

22 November 2007

Dear Colleague,

CONSULTATION ON OPTIONS FOR IMPROVEMENTS TO THE CONSULTANT RECRUITMENT PROCESS

Responding to this consultation paper

We are inviting written responses to this consultation paper by 15 February 2008.

Please send your response to:

consultantrecruitmentconsultation@scotland.gsi.gov.uk

or

Jenny Simons
Consultant Recruitment Consultation
St Andrews House – GR
Regent Road
Edinburgh
EH1 3DG

If you have any queries please contact Jenny Simons on 0131 244 3482.

We would be grateful if you would use the consultation questionnaire provided or could clearly indicate in your response which questions or parts of the consultation paper you are responding to as this will aid our analysis of the responses received.

This consultation, and all other Scottish Government consultation exercises, can be viewed online on the consultation web pages of the Scottish Government website at: <http://www.scotland.gov.uk/consultations> . You can telephone Freephone 0800 77 1234 to find out where your nearest public internet access point is.

The Scottish Government now has an email alert system for consultations (SEconsult: <http://www.scotland.gov.uk/consultations/seconsult.aspx>). This system allows stakeholder individuals and organisations to register and receive a weekly email containing details of all new consultations (including web links). SEconsult complements, but in no way replaces Scottish Government distribution lists, and is designed to allow stakeholders to keep up to date with all Scottish Government consultation activity, and therefore be alerted at the earliest opportunity to those of most interest. We would encourage you to register.

Handling your response

We need to know how you wish your response to be handled and, in particular, whether you are happy for your response to be made public. Please complete and return the **Respondent Information Form** which forms part of the consultation questionnaire as this will ensure that we treat your response appropriately. If you ask for your response not to be published we will regard it as confidential, and we will treat it accordingly. All respondents should be aware that the Scottish Government are subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

Next steps in the process

Where respondents have given permission for their response to be made public (see the attached Respondent Information Form), these will be made available to the public in the Scottish Government Library and on the Scottish Government consultation web pages by 14 March 2008. We will check all responses where agreement to publish has been given for any potentially defamatory material before logging them in the library or placing them on the website. You can make arrangements to view responses by contacting the Scottish Government Library on 0131 244 4552. Responses can be copied and sent to you, but a charge may be made for this service.

What happens next ?

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us reach a decision. We aim to issue a report on this consultation process by April 2008.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to: Jenny Simons at the address given above.

Yours sincerely

DRElsty

DOROTHY ELSEY
Head of Reputation and Attraction Branch

Review Of The Appointments Process For Consultant Recruitment In Scotland

Consultation on Options For Improvements To The Consultant Recruitment Process

Distributed by the Scottish Government Health Workforce Directorate

Deadline for responses – 15 February 2008

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BACKGROUND

The Scottish Government Health Workforce Directorate is conducting a review of how consultants are recruited.

In summer 2006, it was decided that we should undertake this review of consultant recruitment for the following reasons;

- To check that current recruitment practice was in line with changes to employment legislation. There have been substantial changes to employment legislation and Boards need to minimise the risk of litigation.
- To ensure that current recruitment practice in NHSScotland reflected best practice guidance.
- To consider the implications of reforms to postgraduate medical education introduced under Modernising Medical Careers (MMC) and its impact on the future demand and supply of consultants and any related recruitment issues. It is expected that in the future there will be a greater number of applicants for consultant vacancies in NHSScotland.
- In response to indications from Health Boards that the current system was not working effectively and that the regulations were a substantial policy constraint.
- In response to a British Medical Journal study on obtaining consultant posts, that indicated that certain groups of staff identified constraints in the current process.

An outline of the current recruitment process is provided in **Annex B**.

In advance of this formal consultation, extensive pre-consultation took place with key stakeholders from summer 2006. These discussions included representatives of the Royal Colleges through the Academy and the British Medical Association (BMA) as the professionals' representatives, and NHS employers represented through the Management Steering Group (MSG). These discussions revealed a significant divergence of opinions on the way forward. All agreed, however, that patient safety and high standards of clinical care were key outcomes of any revised process for the appointment of senior medical and dental posts.

