

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

December 2014

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1 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 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 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, last updated in July 2013, 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 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 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 on www.rcpath.org/workforce/medical-and-scientific-workforce/job-descriptions/job-descriptions
- 4.3 The job description, person specification and job plan must be reviewed and endorsed by The Royal College of Pathologists, whether the post is new or a replacement.
- 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.
- 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.

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 description.

5 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 or telephone 020 7451 6725
- 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 and the Workforce Department should be contacted to check.
- 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 employer 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 employer 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.

5.12 Specialist registration

It is a legal requirement for a doctor to have his or her 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 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, which are commonly used for similar advertisements.
- 6.3 The advertisement should include closing date and date of interview (usually six weeks after closing date) where possible.

7 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 Setting up the Advisory Appointments Committee (AAC)

- 8.1 The employer 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 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, should 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, but 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 (but not a university or any other assessor).
- 8.10 Requests for a College assessor should be made to workforce@rcpath.org. The request must include a copy of the job description and selection criteria, the date, time and venue of the AAC and the closing date for applications.

- 8.11 Requests for a College assessor should be made 5–12 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 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.
- 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 should **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 correspondence. Individual shortlists should be returned to the nominated manager. 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 UK 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 available at the interview.

10 The interview

- 10.1 The AAC must consider all the candidates against 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 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.

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 Administrative support for Advisory Appointments Committee

12.1 It is desirable for an 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 necessary.

13 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 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 appoint only 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 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 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 Definitions

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.

Associate specialist: An associate specialist is a senior hospital doctor responsible to a named consultant.

Specialty doctor: A non-training career grade and a secure hospital career for those doctors who are unwilling or unable to become a consultant, but who wish to remain in hospital medicine. Further information on SAS grades can be found at:

bma.org.uk/practical-support-at-work/contracts/sas-contracts

bma.org.uk/practical-support-at-work/contracts/job-planning/job-planning-sas-doctors.

17 Further information

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

Email: workforce@rcpath.org

Website: www.rcpath.org/workforce

Appendix 1 List of relevant regulations

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

NHS (Appointment of Consultants) Regulations and amended by Statutory Instruments
www.legislation.gov.uk/all?title=The%20National%20Health%20Service%20%28Appointment%20of%20Consultants%29%20Regulations%20

The National Health Service (Appointments of Consultant) Regulations *Good Practice Guidance*
www.rcpath.org/NR/rdonlyres/137BC14E-B297-4B09-A04B-D675C1CACE4C/0/jdpNHSGoodPracticeGuidance2005May05.pdf?file=jdpNHSGoodPracticeGuidance2005May05.pdf

The European Specialist Medical Qualifications Order 1995, Statutory Instrument 1995 No. 3208
www.legislation.gov.uk/all?title=European%20Specialist%20Medical%20Qualifications%20Order%20

NHS Employment Check Standards
www.nhsemployers.org/recruitmentandretention/employment-checks/employment-check-standards/pages/employment-check-standards.aspx

Scotland – PIN safer pre and post employment checks: Policy for NHS Scotland
www.show.scot.nhs.uk/publications/j9227/j9227-01.htm

Wales
www.wales.nhs.uk/governance-emanual/standard-25-workforce-recruitment-and-em

Northern Ireland
www.nibusinessinfo.co.uk/content/employment-checks

Expenses

Assessors are entitled to receive a fee from the employing body for sitting on the AAC as specified in Pay Circulars www.nhsemployers.org/Aboutus/Publications/PayCirculars/Pages/PayCirculars.aspx

For Northern Ireland
www.dhsspsni.gov.uk/peu_tc8_9-06_consultant_salary_nov_06.pdf

Appendix 2 Further information on the Specialist Register

1 Legal requirements

It is a legal requirement for a doctor to have his or her name entered on the Specialist Register of the General Medical Council (GMC) before taking up a substantive, honorary or fixed-term National Health Service (NHS) consultant post in the UK.

It is **not** a legal requirement for locum consultants to be entered onto the Specialist Register. However, the NHS Employers Guidance on the appointment of NHS locum doctors (June 2012) should be consulted in this regard:

www.nhsemployers.org/PlanningYourWorkforce/MedicalWorkforce/Latest-news/Pages/Guidanceonlocumdoctors.aspx

It is **not** a legal requirement for an individual to be entered onto the Specialist Register in the exact specialty in which they wish to practise. It is the role of the Advisory Appointments Committee to assess an individual's expertise for the particular requirements of the post in question.

2 Routes for entry to the Specialist Register

2.1 Doctors completing specialist training in the UK

Doctors who have satisfactorily completed an approved specialist training programme in the UK will be recommended for the award of the Certificate of Completion of Training (CCT), or a Certificate of Eligibility for Specialist Registration (CESR) through the Combined Programme (CP) route, by the relevant medical royal college to the GMC.

