

SAS doctor development

Summary of resources and further work

September 2020



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Introduction

Sustaining good quality services to patients requires doctors to be up to date and fit to practise. The personal development needs of doctors are a vital part of that.

The British Medical Association (BMA), British Dental Association (BDA), Health Education England (HEE), the Academy of Medical Royal Colleges (the Academy) and NHS Employers have worked together to produce this guidance on the development of specialty and associate specialist (SAS) doctors and dentists in the NHS in England to help ensure that this important group of doctors are helped to remain fit to practise and develop in their careers. This guidance was originally published in 2017 and updated in 2020.

This guide describes actions that can be taken to ensure that best practice is applied in the development of all SAS doctors and how different groups can work together to ensure best practice is consistently applied.

It is useful and appropriate to anyone involved in the development of SAS doctors, such as employers, medical royal colleges, HEE, the General Medical Council, consultants, and SAS doctors themselves. Specific sections are targeted at:

- NHS boards
- medical directors
- SAS clinicians
- medical staffing and human resources teams.

The principles set out can also be applied to dentists working in the SAS grades and other doctors who are not in training, for example locally employed (LE) doctors. We have used the term 'SAS doctors' in this document although it also applies to this wider group which includes dentists. In applying the principles to a broader group of doctors, appropriate funding arrangements will need to be made in addition to the existing ring-fenced fund for SAS doctors.



Background

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.

Ensuring that SAS doctors receive effective development will benefit patients, employers, and doctors. Good patient experience is strongly associated with a motivated and engaged workforce where every individual has the opportunity to work at their full potential. Investing in development is a step to achieving this, and will mean that doctors are better equipped to meet the needs of the service and improve patient care.

For SAS doctor development to succeed, it is important that they receive effective annual appraisal, revalidation every five years, study leave, and mutually agreed job plans which include appropriate supporting professional activity (SPA) time.

NHS Employers has produced guidance for employers on [improving SAS appraisal](#). This includes practical advice based on feedback,

ideas and experience from SAS doctors themselves. It also sets out the steps that employers can take to acknowledge and develop SAS doctors' skills.

The HEE and NHS Improvement guidance [Maximising the Potential: essential measures to support SAS doctors](#) sets out how the NHS can better recognise and support SAS doctors to continue to deliver high quality patient care. It includes 11 recommendations for national partners on issues such as developing an improved SAS doctor data set, supporting implementation of the SAS Charter, and raising awareness of induction and revalidation guidance.

Maximising the Potential also tasks HEE and NHS provider organisations with ensuring that SAS doctors are offered development opportunities linked to service need, their experience and career aspirations. This updated SAS development guide aims to set out in more detail the ways in which employers can help to meet this commitment. HEE, with partners, will ensure that the SAS role is supported, developed and promoted as a viable alternative to training and consultant grade roles.

SAS Charters

To demonstrate a shared commitment to supporting and developing the role of the SAS doctor as a valued and vital part of the medical workforce, each nation has developed [a charter for SAS doctor development](#). The charters, according to nation, set out what SAS doctors can expect from their employer and what the employer can expect from them.

NHS Employers has also jointly published with the BMA, [SAS Charter resources](#) to help employers and SAS doctors work together to assess their organisation's progress and develop an action plan to

support implementation of the charter and incorporation of its principles into local procedures and policies. NHS Employers and the BMA jointly held a [webinar](#) to support NHS organisations in the implementation of the SAS charter through sharing available support and resources and providing an overview of two examples of best practice.

The Secretary of State for Health and Social Care, Matt Hancock has written to BMA council chair, Chaand Nagpaul to say that he [expects trusts to implement the SAS Charter](#).

Job planning

SAS doctors are contractually entitled to job plans which are mutually agreed and relevant to their roles. Job plans should be completed in good time with at least annual review. They should allow time for SPA that will allow them to undertake development activities which can include audit, clinical governance, training, and research. Job planning should be undertaken in a spirit of partnership and balance the needs of

patients, the employer, and the wider NHS with those of the individual doctors. Within this context, it is expected that all parties will participate openly in the process and actively consider alternative ways of working, to enable service improvements to be introduced. See the [SAS job planning guide](#) for more information about job planning.

Continuing professional development

Continuing professional development is vital for SAS doctors to keep up to date with their skills and competencies. There are many ways SAS doctors can develop, through their own personal learning or via facilitated development sessions or away days.

The General Medical Council (GMC) [Continuing professional development guidance](#) sets out:

54 Employers and contractors of doctors' services are responsible for making sure their workforce is competent, up to date and able to meet the needs of the service. They should maintain and develop the skills of all of their medical staff whether they are consultants, staff grade, specialty or associate specialist (SAS) doctors, sessional general practitioners (GPs), locum doctors or trainees. They should also facilitate access to the resources (including the time to learn) that will support this.

SAS doctors should also have adequate time and support to allow them to fully participate in the annual appraisal process. This includes having sufficient breadth and depth of clinical work and relevant professional activities that will enable SAS

doctors to achieve and maintain relevant competencies and develop as clinicians.