To inform this review the Scottish Government, in consultation with key stakeholders, appointed Work Psychology Partnership to research into best contemporary recruitment practice for senior medical and dental recruitment.

The research into best practice was undertaken in three phases between May to September 2007. The first phase involved a literature review and analysis of best practice principles, the second phase a series of 40 interviews with key stakeholders including Medical Directors, consultants, Specialist Registrars, Chief Executives and Human Resources (HR) Directors, and finally the production of a report by Work Psychology Partnership.

A summary of the stakeholders interviewed during the course of the research is attached at **Annex C**.

THE REPORT

The evidence within the report points to a recruitment system for consultants that is not working effectively or efficiently. The process by which appointments are made is viewed as bureaucratic and in need of updating. All stakeholders interviewed could identify areas for improvement and the report provides evidence of the need for improvement in many areas of the process to ensure it is effective. Improvements to every stage of the recruitment process have been identified in the findings.

Based on these findings three options for improvements to the appointment of medical and dental consultants were identified. These options are:

- **Option One: retain the status quo** - retaining the current arrangements with some improvements to the processing of the system;
- **Option Two: setting up a new two stage process** which will allow Health Boards to recruit a new consultant from a list of those who have been deemed clinically competent. In this option we suggest that the Royal Colleges through the Academy would be the most appropriate bodies to undertake the first stage in the recruitment process.
- **Option Three:** allowing individual NHS Boards to undertake recruitment for consultants to suit local need and in their own way, as they do for all other clinical and managerial posts, with the exception of board- level Executive Director posts.

A copy of the executive summary of the research report is attached to this consultation paper at **Annex A**. A full copy of the report can be accessed online at www.scotland.gov.uk/Publications/Recent. Hard copies of the report are also available from Jenny Simons on 0131 244 3482 or Jenny.Simons@scotland.gsi.gov.uk .

THE THREE OPTIONS FOR IMPROVEMENT

Extensive discussions have been held with key stakeholders in advance of the review and the options recognise the valuable role of the Royal Colleges. Any change to the arrangements as a result of this consultation will be discussed with BMA Scotland, the Royal Colleges through the Academy and Health Boards.

Based on the findings of the research undertaken by Work Psychology Partnership three options to improve the recruitment of consultants have been identified:

Option One – Retain the status quo

The first option would be to retain the current arrangements regulating Advisory Appointment Committees, but to introduce improvements to the current process through the provision of training for National Panellists and a review of the number of panelists involved. This option would entail consultant appointments continuing to be made by Advisory Appointment Committees and regulated through existing legislation, as outlined in HDL (2007) 1¹.

The research identified that scope exists to improve the operation of the current arrangements by clarifying the role and boundaries of the National Panellists remit. Training for all involved in the candidate assessment process was also viewed as necessary for the future. Therefore in retaining the status quo this option would be inclusive of ensuring those making recruitment decisions have appropriate training, plus guidance and clarification on the role of the National Panellist.

Option Two – Setting up a two stage process involving the Royal Colleges through the Academy and NHS Boards

The second policy option entails removing the current regulations and providing direction to NHS Boards revising the current appointment system to divide the recruitment process between the Royal Colleges through the Academy and the NHS Board, with each playing a clear and distinct role in the recruitment of consultants. This division of roles would enable the Royal Colleges to undertake an assessment of candidates' clinical abilities while the NHS Boards as the employers would focus on assessing the organisational fit of the applicant.

¹ The current regulations governing consultant recruitment are set out in Health Department Letter (2007) 1, a copy of which can be found online at http://www.sehd.scot.nhs.uk/mels/HDL2007_01.pdf.

The first stage in the recruitment process would be conducted by the Royal Colleges through the Academy as an external assessor who would assess the clinical competence of the candidates. The NHS Board would then seek to recruit to the post from this group of clinically competent candidates. Already assured of the candidates clinical ability by the Royal College, the NHS Board's recruitment process would incorporate the best practice principles identified in the review, and would seek to assess the organisational fit of the candidate on the non-clinical competency requirements at this level. These were identified within the research as including team working, leadership, motivation, communication and intention for development of special interests.

