

# **SAS DOCTOR CAREER DEVELOPMENT (MD4)**

## **Incorporating**

- **SAS Charter**
- **Specialty Doctor Career Progression and Specialist Grade Recruitment**
  - **Specialty Dr Autonomous Practice**
- **Applying for Specialist Registration CESR**

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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<b>Links or overlaps with other policies:</b>

**Amendment History**

<b>Issue</b>	<b>Date</b>	<b>Reason for Change</b>
1	June 2024	Incorporated all SAS policies into one document

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

<b>Policy Title</b> (and number)		<b>SAS Dr Development</b>	<b>Version and Date</b>	V1 June 2024	
<b>Policy Author</b>		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.					
<b>Who may be affected by this document?</b>					
Patients/ Service Users <input type="checkbox"/>		Staff <input checked="" type="checkbox"/>	Other, please state... <input type="checkbox"/>		
<b>Could the policy treat people from protected groups less favorably than the general population?</b> <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>					
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language <sup>5</sup> used throughout?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Are the services outlined in the policy fully accessible <sup>6</sup> ?				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
Does the policy encourage individualised and person-centered care?				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
<b>EXTERNAL FACTORS</b>					
Is the policy a result of national legislation which cannot be modified in any way?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)					
Bring together under one document a number of policies relating to SAS development.					
<b>Who was consulted when drafting this policy?</b>					
Patients/ Service Users <input type="checkbox"/>		Trade Unions <input checked="" type="checkbox"/>	Protected Groups (including Trust Equality Groups) <input type="checkbox"/>		
Staff <input type="checkbox"/>		General Public <input type="checkbox"/>	Other, please state... <input type="checkbox"/>		
<b>What were the recommendations/suggestions?</b>					
<b>Does this document require a service redesign or substantial amendments to an existing process?</b> <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts					
<b>Action</b>	<b>Person responsible</b>			<b>Completion date</b>	

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

<sup>1</sup> Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user  
<sup>2</sup> Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them  
<sup>3</sup> Consider any provisions for those with no fixed abode, particularly relating to impact on discharge  
<sup>4</sup> Consider how someone will be aware of (or access) a service if socially or geographically isolated  
<sup>5</sup> Language must be relevant and appropriate, for example referring to partners, not husbands or wives  
<sup>6</sup> Consider both physical access to services and how information/ communication is available in an accessible format  
<sup>7</sup> 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

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# SECTION ONE: GENERAL

## 1. Statement

- 1.1 SAS doctors are a diverse group with a wide range of skills, experience, and specialties. They are a vital and growing part of our medical workforce, Torbay and South Devon NHS Foundation Trust (TSDFT) wishes to retain and develop our SAS workforce.
- 1.2 This strategy document is based on maximising the potential of our SAS workforce, with professional development, recognition, and respect at its heart. Supporting doctors to achieve and work at their individual potential benefits the doctors themselves, the services they work in, and the patients that they care for.
- 1.3 Included within this document are the following commitments:
  - To respect and recognise the contribution of our SAS workforce.
  - To support the professional development and career aspirations of our SAS doctors
  - To use the right contract for the work done and recognise seniority by creating Specialist roles where appropriate.
- 1.4 This is in keeping with our Trust values of developing each other, making positive changes and respecting every member of the team.

## 2 Purpose

- 2.1 This document provides advice and guidance to SAS doctors and Trust managers on the development opportunities available to SAS doctors at TSDFT.

## 3 Scope

- 3.1 This document applies to all SAS doctors employed by Torbay & South Devon NHS Foundation Trust, together with those on a joint contract with the organisation and another employer.

## 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 Definition of SAS Doctors

- 5.1 There are 4 main categories of SAS doctors (for the purpose of this document) which is dependent on the type of national terms and conditions of service (TCS) the individual is employed on:

### 2021 Terms and Conditions

- 5.2 **Speciality Doctor** - is the less senior SAS role, and new entrants to the role require supervision and support to develop in keeping with their existing level of experience. As a Specialty doctor gains experience, they should have an increasing ability to take decisions and carry out responsibility without direct supervision.
- 5.3 **Specialist** - is the more senior SAS role and is defined as a “senior and experienced clinician who will work autonomously”.

