice of an AAC, the power of appointment can be delegated (usually to a specific member of the AAC).

## **The Job Description**

The Trust will seek approval of the job description prior to advertisement from the Regional Advisor. If approval has been granted, the Trust cannot amend it, nor can the AAC challenge its content (unless it contains an obvious error, or there is a possibility of unlawful indirect discrimination).

## **Selection Criteria**

The Trust will prepare selection criteria for each vacant post. These criteria will be drawn from the job description and will outline the minimum qualifications, skills and experience required for the post in question. As College Assessor, you will use these criteria, in conjunction with the job description, to short list applicants. (NB. These criteria should not preclude applications from Psychiatrists who have obtained Specialist Registration but who do not hold the MRCPsych and/or a UK CCT. There are many overseas-trained Psychiatrists - without the MRCPsych or a CCT - who are on the Specialist Register and hold 'equivalence' to UK-trained Psychiatrists).

## **Application Forms**

All Trusts will have a member of staff responsible for the receipt and acknowledgement of applications. S/he will also be responsible for carrying out a preliminary check to ensure that all basic information about the applicant is true and current.

## **Short Listing**

Shortly after the closing date, copies of all applications (together with a copy of the approved job description and selection criteria) will be sent to all members of the AAC. If it is clear that the job description has not been approved by the Regional Advisor you should notify the College immediately.

As a core member of the AAC, you must ensure that you contribute to the selection of applicants to be interviewed. As College Assessor, you should judge whether an applicant has the appropriate level of expertise for the post in question. It is essential that (i) all applicants are short listed against the same selection criteria and (ii) valid reasons for excluding an applicant from the short list are noted and submitted to the Chair of the AAC. The Chair must ensure that all members of the AAC are happy with the final short list.

As College Assessor, it is your responsibility to advise on whether Specialist Registrars/Specialty Registrars are likely to complete their specialist training programme successfully and be awarded a CCT within the following six month period. If this is not evident from the application, please contact the College for assistance.

## **Relationship with applicants**

It is the role of the Chair to ascertain if there is any relationship, personal or professional, between a member of the AAC and an applicant. Any such relationship must be declared at the outset, i.e. at the short listing stage. However, this does not necessarily bar you from continuing as College Assessor.

The National Health Service (Appointment of Consultants) Regulations Good Practice Guidance makes it clear that prior knowledge of a candidate should not be discounted, but it should not be allowed to interfere with an objective assessment of the candidate as a whole. If a member has provided a reference for the candidate, again, s/he should declare this at the outset, and should endeavour to treat all candidates equally. Although a member's knowledge of a candidate can be used to the advantage of a committee, the AAC must be sure that in doing so it is not (dis)advantaging other candidates.

However, you should contact the College immediately if you feel the relationship might affect your objectivity in the appointment process. It is likely that the College will nominate another Assessor.

## **Pre-interview**

The Committee, prior to interview, should draw up objective criteria against which all candidates are to be considered, and discuss these in order to ensure a common understanding. Decisions on the suitability of candidates should relate to the agreed selection criteria.

## **Discrimination**

The committee must act fairly within the terms of the Sex Discrimination and Race Relations Acts and the relevant Codes of Practice of Employment. Any candidate who believes that s/he has been unfairly treated under either piece of legislation can ask an Industrial Tribunal to examine the proceedings of an appointment.

All members of an AAC should be aware that the proceedings of the committee are confidential (including discussion notes and references).

Selection must be based solely on the candidate's fitness i.e. qualifications, experience and other qualities necessary for the post. All members of AACs 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 grounds of colour, race, sex, religion, politics, marital status, sexual orientation, membership or non-membership of trade unions or associations, or ethnic origin. As College Assessor, you should ensure that this principle is adhered to at all times.

Members of AACs are advised to keep a contemporaneous record of the proceedings and note their reasons for accepting or rejecting candidates at all stages of the appointment process. If you are in any way concerned that there has been an irregularity in the proceedings of an AAC, you should inform the committee that you will be writing to the Registrar of the College and the Regional Advisor on the matter. You should do this as soon as possible.

