

RCPCH guidance in the recruitment of
trained paediatricians in the
United Kingdom

**Guidance for Employers, Employees
and RCPCH Participants**

July 2017

Version 7

Legislation, Government documents and other sources of information sighted in the text and the appendices should be consulted directly to ensure any action taken as a consequence of these information sources is based upon the latest available versions.

Contents

Introduction	4
Paediatric Consultant grade posts	6
1. Quality Assurance for the Job Description – The College Regional Lead (RL)	6
2. Quality Assurance for the Interview – The College Rep	9
Finding a College Representative	9
Responsibilities of the College Representative	10
3. Common queries	14
Attempts to appoint Unsuitable Applicants	14
Joint clinical/non-clinical appointments	14
Appointments in a clinical support role	15
Cross specialty appointments	15
Eligibility for appointment	16
Proleptic Appointments	17
Locum Appointments	17
Travel and Subsistence	18
Paediatric Specialty Doctor grade posts	19
1. Specialty Doctor Appointments	19
2. The Job Description	19
3. Composition of the AAC	20
4. Selection and Shortlisting of Candidates	20
Appendices	21
Appendix A: Principles for RCPCH activity in support of the recruitment of clinicians in the UK	21
Appendix B: Composition of the Advisory Appointment Committee	23
Appendix C: Eligibility for Representative Status	24
Appendix D: Exempt Appointments – extracted from Statutory Instrument SI 1996 701 as amended	25
Appendix E: Contacting the College Advisory Appointment Committees Team	27
Appendix F: Regional Leads – Job Description Checklist	28
Appendix G: Job description sign off	37

Introduction

This document is for Human Resources, clinical and senior management staff of recruiting employers; applicants; RCPCH interviewers, Regional Leads, College Specialty Advisory Committee Chairs, other College Officers, College staff and Convenors of RCPCH recognised Specialty and Special Interest Groups. It gives guidance on what to expect from College roles and others involved in medical appointments.

The process described in this document is applicable to all employers recruiting clinical staff who will provide any NHS clinical services in England, Wales and Northern Ireland.

One of the primary objectives of the Royal College of Paediatrics and Child Health (the RCPCH/ the College) is to maintain and improve standards of care in paediatrics and in all subspecialties of paediatrics. Members of the College who represent the RCPCH for Consultant and Specialty Doctor Grade recruitment processes (Advisory Appointments Committees /AACs) are there to help employers by fulfilling this responsibility.

The process for making consultant appointments in England is set out by parliamentary legislation¹ and the accompanying guidelines² (available at <http://www.rcpch.ac.uk/what-we-do/advisory-appointments-committee/aac-information-and-guidance/aac-information-and-guidance>). The Governments of Wales and Northern Ireland have also chosen to adopt this AAC process into their own health services.

DH and NHS Executive guidance also states specialty doctors and non-training middle grade doctors on local contracts should be appointed in accordance with the principles of this legislation and their appointment panels should feature an external representative for quality assurance from the relevant royal college. This has also been adopted in Wales and Northern Ireland. Specific advice on such appointments is included in this document.

All English Foundation Trusts are pledged to comply with this procedure in the agreement between the Foundation Trust Network (now part of NHS Providers) and the UK Academy of Medical Royal Colleges.

In Scotland the External Adviser scheme of external panel members applies. External Advisers for paediatric posts are provided by all medical royal colleges acting together

¹ Statutory Instrument 1996 No 701 The National Health Services (Appointment of Consultants) Regulations. AND Statutory Instrument 2004 No 3365 The National Health Service (Appointment of Consultants) Amendment Regulations.

² The NHS (Appointment of Consultants) Regulations - Good Practice Guidance, January 2005.

through the Scottish Academy of Medical Royal Colleges. External Advisers for paediatric posts are required by the RCPCH to follow guidance in this document where appropriate and the RCPCH AAC Team can provide temporary External Advisers to sit on interviews for posts in rarer paediatric subspecialties.

The College recommends employers follow the national guidelines and ask their local RCPCH Regional Lead for advice on draft job descriptions and person specifications before advertising. The College will ask for a record copy of 'sign-off' provided by the College Regional Lead.

As the only source of external quality assurance advice on the AAC panel, the College representative has a crucial role supporting employers to ensure the consultant appointed is appropriately qualified and suitable for the post.

Paediatric Consultant grade posts

1. Quality Assurance for the Job Description – The College Regional Lead (RL)

Before the consultant post is advertised, NHS Good Practice Guidance³ states that the employing body should send copies of the job description and person specification to the relevant College Regional Lead for comment.

The Regional Lead (RL) co-ordinates all advice on the job plan from the College. They should refer to Appendix F of this document for guidance on things to consider in each job description and job plan.

In the event the job description involves professional practice in a field for which the Regional Lead does not have competencies they should seek specialist advice before commenting on the job description. In particular, if the post requires subspecialty clinical practice with which the Regional Lead is not familiar:

- in a subspecialty;
- with a special interest⁴;
- there is any subspecialty content in the post on which there is a query;

The Regional Lead should seek advice from the chair of the relevant College Specialty Advisory Committee (CSAC). Coordinating this is the responsibility of the Regional Lead.

In the absence of a CSAC (listed on the College web site here <http://www.rcpch.ac.uk/training-examinations-professional-development/postgraduate-training/sub-specialty-training/sub-spec>), the Regional Lead should consult with the relevant College Officer – for example the Officer for Child Protection – or the Convener of the relevant Specialty Group or Special Interest Group recognised by the College.

Where the job includes a significant academic role, advice should be sought from the Chair of the Academic CSAC who will liaise with the local Academic Regional Adviser (ARA).

³ The NHS (Appointment of Consultants) Regulations - Good Practice Guidance, January 2005.

⁴ In December 1999 Regional Leads, CSAC Chairs and Specialty Group Conveners agreed that above 40% of clinical time spent practising in a subspecialty constitutes a post with a special interest and above 80% of clinical time spent practising in a subspecialty constitutes a full subspecialty post.

The College Community Child Health (CCH) CSAC has arranged for comment on CCH posts to be provided by Regional BACCH Representatives (listed at <http://www.bacch.org.uk/about/regional.php>). Although the Regional Lead should take advice from the relevant CSAC or other expertise in the College (and should record this on the back of the sign off letter), it is always the Regional Lead who is responsible for signing off the job description.

It is vital the Regional Lead should take no more than three weeks to complete this process or to provide an explanation of any delay with a timetable for response. In case of failure of an RL to provide a response within three weeks following confirmation they have received a job description and person specification the employer can take the proposed documents as agreed by the College.

