



The Royal College of Pathologists  
Pathology: the science behind the cure

# Guidance on the appointment of medically qualified pathologists to employing bodies in England, Wales and Northern Ireland

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# Contents

1.0	Introduction and purpose.....	3
2.0	Background.....	3
3.0	Vacancy and establishment of the post .....	4
4.0	Preparation of the job description, person specification, job plan and selection criteria .....	4
5.0	Job description review.....	5
6.0	Advertising the post.....	6
7.0	Preliminary visits .....	6
8.0	Setting up the Advisory Appointments Committee (AAC) .....	6
9.0	Shortlisting of candidates .....	8
10.0	The interview.....	8
11.0	Advisory Appointment Committee decision making .....	9
12.0	Administrative support for Advisory Appointments Committee.....	9
13.0	Post-interview processes.....	10
14.0	Raising concerns about an AAC decision.....	10
15.0	Expenses .....	10
16.0	Definitions .....	11
17.0	Further information .....	11
18.0	Appendix 1 – List of relevant regulations .....	12
19.0	Appendix 2 – Further information on the Specialist Register .....	13



## 1.0 Introduction and purpose

- 1.1 This document provides an overview of the appointment process, from preparing a job description to interview, and includes the services offered by The Royal College of Pathologists to ensure that this happens. The overriding aim of an interview panel is to ensure that the best candidate for the job is appointed and that the process of the appointment is open, fair and consistent.
- 1.2 This document is for the use of employing bodies when making appointments to consultant level posts. It provides good-practice guidance on the NHS (Appointment of Consultants) Regulations for England, Wales and Northern Ireland.
- 1.3 It is also useful for medical staffing/human resources and medical personnel departments arranging interview panels, which are also called Advisory Appointments Committees (AACs).

## 2.0 Background

- 2.1 The procedures for the appointment of consultants in England, Wales and Northern Ireland are governed by The NHS (Appointment of Consultants) Regulations and amended by Statutory Instruments/Rules and *Good Practice Guidance*. Full details of these can be found online (see Appendix 1).
- 2.2 The NHS (Appointment of Consultants) Regulations and subsequent amendments do not apply to NHS Foundation Trusts, although they are encouraged to follow the *Good Practice Guidance* (2005) based on these regulations.
- 2.3 The services offered by The Royal College of Pathologists that are described in this document are available to all NHS employing bodies, including Foundation Trusts, and are **free of charge**.
- 2.4 All doctors are required to be included on the General Medical Council's Specialist Register before they can take up a consultant appointment. This requirement is laid down in The European Specialist Medical Qualifications Order 1995, Statutory Instrument 1995 No. 3208 (see Appendix 1).
- 2.5 The NHS Employment Check Standards, outline the employment checks that employers must carry out before appointing staff into NHS positions across England. These are outlined in the NHS Employment Check Standards (see Appendix 1).
- 2.6 Employment checks also exist for Wales, Northern Ireland and Scotland (see Appendix 1).



### 3.0 Vacancy and establishment of the post

- 3.1 Employing bodies should normally begin planning for appointments well before the post is to be advertised or filled.
- 3.2 Employing bodies may wish to consider, with relevant professional advice:
- service needs
  - continuing educational requirements
  - teaching
  - training and supervision of junior staff
  - research.
- 3.3 Employing bodies may wish to take into account the views of the other consultant staff in the department.

### 4.0 Preparation of the job description, person specification, job plan and selection criteria

- 4.1 It is the responsibility of the employing body to prepare the job description, person specification, job plan and selection criteria. It is important that the job description includes all information relevant to the post and that the document is as informative as possible for potential applicants.
- 4.2 [Model job descriptions](#) in pathology specialties are available from the College website.
- 4.3 The Royal College of Pathologists offers a JD review and endorsement service whether the post is new or a replacement. This service is free of charge.
- 4.4 The selection criteria should outline the minimum qualifications, skills and experience required to perform the job. Essential and desirable criteria should be identified. The criteria must avoid unfair discrimination regarding gender, ethnicity, disability, sexual orientation, age, marital or civil partnership status, religion or belief or employment status
- 4.5 Applicants use the job description to find out details of the post, including:
- the work programme and fixed commitments, together with information on the employing body
  - its hospitals, units and clinics and the range of services provided by the department in which the applicant will work
  - information about associated undergraduate or medical/dental teaching work.
  - workload and current staffing across all grades within the department



- 4.6 The job description should form part of a general information package, which should include a list of the relevant terms and conditions of service, including pay and any local terms of service. Details of local attractions and places of interest should also be included in the job pack.