### 2008 Terms and Conditions

- 5.4 **Speciality Doctor** – on the 2008 TCS is a doctor who has at least four years of postgraduate training, two of those being in a relevant speciality.
- 5.5 **Associate Specialist** – completed a minimum of 10 years’ medical work since obtaining primary medical qualification, of which a minimum of 4 years should have been in a relevant speciality.
- 5.6 All doctors appointed into new SAS posts are appointed as specialist doctors and speciality doctors on the 2021 TCS. However, a number of our doctors remain on the 2008 terms and conditions for other grades that are now closed to new entrants.
- 5.7 The following terms are no longer appropriate to describe our SAS doctors:
- Non-Consultant Career Grades - This is a historical term that is still occasionally used but should not be.
  - Non-training Grade
  - Middle Grades - Defining the entire SAS workforce as “middle grade” doctors is unhelpful in the context of the differing levels of seniority, independence, and experience.
  - Service Roles

## 6 Alternative Career Pathways

- 6.1 Choosing a career as a SAS doctor should be a viable career choice and offer several attractive additional pathways for a career in medicine. The SAS contracts potentially allow an individual to have their entire career within our organisation, working towards any one of a number of potential end points.
- 6.2 A new Specialty Doctor could choose to pursue any of the following:

- Remaining a Specialty Doctor, and broadening their role into the non-clinical
- Progressing to becoming a Specialist
- Progressing to becoming a Consultant via CESR
- Progressing to becoming a Consultant or GP by (re-)entering a formal training programme

Each of the above reflects a different career pathway to the “conventional” norm of formal training.



## SECTION TWO: SAS CHARTER

### 7 SAS Charter

7.1 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, The NHS has developed a charter for SAS doctor development. The charters set out what SAS doctors can expect from their employer and what the employer can expect from them. It includes recommendations around contracts, job planning, development, involvement in organisational structures and recruitment.

7.2 TSDFT is supportive of the SAS Charter and has outlined below its commitment to supporting and developing our SAS workforce. The Trust is committed to ensuring that the role of SAS doctors it employs is fully acknowledged and respected by the management, colleagues, and patients.

#### 7.3 ***SAS Representation***

The Trust has the following SAS roles:

- SAS Tutor
- SAS Advocate
- SAS JLNC Chair

7.3.1 The SAS workforce shall have an opportunity to meet regularly and elect a Chairperson who will represent the group and work to ensure that SAS Charter recommendations are implemented. It will also act as a policy-setting group for SAS doctors and a forum for discussion, making recommendations to be referred to the Joint Local Negotiating Committee (JLNC) for agreement.

7.3.2 The group will be represented at JLNC meetings.

7.3.3 There should be an adequate representation of SAS doctors in all specialities where appropriate.

7.3.4 Attendance at Specialty, Directorate and Care Group level by SAS representatives will be supported by the Trust.

7.3.5 SAS doctors are entitled to attend and fully participate in meetings of the Trusts' Medical Staff Committee and shall be included in the circulation list for agendas.

#### 7.4 ***Recruitment of SAS Doctors***

7.4.1 The recruitment of SAS doctors will be as per the national terms and conditions of service and based on entry criteria for each grade. The SAS JLNC Chair and SAS Tutor will receive notification of all SAS posts being advertised.

7.4.2 It is an expectation that the SAS JLNC Chair, SAS Tutor or SAS Advocate be invited to be a panel member for SAS appointments. In circumstances where they

are unable to attend it is important that their expert advice has been sought prior to interview.

7.4.3 It is an expectation that all staff should receive an appropriate induction both at Trust and local level, to ensure they understand their role, responsibilities, and line management arrangements.

7.4.4 All new SAS Doctors will be expected to complete the New Consultant & SAS Development Programme run internally by the Trust.

## **7.5      *Speciality Doctor Career Progression and Specialist Grade Recruitment***

7.5.1 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.

7.5.2 The recruitment of SAS doctors will be as per the national terms and conditions of service and based on entry criteria for each grade.

7.5.3 Please refer to Section Three: Speciality Doctor Career Progression and Specialist Grade Recruitment for more detailed information.

## **7.6      *Contract of Employment***

**The Trust will work towards every SAS doctor having the following conditions as a minimum:**

### **Contract and Terms & Conditions of Service:**

- an appropriate contract of employment incorporating National Terms and Conditions of Service (in accordance with national and local collective agreements)
- SAS doctors employed on the 2008 Specialty doctor grade or on closed SAS grades will be provided with the option to move to the 2021 Specialty doctor contract and Terms and Conditions of Service at any time in their employment.
- When appointing to the 2021 Specialty doctor contract, doctors employed on local Terms and Conditions will be able to apply, provided they meet the entry requirements for the Specialty doctor grade and where the requirement for the Specialty doctor post has been confirmed as a service need through an approved business case. Recruitment activity will adhere to the recruitment principles of having fair and transparent processes in accordance with the Trust's Recruitment Policy
- The Trust will consider appointing to Specialist Grade doctor contracts in accordance with the 2021 TCS and any local agreements. The post will have been confirmed as a service need through an approved business case. Recruitment activity will adhere to the recruitment principles of having fair and transparent processes in accordance with the Trust's Recruitment Policy

- No individual doctor should be disadvantaged by choosing to transfer to the 2021 contractual arrangements or to remain on the pre-2021 arrangements.
- The Trust wishes to pursue a policy of consistent and equitable staff benefits for all senior doctors and will therefore provide the same leave entitlements to Consultants and SAS doctors with all grades being entitled to 2 days additional leave after 7 years in a senior doctor grade.

