Royal College of Anaesthetists

Advisory Appointments Committees (AAC)

Guidance for Regional and Deputy Regional Advisors for the approval of job descriptions, job plans and person specifications 2023

This guidance will be reviewed in July 2026.

All enquiries in regard to this document should be addressed to the Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London WC1R 4SG

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Design and layout by the Royal College of Anaesthetists

Introduction

The Royal College of Anaesthetists (RCoA), the Faculty of Intensive Care Medicine (FICM) and the Faculty of Pain Medicine (FPM) seek to help employing authorities intending to appoint to new and replacement anaesthetists, intensivists and pain medicine specialists through a job description (JD) approval process. This is conducted by the relevant Regional Advisor (RA) or Deputy Regional Advisor (DRA) and administered by the RCoA on behalf of all three organisations. The approval process seeks to provide prospective candidates with assurance that the role is appropriate and employers with assurance that they are advertising for the right skills to match the role.

The job approvals process can be applied to anaesthetic, intensivist or pain medicine specialist roles that are:

- Permanent roles
- Fixed term roles, usually longer than 6 months
- Consultant posts
- Staff Grade, Associate Specialist and Specialty (SAS) and Specialist Doctor (SD) posts

For the RCoA or Faculties to send a representative to the advisory appointments committee (AAC)/ interview panel, the role must have been through the approval process. More information on representatives can be found here.

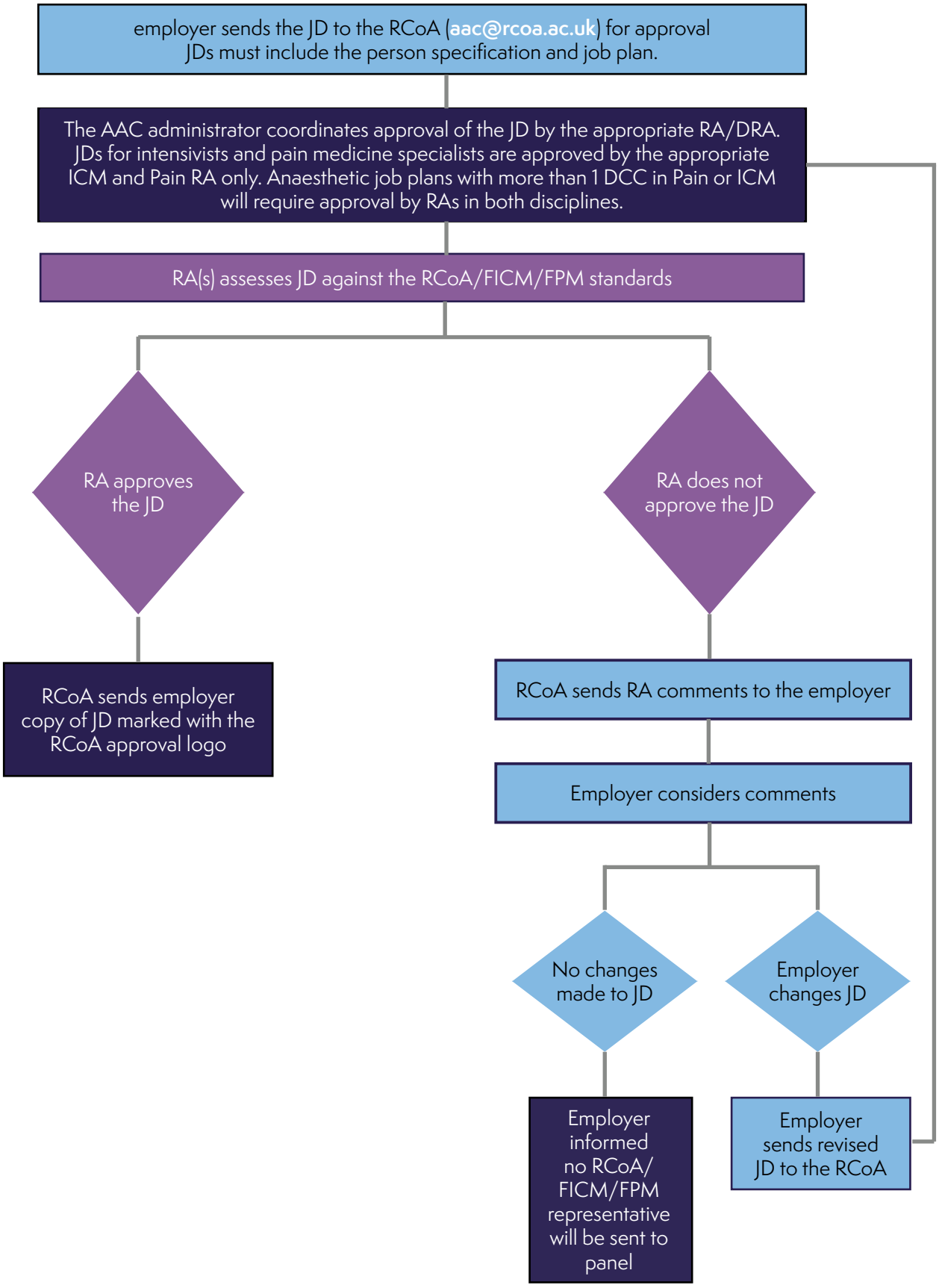
When posts involve one or more daytime direct clinical care (DCC) session of Intensive Care Medicine (ICM) (including activity in stand-alone cardiac and neuro critical care units) or Pain Medicine (PM), the relevant RAs in these disciplines will also be involved. When posts are solely in ICM or PM, the relevant RA for those specialties will manage the process.