## 5.0 Job description review

- 5.1 The employing body should submit their job description and selection criteria for formal review prior to advertisement.
- 5.2 The Royal College of Pathologists Workforce Department oversees this area of work.
- 5.3 Contact details are [workforce@rcpath.org](mailto:workforce@rcpath.org) or telephone 020 7451 6725 / 721 / 726
- 5.4 The review process is carried out in tandem by the workforce department and a specialist in the relevant specialty to ensure that the job description contains a proper balance of clinical, academic, research and managerial activities and that there are sufficient facilities to enable these activities to be performed.
- 5.5 The Workforce Department will acknowledge receipt of the job description and provide initial comments. The Workforce Department will seek specialist advice and reply to the sender by email, within three weeks of its receipt. This will either be with suggestions for modification or an approval.
- 5.6 Failure to respond following confirmation of receipt of job description **cannot** be interpreted as agreement. If no answer has been received in two weeks, it should **not** be assumed that the job description has been reviewed and/or approved. Please contact the Workforce Department.
- 5.7 In some specialties (including communicable disease control, epidemiology, cytopathology, forensic pathology, immunology, neuropathology, paediatric haematology, paediatric pathology, transfusion medicine and virology), the Workforce Department will involve the National Advisor to obtain specialist input into the job description.
- 5.8 In employing bodies where posts have a significant teaching commitment of undergraduate medical or dental students, it is good practice for the employing body to forward the job description to the Dean of the associated medical or dental school in order to establish the requirement for teaching.
- 5.9 When the final version of the job description has been agreed and endorsed by the Royal College of Pathologists, it should not be changed. It can only be challenged at the Advisory Appointments Committee (AAC) if an obvious error has been made leading to incorrect information being given to candidates or to the potential for unlawful discrimination.
- 5.10 An approval for a job description from The Royal College of Pathologists lasts for **six months only**. After six months, there may be potential for details in the job descriptions to have changed and the employing body should therefore contact us before re-advertising.



5.11 Once a job description has been reviewed and/or approved, an AAC should be organised. In the event of there being no applications, or if no one was appointed/suitable, and if the employing body re-advertises immediately and no more than six months have passed, the job description approval is still valid. If more than six months have passed, the employing body should resubmit the job description for review and/or re-approval. If medical staffing/human resources/personnel staff are unsure, they are advised to contact the Workforce Department at The Royal College of Pathologists on [workforce@rcpath.org](mailto:workforce@rcpath.org).

## 5.12 Specialist registration

It is a **legal** requirement for a doctor to have their name entered on the Specialist Register of the General Medical Council (GMC) or General Dental Council (GDC) **before** taking up a substantive, honorary or fixed-term National Health Service (NHS) consultant post in the UK. Further details on specialist registration can be found in Appendix 2.

## 6.0 Advertising the post

- 6.1 All posts must be advertised, unless the prior consent of the Secretary of State not to advertise has been obtained.
- 6.2 Advertisements should normally appear in at least two professional and nationally distributed journals/websites, which are commonly used for similar advertisements.
- 6.3 The advertisement should include where possible the closing date and the date of interview (usually six weeks after closing date).

## 7.0 Preliminary visits

- 7.1 Applicants or prospective applicants should feel able and be encouraged to visit the relevant unit and meet some of their prospective colleagues before the AAC selects its shortlist and holds interviews.

## 8.0 Setting up the Advisory Appointments Committee (AAC)

- 8.1 The employing body must convene an AAC to select the appropriate candidate for the post.
- 8.2 The composition of the AAC should be made in accordance with the requirements of relevant legislation. In meeting the legal requirements, employing bodies should seek to secure a balanced AAC. The core membership of the AAC, as specified in Regulations, is set out below.
- 8.3 A lay member (normally the chair of the employing body or another non-executive director). The definition of a lay member is given in the Statutory Instrument. This will allow a registered medical or dental practitioner who is the chair of the employing body to chair AACs.



- 8.4 An external assessor from the relevant college or faculty. In order to remain independent, the college or faculty should ensure that the assessor is chosen from a Trust that is **geographically distant** from the Trust where the appointment is to be made.
- 8.5 The Chief Executive (or their nominated senior manager). In most cases, this should be the nominated senior manager who normally deputises for the Chief Executive. In certain circumstances, it may be another executive director, but in all cases should be a senior officer of the employing body.
- 8.6 The Medical or Dental Director of the employing body (or relevant director of public health for public health appointments) or their medically qualified nominated deputy.
- 8.7 In the case of appointments to departments that have substantial teaching and/or research commitments, the AAC must also include a professional member nominated after consultation with the relevant university.
- 8.8 A consultant from the Trust who, if available, must be from the relevant specialty.

