Advisory Appointment Committee (AAC) Assessor Application Form

The following process for application and appointment of AAC assessors has been agreed by the Royal College of Anaesthetists (RCoA) Professional Standards Committee.

1. Individuals apply using the form below

2. The application is reviewed and approved by the Lead AAC Assessor

3. The individual is sent a list of available dates for training days and asked to sign up to one of them

4. Following attendance at the training day, the assessor will be added to the list of AAC Assessors

5. The list of assessors is reviewed annually

All applicants must complete all sections of the form, including addressing the essential criteria listed below.

**Essential criteria for selection of AAC Assessors**

Successful applicants:

* Are experienced anaesthetist including current or previous leadership role in management, service, teaching or research. Must be on the GMC specialist register
* Have experience of recruitment processes
* Are familiar with and able to apply the standards relevant to their clinical specialty
* Are familiar with the concept of professional standards or regulation
* Possess excellent oral and written communication skills
* Have highly developed interpersonal skills with proven ability to establish credible and effective working relationships
* Have integrity, and base judgements upon an unbiased and logical approach, maintaining flexibility and consideration of the wider context
* Are able to work effectively as a team member
* Are able to work under pressure and to deadlines
* Have a clear understanding of confidentiality
* Have commitment and respect for equality and diversity
* Have valid equal opportunities training (copy of certificate required to be submitted with this form)

Please complete the following details:

1. **College reference number** Click here to enter text.
2. **Name** Click here to enter text.
3. **Healthcare Organisation** Click here to enter text.
4. **Hospital:** Click here to enter text.
5. **Are you a licensed medical practitioner in good standing with the GMC and RCoA?**

Yes No

1. **Telephone number:** Click here to enter text.
2. **Email address:** Click here to enter text.
3. **Current grade:** Choose an item.

Click here to enter text.

1. **Other current or previous roles held at work (e.g. clinical director, lead), RCoA roles, specialist society roles etc.**

Click here to enter text.

1. **You would be willing to attend an AAC in the following areas (please tick):**

Anaesthetic ICM Pain

1. **The list below should be completed to highlight any subspecialty areas you would like to opt out of when attending AAC panels (please tick):**

Bariatric

Burns

Cardiac

Dental

ECT

Head and Neck

Neuroanaesthesia

Neurocritical Care

Obstetrics

Orthopaedics

Ophthalmics

Paediatrics

Paediatric Intensive Care

Pain Medicine

Perioperative Medicine

Plastics

Pre-Hospital

Sleep

Thoracic

Trauma

Vascular

Other: Click here to enter text.

1. **You would be willing to attend an AAC in the following non-clinical areas (please tick):**

Leadership  Academic  Military  Training/Education

Other: Click here to enter text.

1. **Each AAC will require preparation reading and travel. How many AACs per year could your reasonably expect to attend?**

Click here to enter text.

1. **Date retired/due to retire from clinical duties (if known)**

Click here to enter text.

1. **Have you undertaken equal opportunities/diversity training; if so provide the date and location:**

Yes  No

Expiry date and location: Click here to enter text.

1. **Please provide information to demonstrate how you meet the essential criteria for this position (see page 1 for details):**

Click here to enter text.

1. **References**

**Please provide the name and contact details of a colleague with a current or previous formal role in management, education or research:**

Name: Click here to enter text.

Job Title: Click here to enter text.

Email Address:Click here to enter text.

**Please provide a letter of support from your Clinical Director (please see the end of the form for the proforma that requires a signature)**

1. **Please provide any additional information for consideration:**

Click here to enter text.

By signing this form you are indicating that you agree to be bound by the terms of reference for AAC Assessors:

**Name of applicant:** Click here to enter text.

**Applicant’s signature:** Click here to enter text.

**Date:** Click here to enter text.

Any questions regarding the application process or the role of an AAC assessor should be directed towards the Clinical Quality team: [aac@rcoa.ac.uk](mailto:aac@rcoa.ac.uk) or 0207 092 1571

Please return the completed form to:

Clinical Quality Administrator, Clinical Quality Directorate, The Royal College of Anaesthetists,  
Churchill House, 35 Red Lion Square, London, WC1R 4SG or [aac@rcoa.ac.uk](mailto:ACSA@rcoa.ac.uk)

***This proforma is to be completed and signed by your Clinical Director, demonstrating confirmation of your application.***

**Name of Clinical Director:** Click here to enter text.

**Hospital:** Click here to enter text.

**Name of applicant:** Click here to enter text.

In relation to the above named applicants’ AAC Assessor application, I as the Clinical Director confirm support.

I confirm this applicant is

* An experienced anaesthetist including current or previous leadership role in management, service, teaching or research and is on the GMC specialist register
* Has experience of recruitment processes
* Is familiar with and able to apply the standards relevant to their clinical specialty
* Is familiar with the concept of professional standards or regulation
* Possess excellent oral and written communication skills
* Has highly developed interpersonal skills with proven ability to establish credible and effective working relationships
* Has integrity, and base judgements upon an unbiased and logical approach, maintaining flexibility and consideration of the wider context
* Is able to work effectively as a team member
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* Has valid equal opportunities training (copy of certificate required to be submitted with this form)

**If you would like to provide further comments please do so here:**

Click here to enter text.

**Clinical Directors signature:** Click here to enter text.

**Date:** Click here to enter text.

**The Royal College of Anaesthetists (RCoA) is fully committed to the principles of data protection, as set out in the General Data Protection Regulation (GDPR).**

**We will only use your information for the purposes of this role and will not pass on your details to other third parties unless you have given us consent to do so.**

**We use appropriate organisational and technical measures to ensure that your data are secure and protected from loss, misuse and unauthorised access or alteration.**

**You have the right to ask for a copy of the information we hold about you and to have any inaccuracies in your information corrected. If you have any questions about data protection or require further information, please email** [**dpo@rcoa.ac.uk**](mailto:dpo@rcoa.ac.uk)