Through this option the Royal Colleges through the Academy would have a clear and distinct role within the process, assessing the clinical competence and abilities of potential candidates. The NHS Boards would then select the best candidate through an open recruitment process. Policy would be put in place to clarify the role and responsibilities of both the Royal Colleges through the Academy and NHS Boards in making consultant appointments under this system. The introduction of Scottish Government policy would provide a clear line of accountability and it would be incumbent on the Boards to comply, ensuring consistency within the recruitment process across Scotland.

Further discussions are to take place to establish the detail of how this option would work and be managed in practice.

Option Three - Allowing NHS Health Boards to exercise autonomy in consultant recruitment

Option three would entail removing the current legislation which currently regulates the operation of Advisory Appointment Committees. In place of the regulations guidance would be issued by the Scottish Government to NHS Boards based on the findings of the research into best recruitment practice. The guidance would seek to include a role for the Royal Colleges within the Boards own recruitment process for consultant positions. However, within the guidance scope would exist for the policy and procedure for appointing consultants to be decided by each individual NHS Board, with the potential for variations to arise in the recruitment process across NHSScotland.

The findings of the review highlighted that significant interest in the use of other selection methods, such as presentations, work-based exercises, personality measures, but currently many stakeholders are unsure of the evidence and acceptability for their use in the current context. Deregulation would enable the Boards to introduce improvements based on the inclusion of these other selection methods to the current interview panel.

External Review Within the Three Options for Improvement

The development of either of the three options outlined above will include consideration of the role of external assessment within the process of consultant recruitment.

Within the current process the role of the National Panellists is to provide clinical assessment of the candidates. However, through the course of the review it has been identified that in addition to assessing clinical competence, National Panellists may also act as an external assessor, providing a check on the recruitment process itself.

As it is proposed that the recruitment process for consultants be audited by the Boards to ensure it is a transparent, robust and quality assured process, this raises a number of issues regarding the process and need for external assessment within the recruitment process. The key to compliance with employment legislation is to devise and adhere to a job specification that focuses on the qualifications, skills and experience required to undertake the role. This requires a contemporary process that is objective and capable of scrutiny. This approach has checks built in that alleviate the need for external checks. Specifically this issue relates to whether the need exists for an external assessment if the recruitment process is being audited by the Boards, and, if so, whether peer assessment is the most effective option to provide a check on the recruitment process.

THE CONSULTATION QUESTIONS

The findings of the research were clear that across all stakeholder groups improvement is required to the appointments process. Based on the research findings the Health Workforce Directorate would appreciate your comments on these three options to introduce improvement to the current system outlined above and in response to the following:

1. Which is your preferred option and why?
2. What is the benefit of this option that is not offered by the other two?
3. What are the risks of the alternative options?
4. Do you have an alternative solution you wish to propose?

HOW TO RESPOND TO THIS CONSULTATION

By email to:

consultantrecruitmentconsultation@scotland.gsi.gov.uk

In writing to:

Jenny Simons

Consultant Recruitment Consultation

Health Workforce Directorate

St Andrews House - GR

Regent Road

Edinburgh, EH1 3DG

We do ask that if you choose to write to us by post or email, that you complete and return the Response Form and Respondent Information Form which you will find attached on page 9 and page 11, or on the website. This will ensure that we treat your response appropriately.

This consultation, and all other Scottish Government consultation exercises, can be viewed online on the consultation web pages of the Scottish Government website at <http://www.scotland.gov.uk/consultations>. You can telephone Freephone 0800 77 1234 to find out where your nearest public internet access point is.