The RCoA has developed an 'approved post' logo in order to indicate clearly when a post has been deemed suitable. We encourage all RAs and colleagues to look out for this logo in advertisements.

This guidance does not pertain to Scotland since, from 2009, it has had a different appointment process. Job descriptions (JDs) in Scotland are not required to be sent to the Regional Advisor (RA). An External Assessor is instead provided by the Academy of Royal Colleges and Faculties in Scotland.

For more information about any part of this guidance please contact **aac@rcoa.ac.uk** or call 020 7092 1572

The process


employer sends the JD to the RCoA (aac@rcoa.ac.uk) for approval
JDs must include the person specification and job plan.
The AAC administrator coordinates approval of the JD by the appropriate RA/DRA. JDs for intensivists and pain medicine specialists are approved by the appropriate ICM and Pain RA only. Anaesthetic job plans with more than 1 DCC in Pain or ICM will require approval by RAs in both disciplines.
RA(s) assesses JD against the RCoA/FICM/FPM standards
RA approves the JD
RA does not approve the JD
RCoA sends employer copy of JD marked with the RCoA approval logo
RCoA sends RA comments to the employer
Employer considers comments
No changes made to JD
Employer changes JD
Employer informed no RCoA/ FICM/FPM representative will be sent to panel
Employer sends revised JD to the RCoA

Glossary

AAC	Advisory Appointments Committee
AoMRC	Academy of Medical Royal Colleges
DCC	Direct Clinical Care
DH	Department of Health
DRA	Deputy Regional Advisor
DRAA	Deputy Regional Advisor Anaesthesia
FICM	Faculty of Intensive Care Medicine
FPM	Faculty of Pain Medicine
JD	Job Description
PS	Personal Specification
RA	Regional Advisor
RAA	Regional Advisor Anaesthesia
RCoA	Royal College of Anaesthetists
SAS doctor	Staff grade, associate specialist and specialty doctor
SPA	Supporting professional activity
Specialty doctor	A new senior role open for SAS grade doctors who have attained experience and qualifications according to the competency framework approved by the Academy of Medical Royal Colleges

What is the Role of the Regional Advisor?

The RCoA and Faculty RAs play an important role in helping employing authorities to prepare high-quality job descriptions, particularly when they are consulted at an early stage in the process. It is important for their own and the RCoA and Faculties' credibility that they respond quickly and positively and that they comment only on issues relevant to the RCoA/Faculty role.

To enable the review and approval process to be speedy and efficient, all job approval requests should be submitted by the employer direct to the RCoA. Should an RA receive a request directly, this should be forwarded to the RCoA, informing the relevant employer HR department.

RAs should expect to receive a copy of the job description (JD), job plan (JP) and person specification (PS) for approval from the RCoA. The RCoA will also send RAs a JD approval form for completion.

Initial comments from the RA should be sent to the RCoA **within two weeks**.

If the RA is likely to be away for a long period or the post is in the RA's own organisation, the RCoA will arrange for the DRA or a RA from a neighbouring region to deputise.

If the RA is unable to approve the JD, their comments will be sent back to the employer. While an employer can choose to disregard the RA's advice, to do so without informing the RA would be unreasonable.

If changes are made such that the RA is able to approve the JD, the RCoA will insert the RCoA approval logo into the final version of the JD and the documentation will then be returned to the employer for advertising.

