

The College of Emergency Medicine

Patron: HRH The Princess Royal

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MEDICAL STAFFING REPORT: OUTCOME OF ADVISORY APPOINTMENTS COMMITTEE

Ref: 12/ Your ref:

Guidance to completing this report Please complete this form to the best of your ability and return by e-mail to ben.walker@collemergencymed.ac.uk, fax to 020 7067 1267 or post to the address above. Thank you for your assistance. Section 1 - Hospital details a) Hospital: b) Trust: c) Medical Staffing Contact Name: d) Contact tel. / e-mail: Section 2 - Post information a) Number of posts advertised: b) Post job title(s)(e.g. Cons. in EM with sub-specialty in Paeds): c) AAC panel date: d) New or replacement post(s)? If this is a new post does it replace a middle grade post? Yes / No e) Number of PAs (DCC/SPA) PAs: DCCs: SPAs: f) Have posts been advertised Comments: Yes / No before? h) Was the JD approved by the Comments: Yes / No College? Section 3 - Applicant Information a) No. of applicants: b) No. of applicants who are on the specialist register: c) No. of applicants within 6 months of CCT/CESR: d) No. of applicants shortlisted: If AAC cancelled please state reason:

	Section 4 - Details of applicants i Name		GMC Number		urrent Grade	Current Region	Is candidate currently on Specialist Register? (Yes/No)	Recommended for appointment? (Yes/No)	
A)									
B)									
C)									
D)									
E)									
F)									
G)									
H)									
Se	ction 5 - Appointment infor	mation							
a)	Name of College Assessor:								
b)	oid candidate(s) accept the cost at interview:		Yes / No		Comm				
c)	Are candidate(s) appointed on a full or part time basis? (If some candidates are FT and some are PT, please identify)		FT / PT		Comm	nents:			
d)	Are any appointments subject to passing FCEM or obtaining CCT/CESR?		Yes / No		If yes,	olease na	me the relevant	appointees:	
e)	Date appointee(s) to commence post:				<u>'</u>				
Signature:				Date:					
	Or Taj Hassan Vice-President								