Continuing professional development opportunities should be a mix of formal and informal learning, for example:

- reflection on data from audits, assessments, and feedback
- training courses
- peer reviews or peer tutoring
- specialty networks or programmes run by medical royal colleges
- shadowing of consultants and other more senior clinicians
- secondments or opportunities to act up into more senior roles for periods of time.

Appointing a SAS tutor will ensure that these doctors have someone who acts as a voice for them and can promote SAS doctor development. A fund for SAS doctor development is available from HEE. Employers can work with SAS Deans and SAS tutors to access this fund.

The Academy of Medical Royal Colleges has published a [paper detailing the support and encouragement for personal and professional development](#) for SAS doctors/dentists provided by their relevant royal college/faculty.

Case study – A SAS development programme in the North East

Tees, Esk & Wear Valley has a full SAS development programme in place which includes two key approaches for developing SAS doctors: away days and business meetings.

SAS away days are planned, bi-monthly full day developmental sessions facilitated by the SAS Tutor, attended by both SAS and specialty registrar colleagues.

These are educational sessions and provide a useful platform for both groups of colleagues to engage with key services across the organisation. Examples include research and development, equality and diversity, appraisal and revalidation that support their roles; alongside attending more developmental sessions such as autonomous working, coroners reporting, consent and capability, development coaching for medics, and managing self for success. These more specialist topics are led by the internal consultant body with support from relevant external services.

Both elements are extremely helpful because they ensure colleagues feel connected to organisational support and

are able to consider topics in the context of their roles and responsibilities. There are opportunities for SAS colleagues to join the agenda also and present “hot topics” that are of importance to them, which usually relate to specialist areas of clinical or personal interest and expertise.

Sessions are evaluated, to continuously ensure that the programme is fit for purpose and reflective of SAS doctors’ needs.

SAS business meetings are also planned, bi-monthly and are attended by SAS colleagues and led by the lead SAS tutor.

The trust uses them as a means of ensuring that all SAS colleagues are updated on work to develop the SAS programme. This provides a valued platform for consultation and ensuring the group has the opportunity to share views and concerns on proposals before implementation. In recent months this has involved much discussion around implementing the Maximising the Potential guidance, alongside other specifics like changes to rotas and the introduction of e-job planning.

Autonomy

Autonomous practice may mean different things to different people. It could be defined as an individual's self-governance that with engagement, peer support and recognition, enables safe and effective doctors providing safe and effective patient care.

In the interest of patient safety, all NHS staff are subject to some form of supervision, whether from peers or lead clinicians. The terms and conditions do not prevent SAS doctors from working independently and ensuring staff are used to their full potential is beneficial for the employer, individual doctor, and patient care.

Many SAS doctors already work as autonomous practitioners. There are a number of benefits to encouraging and enabling autonomous practice, where it is appropriate. These can include:

- recognition of the high level of clinical skills and professionalism in the SAS doctor grade
- provision of personal and professional development opportunities for SAS doctors within the trust/organisation
- the opportunity to have greater medical engagement of SAS grades
- support for the recruitment, retention, and motivation of highly skilled clinicians

- enabling doctors to work to their highest potential, benefiting the service and patients
- improved governance and accountability.

In practice, the level of supervision will depend on a number of factors, including personal competence and agreed accountability arrangements for all aspects of the role. The Academy of Medical Royal Colleges guidance [Taking Responsibility: Accountable Clinicians & Informed Patients](#), points to areas where senior SAS doctors have the expertise and ability to be the responsible clinician for patients.

Trusts' clinical governance arrangements should reflect this guidance and trusts should have an autonomy working policy in place. Those SAS doctors who would wish to develop into autonomous practitioners should be encouraged to do and these aspirations should also be incorporated into both their job planning and appraisal processes.

The BMA has produced guidance on [Autonomy of SAS grade](#) which includes a template for the development of autonomous practice. The Academy has [endorsed the BMA's template](#).

Certificate of eligibility for specialist registration (CESR)

Some SAS doctors wish to progress their careers by obtaining a certificate of eligibility for specialist registration (CESR) or GP registration (CEGPR) and qualifying for the General Medical Council's specialist register. To do this, SAS doctors will need to demonstrate that they have the knowledge, skills and experience equivalent to the approved curriculum for their specialty.

E-portfolios are available for SAS doctors applying for CESR/CEGPR, and are a good way to log all evidence of experience. The Academy has worked with the royal colleges to encourage access to e-portfolios for SAS doctors who require it. The Academy has published a paper around [access to college education e-portfolios for SAS doctors](#) which sets out access to portfolios, requirements and costs across the different colleges.

ROUTES TO CESR

There are routes by which a SAS doctor can apply for a CESR/CEGPR. Details of these are available on the [GMC's website](#).

Employers should assist and support SAS doctors in meeting the requirements of a CESR/CEGPR application. Each individual will have unique circumstances and therefore different requirements of support. This could include secondment opportunities, support when sitting exams, or arranging for the applicant to be released from their post for a period of time to undertake top-up training.