Employer Bodies intending to proceed to advertisement and recruitment on this basis of non-response from a College Regional Lead can still receive assistance in finding a College Representative for their interview. Employer Human Resources staff should inform the College if they are proceeding to advertise/interview having received no response from a Regional Lead to allow the College to assist them and to monitor the College's own performance.

If the RL has any concerns, either their own or those of the relevant CSAC chair or other source of expert advice, these should be raised by the RL with the HR staff and medical director of the employer as soon as possible, and within three weeks of receipt of the job description.

If these concerns are not resolved, the RL and/or expert adviser should advise staff in the College AAC Team of their concerns. The RL will need to liaise with the College's AAC Representative about these concerns before the interview (contacts in Appendix E).

In the case of a post that has not been recruited to, but for which sign off for the job description and person specification was provided over 6 months ago, sign-off is considered to have lapsed. The job description and person specification are no longer recognised. However, an extension of sign-off from the Regional Lead can be sought if the job description remains unchanged.

If the employer has chosen to amend the job description during this time, it should be submitted to the local Regional Lead in the drafting stage for comment as before.

The job description, once agreed and circulated to candidates, should not be changed unless an obvious error has been made and incorrect information has been given to candidates. The College Rep should be made aware of any changes to the job description made after advertising the post and it is good practice to ensure candidates are notified of any changes to the post or posts advertised as soon as possible.

2. Quality Assurance for the Interview – The College Rep

The purpose of the College external representative on an appointment panel is to provide unbiased quality assurance. They should ensure the skills, aptitudes, training and experience of candidates are appropriate according to the person specification for the post and the duties required of the post holder.

Advice on specific issues is available via the College AAC Team (contacts in Appendix E).

Finding a College Representative

Any College Representative must fulfil the required criteria to represent the College listed in Appendix C.

A very few clinical consultant grade recruitment processes were specifically exempted from the AAC process when it was originally set up. These are listed in Appendix D Exempt Appointments – extracted from Statutory Instrument SI 1996 701. Where there is any doubt on whether a College Rep is required, the College AAC team should be contacted for advice.

Once the employing body has received sign-off (agreement of the job description and person specification) from the Regional Lead, it should send a copy of the final job description and associated documents with the sign-off document to the College requesting a list of Representatives suitable to attend the AAC and provide the preferred date of the AAC if available.

The College will then provide a list of suitable College Representatives tailored for the employer and this specific role.

The employing body should contact the College no fewer than 8 weeks before the date of the AAC to seek a list of Representatives.

This minimum length of notice is to ensure a suitable nominated Representative drawn from the relevant subspecialty can make themselves available as any NHS consultant must now give their employer 6 weeks' notice of cancellation of clinical commitments to attend an AAC panel.

The employing body can then directly contact the representatives on the list provided to agree a date and time of interview mutually convenient for all those on the interview panel. A new list must be requested from the AAC team for every AAC to ensure accurate contact details are provided and an up to date list is used. Employing bodies must not use lists provided previously without approval of the AAC team.

The employing body should approach all those nominated as soon as possible and within one week of receiving the list. If no one on the list is able to attend the AAC panel, the employing body must contact the College as soon as possible for further assistance.

If the employer fails to secure a Representative from lists provided, they should contact the College AAC Team. The College will contact the relevant CSAC Chair / Specialty Group Convener to seek assistance in providing a Representative. The College may also accept a doctor proposed by the employer as a Representative, provided the doctor meets all of the five criteria in Appendix C.

Employers must inform the College of the name of the Representative who has agreed to attend their interviews as quickly as possible to allow the College to ensure the Representative comes to the interview appropriately prepared.

All members of the AAC panel should be sent all applications for shortlisting received by the employing body. It is essential that the College Representative takes part in the shortlisting process if at all possible.

Responsibilities of the College Representative

The College Representative should contact the College AAC Team to discuss any queries or issues concerning the post, or candidates, not resolved by the employer's HR Team.

Before the interview

Those planning to represent the College should note a College Representative is not recognised (or insured) as a representative of the RCPCH unless they receive explicit acknowledgement in writing from the College before the interview.

If a Representative has not received contact from the College AAC team 10 days before the interviews, they should immediately contact the College to confirm the College is aware they will be representing the College at the interview panel.

College Representatives should confirm whether or not Regional Lead sign off, and appropriate other expert input prior to sign-off, was sought for the job description. This is easiest done by contacting the Regional Lead.

College Representatives will be provided with the name of the Regional Lead who provided sign off once their agreement to attend the AAC has been received by the AAC team. The Representative should liaise with the Regional Lead (and CSAC chair or other source of expert advice) regarding any queries on the sign off stage of recruitment.

It is inevitable that a College Representative will occasionally find they are asked to consider the application of a candidate known to them and for whom they may even have provided a reference. In these circumstances, the Representative should make sure the College AAC Team, the employer HR department and the Chair of the interview panel are aware of the situation as soon as possible.

If the Representative is in any doubt they will be seen as impartial (for example in the event of close personal ties to a candidate). The Representative should inform the College AAC Team immediately to discuss how to proceed. If necessary, the Representative should ask to be excused from serving and an alternative Representative should be sought.

The College AAC section must be informed at the earliest possible opportunity and be kept informed by the Representative if such circumstances arise.

All members of a panel are responsible for ensuring they have been trained in appropriate fair and non-discriminatory interviewing and selection techniques in line with relevant codes of practice⁵. It is the responsibility of potential members of AAC panels to seek out and attend such training if required.

⁵ The National Health Service (Appointment of Consultants) Regulations: Good Practice Guidance, paragraph 1.15 - see footnote 2, page

Selection and shortlisting of Candidates

If information about a candidate's individual training or experience is not clear from their application (for example this may be the case with overseas candidates) the Representative may request more information about the candidate from the HR team at the employing body before deciding whether the candidate is suitable for shortlisting. If this information is not available the Representative may shortlist a candidate to seek more information from them in person on their suitability for the post during interview.

The Representative should inform the HR officer dealing with the panel when this is the reason for including a candidate on a shortlist.

Canvassing for support on behalf of any applicant is strictly prohibited.

Since January 1997, it has been a legal requirement for all consultants in permanent posts to be on the UK Specialist Register (held by the GMC). This should be clearly stated in job descriptions as an essential requirement for applicants.

