Torbay and South Devon NHS Foundation Trust

Speciality Doctor Career Progression and Specialist Grade Recruitment

(MD4)

If you require a copy of this policy in an alternative format (for example large print, easy read) or would like any assistance in relation to the content of this policy, please contact the Diversity & Inclusion Lead on 01803 656705.

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Version:	1	**Last Review Date:**	
Author:	Medical Workforce Service		
Directorate:	People Directorate		
Approval Route			
Approved By:		**Date Approved:**	
SAS Advocate		May 2023	
Links or overlaps with other policies:			

Amendment History

Issue	Date	Reason for Change	Authorised
1			

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)	**Speciality Doctor Career Progression and Specialist Grade Recruitment**	**Version and Date**	May 2023 v1
Policy Author	Medical Workforce Service		

An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.

Who may be affected by this document?

Patients/ Service Users ☐	Staff ☐	Other, please state… ☐

Could the policy treat people from protected groups less favorably than the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Age	Yes ☐ No☐	Gender Reassignment	Yes ☐ No☐	Sexual Orientation	Yes ☐ No☐
Race	Yes ☐ No☐	Disability	Yes ☐ No☐	Religion/Belief (non)	Yes ☐ No☐
Gender	Yes ☐ No☐	Pregnancy/Maternity	Yes ☐ No☐	Marriage/ Civil Partnership	Yes ☐ No☐

Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☐

Please provide details for each protected group where you have indicated 'Yes'.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☐ No☐ NA ☐
Are the services outlined in the policy fully accessible[6]?	Yes ☐ No☐ NA ☐
Does the policy encourage individualised and person-centered care?	Yes ☐ No☐ NA ☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☐ NA ☐

EXTERNAL FACTORS

Is the policy a result of national legislation which cannot be modified in any way?	Yes ☐ No☐

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

Who was consulted when drafting this policy?

Patients/ Service Users ☐	Trade Unions ☐	Protected Groups (including Trust Equality Groups) ☐
Staff ☐	General Public ☐	Other, please state… ☐

What were the recommendations/suggestions?

Does this document require a service redesign or substantial amendments to an existing process? ***PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below***	Yes ☐ No☐

ACTION PLAN: Please list all actions identified to address any impacts

Action	**Person responsible**	**Completion date**

Please contact the Equalities team for guidance: For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net **This form should be published with the policy and a signed copy sent to your relevant organisation.**

[1] Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
[2] Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Contents

1. Policy Statement

1.1 The National Terms and conditions for SAS Doctors 2021, amended the 2008 contract for Specialty Doctors and introduced the new Specialist Grade.

1.2 The Trust is committed to the ongoing development and retention of current Specialty Doctors and aims to recruit Specialist grade doctors from within its current Specialty Doctor cohort whenever possible

2 Purpose

2.1 This document sets out the details of the process for recruiting 'Specialists' in circumstances where there is a need to provide a consistent level of senior cover in a specialty which cannot be met or sustained by consultant recruitment alone. It also provides a mechanism for Specialty Doctors currently employed by the Trust and who have the necessary skill set to realise their potential through the creation of opportunity to apply for Specialist posts that may be required by the Trust.

3 Scope

3.1 This policy applies to Speciality Doctors and Associate Specialists on the 2008 SAS Terms and Conditions of Service together with Speciality Doctors on the 2021 Terms and Conditions of Service.

4 Equality and Diversity Statement

4.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

4.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

5 Definitions

- ***SAS doctors -*** include speciality doctors, associate specialists (National and Trust), staff grades and a number of other career grades.
- ***Specialty Doctor*** - a doctor with at least four years' clinical experience and at least two years' experience in the required Specialty.
- ***Associate Specialist*** - the associate specialist works at an advanced level and may have a sub-specialist interest with the appropriate skills. In essence, this recognises that the Associate Specialist is able to

practice with defined clinical autonomy whilst remaining under the supervision of the consultant. It is recognised that the consultant retains overall responsibility for the patient. The Associate Specialist national and local contract is no longer offered to new appointments at this level.