SAS dentists can apply through the [Specialist List Assessed Application route](#) (previously

known as mediated entry) to join one of the specialist lists, if they do not have a Certificate of Completion of Specialist Training.

Doctors who do not wish to pursue CESR should be equally supported and developed in their roles, as those doctors who want to pursue CESR.

Further work to simplify and streamline the CESR/CEGPR route is being carried out by the GMC.

Case study - Support for the CESR training route in Calderdale

Calderdale and Huddersfield NHS Foundation Trust established a CESR support group for its SAS doctors. The group supports SAS doctors to gain the necessary evidence to apply for CESR. The trust also appointed two CESR assessors to provide mentorship to SAS doctors throughout the CESR process, organise secondments to other specialties and provide feedback and support. The trust is using the CESR support programme to attract more SAS doctors to the trust, to 'grow their own' consultants and to develop the SAS workforce at the trust.

[Read the full case study.](#)

Extended roles

EDUCATIONAL AND CLINICAL SUPERVISION

The GMC's guidance [Promoting excellence: standards for medical education and training](#) is clear that the educational supervisor must be an appropriately trained doctor, but they do not need to be on the specialist register to fulfil this role. There are already many SAS doctors successfully working in these roles. [Maximising the Potential](#) made a commitment that the Academy and HEE would explore how SAS doctors could be involved more effectively by colleges as a part of the education process, specifically as educational and clinical supervisors for doctors in training.

[Enhancing Supervision for Postgraduate Doctors in Training](#) also sets out that SAS doctors can be educational supervisors. However, SAS doctors report that they are often not utilised effectively in the supervisory process. In addition, SAS dentists are less likely than SAS doctors to be offered educational supervisor roles within general hospital departments.

The GMC has a [process for the recognition of specialty, foundation and undergraduate trainers](#). This is a local process that involves deaneries, local offices and medical schools making sure trainers meet the required criteria.

Case study - SAS doctor as an educational supervisor and training programme director

Mr Pete Brotherton is an associate specialist in oral and maxillo-facial surgery and specialist in oral surgery, for Hull University Teaching Hospital. He is the training programme director (TPD) for 12 whole time equivalent dental core trainees (SHO equivalent) and manages a team of educational and clinical supervisors at SAS and consultant level. He is also the SAS tutor for his trust.

Mr Brotherton was appointed to his TPD and SAS tutor roles via an application and interview process. His employer supports him in these roles by allocated time in his job plan and professional leave when required.

The TPD role entails reviewing the work schedules for his trainees. He provides mentorship and career guidance, ensuring that trainees assemble their portfolios to successfully complete their year. He attends regional meetings with fellow TPDs and deans, is involved in interviewing at national recruitment level and provides support for clinical and educational supervisors.

In his tutor role, Mr Brotherton supports 56 SAS grade doctors and dentists. This role includes reviewing and sign-posting any new educational subjects and providing the interface with the trust's local negotiating committee and medical education committee.

[Research carried out by the Academy in 2019](#) showed variation across the medical royal colleges in terms of the involvement of SAS doctors in education. The Academy is committed to facilitating the Colleges to work towards SAS doctors being more involved in the education process.

In the paper [Leadership development for SAS doctors and dentists](#), the Academy promotes greater SAS involvement in medical leadership.

MANAGEMENT ROLES

It is important to recognise the ability of SAS doctors to work in medical manager roles in the trust, for example as medical director, associate medical director, clinical director, or to attend trust clinical management meetings. SAS doctors should be eligible and encouraged to apply for these opportunities.

Case study - SAS doctor in a leadership role in Southern Health and Social Care Trust

Dr Sara Landy, associate specialist in dermatology at Southern Health and Social Care Trust, is chair of both the trust's medical staff committee (MSC) and the local negotiating committee (LNC).

Dr Landy was elected to the role of LNC Chair in 2019, having previously been an LNC rep due to her involvement with the BMA Northern Ireland SAS committee. She secured her role as MSC Chair in 2018 which did not have any protected time for the role at that time. Dr Landy's employer supported her to take on these roles and agreed protected time for these roles in her job plan.

Dr Landy took on these roles primarily to reinvigorate the MSC and strengthen the relationship of LNC with the senior management team (SMT), but also to show other SAS doctors that there is nothing stopping SAS doctors from taking on trust leadership roles if they want to.

Dr Landy arranges MSC meetings every six to eight weeks on different days and at different times to facilitate more staff attending. The SMT are always invited and MSC receives updates from all crafts and LNC. She has also brought speakers to these meetings to talk about relevant issues such as service reconfiguration, occupational health, access to the electronic staff record and revalidation.

As part of these roles, Dr Landy also meets with medical staffing on a regular basis to work on improving and updating trust policies. She has met with members of the SMT around issues such as improving junior doctors' working lives.