## **Health of the Candidate**

It is not the role of the AAC to make a judgement on the physical or mental health of a candidate. If, however, serious doubt regarding health does arise during the course of an interview, the College Assessor should apply the usual criteria of suitability and may wish to make a recommendation of appointment, subject to a satisfactory medical examination.

## **Your Role at the Interview**

The College Assessor is usually the most appropriate member of the AAC to open up the general discussion relating to training, experience and qualifications. Your assessment of the professional suitability of candidates at this stage will be of assistance to other members of the committee. This is because the over-riding consideration of the AAC must be to recommend the best candidate, in terms of their expertise for the post.

There may be instances where there are disagreements between members of an AAC over the recommendation of candidates, and these cases should be referred to the Trust for consideration. As College Assessor, you should ensure that any disagreement you have is recorded and, in the event of a recommendation of appointment proceeding to a vote (and if you are satisfied that College guidance is being ignored), you should vote against the appointment. The Trust will decide whether to make an appointment taking into account the views of the committee.

If a candidate is recommended for appointment despite your objection, please submit to the College a written summary of the reason/s for your objection immediately.

An AAC should not recommend appointment of a candidate unless it is satisfied that s/he will be able to assume the full duties of the post from the date of appointment.

## **Shortage Specialties**

There will be occasions, particularly in specialties where there is a shortage of candidates, when there is local pressure to appoint to maintain a local service. Although AACs should be considerate in this situation, they should not recommend a candidate for appointment who does not have the personal qualities or professional ability to carry out the full responsibilities of the post.

## **Unsuccessful Candidates**

As College Assessor, you should be prepared to offer feedback to the unsuccessful candidate(s). Please note that you should also be prepared to advise applicants who are excluded from the short list.

## **Feedback to the College**

As College Assessor you must complete a Feedback Form. This must be returned to the Professional Standards Department at the College. Please note that this form provides vital workforce data on the number of Consultant appointments (in each region and specialty), the competitiveness of Consultant appointments and the vacancy rate. This information is used as evidence in discussions with the Department of Health, the Centre for Workforce Intelligence and other relevant organisations regarding workforce supply and demand, future projections, and training numbers.

## Appendix I: The Specialist Register

It is a legal requirement that any Medical Practitioner must be included on the GMC's Specialist Register before taking up a substantive Consultant appointment in the NHS. As College Assessor, you must call the GMC on 0845 357 3456 or go to the List of registered Medical Practitioners on their website <http://www.gmc-uk.org/> at the short listing stage to ensure that all non-trainee applicants have an entry on the Specialist Register. You should also ascertain the specialty or specialties and date/s of entry to the Register.

### Background

#### A. *The European Specialist Medical Qualifications Order 1995 (ESMQO)*

The European Specialist Medical Qualifications Order 1995 (ESMQO) came into force on 12 January 1996. It provided the legal basis for new arrangements in postgraduate specialist training, certification and specialist registration, and established two competent authorities: the GMC, responsible for the maintenance of the Specialist Register; and the Specialist Training Authority of the Medical Royal Colleges, more commonly referred to as the STA, responsible for the award of CCSTs. The ESMQO was amended by the European Specialist Medical Qualifications Amendment Regulations 1997 (ESMQAR) to assist, in the main, non-Consultant career grade Doctors who wanted their qualifications, training and experience assessed for recognition and inclusion on the Specialist Register.

This requirement has been in effect from 1 January 1997 and is also applicable to honorary and fixed-term appointments. Although the College would clearly prefer all Locum Consultants to hold specialist registration, it is not a legal requirement.

#### B. *The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003*

The General and Specialist Medical Practice (Education, Training and Qualifications) Order passed through Parliament and has been in effect since 30 September 2005. This replaces the ESMQO order passed in January 1996.

The Postgraduate Medical Education and Training Board (PMETB) assumed its statutory powers on 30 September 2005, taking over the responsibilities of the Specialist Training Authority of the Medical Royal Colleges (STA) and the Joint Committee on Postgraduate Training for General Practice (JCPTGP). PMETB was an independent statutory body responsible for establishing, maintaining and promoting the development of standards and requirements for postgraduate medical education and training for all specialties, including General Practice, across the UK. On 1 April 2010, PMETB merged with the GMC and the GMC has assumed PMETB's responsibilities.