The only exception is for UK Trainees in a Type 1 training programme (working towards award of the CCT or CESR-CP – NB not the CESR). They may be interviewed before gaining entry to the UK Specialist Register but not more than 6 months from the date they have for completion of their training. All other applicants must be on the UK Specialist Register to be eligible for consideration for appointment to a consultant grade post.

Applicants not in UK training must be able to provide proof they are on the UK Specialist Register by the date of interview.

Conduct of the Interview Panel

The purpose of the AAC panel is to shortlist and then interview applicants to decide which (if any) of the applicants is suitable for appointment to the post advertised and to recommend the most appropriate candidate to the employing body.

The methodology for assessment during the selection process must comply with relevant employment law but is otherwise a matter for the employer to decide.

The overriding aim is to ensure that the best candidate for the particular job is appointed and that the process is fair and open within current employment legislation.

Selection must be based solely on the candidate's fitness for the post (skills, training, qualifications, experience and any other necessary qualities).

Panel members, in particular the Chair, should make their own notes of proceedings and the reasons for accepting or rejecting candidates.

Individual members or the panel as a whole could be questioned by Courts or Industrial Tribunals about the reasons why a particular candidate was accepted or rejected.

In any other context the proceedings of the Committee are confidential.

The College Representative should complete and return the workforce monitoring form to the College AAC team as quickly as possible after the interview has taken place, sending any additional information the Representative wants the College to be aware of with the form.

The Representative should make the College aware of any plan by the employer body to recruit more than the originally intended number of posts to the job description as soon as they become aware of this plan.

Post Interview Counselling

It is best practice for the panel to appoint a member who will offer counselling to candidates (more usually required by unsuccessful candidates). The member asked to provide this counselling will often be the College Representative. The counselling may consist of being available to give more detailed feedback of reasons for the panel not choosing an individual or how a candidate may strengthen their applications for future posts of this type (for example by undertaking additional training).

3. Common queries

Attempts to appoint Unsuitable Applicants

Any queries a College Representative has on aspects of the suitability for interview of an individual candidate should be raised with the College AAC team in the first instance.

If a College Representative believes an applicant is not suitable for the duties of a post, they must inform other members of the AAC panel and specifically NHS HR staff and the panel Chair at the time of shortlisting.

If a College Representative finds a candidate they know or suspect is unsuitable for the post is interviewed, they should advise caution before their employment during deliberation by the AAC panel. The Representative should make clear their reasons for giving this advice and ask that they be formally minuted if the employer does not act to confirm the candidate is appointable and proceeds to appoint them. If a vote is taken, the Representative should vote against the appointment.

In the event a candidate whom the College Representative believes is not able to perform the duties of the post is selected, the College Representative should write to the Chair of the employing body's board, copying the Chair of the AAC panel, the College AAC Team and the Registrar of the College, setting out the reasons for their concerns.

The letter should also point out potential consequences of this appointment including the loss of recognition of training received by trainees attached to the employing paediatric department and the non-recognition of the appointee as a trainer.

Joint clinical/non-clinical appointments

Any recruitment process to a post involving work routinely delivering clinical NHS services must comply with the process for quality assurance of clinical appointments including seeking sign off from the local Regional Lead. Included are all joint clinical-academic, clinical-managerial and clinical-research posts; among others.

In accordance with the findings of the Follett Report⁶, university appointment panels for posts which will include NHS clinical sessions should be able to appoint to the NHS role at

⁶ A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties Sir Brian Follett and Michael Paulson-Ellis DFES September 2001

the same time as to the university post.

It is likewise best practice in other types of joint recruitment processes to appoint to all parts of a joint post simultaneously. All types of joint recruitment panels should therefore comply with the requirements for NHS consultant recruitment panels.

This means that hybrid recruitment panels for posts where there are clinical sessions should meet the requirements of AAC process in terms of their membership and the constituencies represented by their members. This includes obtaining an external College representative to sit on the panel.

Holders of NHS honorary contracts for clinical work – where their contract of employment is actually with a non-NHS body such as a university – cannot work in NHS consultant grade clinical roles without having been appointed in compliance with the regulations and Best Practice Guidance listed in the Introduction.

Appointments in a clinical support role

Though the College does not have a remit for involvement in appointments that are exclusively non-clinical, posts that provide specialised ‘second line’ clinical services supporting clinical consultants – in particular in child protection – must be recruited to in accordance with the AAC regulations and best practice guidance. In case of any query concerning second line clinical job descriptions, contact the College AAC team in the first instance who can involve the College Officer for Child Protection when appropriate.

Cross specialty appointments

A number of consultant grade roles treating infants, children and young people involve skills, training and experience that can be acquired in one of a number of medical specialties (for example, consultant Paediatric Intensive Care posts may attract equally well qualified applicants from Anaesthesia, Paediatrics or Surgery and consultant Paediatric Emergency Medicine posts may attract applicants from either Emergency Medicine or Paediatrics).

For this reason Medical Royal Colleges and Faculties with responsibility for these medical sub-specialties work together to agree and implement common criteria for training and practice in these sub-specialties.

Sign off for such job descriptions and person specifications must therefore be sought from all the Colleges or Faculties responsible for potential applicants to the planned post. In addition, dependent on the medical specialty origin of applicants submitting applications, College Representatives may be required from a number of different Colleges.

Employer body HR staff who have any doubts about the breadth of applicants they may receive for a post they should contact the RCPCH AAC team for advice.

Regional Leads who have any doubts about their ability to assess the breadth of a particular job description, or if they think the job description may not fall within the remit of the RCPCH, should contact the College AAC team for advice.

College Representatives who have agreed to represent the RCPCH on an interview panel who have any doubts about their suitability to assess the training, skills or experience of particular candidates should contact the College AAC team for advice.

Eligibility for appointment

Overseas Applicants

As stated above (Responsibilities of the College Representative - Selection and shortlisting of candidates) all doctors not trained in the UK must be on the UK Specialist Register before they can be interviewed.

Doctors trained in a European Economic Area (EEA) country currently qualify for entry onto the UK Specialist Register automatically on application. Their training and experience may vary considerably from that of a UK trained paediatrician and this should be scrutinised carefully against the selection criteria included in the person specification for the post.

Doctors who have obtained a CCT from another EEA country are in a different position to those who completed their training outside the EEA (regardless of whether those trained outside the EEA hold nationality of an EEA country or are on the Specialist Register of an EEA country). Doctors trained outside the EEA must apply to the registration authority for each European country in which they wish to practice for a Certificate of Equivalence of Specialist Registration (CESR) so that they can be included on that country's Specialist Register.