In Dr Landy's view, SAS doctors tend to stay in one trust for a long time. They have institutional memory that is invaluable. Dr Landy encourages SAS to take on leadership roles and they can be an untapped resource in the workforce.

Case study - SAS doctors as medical education tutors in Tees, Esk & Wear Valley

Tees, Esk & Wear Valley has established many medical education tutor posts that work to support medical students and the different grades of junior doctors on placement in the trust and also have some roles focused on specific Trust-wide agendas. The trust openly advertises its tutor opportunities to all career grade doctors and encourages applicants from the SAS workforce.

Roles include:

- undergraduate tutors
- foundation tutors
- GP tutors
- specialty trainee tutors
- SAS tutors
- trust doctor tutors
- inter-professional healthcare tutor
- physician associate tutor.

The trust currently has SAS colleagues who have tutor roles in foundation, undergraduate and supporting the SAS agenda. Specific to the SAS agenda there is a lead SAS tutor role who is supported by a SAS tutor who plans and facilitates the SAS training programme and business meetings, with the other tutor focused on the CESR support programme. These opportunities provide much learning and development and colleagues are supported through the faculty and attend committees and faculty forums to support them in their roles. Often colleagues progress and take on other responsibilities and broaden their knowledge and understanding in medical education. The experience also provides a good platform to take on medical management roles in the future.

APPRAISAL ROLES

SAS doctors should also be encouraged to carry out roles as appraisers of other doctors and be given training to do so. Training SAS doctors to appraise other doctors can be beneficial for their own development. It can also increase the number of available appraisers and increase the flexibility of appraisal programmes.

INDUCTION ROLES

SAS doctors should be involved in the recruitment and induction process of other SAS doctors where appropriate. This could include being the point of contact from advertisement, shortlisting and on the interview panel. SAS doctors will

be perfectly placed to understand what another new SAS doctor needs in their induction. This could include providing information about the organisation, the department, or SAS development.

In January 2020, the GMC published the [initial findings from its first survey of SAS and LE doctors](#). The finding showed that just one per cent of LE and two per cent of SAS doctors were involved in the induction of other SAS and LE doctors. This demonstrates that these doctors are hugely under-utilised in these roles.

In 2019, NHS Employers published a [SAS induction checklist](#). This aims to support employers in providing new SAS doctors with a good induction to allow a smooth transition into their new role.

Case study - SAS doctor as lead appraiser at United Lincolnshire Hospitals Trust

Dr Anthea Mowat is an associate specialist in anaesthesia at United Lincolnshire Hospitals Trust (ULHT).

Dr Mowat had her first appraisal as a SAS doctor in 2003. During the appraisal, her appraiser encouraged her to develop new skills, undertake new learning, and to consider her work-life balance.

Having firsthand experience of the positive impact of a good appraisal process, Dr Mowat wanted to ensure that it was delivered effectively at ULHT. Dr Mowat was trained as an appraiser, and collaborated with her revalidation manager, and deputy medical director to write an appraisal policy. The policy ensured that the appraisal process was consistent and quality assured so that all appraisees would discuss and reflect on their practice and performance during their appraisal and demonstrate that they were fit to practise.

She was encouraged to take a lead in the appraisal process, and was recognised

and supported by colleagues of all grades in that role. When the Lead Appraiser role was introduced, and following a competitive interview process, Dr Mowat was appointed to the role of Lead Appraiser for her trust. As lead appraiser, Dr Mowat undertakes around 8-10 appraisals per year, including deputising for the medical director on challenging appraisals, but also leads on the quality assurance of the appraisal process.

Dr Mowat manages the necessary timescales for appraisal and the current compliance rates for both SAS doctors and consultants in the Trust is over 98 per cent.

Dr Mowat provides training to new appraisers before they can undertake the role. She also runs appraiser network meetings at least four times a year, to maintain and improve the quality of the appraisal process. She also undertakes annual audits of the appraisal summaries to quality assure the appraisal process.



GUARDIANS OF SAFE WORKING HOURS ROLES

The [Guardian of safe working hours](#) is responsible for overseeing compliance with the safeguards outlined in the 2016 terms and conditions of service for doctors and dentists in training. Appropriately qualified senior SAS doctors should be encouraged to take on roles like this.

Case study - SAS doctor as a guardian of safe working hours in Mid Yorkshire

Dr Tracy Langcake, specialty doctor in anaesthetics at Mid Yorkshire Hospitals NHS Trust, is the guardian of safe working hours.

Senior management colleagues were very supportive of Dr Langcake's application for this role, offering her advice and interview practice. She was appointed to this role in January 2020.

The trust has allocated administrative support to help Dr Langcake carry out this role and she has regular appointments with senior management. She uses these opportunities to highlight any major concerns the junior doctors have raised or issues that she has identified. She is not part of the management structure, but rather operates in parallel, striving to improve the working conditions of the

junior doctors and giving them a voice that will be heard by senior management, thereby, hopefully improving patient safety.