Employing bodies may include additional members in the AAC, for example where the appointee will also work for another body or where more than one medical royal college has an interest, however the final AAC should have both a local and a medical/dental majority.

Particular care needs to be taken when appointing to posts across two or more employing bodies. It is possible to contract an employee jointly between a trust and a health authority (or two trusts). When constituting the AAC, its composition should reflect both the health authority and the trust constitution.

- 8.9 The Workforce Department of The Royal College of Pathologists will provide a College assessor for the AAC (**not** a university or any other specialty assessor).
- 8.10 Requests for a College assessor should be made to [workforce@rcpath.org](mailto:workforce@rcpath.org). The request must include a copy of the endorsed job description and selection criteria, the definite date, time and venue of the AAC and the closing date for applications.
- 8.11 Requests for a College assessor should be made 8–12 weeks in advance. Please note that during holiday periods, finding a College assessor may take longer than usual.
- 8.12 It is worth checking that no specialist conferences are being held in the UK or overseas on the date planned for the AAC. Consultants may be attending or covering the work of a colleague who is.



## 9.0 Shortlisting of candidates

- 9.1 As soon as possible after the closing date, copies of all applications received, together with the job description and selection criteria, should be sent to **each** member of the AAC for consideration. *Please note due to GDPR regulations no PA or secretary should be copied in or see the applications.*
- 9.2 All members of the AAC 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.
- 9.3 The RCPATH assessor must **always** be involved in shortlisting wherever possible.
- 9.4 Shortlisting must be carried out by assessing candidates against the selection criteria, which all AAC members should receive.
- 9.5 Shortlisting can usually be undertaken by written or email correspondence. Individual shortlists should be returned to the nominated person/s. It is important that the reason for not shortlisting a particular candidate is noted.
- 9.6 The AAC Chair should confirm that the members of the AAC are content with the shortlist. It may be necessary, or be requested by a member(s) of the AAC, to convene a meeting to discuss the shortlist.
- 9.7 Records of shortlisting decisions should be retained by the employing body according to their individual data protection policy.
- 9.8 An AAC panel should only shortlist candidates who are within **six** months of receiving their CCT (or equivalent) for consultant (or consultant grade) posts (see Appendix 2).
- 9.9 Guidance on entry to the Specialist Register and other matters can be found in Appendix 2.
- 9.10 The shortlisted candidates will be invited to attend interview.
- 9.11 References for shortlisted candidates should be taken up. These should be made available at the interview.

## 10.0 The interview

- 10.1 The AAC must consider all the candidates against an objective selection criteria.
- 10.2 A decision on the suitability of a candidate should relate to the agreed selection criteria and be based on facts rather than impressions.
- 10.3 The Chair is responsible for the procedure and ordering of the interview questions. However, it is customary and helpful to the AAC if the College assessor opens the questioning with those related to training, experience and qualifications necessary for the post.





- 10.4 The Chair is responsible for ensuring that principles of equal opportunities are adhered to.
- 10.5 The Chair must ensure that candidates are not questioned on the following areas:
- the type of contract that the applicant would opt for
  - matters relating to terms and conditions of service, including salary
  - whether or not the applicant would undertake private practice work.

## **11.0 Advisory Appointment Committee decision making**

- 11.1 Consideration of individual candidates should be made after all interviews have taken place.
- 11.2 The references should be considered. Members should not refer to third party comment or hearsay about the candidates and the Chair should limit discussion to the written information contained in the references.
- 11.3 The College assessor is the most appropriate member to open the general discussion. Their assessment of the professional suitability of candidates at this stage is often of assistance to other members in reaching a decision.
- 11.4 When considering which candidate(s) to recommend for appointment, the overriding consideration of the AAC must be to recommend the best candidate for the post. The Chair should work towards a unanimous decision if possible, and only use a formal voting procedure to reach a decision if unanimous agreement is not possible. This vote should normally take place at the meeting and only in exceptional circumstances should the vote be taken by post.
- 11.5 There may be instances where there are disagreements between members of the AAC over the recommendation of candidates as suitable to take up the appointment. These cases should be referred to the employing body to consider before any appointment is made. It will be for the employing body to decide whether or not to make an appointment, after taking into account the views of all of the committee members.
- 11.6 No single member of the AAC, including the College assessor, has the power to veto a decision or recommendation made by the AAC.