Application for a CESR in the UK is a lengthy process. The commencement of a CESR application cannot be taken as indication of when, or if, an applicant for a post will gain entry to the UK Specialist Register.

Doctors not on the UK Specialist Register (who are not in UK deanery recognised training and within six months of their expected date of CCT) should not be interviewed.

In case of any queries concerning particular candidates and whether they have gained the CCT or CESR, College Representatives should contact the RCPCH Education and Training Support Centre Certification team in the Education and Training Division.

Proleptic Appointments

An interview panel should never recommend the appointment of a candidate not yet suitably qualified for appointment even if it is thought they may become so.

This includes UK trainees more than six months away from their forecast CCT date and those applying to the UK Specialist Register via any other route.

Locum Appointments

Short term locum appointments – defined as six months duration or shorter – are exempt from the consultant appointment process.

However “best practice” guidance on recruitment to locum consultant posts recommends that to be eligible for appointment as a locum consultant a doctor should:

- be fully registered with the GMC
- be included on the GMC Specialist Register
- have held a substantive NHS consultant appointment, an equivalent honorary post or have equivalent service overseas
- where the appointee does not meet the criteria of a substantive consultant post, the Medical Director, with the Clinical Director, should arrange for an appropriate level of supervision of the locum’s work.

It is also advised that locum appointments are used only to address short term service needs. In all cases locum posts should be limited to a maximum period of one year.

Locum appointments are not a pathway to substantive appointments. Posts filled on a temporary basis with locum staff should be publicly advertised and recruited to in the usual way when a substantive post holder is being recruited.

See NHS Employers Guidance on the appointment and employment of NHS locum doctors 2013.

Travel and Subsistence

Necessary travel and subsistence expenses incurred by all panel members - including the College representative - are covered by the employing body.

Members of the AAC should be reimbursed for their actual expenses (including travel, hotel accommodation and other subsistence allowances) and fees as claimed in accordance with the rules established by the employing body and contained in the annual NHS Employers Pay Circular (M&D) - most recently Pay and Conditions Circular (M&D) 1/2016 Annex A: Section 10: Family planning fees and miscellaneous.

Paediatric Specialty Doctor grade posts

1. Specialty Doctor Appointments

The process recommended for conduct of recruitment panels for specialty doctors is the same as that for consultant posts. However, this guidance is specifically relevant to specialty grade doctor appointments.

The College's role in specialty doctor appointments is the same as its involvement with consultant posts - objective comment on job descriptions by Regional Leads and provision of College representatives for shortlisting, interviewing and final selection.

2. The Job Description

When establishing a new specialty doctor post, the employing body should carefully consider whether it represents the most appropriate means of meeting service needs. Specialty doctors practice at an intermediate level of clinical responsibility under consultant supervision. It is vital that such doctors are not expected to fulfil duties for the service and practice at a level which would be more appropriate for consultants⁷.

When signing off the job description, the Regional Lead should address the suitability of the proposed service arrangements and facilities. The College has identified seven criteria for assessing a specialty doctor post:

- The Job description and person specification should be up to date
- Hours worked should not be excessively onerous (1.0 WTE would be 10 PAs)
- Post-holder is not exposed to tasks above their level of expertise
- Post is useful, fulfilling and stretches post-holder
- Post-holder has a mentor for career advice and personal development
- Post-holder has access to study leave and a commitment for regular CPD
- Post-holder will participate in in-house meetings and teaching opportunities.

In cases where disagreement over the content of a job description persists, the same procedure as that for consultants should be implemented.

⁷ Employing and supporting specialty doctors: A guide to good practice, April 2008.

3. Composition of the AAC

The employing body should constitute an AAC comprising at least:

- A lay chair
- A professional member from outside the employer body nominated by the RCPCH
- A professional member from within the employer body in the relevant specialty appointed on advice of the appropriate division of the employer body.

The procedure for finding a College representative is the same as that for consultant posts.

4. Selection and Shortlisting of Candidates

College advice regarding the Selection and Shortlisting of Candidates is the same as that for consultant posts.

All doctors appointed to the grade must meet the essential criteria in the standard person specification produced by NHS Employers⁸. These are the minimum criteria of eligibility for the grade.

Whilst they are necessary as a minimum, possession of the criteria may not be sufficient to justify shortlisting and selection should be made based on how an applicant's experience, education and training relate to the requirements of the individual post.

No applicant should be appointed without interview.

Revised by John Pettitt, RCPCH ACCEA, AACs and Committee Lead (July 2017)

⁸ Employing and supporting specialty doctors: A guide to good practice, April 2008.

Appendices

Appendix A: Principles for RCPCH activity in support of the recruitment of clinicians in the UK

This appendix provides an explicit statement of the principles for RCPCH activity in support of the recruitment of clinicians in the UK within the framework of current legislation.

These principles are the foundation of all guidance issued by the College to representatives on issues encountered in their AAC work. If the College AAC Team cannot be contacted to advise on what course of action to take, these principles should be referred to by those representing the College if they encounter a particular set of circumstances that are not fully covered in this Guidance.

Principles

The College is fundamentally bound by the terms of its primary governing document (the incorporating Royal Charter granted in 1996) to pursue 4 objects stated in the Charter as follows.

3. The objects of the College shall be:

- (i) to advance the art and science of Paediatrics;*
- (ii) to raise the standard of medical care provided to children;*
- (iii) to educate and examine those concerned with the health of children;*
- (iv) to advance the education of the public (and in particular medical practitioners) in child health which means the protection of children, the prevention of illness and disease in children and safeguarding their optimal development.*

Therefore

The College should seek to ensure the best (defined as the safest and highest quality) standard of medical care possible is delivered for children and young people by paediatricians caring for them.

Therefore

The College should act to provide the best support possible for those seeking to employ

paediatricians while fulfilling the College's statutory role in recruitment laid down in the framework of legislation and guidelines concerning recruitment to Consultant and Specialty Doctor grade posts.

Therefore

The College should provide advice to recruiting employers on the relevant legislation and guidance as well as on applicants and shortlisted candidates that is as free from bias and is as objective as possible.

Therefore

With ensuring the best care of patients as paramount, the College must raise any concerns over a failure of a recruiting employer to comply with current legislation or relevant best practice (such as that produced by the DH or NHS bodies) or any concerns about the suitability of a specific applicant for a post to which they may be appointed.

