NACTUK

Supporting Excellence in Medical Education

Supporting Locally Employed Doctors (LEDs) across the UK

The non-consultant non-training doctors

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Introduction

There are a large and expanding number of hospital doctors within the UK that are not in a recognised defined group. They have been described by the Medical Workforce Forum of NHS Employers and HEE as non-consultant non-training (NCNT) grade doctors[1]. They are not consultants (those on the GMC specialist register) and they are currently not in training with a recognised National Training Number (NTN).

These doctors can broadly be placed in one of the following two key groups:

1. Specialty doctors and Associate Specialists; now known as the SAS group – these doctors have specialty experience and tend to stay within an employer for several years. They may move into a different post to gain specific experience if electing to pursue a CESR route to the Specialty register.
2. 'Trust grade' posts of short tenure – these doctors are very diverse, have a variety of clinical experience and may be uncertain about their training needs and career path. They may have recently completed Foundation or Core training and choose to take a gap in their formal training to consolidate their clinical knowledge or broaden their experience. Some are uncertain about their training path and wish to spend time in a variety of posts / hospitals to gain a wider experience of various specialties. Others wish to gain the requisite two years of specialty experience to be eligible to apply for a specialty doctor position. Some are international graduates embarking on a fixed training programme and others are EU doctors experiencing work in the NHS for the first time.

For clarity, **we have defined this second group as 'Locally employed doctors' or LEDs**, in contrast to the SAS grade. All these non-consultant non-training doctors (NCNT) need support, career advice and focused clinical training. This diversity requires recognition and representation in departments and by leaders in medical education. The term LED is not ideal, but we suggest that this acronym is better than the existing back-to-back negatives. It works across the four nations (unlike Trust Doctor which is limited to England), it is easy to remember and it distinguishes LEDs from those with national terms and conditions.

This paper sets out the current situation and proposes advice on who should support the professional development of this varied workforce.

Background

Health Education England (HEE) has stressed the importance of developing the whole workforce with clinical teams providing innovative approaches to ensure 'the right person is available at the right time and in the right place'. The GMC states there are 59,259 doctors in training and 43,147 registered doctors in non-training posts in the UK[2]. The recent publication from the NHS Confederation state that there are 20,000 SAS doctors across the UK[3]. This means 23,147 doctors are not in training and not in the SAS group. Directors of Medical Education have reported to NACT UK a trend over the last decade for Hospitals to employ more LEDs and these now account for almost 40% of this non-consultant non-training cohort of doctors (although there is significant geographical variation across the regions of England and the 4 countries of the UK). In the Severn region in 2014, a survey from the eight acute trusts showed that 19.1% of the junior doctor workforce were LEDs undertaking short term contracts.

Professor Wendy Reid , Medical Director of Health Education England, has represented the modern workforce delivering the traditional medical responsibilities as a triangular structure (see Figure 1) including: CCT holders (consultants and GPs), non-consultant non-training (NCNT) staff, medical trainees and, where relevant, others within the wider workforce including advanced clinical practitioners, specialist nurse practitioners and physician associates.

The BMA has suggested that these LEDs should be included in the SAS group. NACT UK suggests that this group of NCNT doctors is heterogeneous and cannot be lumped together without considering their diverse development and training needs. The SAS doctors are permanent members of the organisation's workforce under a national contract. Much has been written recently about their support and development[3]. They are usually supported by a SAS Tutor under the guidance of the Director of Medical Education.

Of more concern in this paper are the LEDs on fixed term contracts, many of which are created to fill rota gaps and provide service work not covered with existing training grades. These have been described in various ways, usually as Trust Doctor or Clinical Fellow. Alternative 'Fellow' posts have been introduced and include a combination of service provision in addition to Clinical Teaching or Research. The variety of different titles is confusing for the non-medical workforce and for those trying to support their professional development e.g. College/Specialty Tutors and Educators.

Realising the limited pool of available trainees, many Trusts have appointed LEDs to fill rota gaps and mitigate against the expense and variable quality found with locum appointments. These LED posts have various enticements to attract candidates, particularly regarding study leave allocation & accessibility, training opportunities and annual leave, hence adding to the variability of terms and conditions.

For these reasons we suggest that the two main groups of doctors within the NCNT group should be considered separately.