## **12.0 Administrative support for Advisory Appointments Committee**

- 12.1 It is desirable for an administrative officer of the employing body to be present at the AAC, to provide any assistance required by members. It is common practice for this officer to be someone who has been involved in the recruitment for the post, usually a member of the personnel or human resources department. This person will be able to give advice on the terms and conditions of service for the appointment. However, they are not a member of the committee and should not join in the discussion unless by agreement of the Chair.



- 12.2 A senior personnel manager should be available in case there are unforeseen problems. The administrative officer will liaise between the Chair and senior personnel manager as and when necessary.

## 13.0 Post-interview processes

- 13.1 A brief report of the AAC should be prepared and signed by the Chair of the AAC.
- 13.2 All records and documents in connection with the shortlisting and interviewing, including formal records of the decision and informal notes taken by members of the AAC, should be retained by the employing body according to their own data protection policy.
- 13.3 The successful candidate should be formally offered the post, in writing, within two working days of the decision to appoint.
- 13.4 The employing body may only appoint from the candidates recommended by the AAC. If more than one candidate is recommended by the AAC, it is for the employing body to choose whom they wish to appoint.
- 13.5 The employing body may not appoint a candidate who has not been found suitable and recommended by the AAC.
- 13.6 The employing body is not required to make an appointment and may decide to re-advertise the post. If the employing body decides not to make an appointment from those candidates recommended, the AAC Chair should be informed of the reasons for non-appointment.
- 13.7 It is **not** the College assessor's role to provide feedback to unsuccessful candidates.

## 14.0 Raising concerns about an AAC decision

- 14.1 Any member of the AAC may express concern to the employing body if they are unhappy with the conduct of the committee, including decisions made by the AAC as a whole and the possible consequences of those decisions. This can include disputes over appointments or equal opportunities. Decisions on disputed appointments should be made by the employing bodies, in full knowledge of all the views put forward at the AAC.

## 15.0 Expenses

- 15.1 The employing body must determine arrangements for the payment of expenses to candidates, whether for pre-visits or for interview, subject to the provisions of their terms and conditions of service, if applicable.
- 15.2 Members of the AAC will be reimbursed their actual expenses, including travel, hotel accommodation and other subsistence allowances.



- 15.3 College assessors attending AAC are entitled to fees according to NHS Employers Guidance Pay Circulars (see Appendix 1). Employing bodies are asked to make every effort to facilitate these fees.
- 15.4 For Northern Ireland, please see Appendix 1.

## 16.0 Definitions

- 16.1 **Consultant:** The terms and conditions of service of hospital medical and dental staff and doctors in public health medicine and the community health service give the duties of practitioners. The exact role, however, of a consultant is not defined in either the Statutory Instrument or the terms of service handbooks. A consultant will usually have independent, clinical responsibility for any patient entrusted to their care by their employing body.
- 16.2 **Associate specialist:** An associate specialist is a senior hospital doctor responsible to a named consultant.
- 16.3 **Specialty doctor:** A non-training career grade and a secure hospital career for those doctors who are unwilling or unable to become a consultant, yet who wish to remain in hospital medicine. [Further information](#) on SAS grades can be found at:

## 17.0 Further information

- 17.1 For further information on The Royal College of Pathologists' job description review service and to request a College assessor for an Advisory Appointment Committee, please contact the Workforce Department:

Phone: 020 7451 6725 / 6721 / 6726

Email: [workforce@rcpath.org](mailto:workforce@rcpath.org)

Website: [www.rcpath.org/profession/employing-pathologists.html](http://www.rcpath.org/profession/employing-pathologists.html)



## 18.0 Appendix 1 – List of relevant regulations

18.1 The appointment of consultants in England, Wales and Northern Ireland is governed by:

- NHS (Appointment of Consultants) Regulations and amended by Statutory Instruments
- The National Health Service (Appointments of Consultant) Regulations Good Practice Guidance
- The European Specialist Medical Qualifications Order 1995, Statutory Instrument 1995 No. 3208
- NHS Employment Check Standards
- Scotland – PIN safer pre and post employment checks: Policy for NHS Scotland
- Wales
- Northern Ireland

### 18.2 Expenses

Assessors are entitled to receive a fee from the employing body for sitting on the AAC as specified in [Pay Circulars](#).

For [Northern Ireland](#).



## 19.0 Appendix 2 – Further information on the Specialist Register

### 19.1 Specialist Registration

It is a **legal** requirement for a doctor to have their name entered on the Full and Specialist Register (with a current licence to practise) of the General Medical Council (GMC) **before** they take up a substantive, honorary or fixed-term NHS consultant post in the United Kingdom (UK).