## **7.7 Job Plans**

7.7.1 The Trust believes that there should be common, consistent, and equitable job planning for all senior doctors and will apply the same policy to consultants and SAS doctors including an appropriate allocation of Direct Clinical Care and Supporting Professional Activities.

7.7.2 An effective job plan is based on a partnership approach between the SAS Doctor and the relevant clinical manager that sets out a Clinicians' duties, responsibilities and objectives for the coming year. It should cover all aspects of their professional practice including clinical work, teaching, research, education and managerial responsibilities. It should provide a clear schedule of commitments. It should include:

- personal objectives, including details of their link to wider service objectives
- details of the support required by clinicians to fulfil the job plan to include clear provision of office facilities, administrative and other resource support or adjustment required.

7.7.3 The SAS doctor and relevant clinical manager may conduct an interim review of the job plan where duties, responsibilities, accountability arrangements or objectives have changed or need to change within the year. Changes to the job plan will only be by mutual agreement.

7.7.4 The Trust recognises the importance of an appropriate balance between daytime and out of hours. For SAS doctors contracted to work a "full shift" system the total percentage of out of hours work should not exceed 40% unless mutually agreed by the individual doctor and the Trust

## **7.8 Professional Development Opportunities**

7.8.1 SAS Practitioners have equitable access to further training and developmental opportunities as facilitated by the Trust and /or Associate Dean of the regional HEE.

7.8.2 SAS Practitioners should have equitable access to further development opportunities, in accordance with the Allocation of Training Funding for SAS Doctors and Dentists (see Appendix 1).

7.8.3 SAS Practitioners are supported within the Trust by the SAS Tutor, SAS Advocate and SAS Group Chair.

7.8.4 SAS Practitioners have protected sessions or programmed activity time to promote

their professional and educational interests in accordance with the Trust Job Planning policy.

- 7.8.5 The Trust's approach towards Specialist doctor recruitment should be supportive of internal applicants' progression to this grade (where it responds to the needs of the Trust, its patients and its SAS doctors), whilst adhering to the recruitment principles of having fair and transparent processes in accordance with the Trust's Recruitment Policy
- 7.8.6 The Trust wishes to encourage professional development; Senior SAS doctors have the opportunity to apply for Certificate of Eligibility for Specialist Registration (CESR). Where appropriate Specialty Doctors can apply to be recognised as 'Autonomous Practitioners'.

## **7.9 Recruitment to Management or Leadership Roles**

- 7.9.1 In addition to the recruitment principles set out in the national charter (referenced) the Trust will ensure that SAS Practitioners are alerted to opportunities to apply for management/leadership roles within the organisation.
- 7.9.2 Examples of such roles may include clinical management roles, clinical service leads, appraisal lead, appraisers, educational supervisors, trade union roles at Trust level.

## **7.10 Support to SAS Doctors**

- 7.10.1 It is an expectation that all new SAS Practitioners will be invited to meet with the SAS JLNC Chair, SAS Tutor and SAS Advocate.
- 7.10.2 Access to office accommodation, telephone, and computer facilities in each department/ISU where SAS Practitioners are employed, to include email and suitable storage facilities for confidential/private work-related papers, books etc.
- 7.10.3 Adequate secretarial support to enable the efficient discharge of patient related correspondence and other administrative work for the Trust.
- 7.11.4 Adequate rest facilities particularly for SAS Practitioners who are required to work at night.

# **SECTION THREE: Speciality Doctor Career Progression and Specialist Grade Recruitment**

## **8.1 Promoting Specialist Grade Recruitment**

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

8.1.2 This following 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.

8.1.3 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.

8.1.4 An existing Specialty Doctor who believes they are working at a Specialist level, should discuss this with their Clinical Lead and Operational Manager.

8.1.5 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.

8.1.6 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 details are provided under 8.4.

8.1.7 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 because of recruitment be liable to redundancy. In these cases, managers should discuss the situation with the Medical Workforce Service.