In addition to placing this consultation on the Scottish Government website this consultation paper has been sent to a range of organisations to request their views including:

- British Medical Association (BMA) Scotland and BMA Scottish Junior Doctors Committee
- Community Health Partnerships
- General Medical Council Scotland
- Department of Health and Devolved Health Authorities
- Management Steering Group
- NHS Boards – Chief Executives, Chairs and HR Directors
- NHS Employers
- Regional Workforce Development Directors
- Royal Colleges
- Scottish Postgraduate Deans
- Scottish Workforce & Staff Governance Committee
- Voluntary Health Scotland

Should you have any queries regarding submitting a response to this consultation, or should you require a copy of the consultation papers in large print or an alternative format please contact Jenny Simons on 0131 244 3482.

RESPONSE FORM

Consultation On Options For Improvements To The Consultant Recruitment Process

1. Which is your preferred option and why?

Option 1

Option 2

Option 3

Comment:

2. What is the benefit of this option that is not offered by the other two?

Comment:

3. What are the risks of the alternative options?

Comment:

4. Do you have an alternative solution you wish to propose?

Comment:

Please include a completed Respondent Information Form on page 13 with your response.

REPONDENT INFORMATION FORM

Consultation On Options For Improvements To The Consultant Recruitment Process

Please complete the details below and return it with your response. This will help ensure we handle your response appropriately. Thank you for your help.

Name:

Postal Address:

1. Are you responding: (please check one box)

(a) as an individual go to Q2a/b and then Q4

(b) on behalf of a group/organisation go to Q3 and then Q4

INDIVIDUALS

2a. Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government website)?

Yes (go to 2b below)

No, not at all - We will treat your response as confidential

2b. **Where confidentiality is not requested**, we will make your response available to the public on the following basis (please check one of the following boxes)

Yes, make my response, name and address all available

Yes, make my response available, but not my name or address

Yes, make my response and name available, but not my address

ON BEHALF OF GROUPS OR ORGANISATIONS:

3. The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government website). Are you also content for your **response** to be made available?

Yes

No - We will treat your response as confidential

SHARING RESPONSES/FUTURE ENGAGEMENT

4. We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Government to contact you again in the future in relation to this consultation response?

Yes

No

ANNEX A

Review Of The Appointment Process For Consultant Recruitment In Scotland – Executive Summary

The objectives of the project were to review the current appointments process for Consultant Recruitment in Scotland and consider the findings in relation to best practice selection and recruitment practices. There are two linked activities to the project. First, a literature review on best practice selection with implications for consultant recruitment in Scotland. This was supplemented with a review of existing relevant documentation and reports. Second, consultation interviews were conducted to establish the views and experiences of key stakeholders. The key findings are as follows:

1. The evidence from the stakeholder consultation suggests that the current appointments process for consultant recruitment in Scotland is **not working efficiently**. The report provides evidence of the **need for improvement** in many areas of the process to ensure effectiveness.
2. Evidence for improvement to the process does not mean that there are grounds to say that the current process has appointed the wrong people in the past. Clearly, this is not the case. Rather, there are **significant lost opportunities** in the current process for *all* stakeholders involved.
3. The time taken to fill a consultant post (from a vacancy arising to a new consultant starting their job) was extensive and had consequences for many stakeholders. Improvements to every stage of the recruitment process have been identified particularly in **clarifying stakeholder roles in the process**.
4. There is sound academic and practical evidence from other organisational contexts of how **best practice selection and recruitment methods can deliver benefits for both individuals and organisations**. This evidence can help to inform improvements to the current recruitment and selection for consultant recruitment in Scotland.
5. There is growing evidence of the application of best practice selection methods within medicine, notably within entry to undergraduate and postgraduate medical training. However there is **no documented evidence available in the research literature specifically exploring best practice methods of selection in consultant recruitment**.