Any concerns should be raised as early as possible, and with the recruiting employer in the first instance, to ensure a safe and successful recruitment to a given post with the minimum possible effort required of the recruiting employer and all others involved.

These governing principles should be used to determine the correct course of action in response to a situation for which there is not specific guidance.

Appendix B: Composition of the Advisory Appointment Committee

The minimum composition of the AAC is governed by legislation already listed. This states that the panel must contain no less than the following five core members:

- a lay member (normally the Chair of the employing body or another non-executive director)
- the College Representative
- the NHS employer's Chief Executive (or his/her nominated senior manager)
- the Medical Director of the employing body (or his/her medically qualified nominated deputy)
- a consultant, normally from the relevant specialty or subspecialty, from the employing body.

All AAC panels are required by the legislation to have a majority of medical members and a majority of local members. Employing bodies are free to add members so long as there is compliance with these two requirements of the legislation.

University representatives are no longer required to be members of an AAC panel, except where the appointment is to a post involving either substantial teaching, research commitments or both.

Appendix C: Eligibility for Representative Status

The College requires those wishing to represent it on AAC panels to meet the following minimum criteria:

- Ordinary Member or Fellow of the RCPCH
- In the relevant subspecialty for 4 years at substantive Consultant grade and currently practicing as a consultant in the subspecialty
- Does no work for the recruiting employer
- Is in good standing with the RCPCH
- Has undertaken training in non-discriminatory interviewing techniques from an NHS provider.

The College permits retired doctors to represent it on interview panels up to 1 year after their cessation of clinical practice but not beyond this.

In addition, to seek to rule out any possibility of accusations of conflict of interest, the College will seek to provide representatives from outside the Health Service Region for appointing employers.

Anyone wishing to confirm the RCPCH definition of Good Standing should consult the College website at <http://www.rcpch.ac.uk/system/files/protected/opportunity/RCPCH-Good-Standing-2014-v3.pdf>

The College encourages anyone who meets the eligibility criteria and wishes to represent the College at AACs to contact the AAC team to be entered on the College list.

Training is regularly provided for new assessors and those who have not received training in the last five years. Anyone wishing to receive training should contact the AAC team.

Appendix D: Exempt Appointments – extracted from Statutory Instrument SI 1996 701 as amended

This Statutory Instrument is now held to apply to all employers and their posts providing clinical services for the NHS in England, Wales and Northern Ireland.

5. (1) An appointment is an exempt appointment if the person appointed is—
- (a) to receive no remuneration from an Authority in respect of his tenure of the post, and is—
 - (i) a member of the academic staff of a University,
 - (ii) a consultant who is over the age of 65,
 - (iii) a mental health officer, as defined in the National Health Service Pension Scheme Regulations 1995 (1), who is over the age of 60,
 - (iv) a person who is wholly or mainly engaged in research which requires his appointment to the staff of an Authority, or
 - (v) a medical practitioner who has been appointed to a post in a hospice which is equivalent to a consultant post in the health service.
 - (c) a person whose employment in a post is to be for an initial period not exceeding six months—
 - (i) pending the appointment of a permanent post holder,
 - (ii) where the permanent holder of that post is unable to carry out his duties by reason of illness or because of other absence, or
 - (iii) where the Authority considers for some other reason that such an appointment is necessary, and in each case in respect of whom any further period of employment in that post is to be for a period not exceeding 6 months and to be subject to prior consultation with the relevant college and to the satisfactory performance of the duties of the post during the initial period;
 - (d) a person whose last employment by an Authority, an NHS trust, an NHS foundation trust, a Health Board in Scotland, a District Health Authority or Regional Health Authority was in a post as consultant, the termination of which employment was certified by the Secretary of State to be by reason of redundancy and who is appointed to a consultant post in England within one year of that termination of employment;
 - (e) a person who is transferred from employment as a consultant—
 - (i) by an Authority to another consultant post with that Authority, or
 - (ii) by an NHS trust or foundation trust to a consultant post with an Authority where the employment of the officer would otherwise be terminated by reason of redundancy;
 - (f) a person whose employment is transferred from one Authority to another Authority without any significant alteration in the duties of the post, as part of

a local reorganisation of the health service;

- (g) a person who has been appointed to a post at a university or at the Public Health Laboratory Service Board, and whose appointment to the staff of an Authority will be to a post in which the duties are substantially the same as those performed for that university or that Board.

(2) In this regulation—

- (a) “employment” includes part-time employment, whether or not the person is also employed by another Authority, and “employed” shall be construed accordingly;
- (b) “remuneration” does not include any distinction award or any amount paid by the employer towards the defrayment of expenses involved in the carrying out of the duties of the post.

Appendix E: Contacting the College Advisory Appointment Committees Team

All AAC enquiries by email should be sent to aac@rcpch.ac.uk for a prompt response.

College Staff can be contacted by telephone to advise on AACs via the switchboard on 020 7092 6000.

Appendix F: Regional Leads – Job Description Checklist

This advice is intended for Regional Leads, CSAC chairs and other College sources of expert advice, as well as for Scottish External Advisers and those acting as College representatives on AACs in England, Wales and Northern Ireland.

NHS staff drawing up job descriptions may also find it useful.

Although it has been prepared specifically with consultant grade job descriptions in mind the principles it contains are valid for Specialty Grade or other non-training middle grade posts (taking into account specifics of relevant national or local terms and conditions of service).

The term job description is used here to mean the job description, person specification and all interrelated documents that will state the duties and responsibilities expected of the post holder.

The role of the Regional Lead in signing off consultant job descriptions:

In commenting on job descriptions the central concern of the Regional Lead should be the content of the post in relation to clinical work, to teaching and to research.

It is the role of the Regional Lead to advise the employer to ensure conditions of the post will enable the appointee to work to safe clinical standards set by the RCPCH and other relevant bodies, without exposing themselves to professional risk in the discharge of their duties.

Regional Leads should look at the proposed job description in relation to other posts in the department, recognising that employers will often be seeking consultants to take specific responsibility for certain areas of activity (e.g. in service, teaching or subspecialty work). Early discussion with the employer, and particularly the appropriate clinical director, is likely to be helpful in resolving concerns.

Foundation Trusts are not legally required to involve the Medical Royal Colleges in the sign off of consultant job descriptions or the appointment process though the Department of Health has confirmed it remains best practice to do so. In August 2005 the Foundation Trust Network (now part of NHS Providers), representing all NHS Foundation Trusts, signed a concordat with the Academy of Medical Royal Colleges to enable the two organisations to work together on the appointment of consultant medical staff.