Therefore in order to be **suitable** for shortlisting for an interview, the doctor must be eligible for full and specialist registration within six months of interview (regardless of where they trained). It is then the Interviewing Committee's responsibility to determine that the doctor has the right background and qualification to be **appointable** for the post.

The General Medical Council is the UK competent authority for postgraduate medical and GP training in the UK. The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 sets out the legislative framework for the GMC.

Under the Order there are three main routes to specialist registration:

- a) **Certificate of Completion of Training (CCT)** for doctors who have satisfactorily completed an approved specialist training programme in the UK. Please note doctors from the EEA/overseas will not have a CCT: they are required to show they have the equivalence.
- b) **Certificate of Eligibility for Specialist Registration (CESR)(CP)** through the Combined Programme (CP) for doctors who have been appointed to a GMC approved deanery specialist / specialty training programme above ST1 level and who have not completed all of their training in posts approved by GMC for the specialty to which they have been appointed.

In addition the GMC operates an 'existing specialists' scheme, which enables doctors who are not entered onto the Specialist Register, yet who were appointed as consultants in the NHS or in the UK armed forces before 1 January 1997, to apply for entry onto the Specialist Register. Further information can be found on the GMC website

- c) **CESR** for doctors wishing to make a direct application to the Specialist Register on the basis of training, qualifications and experience undertaken anywhere in the world.

Doctors from a country within the EEA will be eligible for the Specialist Register if they have obtained a specialist medical qualification from a country within the EEA. Doctors eligible to apply for entry to the Specialist Register under this route must contact and apply to the GMC directly.

Doctors from outside of the EEA apply for entry to the Specialist Register under one of the other pathways; they can expect a decision from the GMC about their application after submitting a complete application.



The College advises that doctors applying for entry to the Specialist Register under these pathways cannot be assumed to be eligible for appointment to a consultant post until they have been informed that their application for entry to the Specialist Register has been successful. The relevant medical Royal College or the GMC will be not be able to indicate the likely outcome of an ongoing application to the Specialist Register.

For CCT queries, call 020 7451 6748 or email [training@rcpath.org](mailto:training@rcpath.org)

For CESR (CP) or CESR queries, call 020 7451 6741 or email [training@rcpath.org](mailto:training@rcpath.org)

### 19.1.1 For more information on:

[Certificate of Completion of Training \(CCT\)](#)

[Certificate of Eligibility for Specialist Registration \(CESR\)\(CP\)](#)

[Certificate of Eligibility for Specialist Registration \(CESR\)](#)

### 19.1.2 FRCPATH

The FRCPATH by examination is a prerequisite for entry to the Specialist Register for doctors applying via the CCT route. However, although obtaining the FRCPATH by examination may be an integral part of securing a CCT, the FRCPATH alone does not automatically deliver a CCT without documented completion of an approved training programme in the UK.

UK-trained doctor (pre 1 January 1997)	<ul style="list-style-type: none"> <li>▪ GMC medical registration</li> <li>▪ FRCPATH and other qualification relevant to the post</li> <li>▪ GMC specialist registration</li> </ul>
UK-trained doctor (post 1 January 1997)	<ul style="list-style-type: none"> <li>▪ GMC medical registration</li> <li>▪ CCT from relevant Medical Royal College</li> <li>▪ FRCPATH and other qualification relevant to the post</li> <li>▪ GMC specialist registration</li> </ul>
EEA trained doctor	<ul style="list-style-type: none"> <li>▪ FRCPATH equivalent training for country of origin</li> <li>▪ GMC medical and specialist registration</li> </ul>
Overseas doctor	<ul style="list-style-type: none"> <li>▪ FRCPATH equivalent training for country of origin</li> <li>▪ GMC medical and specialist registration</li> </ul>

## 19.2 Existing specialists

The 'Existing Specialists' scheme for existing specialists applying for entry onto the Specialist Register.

Since 1 January 1997, it has been a legal requirement that a doctor must be on the Specialist Register in order to take up a substantive, fixed term or honorary consultant post in the NHS. When the Specialist Register was created, individuals who were NHS



consultants in a substantive, honorary or fixed term consultant post prior to 1 January 1997 were entitled to entry under a 'grandfathering' clause. This entry route existed until 2005. After that date it became apparent that a small number of consultants had not applied for entry to the Specialist Register.

In 2009 the GMC reintroduced a direct application route for these consultants and advises that all doctors in the NHS or UK Armed Forces who were appointed to a substantive, honorary or fixed term consultant post prior to 1 January 1997, and who are not yet on the Specialist Register, to take advantage of this scheme.