6. Given the relatively low selection ratios (applicants to posts) recruitment to consultant level in Scotland has recently focused on attracting and appointing competent candidates to posts. However, given the introduction of MMC and specialty training, there is likely to be a large number of trainees exiting training at a similar time. This implies that there may be an increase of applications in Scotland to this senior level. As a result, the **recruitment and selection process for the future must be designed** to manage potentially increased numbers.
7. Key themes that emerged from the stakeholder consultation included the following:
- **Recruitment and selection process:** The *process* by which appointments are made is viewed as bureaucratic and in need of change. Improvements are required to enhance the experience for applicants, interviewers, HR and employers.
 - **Professional standards and quality assurance in recruitment:** While the CCT is an important indicator of minimum clinical competence, alone it does not confirm whether a doctor has the *experience* to safely practice within a particular job context. Further assessment is required. All stakeholders welcomed a clarification of the role and boundaries of the National Panellists remit, in addition to more structured training for the role.
 - **Selection criteria:** Clinical competence is clearly specified in the selection criteria. However, all stakeholders believed that improvements could be made to the identification and assessment of other selection criteria that are important for the consultant role (e.g. teamworking, communication skills, leadership etc). These criteria are not currently documented in the Person Specification.
 - **Selection methods:** All stakeholders supported the use of interviews as a method for recruitment at this level. However, many would like to see improvements in the interview process without increasing workload. Use of interview data for development activities for appointed candidates, and feedback to unsuccessful ones was also identified as an important area for improvement. There was significant interest in piloting the use of other selection methods (e.g. presentations, work-based exercises, personality measures). Piloting is essential before any changes are recommended to generate evidence of the validity, reliability and utility before being applied in this context.

- ***Fairness and diversity:*** Attracting an eligible pool of candidates from which to select was a key issue. Stakeholders recognise a tension existing between advertising widely versus ensuring that local talent is retained. Organisations and departments have developed strategies to meet their own recruitment needs and improvements are needed to ensure posts are attractive to a diverse applicant pool. Training in equal opportunities, fairness, and interviewing is essential.
- ***Future perspectives:*** All stakeholders believe that improvement is required to the current appointments process. Stakeholders differed in the extent of improvements required, and there were some concerns about what was possible given the problems encountered in the context of changes to specialty selection. Most felt that significant opportunities exist to improve the selection process and build upon existing approaches, by piloting new selection methods, building on current practice.

Scotland has a **unique opportunity** to be the first to establish best practice recruitment and selection methods at this consultant level. Clearly, stakeholder input is required to pilot and review improvements in order to gain benefits for all. All stakeholders interviewed could identify areas for improvement. Given that consultant recruitment is high stakes, it is essential to engage and consult with these stakeholders regarding any proposed improvements to the process.

ANNEX B

Current Recruitment Process For Consultants To NHSScotland

The Current System

The National Health Service (Appointment of Consultants) (Scotland) Regulations 1993 provide for members of the National Panel of Specialists to sit on Advisory Appointment Committees (AACs).

The National Panel consists of 350 members holding consultant posts. National Panellists from the specialty or nearest appropriate specialty for which individuals are being recruited are called upon to sit on AACs. National Panellists are appointed for 4 years and can be re-appointed when their term of office has been completed.

AACs are convened each time a medical or dental consultant is being recruited. NHS Boards should draft the job description in consultation with a member of the National Panel (although this need not be the national panellist that sits on the AAC). Once a National Panellist has been secured to participate in the AAC they will be involved in short listing, giving advice on whether candidates have sufficient training and experience to do the job, and will provide general advice on the suitability of each candidate. There are similar non-statutory arrangements in place for other senior medical and dental appointments.

The role of the AAC is to recommend applicants that are considered suitable for appointment, together with any comments deemed appropriate, in a report to the employing body. The decision to appoint to a consultant post is taken by the employing NHS Board.

The role of the National Panellists is pivotal when their opinion differs from the recommendation by the rest of the AAC. Under such circumstances their opinion must be reported to the employing Board so that the Board can judge the professional advice accordingly and come to a decision about the appointment. The AAC must consist of the following representatives:

- From the employing body, at least four members of whom:

- one shall act as Chairman;
- at least two must be registered medical or dental practitioners;
- and one shall be the Chief Executive or designated senior manager.

➤ From the National Panel of Specialists:

Two members in the appropriate or most appropriate speciality and one member must not be employed by the Board making the appointment.

➤ From the University (only if the post involves undergraduate teaching duties)

Two members nominated by the University concerned (or four members if the teaching commitment is significant).