## **8.2 Criteria for Appointment**

8.2.1 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.

## **8.3 Eligibility**

8.3.1 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.

## **8.4 Need for the Post**

8.4.1 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 (e.g. possible change to on-call duties of other team members).

## **8.5 Recognition of Enhanced Responsibilities and Experience**

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

8.5.2 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.

8.5.3 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.

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

8.5.5 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.

8.5.6 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.

## **8.6 Terms and Conditions & Starting Salaries**

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

8.6.2 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.

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

## **8.7 Application Procedure**

8.7.1 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.

8.7.2 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.
- The likelihood of a current position being at risk of redundancy. If this is likely this must be discussed with the Medical Workforce Service.

## **8.8 Interview Process**

8.8.1 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

8.8.2 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.

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

## **8.9 Guidance on evidence that may be provided to support appointment to a Specialist post.**

**8.9.1 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.

### **8.9.2 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, e.g. 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.

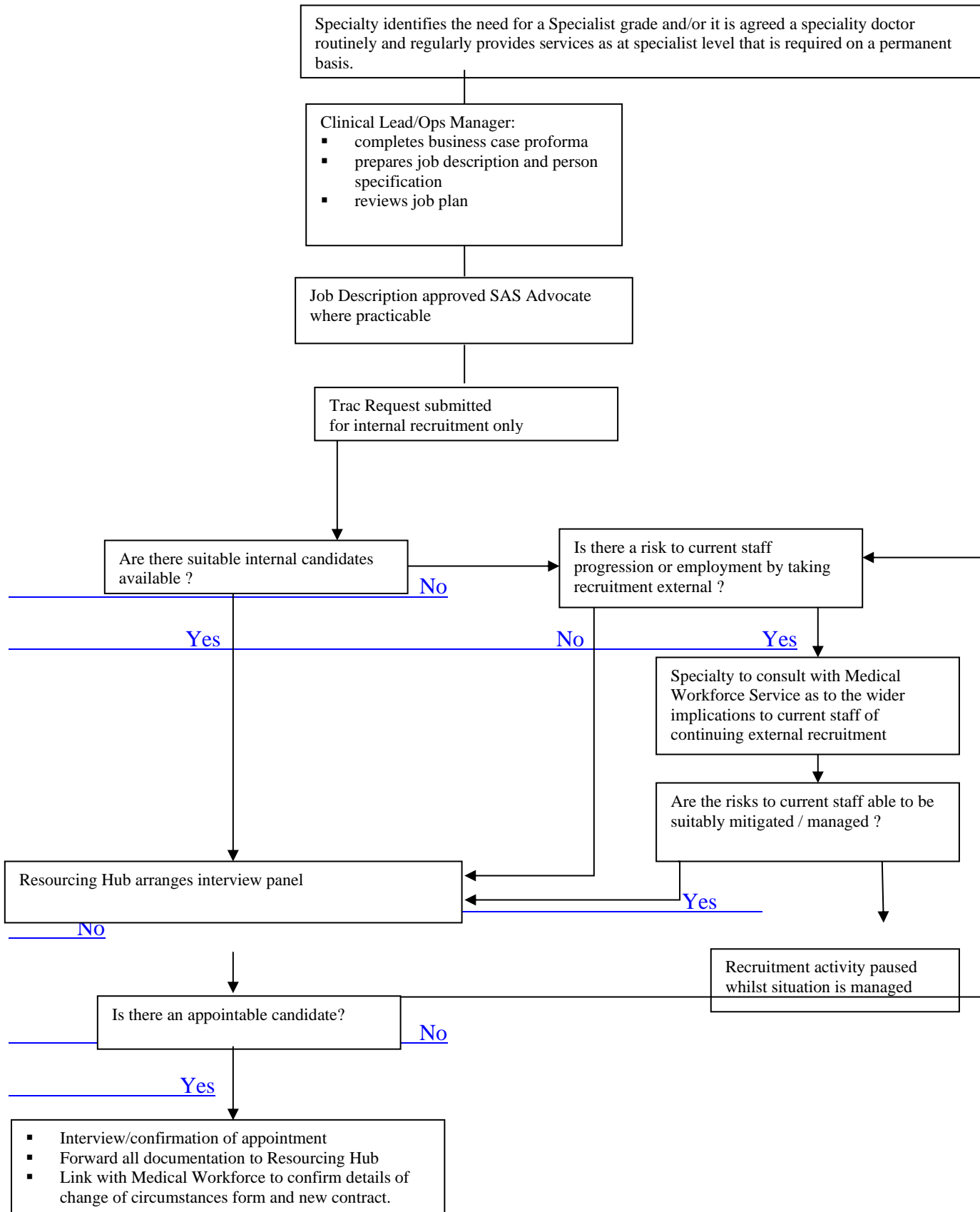
- **research (if appropriate)**

- 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.