### Specialist Registration

Although the College issues guidance for the appointment of Consultants, it is not a legal requirement for the appointee to be listed in the specialty in which s/he is going practice. In view of this, the College has to recognise that an individual's career may develop over time. It is therefore the case that applicants for Consultant appointment must be assessed by an AAC on the basis of their expertise for the particular requirements of the post in question, with their inclusion on the Specialist Register as a legal requirement.

## **How to obtain Specialist Registration**

### *A. Article 6 - Certificates of Completion of Specialist Training*

Only Doctors who successfully complete a UK GMC approved specialist training programme (of at least six years) are eligible for the award of a CCT in the relevant specialty.

All Psychiatrists who complete an approved programme of UK higher specialist training (of at least three years whole time equivalent) can apply to the College for a recommendation to GMC that they be awarded their CCT. Broadly, CCTs are awarded in one or two of the six recognised specialties and the actual certificate is issued by the GMC (not the College). Sub-Specialty training may also be recorded in the Specialist Register. The College recognises three sub-specialties (Liaison Psychiatry, Rehabilitation Psychiatry, and Substance Misuse Psychiatry) for the purposes of specialist registration; but only if the trainee has undertaken at least one year of whole-time equivalent training in the sub-specialty (as part of higher specialist training) and where the CCT will be awarded in General Adult Psychiatry.

In accordance with the National Health Service (Appointment of Consultants) Regulations Good Practice Guidance, Specialist Registrars/Specialty Registrars can be interviewed for Consultant appointments within the six months prior to their expected date of completion of training. As College Assessor, you should ensure that a trainee is only interviewed if s/he is within this 'six month rule'. Rarely, Trusts may choose to waive this guidance, say, by a week or two, but so long as you point out that this goes against the National Health Service (Appointment of Consultants) Regulations Good Practice Guidance, the responsibility to go ahead with the interview lies with the Trust. If the expected date of completion is not evident in the papers, please call the College for assistance.

Please note that a Specialist Registrar/Specialty Registrar cannot take up appointment until s/he is listed on the Specialist Register, and if s/he has not already applied for the award of his/her CCT then s/he must contact the College as a matter of urgency. The GMC issue a form for the purposes of specialist registration with the certificate, and this form must be completed and submitted to the GMC to facilitate inclusion on the Specialist Register.

If specialist registration has not been arranged in time for a specified start date, then it might be possible for the Doctor to begin work in a Locum capacity, but this is a local matter.

### *B. Certificate of Eligibility for Specialist Registration (CESR)*

CESR explains how Doctors who have not completed a UK specialist training programme may apply for a statement that they are eligible for the Specialist Register. Under the legislation an applicant's specialist medical training, qualifications, knowledge and experience (wherever obtained) are likely to be taken into account when assessments are made. All applicants are required to apply via the GMC.

#### Eligibility requirements for CESR

If a Doctor has undertaken a minimum of six months training or obtained a specialist qualification and achieved additional experience as a Psychiatrist within a non training grade post wherever acquired and is currently practicing it is likely that s/he will be eligible to apply via the GMC for specialist registration.

## What are Article 14(4) and 14(5) of CESR?

These are different parts of CESR, which specify eligibility criteria for inclusion on the Specialist Register.

Article 14(4) specifies that Doctors are eligible for the Specialist Register if their qualifications or training, wherever obtained, considered together with their experience, are equivalent to the standard of a Certificate of Completion of Training (CCT) in one of the recognised CCT specialties.

Article 14(5) specifies that Doctors are eligible for the Specialist Register if they have training or qualifications, obtained outside the UK, in a medical specialty not listed in the Order - that is, not one of the standard UK specialties - and show that they have the knowledge and skill consistent with practice as a new Consultant in the NHS.