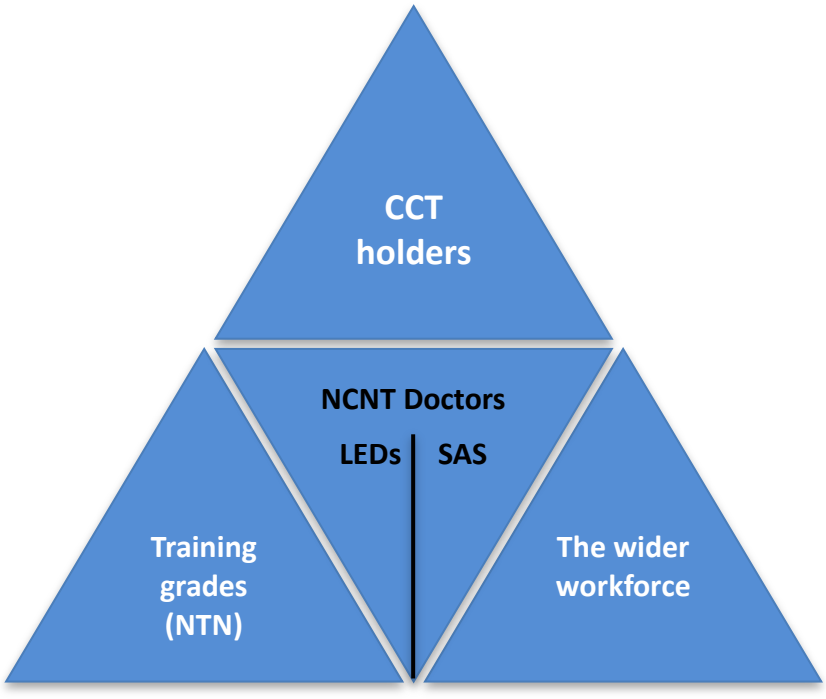

Figure 1 - Interdependency of the whole workforce

Who are non-Consultant non-Training (NCNT) doctors?

Non-consultant non-training (NCNT) doctors are those doctors who do not hold a CCT or a National Training Number (NTN) as part of a postgraduate medical training scheme. NCNT can be further divided into Locally employed Doctors (LEDs) and Specialty/Associate Specialist (SAS) doctors *(adapted from HEE)*

1. Specialty doctors and Associate Specialists (SAS)

Specialty Doctors and Associate Specialists (SAS) doctors are non-training roles where the doctor has at least four years of postgraduate training, two of those being in a relevant specialty. These posts, with nationally defined terms and conditions, include doctors who have chosen this role due to work-life balance decisions, overseas doctors who have had difficulty getting a training post or they may have chosen the role to facilitate a portfolio career. Some take on this role after failing to progress in training, perhaps due to difficulty either with exams or finding/completing a desired specialty training programme.

SAS doctors are a diverse group with a wide range of skills, experience, and specialties. They work as staff grade doctors, associate specialists, specialty doctors, hospital practitioners, clinical assistants, senior clinical medical officers and clinical medical officers. They provide the backbone of the service and are essential to the smooth running of the service in most specialties.

As part of the permanent workforce SAS doctors should receive professional development, as quality patient care is associated with a motivated and engaged workforce. Some will wish to join the Specialist or GP register via the CESR route (Article 14). This group needs additional focused educational support and, where possible, rotational programmes. These usually do not fall under the Postgraduate School structure although some do provide support especially in shortage specialties.

Their professional development needs are different from those of other permanent staff e.g. consultants due to the fact that they have missed out on the education and training in non-clinical skills offered in Specialty Training. Many have trained overseas where these professional and generic skills do not have the focus they have in the undergraduate curriculum in the UK. The Department of Health in England recognised the needs of this group and provided a Professional Development Fund in 2008 to provide bespoke development for this group of doctors to keep them in the NHS and to enable them to contribute fully in all aspects of the service. There is significant geographical variation in the administration of this. Those doctors who have taken advantage of this have gone on to take on additional responsibilities, have declared significantly more job satisfaction and are more energetic and willing to contribute to the organisation as a whole – *see Appendix 1, a SAS Tutor survey.*

In most organisations a SAS Tutor has been appointed to support SAS doctors, manage the Professional Development Fund and provide a voice for this group. The Director of Medical Education should support, appoint, develop and regularly review the SAS Tutor.

2. Locally employed Doctors (LEDs)

There are many locally employed doctors under various titles around the UK who have very diverse training and education requirements and are currently inadequately supported.

- **Trust grade posts** have been appointed to fill gaps in the medical workforce with local contracts. They have a wide variety of specialty experience, many having less specialty experience than SAS doctors, and are usually on fixed term contracts of 6 or 12 months. Many do go on to a training post (NTN) and some, having gained further specialty experience, progress to become SAS doctors. There is usually no training element specified in these posts. Many of the reasons to enter this grade are similar to SAS doctors though many overseas doctors can gain NHS employment through this grade. Various terms have been adopted locally for these Trust grade posts to make them more attractive or focused such as Clinical Fellow posts or “F3” posts for those exiting the Foundation programme.

- **Fellow posts** will usually include a training or a research element, although there is widespread variation. Fellow posts may attract candidates wishing to improve their chances to return to specialty training, help complete a CESR programme with specific specialist experience or attract trainees who are taking a planned year out of training. This may be in conjunction with a research institution. There is a very wide variety of clinical experience in this group from the "F3" posts up to post-CCT doctors wishing to gain further focused experience. For some Fellow posts, such as the "F3" and post-CCT positions, the training and development element are more evident.