Dr Langcake believes that as a SAS doctor she is in a unique position as she has a foot in both camps. She performs her on call duties alongside the junior doctors on one of their rotas, so she understands the issues that can arise due to vacancies on the rotas, last minute sickness and locum cancellations. However, as a senior clinician she also practises autonomously and has experience in planning the rotas and the challenges that management and medical staffing face, ensuring that all posts are filled, and all wards are safely staffed. She can, therefore, act as an effective link between junior doctors and management.

Coding/tariffs for clinical activity

Personalised information on activity and outcomes was a feature in [Sir Keith Pearson's review of medical revalidation](#).

It is vital for patient safety to know how many procedures an individual doctor has done to demonstrate on an ongoing basis that they are up to date and fit to practise. It is also important for medical appraisal to accurately audit who has undertaken what work. If the numbers of procedures and outcomes are known, supervisors can support individual doctors in identifying learning through an agreed personal development plan (PDP) to improve their practice.

Accurate patient coding is also important for a number of other reasons:

- it is good medical practice for patients and their families to know the name of the senior doctor in charge of caring for a patient

- for appraisal and pay progression to accurately audit who has undertaken what work
- for staff morale, recognition and job satisfaction.

The NHS e-referral Service has a patient coding functionality which enables the coding of named clinicians, including SAS doctors. In some hospitals where patients are under the care of a SAS doctor, this is accurately reflected in the local records, however this can be sporadic. Further work is needed to ensure this becomes common practice across the UK.

NHS Digital has confirmed that it is possible to [code work to SAS doctors](#) and the BMA has published [guidance on coding and the NHS e-Referral Service](#).

Case study - coding activity to SAS doctors at Cwm Taf

Cwm Taf Morgannwg University Health Board has implemented a business intelligence system called Qlik Sense to capture the clinical activities of all individual doctors in three areas of theatres, out patients, and emergency department, which are the main areas where SAS doctor activity take place.

The recording practice at Cwm Taf now supports the appropriate designation of the senior doctor responsible for a patient's care. SAS doctors' work being recorded accurately has helped with morale and job satisfaction, as the doctors

are being recognised for their own work. SAS doctors are happy to see all their activities at the touch of a button and have reported that this helps with appraisal and keeping a record of their activities.

The system also means that Cwm Taf now have a better understanding of the procedures that all their doctors are carrying out when making decisions about training and development requirements and progression through the pay thresholds.

Contract/progression

NHS Employers and the BMA will continue to maintain the terms and conditions arrangements, including the effectiveness of progression through the SAS grades, through the joint negotiating committee (SAS). Any re-negotiation of the terms and conditions arrangements will take place through formal negotiations between

NHS Employers and the BMA. The BDA are involved with supporting SAS grade dentists within this framework.

NHS Employers and the BMA are committed to considering the best way to ensure that pay progression thresholds properly reflect progression within the specialty doctor grade.

Credentialing

The GMC's plans for a system of credentialing are about the formal accreditation of attainment of competences in a defined area of practice, while not overlapping or competing with existing specialty or sub-specialty training programmes. This will help SAS doctors to obtain accreditation for specific skills and expertise. The GMC is introducing a phased implementation for credentials, working with a small number of early adopters from

2019. The pilots are limited to discrete areas of practice and do not replace requirements for postgraduate training leading to CCT. The GMC has produced further [information on credentialing](#).

[Maximising the Potential](#) made the commitment that HEE would work with the GMC to explore the extent to which developments in credentialing could include opportunities to develop SAS doctors.



Defining the SAS grade

At workplace level, the capabilities of SAS doctors must not be based on outdated ideas and prejudices or be unnecessarily restricted in hierarchical ways, or there is a risk that there is a detrimental effect on the recognition of SAS doctors and the value of the skills and expertise that they offer.

Outdated ideas and prejudices should be challenged, and a more concerted effort made to recognise SAS doctors. For example, it may be possible to make appropriate consultant roles available to experienced SAS doctors. There could be substantive consultant posts for SAS doctors on the specialist register, or locum consultant posts which do not require post-holders to be on the specialist register. While acting as a locum consultant on a short term basis can benefit SAS doctors, employers must ensure that such posts are properly monitored to ensure that they do not extend beyond the period of the original appointment and that a substantive consultant appointment is made as soon as is practicable.

SAS doctors should not be referred to by the term 'middle grade', as there is no such grade. Instead they should be referred to by the contract they are on, for example specialty doctors, associate specialist doctors, staff grades, or in short, SAS doctors. It is also not advisable to use the term 'middle grade rota'. The terms 'middle or intermediate tier rota' or 'SAS rota' are more acceptable. Alternatively, where the groups are mixed, it could be referred to as the 'higher specialty trainee and SAS rota'.

The partners are working together to better understand the number and characteristics of SAS doctors nationally, which will further illustrate the extensive important roles of SAS doctors in the NHS. NHS Improvement and HEE have developed an improved data set about SAS doctors, including use of the model hospital, but work continues to better understand the number of SAS doctors.