A list of sources for this guidance is given at the end of this document. Where relevant, our advice has been benchmarked against guidance released by other Medical Royal Colleges

to ensure consistency of approach. However, Regional Leads should not sign off posts or job plans that do not meet the standards set out in the RCPCH documents The Paediatricians Handbook and The Role of the Consultant Paediatrician in the Acute Setting which represent the principles of practice approved by the RCPCH.

Sign Off (job description endorsement) process

Regional Leads are required to at least make initial response to requests for feedback and sign off on job descriptions within 3 weeks. Employers who do not receive any kind of response within 3 weeks will be considered by the RCPCH to have received sign off from the College by default.

If a Regional Lead is awaiting advice from a specialist colleague, the RL should keep the employer informed of progress. In all circumstances where additional advice is sought, the decision of the Regional Lead is final.

For speed of communication, it is recommended Regional Leads handle communication by e-mail. Once the job description has been finalised, the Regional Lead should write to the employer body signing off the job description on behalf of the College via e-mail attaching a copy of the template letter provided by the College (provided with an explanation as Appendix G).

This e-mail and the final job description should be copied to the AAC team at the RCPCH.

If the post has not been recruited to within 6 months from the date of sign off then sign off is considered to have lapsed. A continuation of sign off can be provided if the job description has not changed. If the job description has changed sign off should be sought again using the same process as before.

Conflict of interest

If the post is based at the Regional Lead's employer, he/she should delegate approval to the deputy Regional Lead or a Regional Lead from a neighbouring region.

If a CSAC chair or other College source of expert advice is involved by the Regional Lead providing sign off and the post is based at the CSAC Chair's or other College expert's employer, he/she should delegate approval to one of the CSAC training advisers or, if this substitution is not available, seek advice on who can substitute for them from the College AAC team.

Key Information

The Post

The job title should clearly define the post. The job description and job plan should specify the number of programmed activities (PAs) both for Direct Clinical Care (DCC) and for Supporting Professional Activities (SPAs). The job description should give a brief summary of the purpose and context of the post, which should guide subsequent action. It is useful to have an indication of whether this is a replacement or a newly established post. Employers should be strongly encouraged to consider and include opportunities for research activity and include information on this in the post (including for general paediatric or community child health posts). Employers should also spell out efforts made to ensure involvement of CYP in the planning and delivery of their services.

The Department

The job description should contain a description of the department, including relevant information about medical and multi-disciplinary team members, clinical activity, workload, training activity, and administrative infrastructure. This should enable the Regional Lead to judge whether the departmental arrangements are such that an appointee would be able to meet clinical obligations within the framework outlined in The Paediatrician's Handbook and The Role of the Consultant Paediatrician in the Acute Setting.

For example:

- Are colleagues listed by title and named?
- Are the junior staff posts recognised by the College / GMC?
- Are there relevant details of joint working with other departments (e.g. obstetrics)?
- Is there evidence of support from paediatric specialties such as radiology?
- Are the facilities described? e.g. bed numbers, ambulatory unit, intensive care support etc.
- Is the range of specialist clinics described?
- Is there mention of research activity and opportunities for the post-holder?
- Does the job description suggest an active audit and CPD programme within the department?

Duties of the Post

The main duties of the post should be described in detail. Particular attention should be paid to the following:

- If a subspecialty post, it should be clear if the post-holder will be expected to undertake any general paediatric duties or on call.

If there is a general on call requirement, the job plan must include sufficient time to allow a post-take ward round. There must also be sufficient CPD time to maintain both specialist and generalist skills.

- If this is a general post, any clinical 'special interest'/ 'special responsibility' should be defined.

Departments should have some idea of what they need and can accommodate, and be clear about this in the job description and job plan. If development of any subspecialty would be considered by the department this should also be made clear. Applicants should not be disadvantaged because the department has undeclared preferences for one specialty over another.

Specific responsibilities should be specified in the job description. For example, designated doctor for child protection, leadership in developing an ambulatory unit, or specific educational roles such as College Tutor. In these circumstances, sufficient programmed activities (PAs) must be allocated in the job plan to undertake these roles (see section on the Job Plan).

The Job Plan

Under the current nationally negotiated consultant contract, within a full-time framework of 10 PAs, it has been agreed that a consultant will normally devote an average of 7.5 PAs to direct clinical care or DCCs and 2.5 PAs to supporting professional activities or SPAs⁹. The Academy of Medical Royal Colleges and GMC have agreed that a minimum of 1.5 SPAs are required to ensure a consultant can successfully meet the requirements of Revalidation as explained in The Role of the Consultant Paediatrician in the Acute Setting.

⁹ RCPCH guidance on the role of the consultant paediatrician in providing acute care in the hospital. RCPCH 2009 (revised 2011)

New consultant job descriptions should not specify a requirement in excess of 10 programmed activities (PAs) including on call work. Any work in excess of 10PAs will be by subsequent negotiation once in post, and should be paid at the appropriate rate.

It is recognised that paediatrics involves a heavy workload in clinical administrative duties. Sufficient time must be allowed for this within the DCC allocation of the post.

All predictable out-of-hours work (e.g. weekend or evening ward rounds) should be included within the DCC allocation of the job plan. Work performed outside 7am to 7pm Monday to Friday and at weekends has programmed activity equated to 3 rather than 4 hours. Unpredictable out of hours work also needs to be factored into the job plan (see section on Emergency On-Call Work)

Travel time to outreach clinics should also be included in the DCC component.

Sufficient SPAs must be allocated to cover specific responsibilities set out in the 'duties of the post' (including educational or management roles) defined within the job description as well as generic requirements for all paediatricians including Revalidation.

Routine educational supervision also requires an explicit commitment and should be properly reflected in supporting professional activities.

A job plan weekly timetable should be provided and should match the stated number of PAs. Where there is a mix of attending and non-attending weeks or an annualised programme, this will need to be calculated over the cycle-length of the rota.

PAs for Additional NHS Responsibilities and External Activities may not be included, since these are roles and activities that the appointee is more likely to negotiate once in post. However, should such activities be specified in the job description, it is important to ensure that they are adequately accounted for in the job plan.

N.B. The job plan should carry a statement that it is subject to renegotiation and review annually with the Clinical Director, any changes being by agreement within the department.

Variations for Wales, Scotland and Northern Ireland

Advice relating to job planning is based primarily on the English consultant contract. For Wales, Scotland and Northern Ireland, reference should be made to details of the

appropriate contract arrangements. N.B. In Scotland, job descriptions are signed off by External Advisers rather than by the Regional Lead.