- **Medical Training Initiative** (MTI). This scheme enables international medical graduates (IMGs) to access short-term training opportunities in the UK supported by the Royal Colleges. The posts are between 3 months and 2 years and require approval of the local Postgraduate Dean that they are posts suitable for training. They are not part of the Postgraduate Schools; do not allow further training in the NHS and the responsibility for the training and supervision of the MTI trainee lies with the local Trust. The Trust will usually be required to report to the relevant College on the progress of the trainee.

Doctors taking a break from training

Modernising medical careers (2005) introduced a comprehensive training programme underpinned by seven key principles: trainee-centred, competency-assessed, service-based, quality-assured, flexible, coached, and structured and streamlined. Unfortunately, the fifth of these pillars, 'flexibility', has not been borne out. The training structure (Fig. 2) envisaged some degree of movement from training posts into Career Grade posts and back into specialty training. In practice this switching is cumbersome, with difficulty in obtaining recognition for accrued competencies.
However there are many doctors who wish to step off the training ladder to consolidate experience, retake exams or gain further experience to assist with career choice. This commonly occurs after Foundation training and/or after Core training.

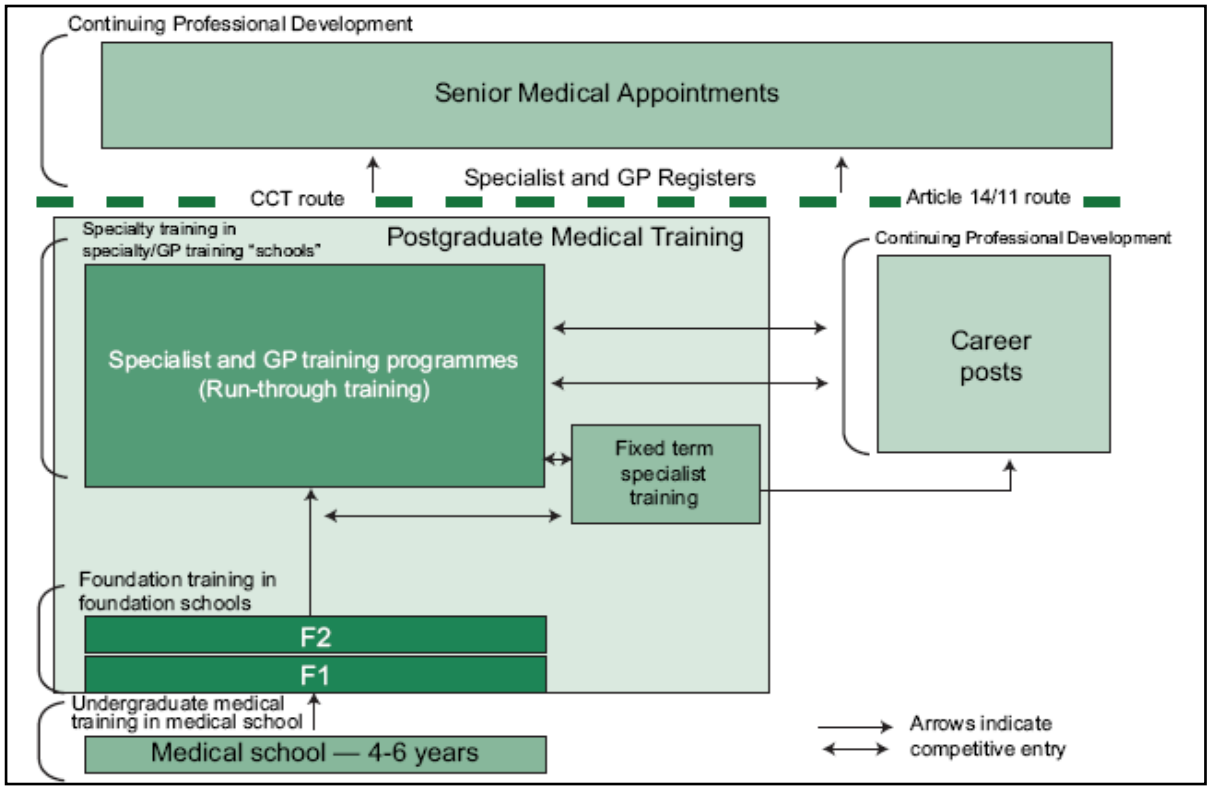

Figure 2 - Structure of the Medical Training System
(Source: Department of Health Modernising Medical Careers team, November 2005)

Post Foundation "gap" year

UKFPO data indicates that about 50% of doctors completing the Foundation Programme are opting for a 'gap year' to defer entry into higher specialty training for a year or more. Although some apply to work abroad, the majority stay in the UK and take up LED posts, principally with the wish for breathing space (Figure 3). The key question is, during this time out of training, who is responsible for their development? Who will provide appropriate training, educational supervision, appraisal, careers advice, or indeed, support them when things go awry? Although technically not part of the training workforce overseen by Postgraduate Deans, this group have received considerable national investment, similar to medical students and foundation doctors. They have similar needs and will make up a significant portion of future trainees.

