



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

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Introduction

Purpose of this guidance

This guidance sets out the processes and standards that apply to the appointment of consultants in obstetrics and gynaecology through Advisory Appointment Committees (AACs). It outlines the responsibilities of NHS employers and RCOG Assessors, the requirements for job plan approval, and the principles that ensure appointments are fair, transparent and consistent with national standards.

What is an AAC?

An AAC is an interview panel used by an employing body when appointing consultants. The purpose of an AAC is to determine whether an applicant is suitable for appointment.

There is information on the Department of Health website to be used by NHS Trusts and Health Boards when making appointments to consultant posts. This provides good practice guidance on the NHS Appointment of Consultants Amendment Regulations 2005.

All NHS Trusts and Health Boards should include a representative from the relevant medical college on their appointment committee. Although NHS Foundation Trusts are not required to include a Royal College representative, the [Academy of Medical Royal Colleges](#) and the Foundation Trust Network strongly recommend doing so.

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



Approval of a job description

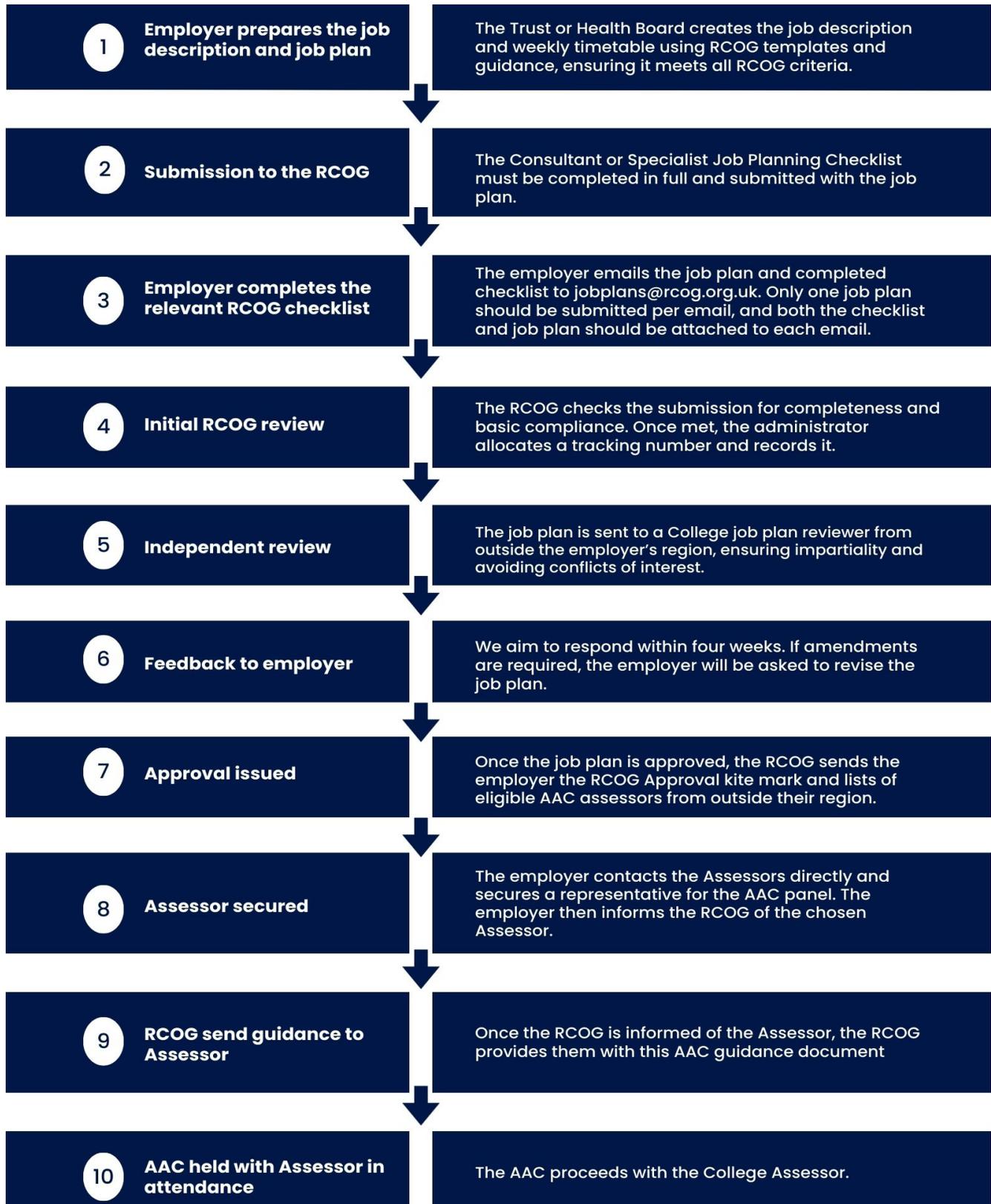
Before submitting a job plan for approval, employers should review the relevant RCOG criteria, templates and job planning checklist to ensure the submission meets all requirements and aligns with national guidance. To avoid any potential confusion, if multiple job plans are submitted it would be appreciated if each job plan and its completed checklist could be submitted separately for approval.

