

TRUST CORPORATE POLICY : RECRUITMENT AND SELECTION			
APPROVING COMMITTEE(S)		Trust Policies Committee	Date approved: 15/05/2014
EFFECTIVE FROM		Date of approval	
DISTRIBUTION		All Managers in CAGs, Corporate Services and Non-Clinical Services via Trust Bulletin. All employees via Trust Intranet	
RELATED DOCUMENTS		Pre and Post Employment Checks, Disclosure and Barring Service DBS, Honorary Contracts for non-Trust Employees, Human Rights Equality & Diversity	
OWNER		Director of HR and CEO (Designate)	
AUTHOR/FURTHER INFORMATION		Author: HR Policy Development Workforce Specialist	
EXTERNAL REFERENCES		n/a	Refer to:
SUPERCEDED DOCUMENTS		Consultant Appointment Process Standard Operating Procedures Barts and the London NHS Trust; National Health Service (Appointment of Consultants) Regulations 1996; Recruitment & Selection policy Whipps Cross University Hospital NHS Trust; Recruitment Policy & Procedure Newham University Hospital NHS Trust; Recruitment & Selection Barts and the London NHS Trust; Discretionary Points – CHS; Pay Progression Procedure - CHS	
REVIEW DUE		Three years from the date of approval shown, or earlier subject to legislative or national policy changes or organisational need.	
KEYWORDS		Recruitment; shortlisting, interview, assessment, consultant recruitment, flexible increment, start salary, employment clearances	
INTRANET LOCATION(S)		http:// bartshealthintranet/Policies/Policies.aspx	
CONSULTATION	Barts Health Working Groups	Policy Development Working Group	
	External Partners	Capital Hospitals via the New Hospital Programme Control Team for Barts and The London NHS Trust.	
Scope	For the groups listed below, failure to comply with this policy may result in investigation and management action which may include formal action in line with the Trust's disciplinary or capability procedures for Trust employees, and other action in relation to organisations contracted to the Trust, which may result in the termination of a contract, assignment, placement, secondment or honorary arrangement.		
	Application: All Trust employees; all prospective employees		
	Exclusions: none		

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This Policy is available in Braille, large print, Easy-Read and alternative languages by request. It is a manager's responsibility to ensure employees are aware of these options.

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INTRODUCTION AND AIMS OF POLICY

- 1.1 The Trust is committed to supporting its employees whilst also ensuring that it delivers and maintains an efficient and consistently high standard of care to its patients and service users.
- 1.2 This policy contains the process and principles for recruiting into and within the Trust in a quality-driven, safe way which ensures best patient care only. Recruitment into and within the Trust will comply with both with current legislative frameworks, [Human Rights, Equality and Diversity] and [safer recruitment](#) guidelines.
- 1.3 The aim of this policy is:
 - to ensure that there is an agreed approach across the Trust to recruitment and selection of staff into both temporary and substantive roles within the organisation
 - ensure all prospective employees/employees appointed to posts have been assessed and interviewed
 - to ensure prospective employees and recruiting managers are aware of the process of recruitment and selection of staff
 - to ensure that every individual appointed to a post in the Trust is selected on the basis of fair and objective recruitment methods that are appropriate and relevant to the post for which they are applying
 - to ensure that recruitment and selection is undertaken in line with the [\[Equality Act 2010\]](#)
 - to ensure this approach is fair and consistent and without discrimination in relation to any of the [\[protected characteristics\]](#) and that candidates are not disadvantaged by any condition or requirements which cannot be justified.
 - to support positive recruitment of a diverse workforce, representative of the Trusts local community.
 - to ensure efficient and high quality care for our patients
 - to monitor to ensure effectiveness of implementation

PRINCIPLES FOR SAFE AND EFFECTIVE RECRUITMENT

- 2.1 The Trust encourages all staff responsible for recruiting on behalf of the Trust to be trained in Barts Health recruitment and selection processes and all staff should have attended their mandatory human rights, equality and diversity training.
- 2.2 It is mandatory for the Chair of a recruitment panel to have attended Barts Health Recruitment and Selection training and it is up to the Chair to ensure that all panel members are competent in recruitment and selection skills.
- 2.3 For Medical staff attending a Consultant panel training must have taken place within the last three years.
- 2.4 On occasion third party suppliers may be used to shortlist, undertake testing and be panel members. If this happens they will be required to adhere to the Trust policies on recruitment and [\[Employment Checks\]](#)
- 2.5 It is important that the recruitment panel complies with employment legislation and good practice guidelines outlined in this policy to ensure that there are no opportunities for successful legal challenge against their actions.
- 2.6 Staff members who are under threat of redundancy will be given priority consideration for vacancies at the same grade and with comparable duties and responsibilities to their current role. They will also have priority consideration for roles at one grade lower. At all times the Trust's guidance for redeployment will apply.

- 2.7 Targeting individuals from under-represented groups within the workforce will be guided by internal monitoring results. The Trust will consider additional targeted advertising, use of other media outlets and positive action statements to correct the under-representation.
- 2.8 Trust employees will not be permitted to manage or supervise family members or people with whom they are in a close relationship, i.e. they should not have direct control of such a person in terms of defining and allocating the specific duties of the post, or in terms of shift or overtime allocation. Any family or other close relationship must be disclosed, by both panel members and applicants, prior to the interview.
- 2.9 The standard application process will be through the submission of an online application form. If an applicant is unable to complete an online application because of a disability such as a visual impairment, we will make reasonable adjustments to facilitate and support the applicant in making an application. For senior executive posts and medical posts candidates may be asked to submit a cv and covering letter.
- 2.10 The Trust will reimburse reasonable expenses for candidates attending selection events, providing evidence of travel is provided
- 2.11 Candidates will be advised about the outcome of their application at interview stage
- 2.12 The Trust will use its online management system, NHS Jobs, for managing the end to end recruitment process.
- 2.13 All new employees must attend the appropriate Trust induction and unless there are exceptional circumstances, start dates must coincide with Trust induction. All new employees are expected to have a local induction with their line manager
- 2.14 In compliance with NHS Retention of Records Protocol (Department of Health guidelines) recruitment and selection records must be retained on a secure file for one year following the closing date of a vacancy.
- 2.15 The Trust will monitor and review the effectiveness of our recruitment and selection policy and procedures by recording and monitoring of all aspects of the employment process by race, disability, sex, age, and sexual orientation. This data will be used to identify under or over-representation and take corrective action in the form of, for example, positive action
- 2.16 Complaints about any aspect of the selection process should be addressed in writing to the Head of Recruitment/Medical Personnel/Temporary Staffing in the first instance.