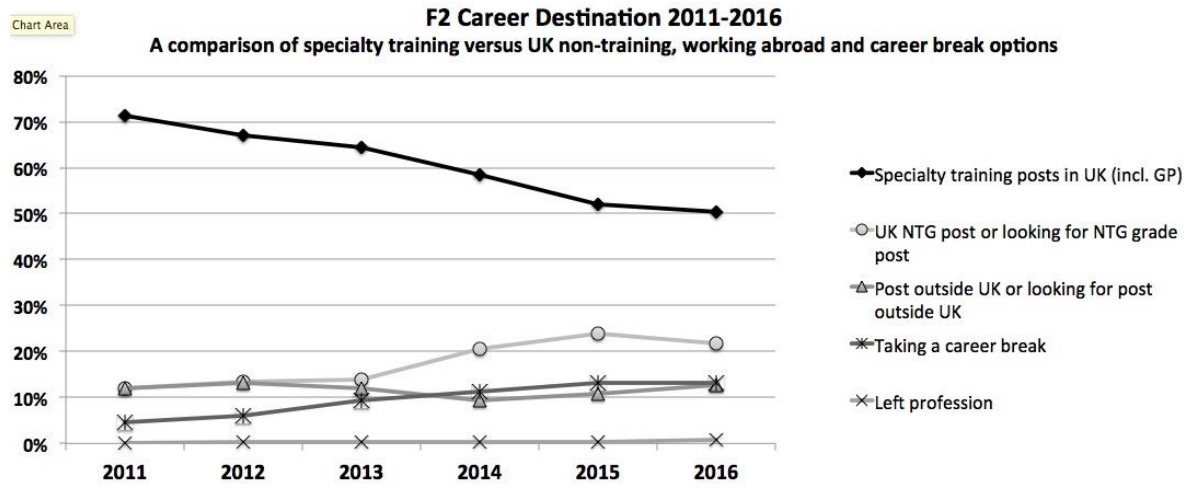

Figure 3 - Foundation Programme Career Destination Report 2016

Study Leave

All doctors appointed by a Hospital should receive an amount of study leave in both time and money. Most permanent medical staff receive 10 study days per year. The study leave funding allowance varies significantly across the UK with some hospitals imposing a total cap for the year and others reviewing each application.

We propose that all SAS and LEDs should receive exactly the same as the consultants receive in that organisation and this should be clearly stated in their contract. In some organisations the LEDs receive the same study leave as trainees.

Support for Locally Employed doctors

1. Appraisal and Revalidation

The GMC requires all doctors to undergo annual appraisals for revalidation. The Responsible Officer for LEDs must be based in the local hospital or employing designated body in contrast to doctors in training (fig 3). Trust appraisal structures are usually based around long term employment. Web-based appraisal processes / Medical Appraisal Guide (MAG) work well with Consultants and SAS doctors in longer term employment but less well with short term posts. LEDs may also be focused on College Curriculum, College training portfolios and their prior ARCP process even though the latter is not available during their LED post.

	Doctor in training	Any other doctor
Career Path	• Foundation Year 2 • Core Trainees • Specialist Trainees • General Practice Specialist Trainees • Clinical Academic Trainees (ACF/CL)	• Clinical / Research / Teaching Fellow • Trust Grade / SAS Doctor • Locum / Agency • Voluntary / Charity • Consultant / GP
GMC Online	GMC Online is a secure area of the GMC's website that helps you manage your registration with them. Your GMC Online account is where you can see all your revalidation details.	
Designated body and RO	Your responsible officer (RO) is the person who will make a recommendation to the GMC that they should revalidate you. They will be acting on behalf of your 'designated body' – the organisation that has a duty to provide you with a regular appraisal or ARCP and support you with revalidation.	
	If you are a trainee, your designated body is your LETB or Deanery. Your responsible officer is your Postgraduate Dean.	There is a clear set of rules that determines which organisation is your designated body, and the GMC have an online help tool to help you find it. If you haven't got a designated body, the GMC have further advice on their website.
Supporting information	There are six types of supporting information that doctors will be expected to provide and discuss at their appraisal/ARCP at least once in each five year cycle. They are: 1. Continuing professional development (CPD); 2. Quality improvement activity; 3. Significant events; 4. Feedback from colleagues; 5. Feedback from patients; 6. Review of complaints and compliments	
	For doctors in training, supporting information is part of your curriculum and training programme, so you are already gathering it. If a type of supporting information is not in the curriculum, you do not have to collect it.	You are responsible for collecting supporting information. Your designated body should help by giving you access to complaints, compliments, feedback from patients and colleagues etc.
Appraisal / ARCP	The Annual Review of Competence Progression (ARCP) counts as an appraisal, and your LETB/Deanery is responsible for organising it. You should have an ARCP at least once every 12 months	You won't be able to revalidate without having a regular appraisal, and your designated body will need to provide you with one. You should have an appraisal every 9-15 months.

Figure 4 – Revalidation Summary document *(Courtesy of Maisie Shrubsall, Revalidation Manager, HEE South West)*

2. Professional Development

The support for LEDs is variable. Some SAS tutors also support these doctors. In other organisations LED tutors have been appointed. *See Appendix 2 -Example Job Description for LED Tutor.*
Some Trusts have created posts/rotations with specific training requirements and supervisors/programme directors have also been appointed. These are aimed at supporting the doctors through the CESR route to the Specialty register.