Emergency and On Call Work

Paediatrics is recognised as a speciality with one of the highest on-call and out of hours commitments. Pragmatically, a department may be some way from achieving the ideal of on call rota frequency, consultant team size and 10 PA job plans. It would be unhelpful to the existing departmental staff to refuse to approve a job description in the department exclusively on this basis.

Under Working Time Regulations, consultants should have 11 hours rest in every 24. Although many consultants currently work for longer than this, the rota should allow for adequate compensatory rest to be taken in a timely manner. In high intensity specialties such as neonatology and intensive care, extended weekend rotas, particularly in the absence of a second on call consultant colleague, should be discouraged.

The job plan should demonstrate that unpredictable out of hours activity, including telephone calls for advice and recalls to hospital, has been assessed (for example, by means of diaries) and factored into the job plan.

Further extensive advice is given in The Paediatrician's Handbook (RCPCH 2016) and RCPCH guidance on the role of the consultant paediatrician in providing acute care in the hospital including guidance on PA allocation for out of hours activity, advice for sub-specialty on call and advice on facilities and conditions for agreeing to be resident on call.

Part Time Working

There should be a presumption that all consultant posts are suitable for those wishing to work less than full-time (e.g. job sharers and flexible workers). If there are specific reasons why the post is deemed inappropriate for someone wishing to work less than full-time, this decision should be justified.

The job description should also state how the post will be adapted to meet the needs of job sharers or flexible workers. In particular, additional PAs (for example, 2x 6PAs) may be needed to allow adequate time for handover and CPD. The BMA recommends a lower DCC to SPA ratio for those working less than full time. Exact ratios will be a matter for local negotiation, but the Regional Lead should ensure that the SPA allocation allows sufficient time to meet CPD requirements and any additional supporting activities

expected of the post holder.

Split Site Working

Care should be taken in evaluating job descriptions for consultants working across different sites as these may sometimes place excessive demands on the post holder. It is important to ensure that adequate time is allowed to complete administrative work and to attend essential team meetings on both sites. There should also be adequate SPA time allowance within the job plan to maintain competence for the full range of clinical duties across all settings. This is particularly important where the consultant is working for more than one employer either under a joint contract or service level agreement. Except in the case of academic contracts, it is usual for the primary contact to be with the site or employer body in which there is the greater clinical commitment. The primary employer will usually take lead responsibility for appraisal, revalidation, and job planning, as well as for any performance concerns, although all employers should obviously contribute. It is strongly recommended that there is a statement clarifying these arrangements, and a commitment to an early job plan review.

With the development of clinical networks, a consultant may provide out-of-hours clinical input across more than one site, particularly for specialist services. However they should not be the only available paediatric consultant across two or more acute sites.

Clinical Academic Contracts

Clinical academics will vary in the split between clinical and academic responsibilities. Typically they will be employed by a university and hold an honorary clinical contract at an NHS Employer. However, there should be a single integrated job plan, and a joint appraisal process.

The role of the Regional Lead is to assess the clinical and relevant professional aspects of the job description coordinating sign off from the relevant clinical CSAC chair or other source of College expertise (in the case of posts with a defined clinical subspecialty) – in this case also being sure to include the Academic CSAC Chair.

The need for Revalidation of all clinicians means similar DCC to SPA ratio as for a full time NHS consultant is required (for example, an academic working 5 clinical PAs should notionally have 1.5 SPAs for Revalidation – see the Role of the Consultant Paediatrician in the Acute Setting). As with those working part time, an irreducible amount of time is still required for Revalidation, hence a relatively higher SPA allocation may be necessary.

In assessing the overall job plan, the Regional Lead should make a judgement as to whether the appointee would have adequate time to meet the required clinical commitments, to maintain competence in the defined areas of practice and to undertake the necessary CPD to underpin Revalidation.

Other Work Conditions

Suboptimal work conditions can impede the ability of the paediatrician to function effectively, and the job description should include information about the work setting and environment. Check the following:

- Is there adequate secretarial support?
- Is there personal access to IT and the internet / e-mail?
- Is there appropriate office accommodation?

Although the employer is not obliged to respond to recommendations regarding facilities and infrastructure, it is important to draw attention to obvious problem areas.

The Person Specification

It is an essential legal requirement the applicant is either on the UK Specialist Register in paediatrics or is in a UK training programme within 6 months of CCT/CESR-CP (NB CESR-CP and not CESR) date. An AAC assessor will not necessarily know if there have been concerns about a trainee. It is advised that the essential person specification should include a clause to say “the applicant must produce evidence that he / she is either on the UK Specialist Register or within 6 months of specialist registration date, and is expected to achieve specialist registration”. In the case of UK trainees it will then be the responsibility of the applicant to obtain a suitable letter from his / her Regional Lead to confirm this.

Other headings, classified as essential or desirable would include qualifications, experience (including on call experience), research, teaching, management, audit, personality and motivation (in order not to disbar those trained overseas it is not recommended a person specification include the MRCPCH examination as an essential criteria - a suggested alternative wording is “MRCPCH or equivalent”).

Although this is primarily an employer, not a College, responsibility consider whether the specification meets equal opportunities standards and point out where HR staff should be

asked for their professional opinion. For example, “has a valid driving licence” can be taken to discriminate against some disabled people, whereas “able to travel to meet the requirements of the post” is would not be considered to do so.

Appendix G: Job description sign off

RL Guidance Note for JD Sign Off - Subspecialty advice involvement

Part of the role of Regional Leads is to provide useful advice to employers on draft job descriptions they are preparing for a planned recruitment.

Though other College Officers may be called on to support a Regional Lead in discharge of this duty it is only the Regional Lead who is recognised to sign off a job description for the RCPCH.

This process includes:

informing employers when proposed job descriptions do not comply with recommendations from the RCPCH and the Academy of Medical Royal Colleges as a whole – for instance that a minimum of 1.5 Supporting Professional Activities are required in a job plan just to ensure maintenance of skills, Continuing Professional Development and Revalidation – or with other authoritative professional advice (such as from a relevant Specialty Group);

advising employers when aspects of a job description may, in fact, make performance of other parts of the role ‘undoable’ or may make the role so undesirable that the job may become difficult to fill.

Before making an initial response to a job description the first step is to consider which specialty and subspecialty the post holder would be practicing in. A post may fall wholly within the remit of another Medical Royal College – for example, Child and Adolescent Psychiatry is the remit of the RCPsych and Paediatric Radiology is the business of the RCRad.