VISION, VALUES & BEHAVIOURS

- 3.1 Our vision is to change lives.
- 3.2 Our values define what is important in the way we deliver this vision. Our core behaviours set out how all of us will work regardless of the role we hold in the organisation. These behaviours consistently carried out will help embed the Barts Health values in our everyday working lives. Individual decisions to do the right thing ultimately change an organisation's culture. Every time it happens it makes it easier for others to follow the example.
- 3.3 At Barts Health we champion dignity, compassion and respect, putting the individual at the heart of all decisions, striving to get it right for every person, every time.
- 3.4 Managers must ensure the principals held by the values & behaviours in order to support the achievement of our vision to 'Change Lives' are upheld when implementing this policy.
- 3.5 Our Values:
 - Caring and compassionate with patients, each other and our partners
 - Actively listening, understanding and responding to patients, staff and our partners
 - Relentlessly improving and innovating for patient safety

COR/POL/087/2014-001

- Achieving ambitious results by working together
- Valuing every member of staff and their contribution to the care of our patients

DEFINITIONS

4.1 The following definitions are used in this policy:

Safer recruitment	<p>The checks employers must carry out to meet the Government's core standards outlined within the Standards for Better Health.</p> <p>Since April 2010, all NHS providers (whether NHS organisations or private providers) have been required to be registered with the Care Quality Commission (CQC). Organisations registered with the CQC are required to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009, in particular, the requirements relating to the recruitment of staff. NHS providers should provide evidence of compliance with the NHS Employment Check Standards as part of the CQC's annual regulatory framework.</p> <p>The Employment Check Standards [Pre and Post Employment Checks] are also embedded in the Government Procurement Services (GPS) National Agency Framework Agreement and annual audit checks of agencies, to assure compliance with the standards is met in relation to sub-contracted staff. They also form part of the information governance and assurance standards links to the use of the NHS Care Record Service (NHS CRS).</p>
Recruitment team/contact	This encompasses General Recruitment, Medical Personnel and Temporary Staffing teams who are responsible for recruitment of staff into temporary and substantive roles
Recruitment and selection	The internal processes and procedures that must be adhered to recruit and select prospective employees and current employees within Barts Health
Recruiting Manager	CAG or Corporate manager who is leading the recruitment and selection process and ensures adherence to policies and principles of good practice; usually line manager for the post being recruited
Chair of the panel/Trust Chair	<p>CAG manager/lay person who is leading the recruitment and selection process and ensures adherence to policies and principles of good practice; for non-Medical posts usually line manager for the post being recruited.</p> <p>Must be trained in Recruitment & Selection and have attended mandatory Equality & Diversity training</p>
AAC	Advisory Appointments Committee responsible for recruitment of medical Consultants into the Trust
Selection Criteria	The Selection Criteria must be applied fairly, reasonably and consistently and in accordance with the Equality Act 2010 . This is to ensure employees are not selected unfairly.

Direct Discrimination	When you treat someone less favourably than others for unlawful means because of a protected characteristic such as age, gender reassignment, race, religion or belief, sexual orientation, disability or age for example not employing someone because of their disability.
Indirect Discrimination	When an employer has a policy, practice or procedure that applies to everyone but might disadvantage a particular group with a protected characteristic, and which cannot be justified in relation to the job.
Positive action	<p>Refers to a range of measures and development initiatives that the Trust can lawfully adopt to promote applications from under-represented groups compete for jobs on equal terms with other applicants. The Trust is committed to taking positive action where it is evident that particular groups are under - represented in the workforce.</p> <p>This may include specific training or development activities with particular groups to ensure that they can compete with their peers on a level playing field. The Trust may also state when advertising that applications are welcomed from particular groups as they are under-represented within the organisation.</p> <p>The Equality Act 2010 allows the Trust to take under-representation into account when selecting between two equally qualified candidates for recruitment or promotion as long as it is not a general policy applied in every case and the Trust reasonably believes that there is under-representation or disadvantage suffered.</p>
Filtering questions	Questions used on NHS Jobs as a way of filtering prospective employees on the basis of their eligibility for the role. Questions are linked to objective, measurable requirements included in the job description and person specification only
Continuous Service	<p>Full or part time employment with the Trust or any previous NHS employer. If there is more than one NHS employer, there must not have been a break of more than one week (Sunday to Saturday) between employments or a redundancy payment taken from previous NHS employment.</p> <p>This reflects the provisions of the Employment Rights Act 1996 and Agenda for Change handbook (where applicable) on continuous employment.</p>
IAT	Intra Authority Transfer that allows for electronic transfer of staff details on ESR
Equality Analysis	<p>An analysis of the effect on equality for all of the [protected characteristics] and all of the aims of the general equality duty. The Trust needs to demonstrate that due regard has been given to the aims set out in the general equality duty (see [Equality Act 2010], Appendix 1).</p> <p>The analysis is done before the change is developed or during the early stages of development and poses the question '<i>what would happen in relation to equality and good relations as a result of this change?</i>' This is not limited to identifying and removing negative effects or discrimination, but also to identify ways to advance equality of opportunity and to foster good relations. It is also not limited to the impact to employees but also the community the Trust serves.</p>

DUTIES AND RESPONSIBILITIES

Manager	<ul style="list-style-type: none"> Engage with the recruitment process, helping to develop a quality process that
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	<p>ensures the best outcome for the patients, service and employees</p> <ul style="list-style-type: none"> • Ensure attendance at recruitment and selection training if required to sit on an interview panel • Ensure recruitment are supplied with all relevant information required to advertise a job • Ensure adherence to service level agreements to ensure a timely recruitment process • Ensure they have read and understood the [guidelines for recruitment and selection] • Ensure job descriptions and person specifications only include requirements that are necessary and justifiable for the effective performance of the job. • Ensure all new posts, and posts where there are changes to duties, have been evaluated in line with our procedures. • Keep a library of up-to-date job descriptions and ensure they are reviewed for applicability prior to commencing with a recruitment process • In collaboration with recruitment, use fair and objective selection methods appropriate and relevant to the post in question to assess the suitability of candidates for advertised vacancies. • Maintain professionalism at all stages of a recruitment and selection process and ensure decisions are made professionally, on the basis of objective evidence gathered through the process • Ensure prospective employees are treated with courtesy and respect at all stages during the recruitment process • Ensures that employee is enrolled on the Trust's Induction when they commence employment with the Trust. . If this is not possible gain approval from their senior manager to start prospective employee on next induction, which must be within 4 weeks of their start date • Arrange a proper, structured and robust local induction to the department, and to ensure that any Statutory and Mandatory training requirements not covered by induction are addressed and the employee is booked on the first available training • Manage the employee through their 6 month probation period [probation policy]
Human Resources	<ul style="list-style-type: none"> • Provide advice, support and training to managers about the application of this policy • Ensure adherence to the good practice processes and principles within this policy • Liaise with recruitment and advertising agencies, authorising and placing job advertisements • Support managers to look at innovative ways of filling re-advertised posts or ones that are historically hard to recruit to, including advertising layout and media. • Advise on advertising, short-listing, informal visits, interviewing, reference checks, job offer and induction. • Consider appropriate mechanisms for assessing candidates suitability e.g.



	<p>tests or practical exercises.</p> <ul style="list-style-type: none"> • Communicate with candidates and prospective employees, ensuring all pre-appointment checks are made, in line with [pre and post employment checks] • Carry out all internal checks on the recruitment process and making recommendations as necessary • Ensure employment commences with induction, unless exceptional circumstances and approval granted through senior manager • Ensure that employee attends induction and follow up lack of attendance with line manager • Ensure the manager is aware of requirements of management for the 6 month probation period
Employee/ prospective employee	<ul style="list-style-type: none"> • Ensure familiarity with policy and procedures • Be aware of expectations regarding selection processes • Advice regarding reasonable adjustments required at interview stage • Raise concerns with the recruitment process and make recommendations regarding improvements • Be aware that any deliberate omission, falsification or misrepresentation of information in the application form or at employment clearances pre and during employment will be grounds for rejecting applications or subsequent dismissal if employed by the organisation. • Attend relevant induction for their role • Be aware of mandatory training requirements and ensure that they are booked onto attend relevant training within the first 6 weeks of employment


If the employee feels that this policy is being applied unreasonably or not followed they should follow the process laid out in the [Grievance Policy].