Driving improvements through development programmes at Blackpool

Blackpool Teaching Hospitals launched a leadership programme for SAS doctors and consultants. This includes a mandatory programme as part of the induction process covering performance and freedom to speak up, emotional intelligence and conflict management and delivering patient care within budget.

The programme also gives acting or aspiring middle managers or clinicians the opportunity to develop their role as collaborative leaders. In addition, it aims

to support senior clinicians and managers to develop their strategic leadership knowledge.

The final part of the programme is for those leading the implementation of the trust's five-year strategy, to enable them to deliver the strategic vision.

Doctors have increased their skills and knowledge, with a positive impact on service improvement and patient care.

[Read the full case study.](#)

Commitment

The national partners will continue to promote measures to improve the development of SAS doctors with improved access to development resources and opportunities.

National resources

SAS charters:

www.bma.org.uk/pay-and-contracts/contracts/sas-doctor-contract/the-sas-charter

www.nhsemployers.org/pay-pensions-and-reward/medical-staff/sas-doctors/sas-charter

Maximising the potential: essential measures to support SAS doctors:

www.hee.nhs.uk/sites/default/files/documents/SAS_Report_Web.pdf

Job planning:

www.bma.org.uk/pay-and-contracts/job-planning/job-planning-process/an-overview-of-job-planning

www.nhsemployers.org/pay-pensions-and-reward/medical-staff/sas-doctors/sas-job-planning-guide

Improving SAS appraisal:

www.nhsemployers.org/~media/Employers/Publications/improving-sas-appraisal.pdf

SAS induction checklist:

www.nhsemployers.org/case-studies-and-resources/2019/09/sas-induction-checklist

Autonomy

www.bma.org.uk/pay-and-contracts/contracts/sas-doctor-contract/autonomy-for-sas-grade-guidance

Coding

www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/primary-and-secondary-care/nhs-e-referral-service-for-secondary-care-doctors

Actions for NHS boards

Board members should consult regularly with SAS doctors to understand the work they deliver and any necessary support they need.

Boards can ask their medical directors to report on a range of measures to gain assurance that the trust is optimising the use of the skills and abilities of their SAS doctor workforce. These include the proportion of SAS doctors who:

- receive an annual appraisal
- are trained and acting as appraisers
- have personal development plans which are supported and monitored
- have a mutually agreed annual job plan
- have a minimum of one supporting professional activity in their job plans
- make use of their agreed study leave
- received an induction on appointment
- were offered mentoring on appointment.

In addition to collecting this data, boards must ensure that the data is analysed to identify any issues of concern. Plans should be developed and implemented to address any issues of concern.

Additionally, as a part of their standard processes, boards should ensure that:

- clinical activity is coded to the individual who performed that work
- there is a system in place to identify SAS doctors
- trust documentation has a tick box for SAS doctors (not just 'other' category).

Beyond this, we recommend measures to ensure that:

- SAS doctors are actively encouraged to apply for management and consultant posts or roles that are appropriate to their skills and expertise. This could be substantive consultant posts for SAS doctors on the specialist register, or locum consultant posts which do not require post-holders to be on the specialist register.
- derogatory terminology such as 'middle grade' is not used across the trust
- the SAS Charter is implemented across the trust
- where SAS doctors are successful in appointment to management roles and appropriate consultant posts, they are supported to carry out these roles
- there is appropriate representation of SAS doctors on relevant medical committees
- a SAS tutor is appointed
- SAS doctors receive clinical supervision where appropriate
- SAS doctors work autonomously where appropriate, in line with the Academy's [Guidance for Taking Responsibility](#)
- SAS doctors have agreed supporting professional activities (SPA) time in their job plans appropriate to their needs.

Actions for medical directors

APPRAISALS

SAS doctors must have an annual appraisal. This can help provide evidence of a SAS doctor's current level of practice, and is a requirement for medical revalidation. The [improving SAS appraisal guide](#) sets out some actions that medical directors could take a lead in implementing:

- Ensure there is an accurate database of all doctors and that appraisal documentation is communicated to SAS doctors appropriately.
- Reflect on how to optimise the number of available appraisers, including increasing the number of SAS doctors trained as appraisers.
- Consider how best to quality assure the process of appraisal, including through appraisee feedback after each appraisal.
- Review SAS job plans and ensure there is sufficient SPA time.
- Strive for a single, robust appraisal system for all doctors, applied to every doctor every year.

AUTONOMY

Where appropriate, SAS doctors can work autonomously in line with the Academy's [Taking Responsibility: Accountable Clinicians & Informed Patients](#). The BMA has produced a guide on autonomous working which includes a template for the development of autonomous practice. Medical directors should ensure that local policies take account of this guidance and encourage SAS doctors to work autonomously and take up extended roles where appropriate.

CHARTER

Medical directors should pro-actively support implementation of the principles set out in the SAS Charter. This could be by:

- raising the importance of the SAS Charter with the trust board
- completing, or encouraging completion of the [SAS Charter evaluation toolkit](#) to check progress with charter implementation
- attending SAS forums and meetings.