Doctors who are successful in their application under CESR will not be awarded a CCT but a statement of eligibility for registration. This statement will entitle the holder to be on the GMC's Specialist Register, and will meet one of the requirements for Doctors to take up a Consultant post in the UK, but does not carry an entitlement to automatic recognition of their specialist qualifications in the EEA.

### Academic and Research Medicine (Article 14(5) (b))

Under this part of the Order, Doctors may apply to the GMC for entry to the Specialist Register on the basis of their knowledge or experience in any medical specialty derived from academic or research work.

Doctors' applications that are considered by the GMC to be at a level of knowledge and skill consistent with practice as a Consultant in the NHS will be awarded a "statement of eligibility for registration" (not a CCT) which allows them inclusion on the GMC Specialist Register.

## **Past Routes to Specialist Registration**

The previous medical order, ESMQO 1995, covered a number of routes to the Specialist Register. As College Assessor, it is essential you have background knowledge of these routes. This will ensure that you do not unwittingly discriminate against Psychiatrists who are on the Specialist Register but who have not completed CCT training.

### *A. Article 9 - Eligible Specialists*

Article 9(1) - Broadly, this route applied to Psychiatrists holding a European specialist medical qualification which was recognised under the ESMQO. These Psychiatrists were granted specialist registration via the GMC (without any input from the College).

Article 9(2) - Broadly, this route applied to Psychiatrists (with non-EEA specialist qualifications and training) seeking inclusion on the Specialist Register in one of the six recognised specialties. The College assessed these Psychiatrists on an individual basis and made recommendations to the STA. If supportive, the STA notified the GMC.

Article 9(3)(a) - Broadly, this route applied to Psychiatrists (with non-EEA specialist qualifications and training) seeking inclusion on the Specialist Register in a non-CCT specialty. The College assessed these Psychiatrists on an individual basis and looked for a level of knowledge and skill consistent with Consultant practice in the NHS. A recommendation was then sent to the STA and, if supportive, the STA notified the GMC.

Article 9(3)(b) - Broadly, this route applied to Psychiatrists who had not completed a College-approved specialist training programme leading to the award of a CCT, but who have obtained a level of expertise derived from academic or research work which was consistent with Consultant practice in the NHS. If the College and STA supported the application, the STA notified the GMC. Psychiatrists included on the Specialist Register under this route were registered in accordance with their narrow field of expertise, e.g. experimental clinical psychopharmacology.

Article 9(4)(b) – Broadly, this route applied to Psychiatrists with non-EEA specialist qualifications seeking inclusion on the Specialist Register in one of the six recognised specialties. Under this Article the College assessed these Psychiatrists and took into account knowledge and experience wherever acquired for EEA nationals or those with community rights.

Psychiatrists included on the Specialist Register under Article 9 have an equivalent level of expertise to a CCT-holder and should be viewed as such by all members of an AAC panel.

#### *B. Article 12 - Existing specialists*

Article 12(2)(a) - Substantive, honorary and (sometimes) fixed-term Consultants, who were in post before 1 January 1997, were able to obtain direct inclusion on the Specialist Register via the GMC on the basis of their Consultant contract. The GMC had a deadline of 1 December 1998 for accepting applications under this Article, but still exercises some discretion.

Article 12(2)(c)(i) - Psychiatrists who completed a full UK specialist training (ie, SHO and SPR training) prior to 12 January 1996, but who had never held a post as set out under Article 12(2)(a), were able to apply to the College for a recommendation of inclusion on the Specialist Register. Recommendations were sent to the STA and, if supported, from the STA to the GMC. The deadline for submission of these applications was 1 April 1998. It is therefore no longer possible for the College to assess against this Article.

NB. Psychiatrists who met the criteria for 12(2)(c)(i) but who did not apply in accordance with the deadline were required to (i) obtain a National Training Number, (ii) complete a period of additional training in a substantive Specialist Registrar post (set by the College for a minimum period of 3 months) and (iii) undergo a Final RITA, so that they could apply for a CCT. The 3-month rule set out under Article 6 was applicable.