RECRUITMENT & SELECTION FLOWCHART

Trust Resourcing Process for all staff

<p>REQUEST TO RECRUIT</p> 	<p>Recruiting Manager:</p> <p>Is this a new post?</p> <ul style="list-style-type: none"> Use the Establishment change e-form to request a change to establishment and to recruit to the post <p>Is this a current post that has become vacant?</p> <ul style="list-style-type: none"> Have you received a resignation letter and completed a leavers form (if applicable)? Have you asked the employee to complete an exit survey if they are leaving the Trust? Could you change the role and responsibilities – do you need to recruit to the post? Could you offer the post as an act-up or secondment? [acting up and secondment policy] <p>To authorise:</p> <ul style="list-style-type: none"> fully complete relevant request to recruit form and obtain approval via E-form process Corporate jobs – submit by Thursday deadline for vacancy panel review on Monday Consultant recruitment – seek Trust Management Executive (TME) provide updated, evaluated/approved job description and advert (internal job evaluation or relevant Royal College for Consultant posts (Speciality Doctors if department wishes to seek their advice), potential interview date and details of interview panel <p>Recruitment:</p> <ul style="list-style-type: none"> Consultant recruitment? Ensure appropriate authorisation and commence preparation for the Advisory Appointment panel
<p>ADVERTISING</p> 	<p>Recruiting Manager – consider the following:</p> <p>Is the post hard to fill?</p> <ul style="list-style-type: none"> Will the post require extra advertising or potential overseas recruitment? Is it on the shortage occupation list [SOL] Is the post high volume? What's the maximum number of applications you require? Would it benefit from the use of filtering questions Does the post have a genuine occupational requirement? Be familiar with the Guaranteed Interview Scheme and your role as the Recruiting Manager <p>Recruitment - advice regarding:</p> <ul style="list-style-type: none"> effective recruitment strategy and timeframes for filling role Standard advertising process - NHS Jobs and Job Centre Plus, internal/external simultaneously, 2 weeks Exceptions to the standard advertising process: Consultant recruitment, campaigns that are required to meet resident labour market test, high volume roles and Bands 1 – 4 Admin & Clerical which internally only for ring-fencing to Community Employment Monitor job while live and advise recruiting manager of number of applications <p>See: Guidelines for advertising. Guidelines for writing JD's.</p>

<p>SHORTLISTING ON NHS JOBS</p> 	<p>Recruiting Manager:</p> <ul style="list-style-type: none"> • Ensure you have one consistent panel for shortlisting and interview • Ensure you have a designated Chair who is responsible for managing the recruitment process • Ensure the shortlisting panel have live NHS Jobs accounts, if not advise your recruitment support so they can reset the account • Ensure notes of shortlisting decisions are recorded for feedback purposes • Panel should be minimum of 2 and maximum of 4 members, unless senior executive recruitment or consultant recruitment (for composition of medical posts please see appendix 3. • Ensure you have an agreed selection and assessment process and provide all details to your recruitment support so they can advise candidates prior to the interview in case any reasonable adjustments are required <p>Recruitment:</p> <ul style="list-style-type: none"> • Do a filter of candidates prior to manager shortlisting • Advise manager regarding candidates who are 'at risk' / who consider themselves to have a disability and may need to be considered under the Guaranteed Interview Scheme/candidates with work restrictions based on visa restrictions • Advise managers of relationships with Trust employees within same department/area of work • Invite candidates to attend interview, advise of any assessments at interview • Send regrets by email to unsuccessful applicants • Medical: advice regarding candidates with potential lapse in registration or registration concerns; obtain references for Consultant recruitment <p>See: Tips for shortlisting</p>
<p>ASSESSMENT & INTERVIEW</p> 	<p>Pre-interview</p> <p>Recruiting Manager/panel Chair:</p> <ul style="list-style-type: none"> • Ensures the panel Chair has attended recruitment and selection training • Books rooms, organises assessments, preps panel • ensures a minimum of one panel member is trained and registered in same profession as candidate • Administers assessments and testing for all non-medical/non-nursing posts <p>Recruitment:</p> <ul style="list-style-type: none"> • Finalises attendance lists and sends interview pack • Ensure that where reasonable adjustments have been requested, these are communicated to the panel • Medical and nursing recruitment – administers assessments and testing where required <p>During interview:</p> <p>Recruiting Manager/panel chair:</p> <ul style="list-style-type: none"> • Views pre-employment check information where appropriate, in particular professional registration and qualification, identity and right to work. • If copies of information are provided managers sign and print their names, write the date viewed and also write 'original seen' if these criteria are not met the documentation will not meet NHS Employers standards for safer recruitment • Ensures work experience in application matches reference information/interview • Ensures there is 3 years consecutive work history in references – explores gaps and records evidence of why there are gaps • Ensures we have all information required to contact referees – phone no., email, full name, job title, fax, organisation name • Explains Trusts terms and conditions for starting salaries if requested but does not reference a specific starting salary <p>After interview - Recruiting Manager/panel chair:</p> <ul style="list-style-type: none"> • Collates all interview notes and outcomes and sends back to recruitment support contact; interview notes need to be filed and stored for 12 months following interview/5 years for Consultant panels; interview notes can be requested as

	<p>evidence in employment tribunals</p> <ul style="list-style-type: none"> • Makes a decision within 1 working day of the interview being held, unless exceptional circumstances • Contacts candidates by phone to advise whether they have been successful • Provides feedback to successful and unsuccessful candidates <p>See: Guidelines for interviewing</p>
<p>CONDITIONAL OFFER</p> 	<p>Recruiting Manager:</p> <ul style="list-style-type: none"> • Considers if there are legitimate grounds for appointing above the bottom of the scale seeks advice and guidance from Recruitment contact prior to making verbal offer • makes verbal conditional offer of employment to candidate, advises reserve candidates (0 - 3 month period applicability for reserve candidates) • provides recruitment with all necessary paperwork and confirms employment history • signs-off references for prospective employee and in exceptional circumstances, where we are unable to obtain a full consecutive • 3 year work references, risk assesses, completes required documentation and confirms in writing that they are happy to recruit the candidate. • if candidate is eligible to start prior to return of DBS disclosure [see DBS policy], follows risk assessment process and confirms supervision procedures, gains sign off from CAG leads and sends risk assessment through to recruitment for inclusion on file • Internal employee – confirms clearances required in [Pre and Post Employment Clearances policy] <p>Recruitment:</p> <ul style="list-style-type: none"> • Sends out conditional offer letter • Sends off references • Arranges pre-employment clearance meeting with prospective employee • Sends references through to manager for sign-off within 1 working day of receipt • Advises manager immediately of any difficulty in obtaining full NHS Employment check standard clearances • Advises manager of their role in the employment checks process and what is required of them • Sets up prospective employee on ESR and adds all relevant pay and pre-employment checks information <p>See: [pre and post-employment checks policy and processes]</p>
<p>UNCONDITIONAL OFFER/ INDUCTION</p>	<p>Manager:</p> <ul style="list-style-type: none"> • Organises first day and local induction: where to report, who to report to, uniform, equipment • Ensures new employee books all appropriate mandatory training within first 6 weeks of employment <p>Recruitment:</p> <ul style="list-style-type: none"> • Minimum of 5 days before employee starts work, confirms in writing that the prospective employee is clear to start, sends out • unconditional offer, contract, coordinates start date with induction day and books Corporate and relevant induction