Employers should not advertise roles as pending RCOG approval. The RCOG Approval kite mark may only be used once the job plan has been approved. It is advisable to submit job plans at least twelve weeks before the interview date to support timely approval and access to an AAC Assessor.

This is a service offered by the College to NHS Trusts and Health Boards free of charge. It relies on the time and expertise of clinicians volunteering their time as job plan reviewers. If a reviewer is unable to complete the review, then the job plan may be reassigned to an alternative reviewer.



Job planning process





RCOG criteria for job plan approval for new consultant posts

General guidelines:

- The RCOG encourages a transparent approach to job planning linked to developmental objectives of the new appointee and the department.
- Job descriptions should include information about access to mentoring for newly appointed consultants. Mentoring arrangements for the appointee should be discussed and agreed by the AAC as part of the decision-making process.
- A timetabled job plan should support continuity of patient care with the consultant's caseload.
- For consultant posts with resident night shifts, time off before and after night shifts should be clearly shown in the job plan and should not compromise clinical care or professional development.
- Consultants should not have to travel between sites more than once in a day.
- Where posts include academic, leadership or management responsibilities, these should be reflected in the job plan.
- Subspecialty posts should have at least two programmed activities (PAs) per week (or equivalent) specifically dedicated to one of the four RCOG accredited, GMC approved subspecialties: Gynaecological Oncology, Maternal and Fetal Medicine, Reproductive Medicine or Urogynaecology.
- Posts advertised with a special interest should have appropriate PAs in the timetable to deliver this activity.
- Posts that include obstetric out of hours duties should include at least 0.5 PA per week (or the annualised equivalent) of daytime labour ward cover.

DCC/SPA split

- The total number of PAs per week should be clearly stated in a regular timetable, showing Direct Clinical Care (DCC), Supporting Professional Activities (SPAs) and, any time off (which may be used for private practice).
- If annualised, the job plan should show the weekly average PAs.
- England and Northern Ireland: If total job plan is 7 PAs or more, a minimum of 1.5 SPAs should be allocated.
- England and Northern Ireland: If total job plan is fewer than 7 PAs, a minimum of 1 SPA should be allocated.



- Wales: the DCC to SPA split should be 7:3 for a 10 PA job plan, in line with the Amendment to the National Consultant Contract in Wales.

DCC time

- Job plans should include no more than 85% DCC, of which at least 10% should be clinical administration.
- DCC time should be allocated for appropriate ward rounds, including e.g. pre- and post-operative care and obstetric inpatient care.
- MDTs and ward rounds should be included within the DCC allocation.
- Other aspects of DCC should be reflected, including communication with patients and colleagues, GP advice and related administrative work.

SPA time

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

Out of Hours (OOH) work

- Job plans should include a maximum of 3 PAs per week OOH, i.e. 5pm-9am and weekends, whether this is predictable or unpredictable on call, or resident shifts. Job plans may be approved with up to 4 OOH PAs in those Trusts or Health Boards that are actively planning to reduce this number.
- England and Northern Ireland: All OOH (non-resident) should be remunerated at Category A.
- Wales: All OOH (non-resident) on call work should be remunerated according to on-call intensity scoring, as set out in Annex C – Amendment to the National Consultant Contract in Wales.

Obstetrics On-Call

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



- Job descriptions should explain local out of hours support for complex emergency obstetric surgery, ensuring safe support at all times.

Gynaecology On-Call

- The recommended number of gynaecology theatre lists is at least alternate weekly, but on call gynaecology capabilities should be competency based.
- Competency should be maintained in laparotomy, diagnostic laparoscopy, and management of miscarriage and ectopic pregnancy for OOH work.
- The job plan should specify how competency will be maintained in emergency gynaecology or include a description of how patient safety will be assured. For example, individualised emergency cover or a 'second on' rota for gynaecology.
- Job descriptions should explain local out-of-hours support for complex emergency gynaecological surgery, ensuring safe support consistent with service need.

Further information

- Template person specification for an O&G consultant post [here](#).
- Sample weekly timetables for O&G and pure obstetrics consultant posts [here](#).