LEDs should be encouraged to have personal development / learning plans and to document their achievements during the post in a portfolio. There are examples of locally produced portfolios for LEDs around the country. The F3 doctors can continue with the portfolio on the Horus platform and many of the Colleges allow previous trainees to continue with their portfolio when in a LED position. However there are many LEDs which do not qualify for either of these options.

College/Specialty Tutors (department education leads) should become involved in each LED to identify their individual learning needs at the start of the post and appoint an Educational Supervisor. A return into training is not always appropriate, desired or achievable and some doctors should be actively supported, nurtured and encouraged to become Specialty Doctors. Doctors should not be allowed to drift through a 6 or 12 month post without a clear steer and professional development.

Teaching programmes: Most hospitals deliver a teaching programme for junior doctors in training, which covers both clinical and non-clinical topics based on the relevant curricula. Some programmes are shared between Trusts and some Postgraduate Schools provide regional training for more senior trainees. These programmes should be open to all grades of doctor if the topics being covered are on the learning plan for that doctor. This will require some co-ordination to ensure the service is covered. CESR programmes may receive enhanced support from HEE Specialty Schools including provision of training through established teaching programmes and senior advice from Programme Directors. Some Trusts provide specific CESR rotations as fellowships which incorporate training as specified in the job description.

Career advice

The career support for this large and important group of doctors is important for the NHS medical workforce. A significant number of these doctors will either return to training or enter CESR programmes. Some doctors enter the LED posts specifically because their career path is unclear. Some career support is available within the Trust from Directors of Medical Education/Director of Education (DME/DoE) and College/Specialty Tutors (CT). They will be able to provide some support, identify resources e.g. Medical Careers website and refer to further services when needed. Advanced career guidance may be available to trainees who have left training by HEE Postgraduate Deans for a limited period. After this period, and for other doctors, these resources are not available and will need to be identified and funded locally.

Support in a new role

For some doctors the LED role is used to enter the NHS from abroad e.g. for International Medical Graduates (IMG) or return to work after long term absence. Many of these posts do not specify who or how this support will be provided meaning that local departments are left to provide with varying results. Some local courses and e-learning are available. IMG doctors need specific support but this is beyond the remit of this paper.

3. Roles of other people / bodies regarding LEDs

Role of Directors of Medical Education (DME) and Postgraduate Medical Centre (PGMC).
The DME primary role is to support and quality assure the delivery of the training of postgraduate trainees in conjunction with the Specialty Schools. The role partly reports to the Postgraduate Dean and often the Trust receives financial support for the role and the PGMC from HEE to undertake the role. The DME will often have some input to MTI posts. DMEs will have knowledge of medical careers and can signpost individuals to online and specific support and resources.

In many Trusts / Boards the role of the DME is developing to include SAS/LED posts and in some places consultant staff. Directors of Education will usually oversee all staff training and so will be responsible for the SAS and LED roles.

DME Role (or nominated deputy) should be to:

- Ensure the induction for the LED doctors and introduce them to PGMC's activities
- Work with Appraisal Lead to ensure LEDs are clear as to the Appraisal process & paperwork.
- Discuss at Medical Education Committee / Faculty Groups the needs of the LEDs
- Support , appoint and regularly review and develop a LED Tutor / Lead
- Work with HR to ensure that study leave is clearly included within the LED contracts

We suggest that for many LEDs their appraisal is better aligned with a competency-based ARCP than with a hospital appraisal system. This should ideally be carried out by a recognised Educational Supervisor, in order to support their passage back into training. For example, the Foundation Curriculum group intends to extend the Horus-based ePortfolio to include LED appraisal, thus facilitating a smoother transition between non-training and training posts.

Deanery / HEE
Regional / national deanery offices have changed from purely overseeing postgraduate medical education and training of trainees into the development of the medical and multi-professional workforce. The acceptance of this extended role varies across the 4 countries of the UK and across the different regions in England. Most acknowledge now their role towards the SAS grade and many have an Associate Dean to support these doctors with the Development fund and other resources. The LED group is not explicitly supported in most places. Due to the diverse nature of this group the Deanery/HEE may not be able to take a leadership role but should support DMEs / Specialty Tutors and Schools if learning needs are identified. Support for overseas doctors should be provided with induction & language training.

Royal Colleges and UKFPO
The Royal Colleges support training through their College tutor network and e-portfolio. They design the curriculums for approval by the GMC. The UKFPO also supports the e-portfolio and curriculum. LEDs should be able to evidence their competencies using a specialty specific portfolio, which is annually reviewed through some local process. The Colleges should support this professional development for members not in training posts by providing access to specialty portfolio, CPD diaries etc.

Most Colleges have SAS representation on key committees. Many offer the use of their training e-portfolio especially to those completing CESR. They have CESR committee to oversee the process, to assess individual applications and to provide advice.