A request for sign off for such a job can be rapidly replied to redirecting the employer to the other College. If in any doubt seek advice from the AAC Team at the College Office.

If the post is in one of the RCPCH subspecialties the Regional Lead should then consider whether they are competent to advise the employer on all aspects of the role or if advice from a CSAC – usually from the Chair of the CSAC – should be sought on subspecialty aspects of the post.

Occasionally, it may be possible to acquire the skills and experience to perform a post

through training via more than one Medical Royal College's training programme. When this is the case the Regional Lead should make the employer aware of this copying this advice to the College AAC Team to enable them to provide assistance to the employer if required.

College staff should also alert their colleagues at other Medical Royal Colleges when a post arises that may be of concern to them both.

The recommendation from the RCPCH is that the employer should ask all the Medical Royal Colleges concerned to provide input to the job description and to provide a representative for their interviews unless there is time between the closing date for applications and the date of interview to go through the process of finding College representatives. Employers should allow at least 8 weeks for the process of finding College representatives including time for them to give 6 weeks cancellation of clinical commitment.

Some small cohort subspecialty posts have no CSAC but will have a Special Interest Group or a College Officer with responsibility for advising specifically in this area (Staff at the RCPCH AAC Team can advise Regional Leads who require support with responding to this type of rare post).

No one gets to feed into the sign off for a job in their own employer. The alternate for a Regional Lead would be the Deputy Regional Lead or a neighbouring Regional Lead while for a CSAC Chair the alternate would be a Training Adviser from the same CSAC.

Some posts are easily determined to be subspecialty in nature (Tertiary hospital setting, subspecialty job title and/or practice in an established subspecialty clinical service). Others can be more difficult to accurately assess where, for example, work is split between a significant commitment to a subspecialty alongside general paediatric practice. This may include practice in a larger Secondary hospital setting with an opaque job title.

College policy is any post with more than 40% commitment to a subspecialty should be treated as a subspecialty post for the purpose of assessing the job description and the CSAC or equivalent should be involved. In addition, support from subspecialty colleagues in assessing the job description should also be sought if the final extent of the percentage subspecialty commitment is difficult to determine such as if the post holder would be starting up a subspecialty service, delivering such a service alone or otherwise key to delivery of the service.

Job plans within job descriptions usually express work commitments as Programmed Activities (PAs). PAs are usually separated into Direct Clinical Care (DCC) and Supporting Professional Activities (SPAs).

The total work commitment to different parts of the job is worked out by adding the total number of PAs for all weekly job plans. For example, a post may have 2 weekly plans – one for normal working and the other for the ‘hot week’ when the post holder is Consultant of the Week on a 1 in 8 basis. To get the total number of PAs for different parts of this post one would multiply normal weekly working commitments by 7 and add to the commitments in the 1 in 8 week as consultant in the week to result in the sum of all 8 eighths of the job plan. This total is 100% and can then provide percentages of commitment to different aspects of the job.

Raising concerns with the employer will lead to either immediate refusal to amend the job description in any way or a process of discussion or negotiation on details of the job description.

In either case, or in the case where the draft job description needs no amendment, once a conclusion in this discussion has been reached the Regional Lead should use the template text and table from the new Response Letter template to indicate whether they are providing unqualified sign off, qualified sign off or feel unable to provide sign off to the employer for this job description.

It is also extremely helpful if the Regional Lead can indicate on the table the subspecialty or, (rarely) in the case of a joint post, subspecialties that have fed into their consideration of the job description and that they would recommend College representatives for the interview should be drawn from.

RL JD Generic Response letter text & Subspecialty List Guidance form

Letter page 1 of 2

Dear XXXX,

RE:

I have now considered this draft job description / your response to my comments on this job description [DELETE AS APPROPRIATE] and am writing to inform you on behalf of the RCPCH that I [INCLUDE ONE ONLY OF THE FOLLOWING 3 TEXTS]:

“confirm unconditional sign off of this job description”;

“confirm conditional sign off of this job description as I am unable to sign off the following aspects of this job description:

[insert text here giving details of the points you cannot approve of when issuing sign off];

[point two – if required];

[point three – etc]”.

“am unable to sign off this job description on behalf of the RCPCH”.

This sign off/continuation of sign off [DELETE AS APPROPRIATE] is valid for 6 months from the date of this letter. You should aim to conduct interviews and make an offer of employment within this time.

I expect that you will now proceed to advertise this post but, if required, I can provide an extension of sign off for a further 6 months. You should make a request to me for an extension before the date of expiry of sign off and, when doing so, provide reassurance the job description has not changed in any material or significant way from the one previously signed off.

Please let me know if you have any queries regarding this letter or my earlier correspondence regarding aspects of the draft job description.

I wish you success in this recruitment process.

With my best wishes.

Yours sincerely,

Dr XXXXX
RCPCH Regional Lead/Deputy Regional Lead – XXXX Region

From RL for RCPCH AAC Staff reference (RL to tick all relevant right-hand boxes)

Letter page 2 of 2

Relevant Paediatric Subspecialties:	JD Input from CSAC/ BACCH Rep	Rep from which Subspecialty (1 only - explain below if otherwise)
General Paediatrics		
Paediatric Allergy, Immunology & Infectious Disease		
Child Mental Health		
Paediatric Clinical Pharmacology		
Community Child Health		
Paediatric Diabetes and Endocrinology		
Paediatric Emergency Medicine		
Paediatric Gastroenterology, Hepatology & Nutrition		
Paediatric Inherited Metabolic Medicine		
Paediatric Intensive Care Medicine		
Neonatal Medicine		
Paediatric Nephrology		
Paediatric Neurodisability		
Paediatric Neurology		
Paediatric Oncology		
Paediatric Palliative Medicine		
Paediatric Respiratory Medicine		
Paediatric Rheumatology		
Academic Paediatrics		
Safeguarding		
Paediatric Audiology		
'Other' (explain with details below if using this line)		

July 2017

© 2017 Royal College of Paediatrics and Child Health

Published by:

Royal College of Paediatrics and Child Health 5-11 Theobalds Road

London WC1X 8SH

Tel: 0207 092 6000

Fax: 0207 092 6001

Email: enquiries@rcpch.ac.uk

Web: www.rcpch.ac.uk

The Royal College of Paediatrics and Child Health (RCPCH) is a registered charity in England and Wales(1057744) and in Scotland (SC038299)