Article 12(2)(c)(ii) - Psychiatrists who obtained the MRCPsych or an acceptable UK equivalent and who met a number of other criteria (including at least 3 years whole-time equivalent post-MRCPsych experience in the non-Consultant career grades) and who were able to demonstrate a level of expertise equivalent to a CCT-holder, were able to apply to the College for a recommendation of inclusion on the Specialist Register. Recommendations were sent to the STA and, if supported, from the STA to the GMC. The deadline for submission of these applications was 1 April 1998. It is therefore no longer possible for the College to assess against this Article.

Under the remit of this Article, the College was able to recommend a period of 'top up' training (of no more than 12 months whole-time equivalent) to enable an applicant to reach the required level of expertise. Psychiatrists in this position were required to complete their additional training by 1 December 2001. The College applied the same three month rule to top up trainees as it did to Specialist Registrars nearing their completion date. Upon completion of their training, top up trainees were included on the Specialist Register, but they were not awarded a CCT.

Psychiatrists included on the Specialist Register under Article 12 have an equivalent level of expertise to a CCT-holder and should be viewed as such by all members of an AAC panel.

## Remember

- Please contact the GMC to clarify whether or not an individual is on the Specialist Register and in which specialty, especially if there is no documentary evidence from the GMC provided with the application. You should not rely on the CV alone. The GMC can be contacted by telephone on 0845 357 3456 or via their Website <http://www.gmc-uk.org/>. The College does not hold a list of all entries on the Specialist Register.
- All applicants short listed for interview should be on the Specialist Register (with the exception to Specialist Registrars/Specialty Registrars whom the six month rule applies). This includes Psychiatrists already working in the NHS as Consultants and overseas-trained Psychiatrists. There will be some other instances (for example, when considering applicants trained outside the UK) where an AAC may choose to interview a candidate prior to Specialist Register entry although, in these circumstances, it will wish to be satisfied that subsequent Specialist Register entry is likely. In such circumstances, it is especially important that you offer further advice. Once the GMC consider an application complete it can take the College and the GMC at least three months to reach a final decision for overseas-trained Psychiatrists seeking inclusion on the Specialist Register. The Trust should notify the College in writing of its decision to appoint, so that further assistance can be offered as necessary to both the Trust and appointee.
- If you are at all in doubt of how a Psychiatrist has obtained specialist registration: that is, you cannot see how s/he fits any of the routes set out above, then please call the College immediately (preferably not the day before the AAC is due to be held) for advice. As College Assessor, you should not (i) assume that an individual is or is not eligible to be short listed because his/her CV is not clear, or (ii) call into question a candidate's suitability for inclusion on the Specialist Register during the interview process. All queries of this nature should be addressed prior to interview, in consultation with the College as necessary.
- Psychiatrists included on the Specialist Register who have not completed full UK higher specialist training have a level of expertise equivalent to a CCT holder.
- Inclusion on the Specialist Register does not entitle an individual to be short listed or appointed to a Consultant post.

# Appendix II: Locum Consultants in the NHS

## Introduction

Problems have arisen from the appointment to Locum Consultant posts of doctors who have been insufficiently trained (or experienced) to be appointed to a substantive Consultant post. Such problems have been compounded by legislation making it more difficult indefinitely to employ doctors in posts without apparent security of tenure. For these reasons, the Court of Electors of the Royal College of Psychiatrists has considered the principles to be observed in making appointments to Locum Consultant posts and has made the following recommendations.

These guidelines represent ideal standards towards which the College should be striving; it is recognised that they may not be currently achievable in some regions. However, efforts should be made to adhere to the guidelines wherever possible.