- ***Specialist –*** This role replaces the Associate Specialist role which closed in 2008 and makes the need for any new Trust Associate Specialist contracts unnecessary. Entry requirements to the grade are set out in the 'Terms and conditions of Service Specialist- England 2021' available on the NHS employers website.

6 Roles and Responsibilities

Role of the SAS Advocate

Responsible for:

- providing advice and guidance to SAS Doctors in respect of this policy.
- promoting the development of Specialty & Specialist Doctors within the Trust.
- Arranging suitable SAS Representation on Interview Panels where required.

Role of the Medical Workforce Service

Responsible for:

- providing advice and guidance to Line Managers in respect of this policy.
- Ensuring that the correct recruitment practises are undertaken when a post is identified.
- ensuring the policy is applied equitably across the Trust and that the standards defined within the policy are met.

Role of Operational Managers & Clinical Leads

Responsible for:

- the application of the policy within their specialities.
- providing support to Specialty Doctors who apply for specialist posts.

Role of SAS Doctors

Individual SAS Doctors are responsible for:

- demonstrating all the required criteria in this policy have been met to enable internal recruitment to be considered.

7 Application of the Process

7.1 The initiative to recruit into a Specialist role must come from the specialty, who will be responsible for developing a role by either establishing a new post or repurposing an existing Specialty doctor post to be converted to Specialist grade.

7.2 An existing Specialty Doctor who believes they are working at a Specialist level, should discuss this with their Clinical Lead and Operational Manager. Where it is recognised by the Specialty that there is a need for this Specialist role the process under 7.4 should be followed.

7.3 The decision to create/convert a post from Specialty Doctor to a Specialist will be based on the needs of the service and is not automatic.

7.4 Prior to completing a vacancy request on Trac, the Operational Manager & Clinical lead will be required to:

- Have completed a job planning review for all consultant and SAS doctors
- Have completed a business case outlining the need for the new role
- Discussed funding with their management accountant
- Created a job description which is shared with the SAS Advocate for comment to ensure the JD meets the appropriate criteria and that there is consistency across the Trust.

Further detail are provided under section 10 Need for the Post.

7.5 Where a decision is made to convert an existing post, consideration should be made with regards to the impact on any individual currently in that post who may as a result of recruitment be liable to redundancy. In these cases, managers should discuss the situation with the Medical Workforce Service.

8 Criteria for Appointment

8.1 There are three essential elements which must be satisfied for successful internal recruitment:

- eligibility
- the need for the post and available supplementary resources if required.
- recognition of enhanced responsibilities and experience.

9 Eligibility

9.1 Entry to the grade is subject to the candidate meeting the minimum requirements as set out in the Terms and conditions of Service Specialist- England 2021'. Further guidance can be found in the generic capabilities framework jointly produced by the Academy of Royal Colleges, BMA and NHSE.

10 Need for the Post

10.1 The Clinical Lead and Operational Manager should first establish the need for the post, considering the following elements:

- Progression to the Specialist grade by definition requires enhanced duties, therefore, consideration as to whether this enhanced level of service is required or whether it may be more appropriately met by the appointment of a Consultant considering specialty specific workforce shortages either locally or nationally.

- The need to develop a consultant-led service and whether consultants need to be recruited to the role.

- Overall consultant responsibility for patient care

- Consultant cover (both in and out of office hours)

- Provision for the teaching of trainees and the supervision of both trainee and non-trainee career medical staff and whether this can be delivered by the use of a Specialist grade doctor
- Whether the post is in the best interests of the service including a long-term view on appointing and retaining staff and reducing the use of locums

- Future expansion of the service

- The implications of the expansion of the role on moving into Specialist grade, especially if the role replaces a Speciality Doctor post (eg possible change to on-call duties of other team members).

11 Recognition of Enhanced Responsibilities and Experience

11.1 There would normally be a difference between the roles and responsibilities of an experienced Specialty Doctor and a Specialist.