An AAC will then be organised locally and it is the responsibility of the employer to inform the RCoA, with **at least eight weeks' notice**, to allow an assessor to be found. If the RCoA is struggling to find a representative for a particular AAC, the appropriate RA/DRAs may be invited to attend the AAC.

The RCoA will send a copy of the approved documents to the RCoA/Faculty representative for the interview panel.

RCoA and/or Faculty approval of a post is **valid for twelve calendar months** provided that there are no significant changes to the original post.

Useful links

- The National Health Service (Appointment of Consultants) Regulations, January 2005 (bit.ly/2TKu9WE).

Standards for job description, job plan and person specification approval

A good job description (JD), job plan (JP) and person specification (PS) should include:

- A brief profile of the hospital, Trust or Board, its anaesthetic, critical care and/or pain medicine departments, clinical and non-clinical staffing, and the range of clinical services provided by the organisation including, where relevant, details of multiple site services.
- Details of resources provided to support the post, including office, secretarial etc.
- A description of the requirements of the post, eg major sub-specialty interest, educational, research or management commitment, and proposed on-call or out-of-hours commitment and the clinical service covered by this, eg obstetric, paediatric or intensive care commitment while on-call.
- An indication of whether the post is new or replacement.
- A description of the educational, audit, clinical governance and research activities of the department/unit.
- Evidence of employer commitment to support continuing professional development including external study leave and funding.

- An weekly (or longer) programme or timetable showing both clinical (by specialty and type) and non-clinical commitments, which should include flexible sessions and on-call or out-of-hours commitments, together with a summary of the total programmed activities (PAs) per week (averaged if necessary) and a breakdown of Direct Clinical Care (DCC) PAs and SPAs. The RCoA and Faculties, backed by the Academy of Medical Royal Colleges and the Chief Medical Officers of all four UK nations, requires a minimum of **1.5 SPAs per week for consultants, specialist and SAS doctors** to maintain competence and allow revalidation.
- A statement regarding what wellbeing support is available for members of the department (details here).
- An indication of potential or anticipated changes, normally handled through appraisal and job planning procedures.
- An indication of any proposed or likely changes to the services provided by the employer through service reconfiguration or amalgamations of service providers.
- An appropriately worded and sufficiently detailed PS including a statement of how each criterion will be assessed. A loose PS in terms of expectations around both clinical and general professional capabilities can result in difficulties. Lack of detail makes ranking difficult, and in cases in which a panel lacks confidence in making a recommendation, absence of detail in the PS can make non-recommendation difficult to justify.
- Contact details of the relevant clinical director or service manager, should clarifications be required.

In commenting on JDs and annexes, the RA's central concern should be with the balance of professional content of the post in relation to clinical, teaching, academic, educational, research and managerial activities, and whether there is sufficient time and facilities to allow the appointee to carry out these duties to the required professional standard. In considering details of posts, they should review the proposals in relation to other posts in the same specialty in the organisation, recognising that employers will often be seeking appointees with special interests or skills, eg in service, teaching, research or management, to balance teams. Posts should be considered on their merits alone rather than against a standard template. Two key questions should be asked:

1. Does the post offer a fair service to the employer?
2. Does the post offer an equitable and deliverable work experience with scope for personal and professional development to the post holder?

It is not the role of the RA to comment on non-professional and contractual issues.

Early discussion with the clinical director, clinical lead or service manager is likely to be helpful in resolving concerns. It may be helpful for the RA to inform the employer how other jobs are defined in similar organisations.

Recommendations for Intensive Care Medicine (ICM) posts

- Posts that are either single ICM or dual with another specialty should be approved by the RA in ICM. Posts which are both ICM and anaesthesia should also be approved by the RA in Anaesthesia. Where ICM jobs are proposed with unspecified second specialty commitments, eg anaesthesia, medical specialties and emergency medicine, the employer should send the documents to the RCoA AAC administrator who also acts on behalf of the FICM. The documents will then be forwarded to the relevant FICM RA who will act as lead approver and who should liaise with the relevant RAA. This may be problematic, as the job plan will not usually be agreed until after appointment. When the second specialty is anaesthesia, it would be reasonable for the FICM and RAA to obtain assurance from the employer that any anaesthesia commitments would meet the same standards as those of recently approved full-time anaesthesia posts.

FICM include guidance for RAs on their website.