Appointment of an Assessor

It is an important principle that, to avoid any conflict of interest, the College Assessor should not be in the employment of the Trust or Health Board making the appointment. The College supports this principle by providing lists of Assessors from outside the employer's region, to minimise the possibility of a conflict of interest.

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

The College sends the names of suitable Assessors directly to the employing organisation, which contacts the Assessor directly; the Trust/Health Board should then inform the College of the name of the Assessor selected in advance of the AAC. Once confirmed, the Assessor will receive this College AAC guidance. Following the AAC, the Trust should inform the College of the name of the successful candidate(s).

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



Criteria for AAC Assessor

Essential

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

Desirable

- Experience as a Clinical Director
- Experience of serving on an AAC

AAC Assessor Role description

The role of the College Assessor is to act on behalf of the RCOG, to uphold College standards in the appointment process, provide external impartial advice to recruiting NHS organisations, and to help ensure that consultant posts and appointees meet the requirements of the post set out by the College and the employing organisation ensuring that high standards of obstetrics and gynaecology care are maintained. The Assessor should therefore:

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



5. Advise the AAC which candidates meet RCOG standards for consultant appointment
6. Ensure the process is fair, inclusive and transparent, in line with employment law, College expectations and national recruitment standards.

How to apply to become an AAC Assessor

If you wish to apply to become an AAC Assessor, please email jobplans@rcog.org.uk. You will be asked to complete and return an application form. Applications are assessed and approved by the Vice President for Workforce. Applicants should ensure that they are up to date with equal, diversity and inclusion training.

Assessor training

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

College Assessors should also complete the RCOG Race Equity eLearning Resource before undertaking AAC duties. This resource supports Assessors to understand the impact of race equity in recruitment, apply inclusive practice, and ensure that AAC processes are fair and equitable. The resource can be accessed [here](#).



Candidate selection

Shortlisting candidates

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

Assessors should be involved in the shortlisting process.

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

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

The Trust/Health Board should confirm whether a doctor is still in a trainee post and is expected to complete a specialist training programme and be awarded CCT within the following six-month period. The AAC Assessor can offer a professional view on this. The AAC Assessor can also assess whether the applicant has appropriate experience commensurate with the requirements of the post applied for.

Specialist Register

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



Certificate of Completion of Training (CCT)

- The CCT is awarded by the GMC on the basis of the recommendations made by the College.
- The possession of a CCT cannot guarantee that its holder will be appointed to a consultant post. It indicates that the College and the GMC regard the holder as having satisfactorily completed an approved training programme and thus complied with the College's training criteria. However, possession of a CCT does not and cannot imply that the holder is fully trained in every specialist branch of obstetrics and gynaecology to the extent that they are eligible for any post, however specialised.
- The College recognises the need for flexibility when considering not only the inevitable variations in higher training programmes but also the individual aspirations of trainees in terms of research interests, academic duties or working abroad. Although training pathways may vary, possession of the CCT represents an attainment of the satisfactory level of training.
- Possession of a CCT does not imply that all holders are equal. Holders will vary in their skills, interest and experience, and College Assessors are entitled to take this into account.
- While a candidate who is not suitably qualified should not be appointed, this does not prevent trainees who are aware of the prospective date for the completion of their training, as agreed by the College, from being interviewed up to six months before that date. Assessors may contact the Postgraduate Training Department to confirm the date of completion of training.
- It is the responsibility of the employing authority to ensure that the appointed candidate is on the Specialist Register before they take up the post.

Doctors who have trained outside the UK

- Those doctors who have trained outside the UK who wish to be appointed to consultant posts in the UK should have their names included on the Specialist Register.
- Assessors who are faced with such applicants should ensure that their names are included on the Specialist Register. This confirms that the individuals training has been assessed and deemed equivalent to UK training in obstetrics and gynaecology by the College, who pass their recommendations to the GMC.
- However, entry to the Specialist Register does not mean that an individual is automatically suitable for any Consultant post. Assessors should consider the merits



of the individual's experience and training in the light of the requirements of the position for which they are shortlisting and interviewing.

The [Specialist Register](#) is maintained by the General Medical Council, who will confirm if an applicant is on the register.

EU Nationals

- Doctors who hold a [Relevant European Specialist Qualification](#) should refer to GMC guidance on how to join the Specialist Register.
- These individuals should be on the Specialist Register to be appointed to any consultant post in the UK.