CERTIFICATE OF ELIGIBILITY FOR SPECIALIST REGISTRATION (CESR)

SAS doctors should be supported with CESR applications where there is a service need that can only be met through increasing the consultant workforce. This could be by supporting progressive development within the post, by considering job swaps or opportunities in other departments, or by helping doctors to gather the necessary evidence to apply.

OTHER DEVELOPMENT OPPORTUNITIES

Medical directors can help identify new ways of working that can help to bridge workforce and skills gaps without the need to add to the consultant workforce. Medical directors should consider how their existing SAS workforce could be deployed together with any development needs that may be required to enable them to fulfil new or enhanced roles, including educational supervisor, appraiser, clinical governance

lead, audit lead, induction roles, and roles in the recruitment of other SAS doctors.

CODING / TARIFFS FOR CLINICAL ACTIVITY

Medical directors should ensure that SAS doctors have their clinical activity accurately coded to their name. This is important for appraisal and revalidation as well as patient safety. It can also help with recognition of the SAS grades.

Revalidation systems should include the ability to view a doctor's full scope of work, as set out in revalidation support team's [Information Management for Medical Revalidation in England](#).

HIERARCHY

Medical directors should challenge ideas about the capability and characteristics of SAS doctors based on outdated prejudices. SAS doctors can be highly experienced and senior clinicians.

Consultant posts should be open to applications from appropriately experienced SAS doctors. These could include substantive consultant posts for SAS doctors on the specialist register, or locum consultant posts which do not require post-holders to be on the specialist register.

MANAGEMENT OPPORTUNITIES

SAS doctors with appropriate skills and experience should be encouraged to apply for management, leadership, training and research roles such as: appraiser; educational supervisor; SAS tutor; clinical

director; medical director; governance lead; guardian of safe working hours; and freedom to speak up guardian. Doctors will benefit from taking advantage of these opportunities and employers will benefit from a greater proportion of the workforce supporting wider organisational objectives. These roles also promote the role and visibility of SAS doctors. Trainees who work alongside SAS doctors in these roles will have a positive image of SAS as a career choice. It is good practice to support eligible SAS doctors to apply for such roles.

SAS doctors should be included in management meetings and on committees and panels, for example, clinical advisory, clinical governance, audit committees, morbidity and mortality reviews, serious untoward incident panels, interview panels, directorate meetings, and the local negotiating committee (LNC).

SUPPORT

Medical directors should encourage the appointment of a SAS tutor who acts as a voice for SAS doctors and promotes their professional development.

SAS doctors should be supported through appropriate clinical supervision where required. This is especially important for SAS doctors below threshold one of the specialty doctor pay scales to support their ongoing development needs. Examples would be case-based discussions and supervisor sessions.

Actions for SAS clinicians

CHARTER

SAS doctors should pro-actively support implementation of the SAS charter and formally engage with any appropriate committee, for example the local negotiating committee (LNC) or clinical advisory committee. SAS doctors should ensure they are aware of the provisions of the charter and extent to which they have been implemented at their trust.

SAS doctors should work in partnership their employer at LNC meetings, using the [SAS charter resources](#), to assess their organisation's progress on implementation, identify areas requiring attention and create an action plan for improvement.

APPRAISAL

Doctors should take personal responsibility for their annual appraisal. This should be supported by a portfolio of evidence, including patient and colleague feedback. The outcome should result in clear achievable objectives and a personal development plan (PDP).

SAS doctors should also contribute to an effective appraisal process across their organisation and consider how they can be supported to become trained medical appraisers. They should also encourage their SAS doctor colleagues to engage with the appraisal process.

AUTONOMY

SAS doctors should be confident in their ability to work autonomously where appropriate and to seek supervision where necessary. The Academy of Medical Royal Colleges [guidance](#) on taking responsibility and its guide to [Autonomous Practice of SAS Doctors](#) assert that senior SAS doctors have the expertise and ability to take responsibility for patients without consultant supervision.

CHARACTERISTICS OF SAS DOCTORS

SAS doctors should be assertive in taking advantage of the opportunities that are available and challenging colleagues when opportunities are not open to them.

SAS doctors should show personal responsibility in attending their trust induction, finding out about new service developments and offering their services, being informed about their contracts and the SAS Charter and holding managers accountable. They should take every opportunity to get on email distribution lists for job vacancies and opportunities for additional responsibilities and make the most of their SAS Tutor.

CERTIFICATE OF ELIGIBILITY FOR SPECIALIST REGISTRATION (CESR)

SAS doctors should make use of the specialty training curricula when applying for CESR, as the application process is based on the knowledge and competences set out within them.

DEVELOPMENT

Doctors should make use of study leave available development funding to stay up to date with skills and expertise. Development funding can also be used for other areas such as postgraduate qualifications in medical education, where the individual has such a role.