There are also non statutory Appointments Committees (ACs) and representation from the National Panel of Specialists is also recommended on these.

➤ When recruiting to University appointments for honorary consultants two National Panellists are required.

➤ When recruiting to Associate Specialists, Staff Grades, Hospital Practitioners, Clinical Scientists and Senior Non-Consultant Dental Officers one National Panellist is required.

Appointment of Consultants in England and Wales

In England and Wales the regulations were amended in 2003 to reduce the number of national panellists from two to one. NHS Employers now manage the implementation of the revised regulations on behalf of the Department of Health Royal English Colleges identify National Panellists on behalf of Trusts who are the NHS employers in England.

Appointment of Consultants in Northern Ireland

Consultant appointments are made by the employing authorities on the advice of an Advisory Appointments Committee (AAC), a legally constituted committee established by the employing authority. An appointment cannot be made unless the candidate has been interviewed by the ACC and has been assessed by a majority as suitable. The composition of the AAC is in accordance with the Appointment of Consultant Regulations (Northern Ireland) 1996. Good Practice Guidance was also issued in 1996. The Regulations and guidance set out the provisions governing the membership of AACs for different types of appointment, and typically would include, a consultant, the chief officer and the medical or dental director of the employing authority, a lay member and an external assessor. A nominee of the Faculty of Medicine of the Queen's University of Belfast would also be included in the case of joint appointments with the University.

The current system in Northern Ireland is currently coming under pressure for change from employers. Reflecting the experience of NHSScotland, the current regulations governing AACs are considered a substantial policy restraint on the appointment of consultants.

Appointment of consultants by the Independent Sector

In contrast to NHSScotland the independent sector are not required to appoint consultants through the AAC process now governed by regulation. Independent employers are able to determine their own recruitment process.

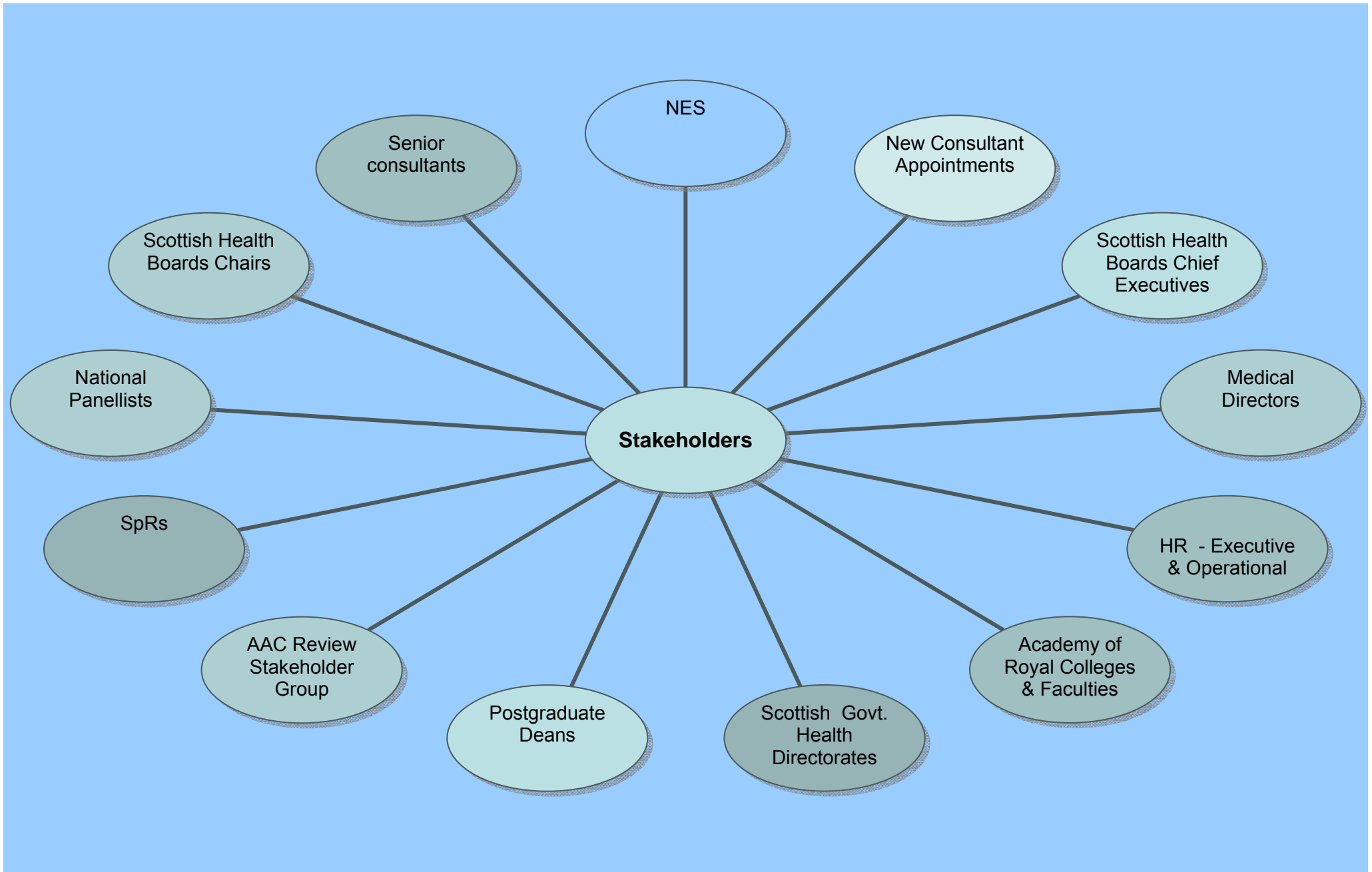
BUPA provide one example of how this has enabled the recruitment process to develop. In order to practice as a consultant with BUPA doctors are assessed on evidence of their previous practice and competence. This assessment includes a review of a range of data on clinical indicators as well as patient satisfaction including:

1. mortality and readmission statistics;
2. patient perceptions, assessed through the number of complaints and customer satisfaction levels;
3. the volume of cases handled, as a proxy to indicate clinical experience.

The assessment of these data sets is undertaken by a Speciality Manager providing consistency and assurance of their recruitment process.

ANNEX C

Review Of The Appointment Process For Consultant Recruitment In Scotland – Key Stakeholders Interviewed



ANNEX D

THE SCOTTISH GOVERNMENT CONSULTATION PROCESS

Consultation is an essential and important aspect of Scottish Government working methods. Given the wide-ranging areas of work of the Scottish Government, there are many varied types of consultation. However, in general, Scottish Government consultation exercises aim to provide opportunities for all those who wish to express their opinions on a proposed area of work to do so in ways which will inform and enhance that work.

The Scottish Government encourages consultation that is thorough, effective and appropriate to the issue under consideration and the nature of the target audience. Consultation exercises take account of a wide range of factors, and no two exercises are likely to be the same.

Typically Scottish Government consultations involve a written paper inviting answers to specific questions or more general views about the material presented. Written papers are distributed to organisations and individuals with an interest in the issue, and they are also placed on the Scottish Government web site enabling a wider audience to access the paper and submit their responses¹⁶. Consultation exercises may also involve seeking views in a number of different ways, such as through public meetings, focus groups or questionnaire exercises. Copies of all the written responses received to a consultation exercise (except those where the individual or organisation requested confidentiality) are placed in the Scottish Government library at Saughton House, Edinburgh (K Spur, Saughton House, Broomhouse Drive, Edinburgh, EH11 3XD, telephone 0131 244 4565).

All Scottish Government consultation papers and related publications (e.g., analysis of response reports) can be accessed at: Scottish Government consultations (<http://www.scotland.gov.uk/consultations>).

The views and suggestions detailed in consultation responses are analysed and used as part of the decision making process, along with a range of other available information and evidence. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review;
- inform the development of a particular policy;
- help decisions to be made between alternative policy proposals;
- be used to finalise legislation before it is implemented.

Final decisions on the issues under consideration will also take account of a range of other factors, including other available information and research evidence.

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.