11.2 Evidence of a Speciality Doctor's increased responsibilities should consider the complexity and frequency of the service provided (details are provided at Appendix 1), however examples might include:

- increased complexity of operating lists, anaesthetic lists, outpatient clinics, etc
- increased involvement in the education and supervision of trainees
- increased involvement in management at any level, eg department, directorate, hospital, regional and national
- evidence of enhanced clinical skills

- evidence of providing senior immediate cover for the workload of the department.

11.3 The Clinical Lead and Operational Manager should ensure that a proposed job plan is produced in line with Terms and Conditions. The full job plan should include details of:

- on-call commitments
- exact start and finish times for each session
- details of lunch breaks
- administrative time
- continuous professional development
- teaching
- research
- audit, and
- management.

11.4 Once this information has been analysed and, after discussion with the appropriate consultants, it may be necessary to amend the job plan.

11.5 The speciality should seek the advice and guidance of the SAS Advocate, SAS Tutor or SAS JLNC Lead on the Specialist job description, person specification and job plan.

11.6 Where practicable, and where this would not unnecessarily delay the recruitment process, the job plan should be approved/ endorsed by the Royal College or Faculty prior to the recruitment process commencing.

12 Terms and Conditions & Starting Salaries

12.1 The national terms and conditions for the SAS Specialist Doctor Contract 2021 will apply to all appointments.

12.2 Successful applicants will be appointed at the entry point to the grade unless they are currently employed as a Specialist doctor elsewhere in the UK. Applicants who can demonstrate comparable service at a Specialist grade outside of England, may be credited with incremental years, however only service that is comparable to that of a Specialist after meeting the entry requirement to the grade may be considered

12.3 The incremental date for a Specialist will be the anniversary of appointment to the new grade.

13 Application Procedure

13.1 The Trust is committed where possible, to provide the facilities for Speciality Doctors to gain the experience and skills to be able to compete for all Specialist post established in the Trust. All Specialist grade positions are to be approved on TRAC and will, in the first instance, where appropriate be subject to a competitive internal recruitment process.

13.2 In the event of there being no internal applicants meeting the recruitment criteria. The speciality will consider whether the position will be advertised externally for competitive recruitment. Prior to external recruitment the speciality is to consider:

- The current skill set of the SAS doctors within the department and whether it is possible to develop the skills internally within a reasonable period of time.

- The likelihood of a current position being at risk of redundancy. If this is likely this must be discussed with the Medical Workforce Service.

14 Interview Process

14.1 The interview panel shall consist of the following individuals (or their nominated representative):

- Clinical Lead (Chair of Interview Panel),
- Speciality Lead
- Service Manager
- SAS Advocate, SAS Tutor or Nominated SAS Representative

14.2 The format of the interview should include:

- A presentation of a topic relevant to the specialty, focussing on how the new role can benefit the specialty in providing its services in the future.
- A competency-based interview with questions from the panel.

14.3 Successful / unsuccessful candidates will be notified as per normal recruitment processes.

15 Training and Awareness

15.1 Advice and support will be provided by the Medical Workforce Service to support staff and managers in their understanding of this policy. Any queries regarding this policy should be directed to:

sdhct.medicalhr@nhs.net

16 References

16.1 Terms and conditions of Service Specialist- England 2021'.

16.2 SAS generic capabilities framework

17 Monitoring, Audit and Review Procedures

13.1 This policy will be monitored and audited on a regular basis. A full review will take place every two years by the People Directorate unless legislative changes determine otherwise.

18 Appendix 1 – **Guidance on evidence that may be provided to support appointment to a Specialist post**

1. The ability to take decisions and carry responsibility without immediate or direct supervision

Doctors undertaking lists or clinics in their own name or, where they do not have lists or clinics in their name, take day to day responsibility for running these lists or clinics with a consultant-led team.