Conclusion

The non-Consultant non-Training doctors are a diverse and large part of the medical workforce and should be considered as two distinct groups. Although some doctors are content and fulfilled in working within their current grade a significant number want to train and progress to more senior roles within the profession. This would not only benefit the individuals concerned but would also help with the current medical workforce challenge. There is a good deal of support for these doctors though this is variable across the country and among organisations. Summarised below is a table setting out suggested best practice.

In this paper NACT UK have set out how modest investment by key stakeholders could support these Locally Employed Doctors who we need to focus on, develop and keep within the NHS.

	DME	Trust	HEE/PGD	College
SAS	**Support SAS tutor**	**RO Appoint SAS tutor Appraisal support**	**Regional support for SAS tutors**	**SAS representation in College**
LEDs*	**Advise LED tutor Career support for those seeking training Encourage Specialty Tutors to provide educational supervisors Aware of support and resources for IMG and returning doctors**	**RO Appoint senior support or include in SAS tutor role. Appraisal support. Support programme for IMG and returning doctors**	**Support DME with advanced careers advice. Support for IMG and returning doctors**	**Support for those wanting to return to specialty training**
CESR	**Advise CESR programme support**	**RO Identify programme support Identify Educational Supervisor each post**	**Specialty School support for programmes including teaching programmes**	**Support CESR application with general and specific information. E-portfolio**
"F3"	**Available for careers advise**	**RO Identify supervisors**	**Support DME with advanced careers advice**	**E-portfolio with option to add to current portfolio after left programme if want to return**
Fellows*	**Support and ensure QA of posts**	**RO Appoint ES for fellows CT quality assure**	**Specialty Schools training available**	**E-portfolio available**
MTI	**Ensure training programme equivalent to training programme**	**RO Appoint ES Support training as per specialist training programme**	**Approve MTI post**	**Support MTI programme through sponsorship Receive reports MTI support team**

Table – Summary of best practice support for non-consultant non-training (NCNT) Roles
** Note – this may not apply to grant-funded fellows who may hold a number or have study leave and/or funding included in their terms and conditions.*

References

1. SAS doctor development: Summary of resources and further work. NHS Confederation Feb 2017.
2. Adapting for the future: a plan for improving the flexibility of UK postgraduate medical training. GMC April 2017
3. Improving SAS appraisal. NHS Employers

Appendix 1

Impact of SAS Doctors Professional Development Fund in England- Examples of Good practice: A survey of SAS Tutors

SAS Doctors professional development fund (PDF) was released in 2008 with the timing of actual access to the money varying significantly from region to region, and from Trust to Trust. Having been around for such a considerable period and with the gradual erosion of the amount given, it was felt desirable to appraise the impact the fund has made in the career development of SAS doctors since its inception. This therefore formed the basis of this study.

The aim of the study was to assess the impact of the PDF provided by the DoH in 2008 as part of new contract implementation for SAS doctors. Guidance of how to use the development fund was produced by the BMA (1), which most regions adhered to and consequently organised diverse types of courses/workshops/seminars that were previously not available to SAS doctors. They also used the money to supports SAS doctors in various career development endeavours as outlined in the guidance produced by the BMA. The following were the suggestions by BMA:

1. Top-up training to meet requirement for a Certificate of Eligibility for Specialist Registration (CESR) application or for CPD, CME or revalidation.
2. Secondment opportunities - time limited post or secondment for a specific training opportunity or requirement.
3. Workplace based assessment - a system should be put in place to monitor and assess experience and skills and to assist in identifying a training element in the work that SAS doctors are doing for those that require this; Introduce a voluntary Record of Independent Assessment to certify SAS doctors to work autonomously within agreed boundaries for use as part of portfolios. This should be signed at the time of appraisal and a copy should be kept by the deanery.
4. Specific clinical management or other educational skills courses or workshops could be provided where not already funded within study leave budgets.
5. A Regional Study Day for SAS doctors.
6. Leadership training, master classes, coaching and mentoring and management training. Distance learning could also be considered as a practical alternative.

A survey of SAS tutors on NACT database was undertaken during the months of December 2016 and January 2017.

Email survey was sent to all 88 SAS tutors/Leads who were paid up members of NACT as at May 2015.

Results

10 emails were not deliverable because of problems with the addresses. Twenty-two (28%) SAS Tutors responded to the survey. Many success stories following the use of PDF were reported by responders spread across different parts of the country. There are reports of SAS doctors being engaged in various leadership roles within their respective organisations as well as nationally (see summary table).

Table 1: Summary of responses

Appointment as Consultants	25
Completion of CESR	40
Audit Leads	3
Clinical Governance Lead	1
Specialist Clinical Service Leads	9
External Research Funding	2
Accredited trainers in specific procedures/services	3
College Tutor	1
Educational Lead for Medical Students	1
Membership of national committees	2
Appraisers	22
Final MBBS Examiner	2
Management Appointments	3
Educational Supervisors	15
Specialty Council Members	1

Leadership roles undertaken by SAS doctors

Appointment as consultants

A total of twenty-five consultants have been appointed in England via the CESR route. This was made possible because of the support they received to complete specific training needs, secondment, and support for exit examination and other post-graduate qualifications. This is good value for money given the overall cost of training doctors up to consultant level. A further 15 SAS doctors are now also on the specialist register some of whom have taken up locum consultant positions.