To be eligible for the award of a CCT in chemical pathology, forensic pathology, histopathology and medical microbiology, medical microbiology and virology, paediatric pathology and medical virology, doctors must:

- satisfactorily complete the relevant GMC approved curriculum and minimum training period **and**
- provide satisfactory outcomes in the requisite numbers of workplace-based assessments (including multi-source feedback) and attainment of the College's Year 1 Assessment in the appropriate specialty (if appointed after August 2007)
- acquire a RITA (Record of In-Training Assessment) Form G or ARCP outcome 6 from their respective deanery **and**
- have obtained Fellowship of The Royal College of Pathologists (FRCPath) by examination.

To be eligible for the award of the CCT in haematology, immunology, chemical pathology (metabolic medicine) and joint training in medical microbiology, virology and infectious diseases, doctors must:

- satisfactorily complete general professional training (GPT) or core medical training (CMT) and Membership of The Royal College of Physicians (MRCP) or equivalent **and**
- satisfactorily complete the relevant GMC approved curriculum and minimum training period **and**
- provide satisfactory outcomes in the requisite numbers of workplace-based assessments (including multi-source feedback) and attainment of the College's Year 1 Assessment in the appropriate specialty (if appointed after August 2007).

Haematology and immunology SpRs and StRs must seek advice from the JRCPTB with regard to the requirements for completion of workplace-based assessment)

- acquire a RITA Form G or ARCP outcome 6 from their respective deanery **and**
- have obtained FRCPPath by examination.

The CESR (CP) route is for trainees who have been appointed to a GMC-approved deanery specialist/specialty training programme above ST1 level. To be eligible for the award of the CESR (CP) in chemical pathology, forensic pathology, histopathology and medical microbiology, medical microbiology and virology, paediatric pathology and medical virology, doctors must:

- provide evidence that he/she has registered with The Royal College of Pathologists, including ratification of time that has been spent in posts not approved by GMC **and**
- provide evidence of appointment to a GMC approved UK training programme **and**
- acquire a RITA Form G or ARCP outcome 6 from their respective deanery and a RITA/ARCP form for each year of training **and**
- have obtained FRCPPath by examination
- additionally, StRs must provide evidence of satisfactory outcomes in the requisite numbers of workplace-based assessments (including multi-source feedback) and attainment of the College's Year 1 assessment in the appropriate specialty.

2.2 Doctors from within the European Economic Area (EEA)

Doctors from EEA member states will normally be eligible for the Specialist Register if they have obtained a specialist medical qualification within the EEA listed in Directive 2005/36/EC.

Doctors eligible to apply for entry to the Specialist Register under this route should contact the GMC and apply to them directly:

(www.gmc-uk.org/doctors/registration_applications/join_the_register/s3_p1.asp).

2.3 Doctors applying via Certificate of Eligibility for Specialist Registration (CESR)

i. CESR in a CCT specialty

Doctors who have knowledge, skills and experience in a specialty that is approved for the award of a CCT by the GMC but have gained these outside of an approved training programme may apply for entry onto the Specialist Register with a CESR in a CCT specialty.

To be eligible to apply they must have either a specialist medical qualification or at least six months continuous specialty training in the specialty they are applying in. The specialist medical qualification or specialist training can be obtained in any country.

A list of CCT approved specialties can be found at:

www.gmc-uk.org/education/A-Z_by_specialty.asp

ii. CESR in a non CCT specialty

Doctors who have knowledge, skills and experience in a specialty that is not approved for the award of a CCT by the GMC, but have gained these outside of an approved training programme, may apply for entry onto the Specialist Register with a CESR in a non-CCT specialty (part of the training or qualifications must have been gained outside the UK).

To be eligible to apply, they must have either a specialist medical qualification from

outside the UK or at least six months' continuous specialist training undertaken outside the UK in any non-CCT specialty. Doctors must also satisfy the GMC that these give them a level of knowledge that is consistent with practice as a consultant in the NHS.

iii. CESR in academic and research medicine

A small number of doctors who have not followed conventional specialist training, but have focused on a specific area of narrow research and have made a significant contribution to their academic field, may apply for entry onto the Specialist Register with a CESR in academic and research medicine. To do this, they must demonstrate their contribution to their academic field and that they have achieved the knowledge and skill consistent with practice as a consultant in the NHS.

iv. Doctors requiring additional training and assessment

If a doctor does not satisfy the requirements for entry to the Specialist Register under any of the CESR pathways, they can be recommended a period of additional training, examination, assessment (including a specified period of assessment) or other test of competence that they must complete to the GMC's satisfaction, before they can reapply for entry to the Specialist Register.

It is the responsibility of the doctor to obtain the additional training, examination or assessment required.

2.4 Direct application route for consultants appointed prior to 1 January 1997

The Specialist Register (a register of doctors who are eligible for appointment as substantive, fixed term or honorary consultants in the health service in the UK) was introduced on 1 January 1997. From 1 January 1997, all doctors taking up a post as a substantive, fixed-term or honorary consultant in the health service in the UK are required to be on the Specialist Register.

The GMC is required by law to maintain the Specialist Register. Since 1 January 1997, a doctor may not take up appointment to any post as a consultant in the National Health Service (NHS) unless their name is included in the Specialist Register.