HUMAN RIGHTS, EQUALITY AND DIVERSITY

- 7.1 All recruiting managers and panel members should be aware of the Trust policy on [Human Rights, Equality and Diversity](#) and must have undertaken the mandatory human rights, equality and Diversity training.
- 7.2 The Trust is proactively committed to recruiting people from the local community and administrative and clerical support roles up to Band 4 will be ring-fenced for the local community
- 7.3 The Trust has made a commitment to take positive action on the employment of people with disabilities and operates a guaranteed interview scheme under the Disability Two Ticks symbol. To be eligible the applicant must have a disability which is 'self-declared' during the application process and meet the minimum or essential requirements outlined in the Person Specification.
- 7.4 Targeting individuals from under-represented groups within the workforce will be guided by internal monitoring results. In adverts the Trust may state that applications are welcomed from particular groups of staff that are underrepresented within the organisation. All applicants will be taken through the same assessment process at shortlisting and interview stage, based on the requirements of the role in the job description and person specification.
- 7.5 All stages of selection should be carried out by comparing the information available with the agreed selection criteria.
- 7.6 All job descriptions and person specifications will only include requirements that are necessary and justifiable for the effective performance of the job. All jobs will require an understanding of and a demonstrable commitment to human rights, equality and diversity.
- 7.7 Consideration must be given to the make-up of the panel, so there is as broad as possible representation throughout the selection process e.g. Age, Disability, Gender, Colour, Sexual Orientation, Race, Religious and Philosophical Belief.
- 7.8 All tests and interview questions should be in line with the job description and person specification. Questions, answers, notes made at interview should also be kept with the record forms. It should be clear from the records how the decision was made and clearly why other candidates were not appointed. Interview notes are stored for up to 12 months as a norm, and up to 5 years for Consultant recruitment.
- 7.9 It is only lawful to discriminate in recruitment in favour of certain protected characteristics in defined situations, where the nature of employment means that being of a particular sex, having a particular racial, ethnic or national origin or being disabled is a genuine and determining occupational requirement. This is a 'genuine occupational qualification' and provisions for this should only be applied following discussion with your Recruitment contact [see [Human Rights, Equality & Diversity](#)]

EMPLOYMENT OF CANDIDATES REQUIRING SPONSORSHIP

- 8.1 Under the points-based system the Trust is a licenced sponsor for Tier 2 certificate of sponsorships. This enables the Trust to apply for certificate of sponsorships for foreign nationals outside of the UK/EEA or extend the employment of an individual with a work permit when their visa expires [[Pre and Post Employment Checks policy](#)]
- 8.2 If a candidate declares they require a work permit and the profession is not covered by the [shortage occupation list](#) then there will be a need to demonstrate that it has not been possible to recruit a resident worker prior to recruiting an individual from overseas and meet the [resident labour market test](#).
- 8.3 A resident labour market test will require the Trust to provide credible reasons as to why they did not appoint a suitably qualified resident worker, and details of the recruitment methods used.
- 8.4 Recruitment can guide and advise on the sponsorship process.

CONSULTANT RECRUITMENT

- 9.1 Fixed-term and permanent appointments are made by the Chief Executive, who is assisted in their decision-making by an advisory appointments committee (AAC).
- 9.2 Locum appointments are made by the CAG Directors
- 9.3 Consultant recruitment adheres to the principles laid out in this policy. For a breakdown of the process please see Appendix 2

STARTING PAY

- 10.1 As a rule the Trust will place prospective employees offered conditional employment on the minimum scale point for their band. There may be occasions when it is felt appropriate to vary the normal starting salary of a new employee above the minimum of the salary scale.
- 10.2 The starting salary can be confirmed when making an initial verbal conditional offer to the prospective employee. However, if the salary is to be anything above the minimum of the scale line managers must have an initial conversation with Recruitment prior to making the offer.
- 10.3 These controls exist to ensure consistency of approach and equal treatment of all applicants and employees, as well as appropriate budgetary consideration and provision.
- 10.4 NHS employment
 - The Trust routinely recognises the service of NHS employees with other NHS organisations in determining pay on appointment
 - For appointments at the same Band staff will be placed on the equivalent scale point to match their existing pay level and retain their incremental date
 - For appointments onto a more senior Band promotional pay points will apply and the increment date will be reset
- 10.5 Non-NHS employment
 - The Trust recognises and “accredits” the individual with equivalent NHS service credit in recognition of the non-NHS experience
- 10.6 Medical
 - For junior medical appointments their previous salary scale and point and also incremental date, are honoured subject to the verification through IAT
 - If a doctor has been appointed, and it is promotion at a different grade they will be assimilated over to their new salary scale and point taking into account the terms and conditions of service as detailed in the Medical and Dental Whitley Council

FLEXIBLE INCREMENTS

- 11.1 A flexible increment is an award of one or more increments up the pay band in order to recognise additional contribution of current employees or where recruitment has proved difficult. In most cases the number of additional incremental points will be limited to two as this should be sufficient to resolve the majority of issues.
- 11.2 Flexible increments are used for:
 - Internal promotion - up to two additional increments may be awarded in areas of recruitment and retention difficulty and/or to enable competition in the employment market. This may be the case where promotion from one band to the next onto the next incremental point would provide a very small increase in pay.

- External recruitment - up to 2 additional increments may be awarded in areas of recruitment and retention difficulty and/or to enable competition in the employment market.
 - As part of a recognised career development scheme - an example would be a scheme which requires attainment of a qualification and specific experience. This may then be recognised via an additional incremental credit. This must be agreed as part of the appraisal and reviewed at the 6 month appraisal review.
 - To recognise additional responsibilities - where an employee is asked to take on additional responsibilities which would not necessarily move them into the next pay band (in which case the Acting up and Secondment policy would apply) additional flexible increments can be used to reward this.
 - Internal secondment in the same band - as above if an employee agrees to take on a secondment at the same band incremental credit can be used to reward this [Acting Up and Secondment policy]
- 11.3 Before submitting an online application for a flexible increment, the manager will be required to risk assess the application. For external recruitment, this will involve written support from the Associate Director of Resourcing and Governance and confirmation on how applying the increment to the individual will affect other staff within the Department, CAG, Service Line department and the Trust. Specifically they will need to think about whether applying the increment will have any adverse implications or risks such as for human rights, equality and diversity or equal pay issues.
- 11.4 The CAG Head of HR team will advise the line manager whether or not the flexible increment application can proceed. The application is required to be approved by the CAG Director leads and the CAG Heads of HR and Finance.