Clinical Governance and Audit Leads

SAS doctors are now more actively involved in audit activities with some groups taking over the task of auditing for their Trusts to meet CQC requirements. Some SAS doctors also have additional roles of Audit leads for their organisation. This is a massive jump from lack of participation in audit activities in the past to the point of now being appointed as leads for such an important quality improvement activity.

An SAS doctor was appointed clinical governance lead for one of the largest departments in one acute hospital trust.

Specialist Clinical Service Leads

Some SAS doctors, having undergone specialised additional training have been appointed to lead specific speciality service areas in their Trusts. These include new ultrasound service in ophthalmology, clinical lead for Simulation, specialist tongue tie clinic, lead for electronic prescription for chemotherapy, skin cancer lead, and a lead retrieval surgeon.

Some of these SAS doctors receive referrals from around their regions, and they have also trained consultants from other Trusts in those specialised areas.

Other areas of quality improvement indices

Specific enquiry in one trust has revealed a significant reduction in patient complaints addressed to SAS doctors, dropping from 7 per cent to just under 2 per cent annually. Industrial disputes involving SAS doctors that hitherto attracted external mediation from trade union organisations such as the BMA are now less frequent in trusts, especially where the SAS tutor has also taken on the role of clinical tutor.

Accredited Trainers

Having trained and demonstrated competence in specific fields, some SAS doctors have been accredited to be trainers for others. These include trainers for endoscopy, colonoscopy, and appraisers.

Appraisers

Twenty-two SAS doctors who are trained appraisers now routinely appraise others in their trusts. It is interesting to note that where this practice occurs, the appraisal rate for SAS doctors has remained very high (above 95%). SAS doctors' career development is intricately linked to annual appraisal and this is recognised by NHS Employers who have produced guidance for employers (2). The practice of appointing SAS doctors as appraisers should therefore be encouraged. The training and confidence to appraise was made possible with the availability of PDF.

Membership of national committees

An SAS doctor has been appointed a member of NICE osteoporosis guidelines group, and another one a member HEE Advisory Group. Until the PDF, SAS doctors were invisible members of NHS workforce but there is now greater recognition of the group.

Medical Research

There is evidence of increased involvement by SAS doctors in research in general, and two SAS doctors from different regions of the country have attracted external research grants.

Medical Education

- **Medical Students**

There are currently two SAS doctors who are examiners for final year medical students, and one SAS doctor is the Education lead for 4th year medical students in one of the Russel group universities. Another one is responsible for organising clinical examination for final year medical students.

- **Educational Supervisors**

There are now many SAS doctors that are educational supervisors for trainees of various seniority. This is in addition to many clinical supervisors.

Study Leave Budget

In the survey, enquiry was made for the arrangement of the study leave budget in different parts of the country. Most responders (18/22, 82%) reported that the budget was the same as that given to consultants. The budget allowance, however, varied significantly, ranging from £450 to £1500. The remaining 18% received less than the consultant allocation. Moreover, some of these Trusts used the PDF to wholly meet the educational requirement of SAS doctors, thus saving on their contractual obligation to support their career grades.

Comments and conclusion

The development fund for SAS doctors has indeed been judiciously utilised to develop SAS doctors in different areas of their practice. This has translated in greater engagement of SAS doctors both locally and nationally. Significantly, there is evidence of positive impact in patient care over all as a direct result of career development of SAS doctors made possible by the availability of the money. Appointments of SAS doctors to consultant positions, as leads of specialist services, audit and clinical governance leads, are all examples of where SAS doctors have demonstrated improvement in their skills warranting such appointments.

It can therefore be surmised that the SAS development fund has been a wise investment by the NHS in patient care, and should therefore be protected.

The SAS doctors provide the backbone of the service and are essential to the smooth running of the service in most specialties. Their professional development needs are different from those of other permanent staff e.g. consultants due to the fact that they have missed out on the education and training in non-clinical skills offered in Specialty Training. Many have trained overseas where these professional and generic skills do not have the focus they have in the undergraduate curriculum in the UK. Providing bespoke development for this group of doctors is essential to keep them in the NHS, in the UK and to enable them to contribute fully in all aspects of the service. Those doctors who have taken advantage of the PDF and gone on to take on additional responsibilities have declared significantly more job satisfaction and are more energetic and willing to contribute to the organisation as a whole. This is what is required for all of these 3,500 doctors in the UK.