## Eligibility for appointment

1. Trusts must be confident that applicants for any Locum appointment are competent to undertake the allocated duties. No doctor should be appointed to a Locum Consultant post who has not been sufficiently trained to assume all the responsibilities expected of a Consultant. This limits those eligible to the following:
  - (a) Psychiatrists who are included on the Specialist Register;
  - (b) Recently retired Consultants;
  - (c) Fully-trained Specialist Registrars/Specialty Registrars or other suitably qualified and experienced Doctors who are not yet ready to commit themselves to a permanent Consultant post, or who would never wish to do so;
  - (d) Those trained under other comparable systems recognised by the College (e.g. overseas) but whose training has not necessarily been identical in form and content;
  - (e) Specialist Registrars/Specialty Registrars in the final year of training (for whom three months Locum Consultant experience can be recognised towards the requirements for the award of CCT).
2. The criteria of eligibility for appointment to Consultant status produced by the College are respected by employing authorities, supported by a Statutory Instrument and are designed to provide acceptable standards for the safety and care of patients. It is, therefore, not possible to waive them for short-term appointments. A statement of these criteria is sent to all College Representatives on Advisory Appointment Committees.
3. The agreed guidelines should apply to all Locum posts. Where it is anticipated that the Locum arrangement will last for more than three months, a full Advisory Appointments Committee should normally be convened, although discretion can be exercised in certain cases. If the Locum arrangement has already lasted for more than three months, an Advisory Appointments Committee should be convened to decide whether the arrangement should continue.

Locum arrangements should not normally be continued beyond three months unless there are explicit and defined reasons.

4. No appointment should be confirmed until the local Consultants or their representatives have personally checked the applicant's references with his/her former colleagues. This should be a mandatory requirement.
5. If applicants for short-term Locum Consultant posts do not meet the conditions set out under (1) above, then either:
  - (a) No appointment should be made;
  - (b) An appointment should be made at a grade appropriate to the needs of the service and at an appropriate grade according to the expertise of the applicant. If an appointment is made to a training grade, consideration should be given to the educational needs and Consultant supervision of the trainee. Furthermore, an appropriate supervising Consultant must be identified who will take responsibility for overseeing the educational and clinical needs of the Locum Psychiatrist.

In no circumstances should a candidate be appointed to a post in which he/she would have to 'act up' beyond his/her trained capability. This would at best be inimical to the maintenance of standards and, at worst, could be potentially dangerous to patients. Moreover, such practice would throw an excessive burden of responsibility upon other medical staff in the same and associated specialties.

6. There is a national shortage of suitably qualified Psychiatrists able to carry out Locum Consultant work. It has therefore been agreed that the College will forward to relevant College Regional Advisors the names of those Consultant Psychiatrists who have recently retired and are willing to undertake this type of work on a short-term basis. A notice appears in the Psychiatric Bulletin at six monthly intervals inviting retired members, interested in this type of work, to write to the Head of Postgraduate Education.
7. Judgements of the Employment Appeal Tribunal have underlined the importance of careful consideration of Locum appointments. Evidence presented to this Tribunal has shown that some Locums continue to hold their appointments for many years. On other occasions, the appointment may be short and temporary.

The Tribunal has pointed out that, when a temporary appointment comes to an end, it is the duty of the employing body to consider the position of the employee. What will then be considered appropriate will depend upon the individual circumstances of each case. For example (i) the length of time the employee has been employed; (ii) what was understood at the time of the employee's appointment; (iii) the circumstances of the employing body, and so forth.

However, the irreducible minimum requirement is that the employee's position should be considered, and that he/she should not be treated upon the expiry of this short term contact of employment as though he/she enjoyed no statutory rights at all.

## **Appendix III: Specialty Guidance for the appointment of Consultant Psychiatrists**

### **Appointments in a single specialty (full-time or part-time)**

The applicant should normally be included (or eligible for inclusion) on the Specialist Register in the appropriate specialty. For posts in a sub-specialty of General Adult Psychiatry, the applicant should have completed one year of approved higher specialist training in the appropriate sub-specialty. This would normally be recorded on the Specialist Register.

### **Appointment in two specialties**

For a post comprising 5 sessions or more in two specialties, the applicant should normally be included (or eligible for inclusion) on the Specialist Register in the appropriate specialties (i.e. dual specialist registration). For a post where the contribution to one specialty/sub-specialty is four sessions or less, the applicant should normally have specialist registration in the main specialty and should have completed a minimum of one year of approved higher specialist training in the other specialty/sub-specialty.