ENGAGEMENT WITH SENIORS

Engaging with senior colleagues, for example the medical director, chief executive or manager is a way of raising the profile of the SAS doctor role. It might be helpful to keep the medical director informed of organised SAS activities and invite him/her to attend SAS meetings. SAS doctors will also benefit from forging relationships with doctors in training, who, when they progress to more senior roles, will have an appreciation of the role of the SAS doctor.

EXTENDED ROLES

SAS doctors should seek to take advantage of extended roles such as management opportunities, educational supervisor and appraiser roles, and challenge colleagues where these are not available.

HIERARCHY

SAS doctors should challenge misconceptions about the capability of SAS doctors, particularly where these are based on outdated prejudices or stereotypes

NETWORKING WITH OTHER SAS DOCTORS

Creating a strong network of SAS doctors which shares information, raises awareness of opportunities and offers peer support can bring mutual benefit. SAS doctors should ask to become involved in the induction of new colleagues, either to the grade or to the organisation.

SERVICE PROVIDER ROLE / TIME

SAS doctors should challenge the view that their role is primarily that of service delivery by taking on responsibilities that support wider organisational objectives such as clinical management, appraiser, and educational supervisor.

Active engagement with the job planning process will ensure that the job plan is mutually agreed and meets the aims of doctors and the organisation.

Actions for medical staffing and human resources

CHARTER

Medical HR colleagues should collaborate with their SAS doctors at LNC meetings, using the [SAS charter resources](#) to assess their organisation's current performance, identify areas requiring improvement and create an action plan. They should also engage with SAS doctors and work collaboratively to support implementation.

APPRAISAL

HR colleagues should work with medical director and the revalidation office to ensure all SAS doctors have an effective annual appraisal which is supported by a portfolio of evidence, including patient and colleague feedback, and results in clear achievable objectives and a personal development plan (PDP).

In line with the medical appraisal guide, appraisals should be carried out by trained medical appraisers rather than by the doctor's immediate line manager. As set out in [NHS England guidance](#), no more than three appraisals in the five-year revalidation cycle can be with the same appraiser.

Consideration should be given to how SAS doctors can contribute to the effective appraisal process across their organisation and how they can be supported to become trained medical appraisers themselves.

DEFINITION OF GRADE / TERMINOLOGY / IDENTIFICATION

The SAS grades should be recognised grades in their own right and as positive career choices. Medical HR colleagues should ensure that derogatory terminology such as 'middle grade', 'non-training grade', 'non-training doctor', 'non-consultant career grade (NCCG)' are not used on rotas or in other means of communication.

Trust documentation such as drug charts, X-ray forms and operation booking cards should have tick boxes for SAS doctors and not include SAS doctors in an 'other' category.

Systems should be in place to identify new and existing SAS doctors so medical staffing departments are aware who their SAS doctors are and where they are working.

DEVELOPMENT OPPORTUNITIES

Everyone benefits from SAS doctors receiving appropriate supporting professional activity time and study leave for revalidation preparation and continuing professional development (CPD).

Training needs should be assessed locally, working closely with local education and training boards (LETBs) and formal training pathways offered where appropriate. Employers might consider organising cross

cover or rotating attendance at training days to ensure that all SAS doctors have the opportunity to attend.

It is good practice to support and monitor progression against personal development plans.

Employers should consider offering opportunities to shadow of consultants and other more senior clinicians.

FACILITIES

It is helpful to provide appropriate facilities and supporting resources as per the SAS Job Planning Guide.

HIERARCHY

Medical HR colleagues should challenge ideas about the capability of SAS doctors based on outdated prejudices and open up appropriate consultant posts to experienced SAS doctors. These could be substantive consultant posts for SAS doctors on the specialist register, or locum consultant posts which do not require post-holders to be on the specialist register.

INDUCTION

It is good practice to ensure that all new doctors, including SAS doctors, take part in an induction programme and are offered mentoring. SAS doctors should be invited to be part of the SAS induction process. The best practice suggestions set out in the [SAS induction checklist](#) should be followed.

JOB PLANNING

As set out in the terms and conditions, SAS doctors should have and adhere to a mutually agreed job plan which is logged

with HR. Those doctors who do not have a job plan should be supported to agree one. Boundaries around supporting professional activities (SPAs) need to be recognised. Job plan reviews should include sufficient time to ensure that effective career discussions take place.

RECRUITMENT

SAS doctors should be involved in the recruitment of other SAS doctors. This could be by sifting job applications, sitting on the interview panel or playing a role in induction.

SERVICE PROVIDER ROLE / TIME

Employers and doctors should challenge the belief that the SAS roles extends only to service provision. It is good practice to support SAS doctors to take their agreed study leave. In addition, SAS doctors should have one SPA minimum in their job plan and should be able to use their SPA time for the activities set out in the terms and conditions. See the [SAS job planning guide](#) for more information.

SUPPORT

SAS doctors should be included on trust email lists for job vacancies and opportunities for additional responsibilities that have traditionally been shared only with the consultant workforce in some trusts.

The job plan review should identify and agree the supporting resources that are necessary if the objectives are to be met. For more information on supporting resources see Chapter 4 of the SAS job planning guide.

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