IMPACT AND EQUALITY ANALYSIS

An Equality Analysis has been carried out for this policy and has concluded that there are no detrimental effects and some positive effects of this policy. The analysis has been included here:



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Change Policy EqAnal

MONITORING THE EFFECTIVENESS OF THIS POLICY

Issue being monitored	Monitoring method	Changes to Procedures Shared and Implemented	Responsibility	Frequency	Reviewed and followed up by
Overall policy compliance	Review of work of Corporate Policy Review Group and related policy bodies	Policy Review Group	Chair of Corporate Policy Review Group	Annual	Trust Management Executive
Compliance with duties within Equality Act	Report on demographics of displaced employees	AD for Inclusion/Director of OD	Human Resources	Bi-Annually (every 6 months)	Partnership Board CAG Local Consultation and Engagement Board
Recruitment Service to the Trust	CAG reporting for time taken to recruit against agreed SLA's	CAG recruitment meetings	Recruitment Manager/Medical Personnel Specialist	As required by CAG's	Head of Recruitment/Medical Personnel/Temporary Staffing
Employee experience	Recruitment satisfaction survey	CAG recruitment meetings	Head of Recruitment/Medical Personnel/Temporary Staffing	Induction	AD for Support Services

END

APPENDIX 1: GLOSSARY OF TERMS

Equality Act 2010	<p>Replaces previous discrimination law (e.g. Disability Discrimination Act 1995) and includes the following:</p> <p>Extends the groups protected (protected characteristics)</p> <p>Removal of health questionnaires</p> <p>Bans discrimination by association</p> <p>Bans direct and indirect discrimination</p> <p>Bans harassment, victimisation and failure to make reasonable adjustments</p> <p>Replaces all previous discrimination law</p> <p>Introduces harassment by third parties</p> <p>Also relates to provision of services to patients, not just employment</p>
Protected Characteristics (part of the Equality Act 2010)	<p>Age</p> <p>Disability</p> <p>Gender Reassignment</p> <p>Marriage and Civil Partnership</p> <p>Race</p> <p>Religion or Belief</p> <p>Sex</p> <p>Sexual Orientation</p> <p>(Pregnancy and Maternity – only some elements apply)</p>
Reasonable Adjustments (part of the Equality Act 2010)	<p>An 'adjustment' is a change. This can be a physical change or a change in the way something is done.</p> <p>'Reasonable' will depend on a number of circumstances but the tests include:</p> <p>How much will a reasonable adjustment reduce the disadvantage?</p> <p>The practicality of the change.</p> <p>The financial and other costs and the extent of any disruption caused.</p> <p>The extent of the Trust's financial & other resources.</p> <p>Although the Trust must consider reasonable adjustments for employees who have a disability or are pregnant, it is best practice for them to be considered for all employees to facilitate attendance and implemented where service delivery allows.</p>
Due Diligence	<p>A process of information sharing and investigation undertaken prior to agreeing a TUPE transfer.</p> <p>The organisation that is transferring a service (<i>the 'undertaking' in the Act</i>) out will provide certain information to the organisation that is receiving the transferred service. Some of this information will relate to the staff who will transfer with the service; this part will be done between the two HR departments. The rest of the information (e.g. finance information, service details etc.) will be provided to the new organisation by the manager.</p>

APPENDIX 1: GUIDELINES FOR RECRUITMENT

WRITING JOB DESCRIPTIONS

1. Your job description and person specification are your recruitment tools, so it is important that they are of a high quality and the detail in them is correct, to give candidates the right impression of the role and to ensure that you are able to recruit the skills you need to get the job done.
2. The rationale for using a person specification is to ensure that the recruitment and selection process is both objective (in line with Equal Opportunity requirements), cost and time-effective, because it sets standards against which to select an ideal candidate
3. Ensure that you are using the correct Barts Health template. This ensures that the job advert or description is easy to read, consistent and includes all the information candidates need to be able to apply.
4. Ensure the job description and person specification is up-to-date, reflective of the current role and does not use any subjective or potentially discriminatory terminology, for example 'good sense of humour' or 'maintain positive attitude at all times' – these are potentially hard to measure in an assessment and selection process. Try to break down what you mean with these, for example 'maintaining a positive attitude' may mean 'experience of working to tight deadlines and managing a high volume workload'
5. Try to avoid using years of experience to summarise what is required in a job. Instead of using '2 years in a supervisory role', try 'demonstrable experience in a supervisory role' and breakdown what skills you would expect to see as a result of the role, for example ability to delegate work to a team and ensure that work is followed up in a timely manner, ability to run reports to assess input and output of the team etc...
6. Job descriptions list essential and desirable criteria. Essential Criteria are the minimum qualifications, experiences, skills and attributes that must be met by a candidate in order for them to successfully fulfil the responsibilities of the job. A candidate should only be appointed if they meet all of the essential criteria; if any of the essential criteria are not met, then the candidate should not be appointed.
7. Desirable Criteria are those qualifications, experiences, skills and attributes that would be beneficial in a candidate but are not absolutely necessary to successfully fulfil the responsibilities of the job. Typically these are criteria in which an employee might be trained or learn once in post. Desirable criteria can be used as a way of selecting candidates at interview only if more than one candidate meets all essential criteria.
8. Ensure that you include factors that are factual and easy to measure. Concentrate on what is to be achieved in the job rather than how it is to be achieved. This will then allow candidates to demonstrate to you how they would achieve the objectives within the role at interview, and prevent you from potentially disadvantaging individuals without that specific skills, therefore increasing your candidate pool. For example rather than "must touch type" consider including "You will need to produce high quality reports using a word processing package." A candidate with RSI or arthritis would then meet the criteria using voice-activated software.
9. Ensure that when including minimum educational qualifications or specific work experience, they are essential to the position and you would be able to demonstrate this if challenged.
10. Selection criteria within job descriptions and person specification must not include requirements that discriminate either directly or indirectly on grounds of sex, marital status, race, religion, age, disability, sexual orientation, or sexual reassignment.

ADVERTISING

1. Once you have a relevant, up-to-date job description and person specification you are ready to advertise. The aim of the job advert is to attract interest, communicate quickly and clearly the appealing and relevant points of the job, and to provide a clear response process and mechanism.
2. All our jobs are advertised on NHS Jobs which is an excellent vehicle for targeting healthcare professionals within the UK and abroad. There is relatively little distinctive employer branding on NHS Jobs, so it's important that the correct words are used in the job title and the advert itself to attract the right candidates. It is important that you check the advert online once it has been loaded to ensure the correct terminology and wording is being used.
3. Ensure in your advert text that you 'sell' the job and the organisation to the candidate. Adverts that have merely been used over and over again for a period of years is not going to see the job or the organisation to a prospective employee. Take some time over the wording of the job, think about why the job would appeal and to who and ensure that is reflected in the advert. Do not let the advert be a repetition of the main purpose of the job in the job description.
4. When possible make sure you include an interview date and dates for testing assessments, this provides your recruitment campaign with much more structure and reduces any delays caused by candidates being unable to attend interview.
5. An advert must also stipulate how to apply for the role, if different from the standard of submitting an online application form. In exceptional circumstances, cv's for senior or Medical posts will be accepted.
6. If the post is going to be high volume, speak to your Recruitment contact about using the online filtering questions on NHS Jobs. Remember that if you do not manage this at advertising stage, it will leave you with a potential problem at shortlisting stage as you will have huge volumes of applications to go through. Good practice means that all candidates who meet the essential and desirable criteria should be shortlisted; therefore you may be faced with a situation where you have vast numbers of candidates that you need to invite to interview.