## Appendix IV: Advisory Appointments Committee Feedback Form

The information collected in this form is recorded by the College for workforce monitoring purposes (personal details relating to the successful applicant are for internal use only). It provides vital data on the number of Consultant appointments (in each region and specialty), the competitiveness of Consultant appointments and the vacancy rate. This information is used as evidence in discussions with the Department of Health, the Centre for Workforce Intelligence and other relevant organisations regarding workforce supply and demand, future projections, and training numbers.

<p><b>Name of College Assessor</b></p> <p><b>Date of AAC</b></p> <p><b>Name of recruiting Trust</b></p> <p><b>Number of Posts Available</b></p>
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<p><b><u>Applicants for the Post</u></b></p> <p>How many applications were received for the above post?</p> <p>How many applicants held a primary medical qualification from</p> <p>(a) UK?                      (b) Ireland?                      (c) EEA – Other?                      (d) Non-EEA?</p> <p>How many applicants already held specialist registration?</p> <p>How many applicants were (a) short listed?                      (b) not short listed?</p> <p>How many applicants were (a) male?                      (b) female?</p> <p>How many applicants (a) were interviewed?                      (b) withdrew after being short listed?</p> <p>Would you say the quality of interviewees was exceptional, good, average or poor?</p> <p>How many appointments were recommended?</p>
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<p><b><u>Your Observations and Comments</u></b></p> <p>Do you consider that the process of appointment was fair, open and consistent? If not, please provide further details.</p>
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## **Background to the Post**

Title of Post

Full time  Part time

Substantive  Honorary  Fixed-Term  Locum

Number of PAs

Number of PAs per Specialty

- Child and Adolescent Psychiatry
- Forensic Psychiatry
- General Adult Psychiatry
- Psychiatry of Learning Disability
- Old Age Psychiatry
- Psychotherapy
- Liaison Psychiatry
- Rehabilitation Psychiatry
- Substance Misuse Psychiatry
- Eating Disorders Psychiatry
- Perinatal Psychiatry
- Neuropsychiatry

Number of PAs in

- Management
- Academic/Research
- Unspecified Special Interest Sessions

Was the job description approved by the Regional Advisor? Yes  No

Have you notified the Regional Advisor of this Advisory Appointments Committee? Yes  No

How many times has the post been advertised?

Is this a new post? Yes  No

If **Yes**, go to **The Outcome**

If **No**, Is this post vacant due to?

Retirement

Consultant movement (within the NHS)

Consultant moving into non-NHS appointment

Other  Please specify

## **The Outcome**

Was appointment to this post recommended?

If **No**, please go to **No offer of appointment**. If **Yes**, please continue.

Please provide details of the successful candidate

Full Name

Male  Female

Date of Birth (if given)

Please specify country of primary medical qualification

Is the candidate on the Specialist Register? Yes  No

Please state the specialty or specialties and date of entry to the Specialist Register

Is the candidate awaiting the award of a Certificate of Completion of Training (CCT)? Yes  No

Please state the specialty or specialties and expected date of completion of training

**IMPORTANT NOTE: IF THE CANDIDATE DOES NOT FALL INTO EITHER CATEGORY, S/HE SHOULD CONTACT THE COLLEGE IMMEDIATELY. S/HE WILL NOT BE ABLE TO TAKE UP APPOINTMENT WITHOUT MEETING THE LEGAL REQUIREMENT OF INCLUSION ON THE GMC SPECIALIST REGISTER. THIS RULE APPLIES TO ALL CANDIDATES, INCLUDING CONSULTANTS OF LONG-STANDING.**

How did the candidate achieve Specialist Registration?

Certificate of Completion of Training (CCT)

Certificate of Eligibility for Specialist Registration (CESR)

Certificate of Eligibility for Specialist Registration via a Combined Programme (CESR CP)

Other  Please specify

Has the candidate ever held a substantive or honorary consultant post in the NHS? Yes  No

If **No**, has a Mentor been identified? Yes  No

## **No offer of appointment**

Please give reasons for this outcome.

**Please return the feedback form to Mrs Charlotte Collins, Workforce Manager, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG or by fax on 020 7235 7976 (within two weeks of the AAC). Thank you for your help in completing the feedback form.**