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2) https://www.bma.org.uk/advice/career/progress-your-career/sas-development-fund/using-the-fund
3) http://www.nhsemployers.org/~/media/Employers/Publications/improving-sas-appraisal.pdf%20

Appendix 2

Example Job Description for Locally employed Doctor (LED) Tutor

JOB OUTLINE

Accountable to: Director of Medical Education
Reports to: Director of Medical Education
Tenure: 2 year fixed term.
Remuneration: 1 Educational Programmed Activity
(£10,584, non-pensionable = £9,300 after deduction of Employers National Insurance Contribution)

Job Purpose

The post-holder will provide support and guidance for LED post holders, otherwise known as locally employed doctors (LEDs) and 'champion' these grades of doctors in the RUH, in collaboration with their Lead Clinicians, Heads of Division and the Director of Medical Education (DME).

The post holder will take a strategic leadership role in the development of interesting and novel rotations for LEDs collaborating across all specialties in order to enhance LED training, support their career development and improve workforce planning for the purposes of high quality patient care, staff recruitment and retention.

Ensure LED posts are financially supported by the Trust. This would include adequate time and finance to enable study leave, e-portfolio completion, appraisal and career advice. This would include additional support for trainers/supervisors commensurate with other training grades.

Quality Assurance of learning environments and educational provision for LEDs. Working closely with the ADME (Quality), the post holder would set up a system of quality metrics to oversee LED training and appraisal with systems to monitor trainee progress and also to facilitate development of LED trainers. This could reflect existing trainee/trainer structures where appropriate. However, the LEDs constitute a heterogeneous group of doctors with different needs and the post holder develop as appropriate.

During the duration of the post, it is anticipated that area(s) of responsibility will change and develop over time in response to the workforce planning and requirements of this staff group.

Key Responsibilities of the LED Specialty Tutor

- Develop a working knowledge of all LED posts across the Trust.
- Ensure educational, pastoral and career planning needs for all LEDs are addressed.
- Implement creative and novel rotations for LEDs across all specialties.
- Establish strong links with HR, Finance, Heads of Division and Specialty Tutors/Lead Clinicians across Trust.
- Represent the LED grade at Trust workforce planning meetings.
- Work with Heads of Division to ensure equity for LEDs across the Trust in respect to study leave and e-portfolio activity.
- Work with Heads of Division to ensure adequate educational/named clinical supervisor time is resourced in line with the SLM for trainer's model.

Specific Professional/Managerial Tasks

1. Work closely with Unit/Department Clinical Leads and Specialty Tutors to ensure every LED has a named Educational and/or Clinical Supervisor (nES & nCS) and that they are appropriately trained to fulfil their role.
2. Work closely with Unit/Departmental Clinical Lead to discuss workforce issues and possible service reconfiguration to enhance the recruitment and retention of LEDs.
3. Attend the Workforce Planning Forum to optimise the LED posts across all specialties.
4. Work with Heads of Division to secure funding support for study leave time and funding for LEDs equivalent to recognised doctors in training posts.
5. Work with Heads of Division to secure funding for every LED to have access to an educational e-portfolio equivalent to recognised doctors in training posts.
6. Work with Heads of Division to ensure SLM funding for educational and named clinical supervisors for LEDs is supported in job plans to ensure equity with SLM for recognised training posts.
7. Provide quality assurance for the learning environment and educational provision for LED posts.
8. Represent the Director of Medical Education as and when required on issues related to LED posts.
9. Attend LPECs x 4 year (minimum of two a year) and annual update for Specialty Tutors (minimum of two over three year cycle).
10. Commitment to maintaining personal educational CPD.

Principle communication and working relationships

- Director of Medical Education, Associate Director of Medical Education (Support), Associate Director of Medical Education (Quality)
- Unit Leads, Specialty Tutors, Educational Supervisors, named Clinical Supervisors and other members of the training faculty
- Medical Director, Director of Finance and Director of HR
- Postgraduate Medical Education Manager & administrative team
- Medical Staffing department

Measured Outcomes:

- Recruitment and retention of LEDs
- Feedback from LEDs concerning quality of training

Personal Development:

Consider undertaking formal training & gaining qualifications in:

- Postgraduate Medical Education
- Coaching & mentoring
- Other relevant areas of study.

NB: Job description will be reviewed annually.

The Postgraduate Centre has a team of experienced administrators whose role is to provide administrative support to the Tutor.

Person Specification

REQUIREMENTS	ESSENTIAL	DESIRABLE
Qualifications	GMC Full Registration Minimum of 5 PA clinical contract with the organisation	PGME qualification Name on specialist register of GMC
Experience	Wide experience in medical education e.g. training and educational supervision of trainees, medical students and other health professionals Knowledge of assessment methods	At least 3 years' experience as a consultant
Teamwork	Proven ability to build and maintain effective multidisciplinary teams Positive attitude towards Nursing and Support led team services	
Communication	Excellent oral, aural and written communication skills Excellent interpersonal skills and the ability to deal with difficult situations Evidence of supporting trainees and trainers	
Management	Evidence of service development and management of change Ability to manage risk Ability to cope with change An understanding of management structure in medical education (HEE, HESW) Evidence of good organisational and leadership skills	Able to manage and lead change internally and within multi-agency setting
Teaching	Experience of teaching including medical trainees, students and allied health professionals	Proven teaching abilities
Personal	Evidence of personal development	