SHORTLISTING

1. The purpose of short listing is to differentiate in a consistent and objective way between candidates in order to reduce the number of candidates to a manageable number for the main selection process. It is advisable to short-list as soon as possible after the closing date of the advertisement, to avoid losing potential candidates
2. All panel members must have seen the job description and agreed the criteria for selection in the person specification prior to shortlisting and interviews
3. Short-listing is done by matching the skills, experience, knowledge and qualifications, outlined in each individual's application form, with the requirements of the post as specified in the person specification.
4. Short-listing must be carried out through the online system provided by NHS jobs. The selection panel should record the decision through the NHS jobs short-listing system. The selection panel should indicate for each candidate whether the selection criteria have been fully met or not. Training can be provided by accessing the [training environment for NHS Jobs](#) or by requesting support from your Recruitment contact
5. Short-listing should be carried out by at least two people who do not have access to ethnic monitoring or health declaration information and who are familiar with the criteria against which the candidates are to be judged.

6. Each panel member can short-list separately and produce their personal selection of candidates, which should then be discussed with the other panel members to reach an agreement. Short-listing can also be done collectively, by the panel considering each application as a group and then producing a short-list of candidates. Irrespective of how short-listing is undertaken the main objective is that the panel reach a collective agreement on the short-listed candidates.
7. Short-listing must be done in a timely fashion, otherwise you run the risk of eligible candidates being appointed to jobs elsewhere.
8. When short-listing the panel Chair is responsible for ensuring:
9. The selection criteria used are only those that are specified on the person specification.
10. The criteria used must be applied consistently across all candidates
11. Short-listing should be conducted on the basis of relevant qualifications and experience, as specified on the Person Specification and not on the basis of the highest qualifications or experience available.
12. Personal information should not be used as a basis for short-listing
13. Application forms should not be used as a test for literacy, where this is not a requirement of the job.
14. Short-listing must be based only on the information contained in the application form and not on other information that panel members may know about particular individuals
15. Detailed and specific reasons for not short-listing a candidate should be clearly documented on NHS jobs short-listing system, as these decisions could be examined at an Employment Tribunal. Simply stating a candidate did not meet the criteria is not sufficient
16. Restricting the number of candidates invited for interview risks excluding potentially suitable candidates, and therefore if your job is high volume, it is always better to look at ways of reducing this from the onset, using partners such as Community Employment to recruit to lower band support posts, or talking to your Recruitment contact about using filtering questions
17. Normally all candidates who meet the essential criteria listed on the person specification should be short-listed. However, this may still leave too large a number of candidates and it may be necessary to identify the strongest candidates using both essential and desirable criteria. Under no circumstances should random sifting techniques or trivial reasons for sifting such as selecting every third form or the use of capital letters.
18. Candidates who are not shortlisted are not notified by Recruitment, so it is important that we provide the correct contact details in the advert so that candidates are able to request feedback on why they were not shortlisted.

INTERVIEWING

1. PRE-INTERVIEW

- 1.1 The Interview Panel should meet or talk beforehand to discuss and agree how the interview will operate. The panel members should review the applications they have to check job history, gaps in employment, registration status and referee information.
- 1.2 The Chair (Appointing Officer or for medical posts Clinical Director/Clinical Lead or designated representative) will outline a strategy for the interviews, and agree with the Panel. For senior medical appointments the Chair of the panel must be a Non-Executive director and the panel cannot proceed without their presence.
- 1.3 As a minimum the Chair of the panel should have undergone the training.

- 1.4 Interviews must be as objective as possible and give all candidates the opportunity to demonstrate their abilities. Candidates should be scored against criteria outlined on the person specification
- 1.5 Interview Panel members must be familiar with the marking scale used for the assessment of candidates and with the candidate assessment record that they will complete. The methodology for scoring must be agreed by the panel prior to the interview
- 1.6 The Chair is expected to manage the day and ensure that the interviews are structured, candidates are greeted and the panel runs as close to time as possible. Keeping candidates waiting for hours gives an unfavourable impression of both the panel and the organisation. The Chair needs to ensure there is adequate time to discuss candidates at the end of the interview, to ensure a timely decision is made
- 1.7 If a conflict of interest arises from one of the interview panel members they must declare their interest in the first instance to the Chair of the interview panel. The Chair must inform their recruitment contact of the potential conflict of interest and make a decision as to the suitability of the individual to act as a panel member.
- 1.8 If the individuals' declaration of a conflict of interest deems them unsuitable then the Chair will source a replacement panel member.
- 1.9 Although informal visits occur, it is good practice that they are not part of the selection process and information about candidates obtained during such visits must not be taken into account in the selection process.
- 1.10 Panel members who wish to introduce additional information about candidates must inform the Chair of the selection panel in advance, who will decide whether supplementary information may be put before the panel. Any additional information taken into account must be clearly recorded.

2. DURING INTERVIEW

- 2.1 Interview template forms should be used and the panel should indicate for each candidate whether the selection criteria has been fully met or not met by clearly recording this against criteria that link back to the person specification
- 2.2 Questions at interview must be based on the requirements of the job and the criteria agreed for selection and must be around how much the candidates meet these criteria. It is good practice for all panel members to be involved in creating interview questions and, if this is not possible, ensure that all panel members have seen the questions prior to the interview
- 2.3 All criteria outlined on the person specification should be tested through relevant questions or tests, with all candidates asked the same questions. Supplementary questions may be asked to examine individual qualifications and experience.
- 2.4 Competency-based interviewing is a way of using experience that a candidate has had to assess their fit against the job criteria. Questions would be based around: 'Give us an example of a time when you...' or to assess a skill, 'Tell us how you would...' Prompts can be used, however questions that are asked of all candidates should be the same and a record of these questions should be kept.
- 2.5 Candidates must be assessed solely on the relevant qualifications, knowledge, experience and other qualities agreed as selection criteria.
- 2.6 While interviewing the panel is required to confirm that the employment history recorded matches what is being discussed and follow-up with the candidate if there are any gaps in employment or lack of referee information that would prevent the Trust from obtaining a full 3 year consecutive working history that immediately precedes their application for this job.
- 2.7 Once all the questioning is completed, the candidate should be invited to ask any questions at this stage. An interview is a two-way process and the candidate will be assessing whether the Trust is somewhere they wish to work. Candidates should be provided with honest answers that reflects the Trust in a balanced way.