Locum consultants

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

Criteria for candidates applying for consultant posts

1. To be suitable for appointment to a consultant post via the CCT or Portfolio Pathway routes, candidates should be on the GMC Specialist Register or within six months of attaining this. Candidates pursuing the Portfolio Pathway route should already be on the Specialist Register; they are not eligible to be appointed in advance of registration. Further information can be found in the [COPMeD Gold Guide](#).
2. Trainees may apply for a consultant post and be interviewed up to six months prior to their anticipated CCT date, if progress has been satisfactory and if the final ARCP is expected to confirm completion of training by the time the suggested CCT date is reached.
3. There may be instances when the six-month period is interrupted by statutory leave. In those circumstances, the potential employer may determine whether the trainee remains eligible for appointment, taking into account the revised CCT date.
4. Once a doctor has been entered on the GMC Specialist Register, they are able to take up a substantive, fixed-term or honorary consultant post in the NHS. There are different arrangements for Foundation Trusts, which can be found on the GMC Specialist Register webpage.
5. Where ARCP Outcome 6 is not subsequently issued and the trainee has already been appointed to a consultant post, the trainee should inform the employer immediately to discuss a revised start date or deferring the start of employment until after the award of a CCT.



6. There may be exceptional circumstances where there is a requirement for tailored training within the approved curriculum towards a specific post. The rural track in the general surgery curriculum is a good example, where the GMC has approved the tailored training. An advance appointment longer than six months can then be justified where particular training requirements for the post have been identified that would need to be met in the latter stages of training leading to CCT. Such circumstances would require authorisation by the appropriate health department and should be outlined in the recruitment documentation and agreed by the Postgraduate Dean. As an alternative approach, consideration could be given to achieving these competences within a post CCT Fellowship.



The interview process

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

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

All College Assessors should have received appropriate training in the application of equal opportunities legislation to appointments procedures in line with the Equality Act 2010 and the Equality and Human Rights Commission's Employment Code of Practice.

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

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



Requirement to undertake duties in connection with abortion care

- Employing bodies should conform to the guidance contained in HSG (94)39. An understanding exists between the Department of Health and the Royal College of Obstetricians and Gynaecologists concerning the requirement for a newly appointed consultant in obstetrics and gynaecology to undertake duties in relation to abortion care. This understanding was achieved because of the various difficulties that arose at Advisory Appointments Committees between Committee members and candidates.
- The agreement is that a decision is made at the time the job is composed as to whether candidates would be expected, if appointed, to undertake duties involving abortion care. If it is a requirement to include abortion care within a job description it is acceptable to include it in the job advertisement.
- The circumstances under which abortion care duties should be inserted in job descriptions are where a reasonable service would not be available in the event of the appointment of a consultant who did not undertake these duties. It would not be grounds for insisting on this inclusion if, for example, all the consultants in a unit carried out abortion care and therefore a reasonable service was already available.
- Where abortion care is being carried out by none or only a minority of the consultants, or where only two consultants shared duties in a particular district, then the inclusion of the requirement is regarded as both reasonable and desirable.
- When the requirement to provide abortion care services has been included in the job description, questions can be asked at the Advisory Appointments Committee about the willingness of candidates to undertake these duties, if appointed. It is fair to assume that applications have been made based on the stated requirements of the post.

Decision-making

- At the Appointments Committee the College Assessor has the special function of advising which candidates meet the College's criteria for consultant appointment. Apart from this, the Assessor has no special powers and acts as any other member of the Committee with the power to vote.
- The statutory purpose of the Committee is to place those candidates considered to be suitable for appointment in order of preference. Often one candidate only is recommended to the employing authority (which makes the appointment) but sometimes two names are put forward.



- Consideration of the individual candidates should be made after all the interviews have taken place. References for each applicant should be made available. It is important to limit comments on the references to the actual written remarks. Members should not refer to third party comments or hearsay about candidates, and discussions should be limited to the actual written information contained in the reference.
- When considering which candidate or candidates to recommend for appointment, the overriding consideration of the Advisory Appointments Committee should be to recommend the best candidate(s) for the post. It is hoped that a unanimous decision on the recommend candidate(s) can be reached.
- Opportunities for mentoring and other available support to newly appointed consultants should be discussed at the time of interview and agreed by the committee as part of its decision-making process.
- An Advisory Appointments Committee should not recommend the appointment of a candidate who is not yet suitably qualified but may become so after a further period of training.
- All proceedings of the Committee, papers and references are confidential.
- Individual members, or the Committee as a whole, can be questioned by the Courts or Industrial Tribunals about the reason or reasons why a particular candidate was accepted or rejected. Copies of any notes taken at the AAC should therefore be securely retained by the employing body as they may be released to the candidate if a subject-access request is submitted or a challenge is raised about the process.
- Any personal data about candidates should be destroyed in accordance with the UK GDPR and Data Protection Act 2018.



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