



# Guidance for RCP representatives

SAS Advisory Appointments  
Committees

March 2021  
(Version 1)



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## Introduction

Dear fellow,

The Royal College of Physicians (RCP) places great importance on the role of its representatives on SAS Advisory Appointments Committees (AACs).

The concordat between Academy of Medical Royal Colleges (AoMRC) and NHS Employers on the appointment of specialist medical staff signifies the commitment of the AoMRC, the British Medical Association (BMA) and NHS Employers to work together to ensure that the highest standards of professional medical practice in NHS employing organisations are maintained in the interests of patients and the quality of care provided by those organisations.

## Eligibility

The concordat states that the royal colleges should maintain lists of approved assessors (representatives) of clinical capabilities to perform an independent external advisory role during recruitment exercises.

The RCP requires that you

- > are an SAS doctor or consultant
- > are a fellow of the Royal College of Physicians (London)
- > are registered with General Medical Council (GMC)
- > have practised in the relevant specialty in NHS in the past 2 years
- > are not employed within the area of the authority making the appointment
- > have undertaken equality and diversity training.

**If you do not meet all the criteria you must notify the RCP immediately so that a suitable replacement can be found.**

## RCP Code of Conduct

The RCP has published a [Code of Conduct](#) that is intended to provide a clear set of expectations as to how RCP members, fellows and other healthcare professionals conduct themselves when working for or representing the RCP:

1. Treat others with respect and consideration
2. Recognise and value diversity and individual differences
3. Behave with integrity, honesty, kindness and patience
4. Be a role model for professional behaviours
5. Undertake our work in good conscience and to the best of our ability
6. Foster collaborative and supportive working with others
7. Promote trust and a just culture
8. Hold ourselves and others accountable for professional and personal behaviours
9. Take responsibility for the stewardship of our position of authority, mindful of our impact on others
10. Respect the RCP's standards and rules and be a guardian of its reputation.

The standards identified should be seen as an adjunct to guidance provided by the GMC and published in documents such as [Good medical practice](#).



## Equality and diversity checklist

All members of AACs must act fairly in the appointment of candidates – they have a duty to avoid direct or indirect discrimination in the selection. The Equality Act 2010 states it is against the law to discriminate against anyone because of age, race (including colour, nationality, ethnic or national origin), gender, disability, religion (belief or lack of religion/belief), marital status, sexual orientation, gender reassignment or being pregnant or having a child.

Under the Act, taking positive action is legal if people from the groups above are at a disadvantage, have particular needs or are under-represented in an activity or type of work.

An employer who is recruiting staff may make limited enquiries about an applicant's health or disability to help decide if the applicant can carry out a task that is an essential part of the work, if he/she can take part in an interview, if the interviewers need to make reasonable adjustments in a selection process, to help monitoring, if they want to increase the number of disabled people they employ or if they need to know for the purposes of national security checks.

Indirect discrimination occurs when conditions or requirements, which are applied to all candidates, disproportionately disadvantage candidates of one group or another. Such requirements are unlawful unless justified by the needs of the job.

Candidates who feel they have been unfairly treated under the Act, whether directly or indirectly, are entitled to ask an employment tribunal, or in appropriate cases a court, to examine the proceedings of an AAC.

The following points should be borne in mind in determining whether or not the selection procedures are fair and in accordance with the principles of equality and diversity:

- > Each applicant should be assessed according to personal capability to meet the requirements of the job.
- > Selection criteria, including any tests, should relate to job requirements.
- > Questions at interview should be relevant to the job. It is lawful for an AAC, where necessary, to assess whether a candidate's personal circumstances will affect his or her ability to meet fully the requirements of the job (eg where it involves unsocial hours), provided both sexes are treated equally.
- > Questions about marriage plans or family intentions or family ties should not be asked.
- > Candidates should not be asked about social customs, political beliefs or religious practices, nor should the different social interests of people from different ethnic groups be permitted to influence the selection process.
- > Candidates who may reasonably be expected to have family ties abroad should not be asked questions about visits 'home'.
- > Information necessary for personal records or any aspect of equal opportunities policy should not be requested by any member of the AAC.



## Avoiding bias

AAC members should make selection decisions based on each candidate's suitability for the post on objective grounds; however, evaluation can be subject to a variety of biases. Please be aware and try to avoid any bias when assessing candidates. Examples of bias which can lead to discrimination include:

### *Personal liking and judgements*

Interviewers can be strongly influenced by the extent to which a candidate has similar beliefs, attitudes or social background to their own. Interviewers often favour candidates similar to themselves; however, this may have nothing to do with performing effectively in this post.

### *Halo/horns effect*

Interviewers often form views about candidates based on their performance in the very early stages of an interview. The 'halo' effect takes place when a candidate starts an interview well or is particularly competent or confident in one area. This can lead an interviewer to assume that they are as competent in all areas and to not probe the candidate sufficiently or minimise any weaknesses in the candidate. The opposite 'horns' effect may occur when a candidate starts an interview poorly and is then assumed to be incompetent in all areas and probed mercilessly by the interviewer.

### *Cultural and gender differences*

Often, people's background, culture, or personal experiences lead to them adopting certain attitudes or perceptions without even realising it. There are cultural and gender differences which can be misread by an interviewer. For example, in some cultures, individuals will not look an interviewer in the eye to show respect, particularly across genders. This is often misread by interviewers as evidence of hiding something or dishonesty. Try to be aware of differences and assess an interviewee solely on objective criteria – their qualifications, experience and personal attributes as stated in the person specification.

## Guidance

In representing the RCP at SAS AACs, the following guidelines may be helpful.

### 1. Specialist grade

The entry criteria for the specialist grade, introduced in April 2021, will be as follows.