- 2.8 Explain to the candidate when a decision on employment is likely to be made and when they can expect to hear from you - checking the candidates contact details.
- 2.9 Inform candidates of rewards and benefits available including, where appropriate, relocation expenses and accommodation. When discussing salary details, the panel should avoid discussing specific salary points as this may imply a verbal contract. To avoid misunderstanding, the minimum and maximum points of the salary scale should be stated.
- 2.10 The Chair should emphasise that starting salary will be in line with the Agenda for Change Terms and Conditions and will be confirmed in writing for selected candidates on completion of all the normal pre-employment screening. For medical staff appointment this would be in line with Medical and Dental Whitley Council or the terms and conditions governing Consultant staff.
- 2.11 Questions about nationality, place of birth, length of residence in this country, marital status, children, family plans and domestic responsibilities may lead to assumptions that discrimination is occurring and should therefore be avoided. A useful 'rule of thumb' is not to ask questions of particular candidates, which would not be asked of all candidates regardless of their race, sex or disability, unless this relates to a [reasonable adjustment](#).
- 2.12 All panel members must guard against unconscious discrimination, which arises from stereotyping and generalised assumptions about the characteristics, capabilities and motivation of different racial groups and male and female candidates.
- 2.13 If testing is used, reasonable adjustments and adaptations must be made where required and these must not be taken into consideration when assessing and scoring the candidate. At the conclusion of the interviews the panel should reach a decision as to who their preferred candidate is. This decision should not be based solely on the interview itself but should also consider short-listing decisions and any other assessments that the candidate has undertaken. It is important to ensure that no single factor distorts the decision-making process and that the decision is made on grounds that are relevant to the job in question.
- 2.14 Once Interview Panel members have recorded their individual judgements the interview panel should discuss the suitability of the candidate against the agreed criteria.
- 2.15 Discussion might cover how far candidates have developed in relation to the opportunities available to them, how they might perform in the various tasks required in the job, how they might develop in future in the light of their aptitudes, interests and motivation.
- 2.16 Each panel member will have a slightly different view of the candidates' suitability and minor differences need not be argued. Where opinions differ sharply it is important to review the evidence until a reasonable consensus has been reached and a final panel marking is established. The Chair has final decision, taking into account all factors.
- 2.17 Once all interviews are complete the Chair of the interview panel is required to complete a summary, recording strong and weak points, indicating why unsuccessful candidates are less suitable than those considered successful.
- 2.18 It is recommended that you use the appointment form to reserve second and third choice candidates in the event that your first candidate is unable to begin. Reserve candidates must meet the standards required for the job and no candidate should be reserved who doesn't meet the minimum standards
- 2.19 The Chair/designated panel member should contact successful and unsuccessful candidates. And inform Recruitment of the decisions made and forward all the interview documentation. This documentation will then be kept for 12 months.
- 2.20 Advising unsuccessful candidates should, as a matter of courtesy, be prompt, following an offer being made and accepted. Prompt notification to candidates helps to promote an image of efficiency and good organisation. Internal candidates must be offered face to face feedback, and an analysis of development needs carried out wherever possible.
- 2.21 If requested, unsuccessful candidates should be given feedback by the interview panel Chair, outlining the reasons why they were unsuccessful.

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- 2.22 If the interview panel are not satisfied the best candidate meets the requirements of the post, it should not appoint anyone. Incorrect, hasty selection decisions may prove detrimental to the individual appointed and costly to the organisation in terms of unsatisfactory performance

APPENDIX 2: CONSULTANT RECRUITMENT PROCESS

1. AUTHORISATION TO FILL A VACANCY

- 1.2 The lead consultant agrees a job description and draft job plan, a person specification and a draft advertisement for the role.
- 1.3 Job description must include:
 - links with the medical school and with other partner organisations,
 - department(s) in which the role is based,
 - The successful candidates line manager and his / her likely responsible officer for revalidation purposes.
 - Information about both the trust's and the department's educational and training commitments.
 - Clinical (DCC) and non-clinical (SPA) work.
 - teaching, training, research or other specific non-clinical activities
 - A sample job plan accounting for all programmed activities (PAs) payable for the role, up to a maximum of 10 PAs (or fewer for part-time appointments). If additional programmed activities (APAs) are included in the job description, it must be explicitly stated that these are additional duties and will only be contracted for until the end of the financial year (March 31st)
- 1.4 Person specifications must reference:
 - the candidate will be on the specialist register of the General Medical Council (GMC) for the relevant specialty, or must be registered with the GMC and within 6 months (at the scheduled time of the advisory appointments committee) of being accepted for the specialist register.
 - Applicants not on the specialist register but who meet the six month rule above can only be appointed to locum appointments and if successful receive an offer of employment conditional upon their being appointed to the specialist register within six months of the scheduled time of the advisory appointments committee. Appointees who fail to meet this condition may have their offer of employment withdrawn
 - The lead consultant should seek advice from the Medical personnel team as to which criteria are best utilised for shortlisting purposes and which can only be demonstrated via assessment or interview. Only those criteria agreed as suitable for shortlisting should be used for shortlisting purposes
- 1.5 The lead consultant works with the relevant CAG Clinical and Operations Director to prepare a business case for the post, indicating both the reason(s) that the post is needed and whether the post should be offered on a substantive, fixed-term or locum basis.
- 1.6 The lead consultant should ensure:
 - all necessary approvals have been obtained via the Royal Colleges
 - the job description, person specification that have been agreed are valid and are drawn up in line with Trust requirements
 - Shortlisting and appointments advisory committee panel members have been identified, and an appropriate interview date has been agreed.
 - For substantive and fixed-term appointments the lead consultant should also provide the topic for the presentation that shortlisted candidates will need to give to the Appointments Advisory Committee on the day of the interview.

- 1.7 All paperwork should then be passed to the relevant CAG Director to table at the Trust management executive team for final authorisation to recruit.
- 1.8 Trust Management Executive decision is recorded in the meeting minutes and relayed by the Director of HR to the relevant CAG Aligned Medical personnel specialist following the meeting of the authorisation for advertising.

2. ADVERTISING

- 2.1 Roles will be advertised in BMJ and the cost of this will be borne by the Lead Consultant from their CAG budget
- 2.2 As a standard, the closing date for roles will be four weeks from the date that the advertisement appears in the printed press, and this is to meet the [resident labour market test](#) for applications requiring a visa. In accordance with the National Health Service (Appointment of Consultants) Regulations it is required for substantive consultants' posts to be advertised for 3 weeks in 2 publications

This can be reduced depending on requirements to fill the role, however this will make the advert ineligible to meet the resident labour market test and it will need to be put out again

3. COMPOSITION OF SELECTION PANELS

- 3.1 AACs will be chaired by a lay member, who would normally be the Trust Chair. In his / her absence, this role would be filled by another non-executive director or exceptionally, an external lay chair from another organisation.
- 3.2 The Chief Executive / Deputy Chief Executive and Medical Director for the trust should be present on the AAC. Deputies would be the Director of Operations and the relevant Divisional Director. They are there to assess the suitability of the applicant against total person specification, including technical competencies and world class care competencies.
- 3.3 The Trust will seek to include an external assessor nominated by the relevant Royal College or faculty for all AACs and they are there to assess technical competence of the applicant
- 3.4 University Representative will be represented on the AAC as a professional representative, either directly or through a nominated representative, who would be a consultant member of staff with significant responsibility for undergraduate teaching and postgraduate training, and who would not be a consultant in the department seeking to make the appointment. If participating in the AAC as lay chair, they will be responsible for appointing a deputy. They are there to assess suitability with regard to teaching and training aspects of the role.
- 3.5 The specialty seeking to recruit will be directly represented on the AAC; this would normally be by the relevant Clinical Director or Clinical Lead, who should also be the hiring manager.
- 3.6 AACs will not normally have additional members although exceptions can be considered by the chair in appropriate circumstances, for example where an appointment spans more than one specialty or is made in conjunction with other organisations
- 3.7 Appointments to locum consultant positions are made directly by the lead consultant and not by the Chief Executive; therefore they do not require an AAC.
- 3.8 They require two members: CAG Clinical Director for the relevant specialty, to assess clinical and technical competence and the CAG Operations Manager, to assess values and commitment to human rights, equality and diversity. An additional member of consultant medical staff may be added to the committee
- 3.9 For fixed-term or permanent appointments a minimum of four members of the AAC must complete shortlisting before the selection process can proceed to the next stage
- 3.10 For locum appointments both members of the AAC must complete shortlisting before the selection process can proceed to the next stage