Evidence for meeting this criterion could include documentation demonstrating:

- patients seen – through a written record gathered by the doctor of the patients seen and care provided (clinic lists, patient lists, reflective notes) where the Trust cannot provide this through its IT systems
- operations per session – through a written record kept by the doctor where the Trust cannot provide this through its IT systems
- communication with the clinical team and or within the Care Group – this could be proven, for example, by copies of letters and e-mails demonstrating increasing responsibility
- management of patients without immediate or direct consultant input – proven by clinic records incorporating a management plan for the patient such as referral letters, clinic letters
- that the doctor advises juniors, nurses and senior colleagues on patient management – proven by medical notes, clinical records, reflective notes where the Trust cannot provide this through its IT systems
- that the doctor covers clinics and ward rounds and operation lists for sick and absent senior colleagues – shown by medical notes, clinical records, clinic letters, outpatient lists, reflective notes where the Trust cannot provide this via its IT systems
- that the doctor takes a senior role at a procedure or operation – shown by theatre lists, medical notes, clinical records, reflective notes where the Trust cannot provide this via its IT systems.

2. Contributions to a wider role within the Specialty or wider NHS

This could include evidence of:

- **management or leadership**

  Setting up rotas, looking at clinic profiles and making suggestions for improvement or looking at ways of improving efficiency within the team, clinic or theatre, participating in multi-disciplinary meetings and/or case conferences.

Evidence could include notes of meetings, copies of case conference minutes, copies of rotas, etc.

Work in a clinical leadership role, representing senior staff on Clinical Risk Committees, Medicines Management Committees, implementation groups for IT, new procedures, etc

- **representative/committee work**

  This could include activities on behalf of the specialty, grade, employer, health service and/or involvement in the Local Negotiating Committee (LNC), BMA regional and/or national, branch of practice committee, and/or Royal College

- **a significant role in teaching**

  This could either be direct; teaching a course – either international, national, region, employer, department or college or indirect; organising courses, developing programmes, inviting speakers, etc. Setting up an electronic course, video conference links with the Royal Colleges or other nationally or internationally recognised bodies, developing presentations, eg induction courses.

  Other key teaching work includes on the job training as the senior doctor on ward rounds, teaching assistants in theatre and/or supervising procedures in a clinic or on the ward, departmental teaching, lectures showing procedures to other senior doctors. Evidence could include entries in other doctors' procedure logs, formal feedback documented at the end of any rotation, letters of appreciation, reflective notes, etc.

  The audience for the teaching could include:

  - ❖ medical: career grades, juniors, undergraduates, general practitioners and other specialties
  - ❖ paramedical: nurses, physiotherapists, occupational therapists, paramedics
  - ❖ the public: self-help groups, British Diabetes Society, Chest Heart and Stroke, Royal National Institute for the Blind
  - ❖ meetings: organising, chairing, speaking.

  Evidence could include attendance registers, evaluation forms, handouts, invitations, programmes

- **an ability to innovate within an area of specialisation**

  This could include introducing:

  - ❖ new forms or documentation, eg the Royal College pro-forma for proper handover reports
  - ❖ pro-forma for discharge or clinic letters
  - ❖ systems for new and repeat patients or for improving interaction with primary care such as diabetes shared care cards
  - ❖ new systems for returning results of outpatient clinic investigations to general practitioners
  - ❖ new procedures in a particular treatment setting and subsequent collation of results
  - ❖ new ways of taking swabs from different sites such as new methods of transporting specimens to respective laboratories
  - ❖ new methods of how clinics are run or flyers to promote new procedures and practice
  - ❖ new surgical procedures, techniques or instruments
  - ❖ a business plan (for example, to reduce waiting lists for day case surgery)
  - ❖ innovation as a result of audit.

This could be shown by paperwork as the systems are introduced – copies of e-mails, letters, pro-forma, written systems

- **research (if appropriate)**

  - ❖ epidemiological study
  - ❖ involvement in drug trials
  - ❖ prospective study
  - ❖ participating in a multi-centre prospective study of new drug, therapy or procedure
  - ❖ involvement in Ethics Committees
  - ❖ supervising a study

- **audit**

  Regular completion of audits and demonstration of action on outcomes if appropriate.

19 Appendix 2 – Summary Protocol Specialist Grade Recruitment