A doctor in this grade:

- > Shall have full registration and licence to practice with the General Medical Council.
- > Shall have completed a minimum of 12 years medical work (either continuous period or in aggregate) since obtaining a primary medical qualification, of which a minimum of 6 years should have been in a relevant specialty.
- > Shall meet the criteria set out in the [generic capabilities framework for the specialist grade](#). The specialist generic capabilities framework has been developed in partnership with the AoMRC, BMA and NHS Employers.



## RCP involvement in the appointment of specialist grade doctors

### Developing specialist person specifications and the recruitment of RCP representatives

- > Employers will use the [generic capabilities framework](#) and [template person specification](#), which they will develop based on the requirements of the service.
- > Where the clinical lead judges that further input is required, the employer will work with the RCP regional adviser in developing person specifications and reviewing the curricula to clarify any specialty-specific capabilities that may be required and the evidence to help meet these. Where there is an accepted national standard or statutory requirement for a specialty-specific competence illustrative examples will be recognised by the relevant curriculum.
- > It will be for employers to determine locally what specific entry criteria they are looking for in the person specification which will be relevant to the individual post.
- > The employer will inform the RCP of their intention to proceed with recruitment once the person specification for the post has been approved by the employer. The approved person specification will be shared with the RCP. The employer will give a notice period of 8 weeks prior to interview for the RCP to arrange a representative.
- > The RCP will confirm its representative to support the process. Employers will assist the process by releasing doctors to act as representatives. If your request for professional leave is denied by your employer, please inform the RCP. The RCP will collect all figures relevant to SAS AACs and publish them on annual basis.

### Role of RCP representatives in the recruitment process

- > You will join the recruitment panel convened by the employing organisation.
- > You will not be involved in the shortlisting stage; this will be the responsibility of the employer representatives on the recruitment panel.
- > You will assess in the interview whether candidates and the evidence they provide meet the criteria set out in the [generic capabilities framework](#) and [person specification](#).
- > You will make recommendations regarding appointable candidates to the employer representatives on the panel. The decision as to who is appointed to the post will rest with the employer.
- > You may give advice on specific additional training that may be required of candidates to ensure patient safety.
- > Occasionally, you may be referee for one of the candidates, or at least know the person very well. If you find this to be so, you should declare this to the AAC and take particular care that you do not seem to be partisan in your summing up.
- > If for any reason you feel the selected candidate is unsuitable for the post you should make your views known to the AAC with any possible solutions. This should be noted in the record of the proceedings.



## **Mentorship**

The RCP is aware of the many challenges facing newly appointed specialist colleagues and wishes to encourage recruiting health authorities to provide support at this crucial time by developing mentorship schemes. The RCP believes that every newly appointed SAS doctor should be offered a mentoring opportunity. Many health authorities already have excellent mentoring schemes in place.

We also suggest to RCP representatives that these opportunities should be discussed at the time of interview. The RCP does expect that the mentoring arrangements for the person recommended for appointment at the AAC should be discussed and agreed by the AAC as part of its decision-making process. We would welcome your feedback on whether mentoring for the newly appointed specialist was discussed and agreed at the AAC.

## **Equal opportunities legislation and confidentiality**

As a matter of good practice, and to guard against unwitting discrimination, members of the panel should agree the main areas of questioning before the interview commences. It is the chair's responsibility to ensure that no questions are asked which are, or could be, construed as being biased or prejudicial (*see equality and diversity checklist above*).

As a member of the AAC you should be aware that the proceedings of the committee, any notes of discussions and any references or documents put before it are confidential. Members of the AAC and members or officers of health authorities must strictly observe this confidentiality.

## **Late unavailability**

If, in unforeseen circumstances, you are unable to attend the interview at short notice you should contact the RCP immediately so we can try to source an alternative representative. Similarly, if you are late for an AAC please contact the health authority urgently. Ideally you should provide the health authority or RCP with a suitable contact number should they wish to contact you at short notice.

## **Expenses**

As a member of the AAC you are entitled to be reimbursed for your actual expenses including travel, hotel accommodation and other subsistence allowances in accordance with the rules of the health authority. If you are an SAS doctor or consultant attending from outside the region you may be entitled to claim a fee in accordance with the [NHS Employers Pay and Conditions Circular \(M&D\)](#). Please contact the health authority directly prior to the AAC to clarify their expense policy.

## **Feedback to candidates**

It is appreciated by the unsuccessful candidates if some feedback is available to them after the interview. The AAC should agree in advance how feedback is to be offered to candidates. Where this is to be done orally on the day, the AAC should determine who is best placed to do this. If, as RCP representative, you are called upon to undertake this role care should be taken to ensure that it is a constructive and helpful process. If you feel the circumstances are awkward, the RCP advises that unsuccessful candidates should be seen by two members of the AAC simultaneously and a file note kept of the discussion.



## 2. Specialty doctor

The specialty doctor grade was introduced on 1 April 2008. The entry criteria for this role are as follows.

A doctor in this grade:

- > Shall have full registration and licence to practice with the General Medical Council
- > Shall have completed at least 4 years' full-time postgraduate training (or its equivalent gained on a part time or flexible basis) at least 2 of which will be in a specialty training programme in a relevant specialty or as a fixed term specialty trainee in a relevant specialty; or equivalent experience and competencies.

### **RCP involvement in the appointment of specialty doctors**

The RCP has no statutory role in the appointment of specialty doctors but considers its involvement a good practice.

### **Your feedback**

Information about SAS AACs is important to help the RCP keep up to date with the workforce situation in the various specialties.

If you have agreed to be an RCP representative at an AAC, following nomination by the RCP, you will be sent an RCP representative form to complete and return. If you have not received this form please contact us.



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