- 3.11 Once shortlisting has been completed, the lead consultant will review the results with the Medical personnel team and will agree which candidates will be shortlisted for attendance at an assessment centre and interview
- 3.12 Medical personnel will check the professional registration status of all applicants prior to arranging interviews
- 3.13 The Medical personnel team will take up references for candidates who have been successful through the shortlisting process, prior to the assessment and interview

4. THE ASSESSMENT PROCESS

- 4.1 Applicants for substantive or fixed-term posts will be required to complete an assessment process consisting of either psychometric testing or an assessment centre. Results from these will be used to guide the interview process. Candidates will be advised on the details of these processes prior to attending or completing the assessment.
- 4.2 The assessment process is designed to highlight both actual and preferred behaviours linked to the display of World Class Care values. They may include, but are not limited to:
 - Scenario-based tests
 - Leaderless group discussions
 - Situational judgement tests
 - Role plays linked to hypothetical but not unlikely situations (e.g. an awkward delay in outpatients; an altercation in theatre; a disagreement over priorities)
- 4.3 The panel are expected to assemble a minimum of 30 minutes prior to the commencement of the first interview, in order to get feedback on assessments
- 4.4 The link between the assessment centre and the panel (AAC) will be provided by the delegated representative, who will be a part of both processes and will be the only member of the AAC also attending the assessment centre. They will provide the report back to the chair of the AAC of areas identified in the assessment centre that might need further probing during the interview.
- 4.5 Applicants will also be required to do a short presentation regarding challenges facing the service or future developments of the service. Topics should be drafted to ensure there is no unfair advantage for internal or external candidates and questions will be asked following the presentation.
- 4.6 Candidates should be scored against each of these criteria, with a score of “0” indicating that the criterion has not been met, a score of “1” indicating that the criterion has been partly met and a score of “2” indicating that the criterion has been fully met. Each panel member should score for each criterion that it is within his or her competence to score, and the scores should be retained at the end of the interview for audit purposes
- 4.7 A representative from the sub-committee will feedback to the members of the AAC and should take the opportunity provided by the presentation to assess applicants on both the content and the delivery of the presentation, and to look for evidence of both current ability and future leadership potential.
- 4.8 The presentation and questions should be directly followed by the interview. Each applicant should make the presentation and sit the interview, before the next applicant is seen.

5. INTERVIEW

- 5.1 Candidates will be asked to bring with them documentation to confirm their identity, immigration status, qualifications and professional registration [Pre-Employment Checks Policy]

- 5.2 Applicants failing to produce documents to confirm their identity will not be eligible to proceed to either the assessment centre or the interview. Such applicants will have their applications withdrawn by the Medical personnel team and the details will be notified to the chair of the AAC.
- 5.3 Applicants who do produce documents to confirm their identity but who fail to produce one or more of the other required documents will be allowed to proceed to assessment centre and interview but will not be entitled to receive even a conditional offer of employment until such documentation has been produced. Should any such applicant fail to produce the necessary documentation within one working day of the interview, the application will be deemed to have been withdrawn.
- 5.4 For locum appointments it will be the responsibility of the lead consultant to ensure both that the above checks are carried out prior to the interview and that certified copies of the documents are passed to the Medical personnel team at the end of the interview process.
- 5.5 As part of the briefing to the AAC, the chair should cover the results of the assessment centres, and should suggest areas that should be probed more deeply during the interview as a result of these processes. The chair should also be mindful of any possible areas of concern that have been highlighted or indicated in any of the references or psychometric tests and should ensure that such areas are covered by one or more of the committee members during the interview process.
- 5.6 Candidates should be scored against each of the criteria being assessed, with a score of “0” indicating that the criterion has not been met, a score of “1” indicating that the criterion has been partly met and a score of “2” indicating that the criterion has been fully met. Each panel member should score for each criterion that it is within his or her competence to score, and the scores should be retained at the end of the interview for audit purposes.
- 5.7 The panel should deliberate and agree a list of candidates ranked in order of preference. Consideration should be given to the overall assessment process from shortlisting onwards and relative weighting of the selection criteria, related to the overall job. Consideration should also be given to the recruitment of eligible UK/EEA residents over and above candidates requiring a work permit
- 5.8 At the conclusion of the selection process, the chair of panel signs the record sheet and the Medical Personnel Advisor will send offer letter to successful candidates
- 5.9 Other than in extraordinary circumstances, it would be normal for the Chief Executive to accept the recommendation of the committee.
- 5.10 The chair asks the panel member to agree who would give feedback to the unsuccessful candidates

6. INDUCTION

- 6.1 The draft job plan should be reviewed with the Clinical Lead during the first six weeks of employment and a job plan for the year until 31st March should be agreed in line with the Trust's Consultant and SASG Job Planning Approval Process [Job Planning policy].
- 6.2 Although consultant appointments are not covered by the trust's Probationary Policy, new appointees should still be afforded the same level of support as those appointed to other roles. It is the responsibility of the Clinical Lead to meet with the new appointee at the end of the first six weeks of employment and again after six months to set and review objectives, to identify and monitor the delivery of any necessary training or support mechanisms and to ensure that the new appointee is able to successfully participate in the trust's appraisal and, where necessary, revalidation processes.

APPENDIX 3: Constitution Appointment Panels

Clinical fellow /trust doctor posts

- Must be a minimum of two Consultants.

Gaps on Rotational posts

- must be a minimum of two Consultants
- Consultants/ GPs who are the leads on the speciality in the rotation should be invited to take part in the recruitment process

Speciality Doctor

- Senior manager/professional member of department
- A consultant from the trust in the speciality

Locum Consultants

- Must be a minimum of two Consultants.

SUBSTANTIVE CONSULTANTS

The date of the AAC will normally be 6-8 weeks after the advert appears and the date should be set at the time of advertising.

The AAC will be constituted in accordance with current regulations, at present these are:

- Lay Chairman or non-exec
- Chief Executive or nominee i.e. from management side
- Royal College Rep
- Medical Director or nominee
- Clinical Director
- Lead consultant(s)
- University rep

If the post is a replacement post then the outgoing consultant will not be a member of the AAC to select his/her successor.

The Trust may nominate further members if required provided the number of professional members exceeds the number of lay members. The size of the committee should always be kept to a minimum.