The GMC operates a scheme for what are known as 'existing specialists', which enables doctors who are not entered onto the Specialist Register, but 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. A PDF document with details of the scheme can be downloaded from the GMC website:

www.gmc-uk.org/Specialist_Register_Scheme_for_Existing_Specialists.pdf_25404115.pdf

3 Responsible authorities and bodies

3.1 The role of The Royal College of Pathologists

The Royal College of Pathologists is responsible for making recommendations to the GMC about the eligibility of doctors for entry to the Specialist Register via the CCT and CESR routes in the following pathology specialties:

- chemical pathology
- forensic pathology
- histopathology
- medical microbiology and virology

- medical microbiology
- medical virology.
- neuropathology
- paediatric pathology.

The College is also responsible for:

- making recommendations to the GMC about the eligibility of doctors for entry to the Specialist Register in relevant non-CCT pathology specialties and the academic and research route
- approving consultant job descriptions and providing College representatives for AACs in all pathology specialties.

3.2 The role of the Joint Royal Colleges of Physicians Training Board (JRCPTB)

The Joint Royal Colleges of Physicians' Training Board (JRCPTB) of The Royal College of Physicians is responsible for making recommendations to the GMC about the eligibility of doctors for entry to the Specialist Register via the CCT and CESR routes in the following pathology specialties:

- haematology
- immunology.

The JRCPTB is also responsible for making recommendations to the GMC about the eligibility of doctors for entry to the Specialist Register in relevant non-CCT pathology specialties and the academic and research route.

3.3 The role of GMC

GMC has the authority to confirm or reject recommendations for entry to the Specialist Register via the CCT and CESR routes, and to notify the GMC that an entry to the Register should be made.

The GMC is responsible for:

- processing applications for entry to the Specialist Register from doctors eligible for entry under EEA mutual recognition arrangements
- placing all recommended doctors onto the Specialist Register
- maintaining the Specialist Register.

4 Eligibility for consultant interview

The Department of Health guidance states that an AAC may choose to interview a candidate prior to specialist registration being confirmed. In these circumstances, the AAC will need to be satisfied that subsequent entry onto the Specialist Register is likely (see paragraph 1.15, page 3 of the *National Health Service [Appointment of Consultants] Regulations: Good Practice Guidance*, 2005: www.dh.gov.uk/assetRoot/04/10/27/50/04102750.pdf)

It is the responsibility of the employing body to ensure that the appointed candidate is on the Specialist Register before they take up post. If an individual is appointed to a consultant post subject to achieving specialist registration and their application to the Specialist Register is subsequently unsuccessful, they cannot take up post.

4.1 Doctors within six months of achieving a CCT

SpRs/StRs are able to apply and be shortlisted for a consultant appointment provided their provisional CCT date is no more than **six months** after the date of interview for the post concerned. The Royal College of Pathologists advises that such SpRs/StRs must also have obtained the FRCPPath by examination in order to be eligible for the shortlist. The SpR/StR must be able to provide suitably authorised documentary evidence of their eligibility for consultant interview (e.g. RITA Form G/ARCP outcome 6, confirmation from The Royal College of Pathologists that they have passed Part 2 of the FRCPPath examination).

4.2 Doctors applying for entry to the Register under one of the CESR pathways

Doctors applying for entry to the Register under one of the CESR pathways can expect a decision from GMC about their application no more than three months after submitting a complete application (including receipt of structured reports/references). Some doctors will not be entered on the Specialist Register after making an application under CESR, but will be informed about a period of additional training or examination or assessment (including a specified period of assessment) or other test of competence that they must complete to the Board's satisfaction before they can reapply for entry to the Specialist Register.

For this reason, the College advises that doctors applying for entry to the Specialist Register under a CESR pathway 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 GMC will be unable to indicate the likely outcome of an ongoing application to the Specialist Register.

4.3 Status of the FRCPPath

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

The FRCPPath is also not necessarily a criterion for appointment to a consultant post. It is a useful benchmark for doctors who have followed conventional training programmes in the UK and obtained a CCT, but it does not override the Appointment Committee's responsibility to determine that a candidate has the right background and qualification for a particular post.

It is worth noting that candidates from overseas will **not** have a CCT. However, they will be required to have the equivalence.

UK trained doctor (pre 1 January 1997)	FRCPPath and other qualification relevant to the post GMC medical and specialist registration
UK trained doctor (post 1 January 1997)	CCT and FRCPPath and other qualification relevant to the post GMC medical and specialist registration
EEA trained doctor	FRCPPath equivalent training for country of origin GMC medical and specialist registration
Overseas doctor	FRCPPath equivalent training for country of origin GMC medical and specialist registration

For CCT queries, call 020 7451 6749, email cct@rcpath.org or see www.rcpath.org/specialistregister

For CESR (CP) or CESR queries, call 020 7451 6749, email equivalence@rcpath.org or see www.rcpath.org/specialistregister