Recommendations for posts in pain medicine or in anaesthesia and pain medicine

Posts solely in acute and/or chronic pain medicine should be approved by the RA in pain medicine. Posts that contain sessions in anaesthesia and acute and/or chronic pain medicine should be approved by the RA in pain medicine as well as by the RA in anaesthesia.

It is recommended that the following points are taken into consideration when approving a post:

Person specification recommendations

- 'Higher and advanced training in pain medicine or equivalent' should be in the essential criteria for all chronic pain medicine posts.
- As a minimum 'higher pain training or equivalent' should be in the essential criteria for all posts that have an acute pain medicine component. 'Advanced pain training or equivalent' should be in the desirable criteria for all posts that have a non-lead acute pain medicine component.
- 'Advanced pain training or equivalent' is recommended as an essential criterion for all lead consultant posts in acute pain medicine. This recommendation is particularly important if the appointee is not supported by an in-house chronic pain medicine service.
- 'FFPMRCA or equivalent' should be in the desirable section of all posts advertised with acute or chronic pain medicine sessions.
- A consultant post in anaesthesia and pain medicine should have a recommended minimum of three clinical periods of direct clinical care in pain, with additional supporting clinical administrative time (minimum 0.5 to 1 professional acitvity (PA). Sessions may include chronic non-malignant pain management and cancer pain management, and may include clinics and pain intervention lists. Clinics may be based in a primary or secondary care setting depending on the service setup.
- A consultant post in anaesthesia and acute pain medicine should have a recommended minimum of 2 PA for a lead consultant in acute pain medicine, and 1 PA for a non-lead role. 0.25 to 0.5 PA supporting clinical administrative time is recommended in addition.
- Consultant posts advertised for other specialties such as rheumatology or neurology with a component of pain medicine sessions cannot be approved by the FPM. Such posts should be reviewed by their parent specialty.

Additional considerations

It may be helpful when reviewing the post details to consider the following questions:

a Is it legal?

employers should scrutinise recruitment documents carefully to ensure that they comply with current legislation in the relevant jurisdiction, but it is possible that a stated requirement of a post might result in a complaint of indirect discrimination unless worded carefully, eg requirements for specific previous experience or qualifications. It is not the role of the RCoA or Faculties to approve the legality of the post details or recruitment processes, and the RCoA or Faculties can take no responsibility for this. However, when a RCoA or Faculty official discovers any cause for concern over legality in the details of a post, they will report their concerns to the employer and the RCoA (acting on behalf of the Faculties).

b Is the balance of sessions in the job plan consistent with the job description?

Frequently, documentation relating to new posts is either adapted from that of previous posts or simply copied without being updated. Discrepancies often occur, especially in supporting professional acitivities (SPA) allocation, between the job plan and the job description. The RA should check that there is consistency.

c Is the post clinically well balanced?

One of the main reasons for professional review of a proposed job is to ensure that the content is deliverable safely and effectively in accordance with best practice guidance, and that the post holder can comply with the need to maintain and develop clinical and non-clinical knowledge and skills, and maintain a licence to practise and revalidate. This is all in the interest of patients, the employer and the post holder.

There are no absolute rules about the mix of clinical sessions, and the RA should use their considerable experience of practice and training to make a considered judgement when reviewing a job plan. For example, it might not be appropriate for a cardiothoracic anaesthetist with no obstetric sessions to cover a maternity unit out-of-hours.

The job plan may have both fixed and flexible sessions throughout the week. The increasing amount of both emergency and non-emergency work delivered outside the conventional working week is acknowledged, but the burden of this must not fall disproportionately on the most recent appointees to a department. Similarly, new appointees should not have an undue burden of flexible or emergency sessions which would prevent them from developing subspecialty skills and interests, and professional relationships with surgical teams, which develop through some degree of permanence and familiarity.

The balance of subspecialty commitments should be sustainable and deliverable. For example, while it is entirely reasonable for a cardiothoracic anaesthetist or neuro-anaesthetist to have critical care commitments in support of their subspecialty, a post with both cardiothoracic and neuro-anaesthesia sessions might be more difficult to sustain.

The balance of clinical and academic sessions in university posts should be such that the appointee could be reasonably able to perform both satisfactorily in their clinical areas including any out-of-hours commitment.

d How do posts in Pain or ICM differ?

Posts solely in either Pain or ICM will be reviewed by the respective RA PM or RA ICM. When the post is dual with anaesthesia, the RCoA RAA should review the anaesthesia component of the clinical commitment and the overall balance of DCC and SPA sessions in the job plan. Consultation between RAs is often helpful.

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