### 8.9.3 Summary Protocol Specialist Grade Recruitment



## SECTION FOUR: AUTONOMOUS PRACTICE

9. Senior SAS within the Trust have developed sufficient competence and sufficient skills in certain clinical areas that they in essence act as independent and autonomous practitioners.
- 9.1 A natural development of this independent working is to enable senior SAS who have been identified as having appropriate levels of competence and skill in certain areas to manage patients independently. Senior SAS grades working autonomously, will usually receive direct referrals and patients can be under their named care, with patients and clinical activity coded against their name.
- 9.2 In these circumstances, considerations should be given to whether the individual meets the requirements of a Specialist role and whether it is appropriate in line with the needs of the service to recruit into this role.

### **9.3 *Autonomous Practice outside of Specialist Grade***

- 9.3.1 If a SAS doctor/dentist aspires to move towards autonomous practice in a particular area, then this should be discussed at appraisal and with the relevant Clinical Lead. Working as an Autonomous Practitioner should be viewed as career development with the aim of the individual applying for a Specialist post in the future where appropriate. Therefore, this needs to be in line with service need.
- 9.3.2 The ability to work as an autonomous practitioner will be dependent on identifying those specific areas of autonomous practice for individual SAS based on evidence of competence and appropriate training, supported by evidence of those procedures/techniques with best practice outcomes.
- 9.3.3 Individuals signed off as autonomous practitioners under these arrangements would normally be accepted as named clinicians with delegated responsibility for the patients.
- 9.3.4 The Operational/Practice Manager will ensure appropriate coding of activity to facilitate appropriate data on workload, activity, and outcomes.
- 9.3.5 Individual accountability arrangements must be agreed as part of the job plan and the need or otherwise for supervision must be decided according to the individual's competence. A framework for on-going support and development for the SAS doctor is required with access to peer advice and support, as for any practising clinician.

- 9.3.6 If the doctor/dentist is interested in becoming a Specialist but does not have the necessary skills or experience, an element of autonomous practice may focus on how the SAS doctor/dentist can progress towards that aspiration.

#### **9.4 Approval for Autonomous Practice outside of Specialist Grade**

- 9.4.1 Following the appraisal discussion the SAS doctor should submit a written request to the Clinical Lead outlining the proposal for autonomous practice.
- 9.4.2 The Clinical Lead will discuss the request with the member of staff, Consultant colleagues, Operational Manager and where appropriate Care Group. In the event of disagreement between consultants as to whether support for development of the SAS doctor should be provided, the matter will be taken to the Associate Medical Director for arbitration.
- 9.4.3 The Clinical Lead will discuss the request with the Associate Medical Director and Associate Director of Operations for the Care Group, further to this discussion the Clinical Lead will provide a written response to the SAS doctor.
- 9.4.4 The SAS doctor/dentist will confirm their agreement to autonomous practice in writing to the Clinical Lead copying in the Associate Medical Director and Medical Workforce Service. Once this is completed the move to autonomous status will be formally recorded on the SAS personnel file by Medical Workforce Service.

## **SECTION FIVE: Specialist Registration Portfolio Pathway (CESR)**

### **10      *The Specialist Register***

- 10.1 The Specialist Register is a list of doctors who are eligible to take up appointment in any fixed term, honorary or substantive consultant post in the NHS, although specialist registration is not a legal requirement for these posts in foundation trusts. The register is maintained by the General Medical Council (GMC)
- 10.1.2 If you have a specialist medical qualification, training or experience and you want to work as a consultant in a UK health service you need to apply to join the Specialist Register.
- 10.1.3 How you apply depends on things like when and where you completed your specialist medical training or experience.
- 10.1.4 There are different types of registration applications available to specialists and general practitioners (GPs) based on their knowledge, skills, and experience. Doctors only need to apply for specialist registration or GP registration, if they want to practise as substantive, honorary or fixed term consultant, or as a GP in the UK health services.
- 10.1.5 In order to be granted specialist or GP registration doctors must hold full registration with a licence to practise at the point specialist/GP registration is awarded.

### **10.2      *Benefits of gaining access to the Specialist Register?***

- 10.2.1 Specialist Registration is the hallmark of a doctor who requires no further training to practice independently and acts as the best assurance to the public that a doctor is qualified to practice without supervision.
- 10.2.2 Specialist registration provides recognition to other doctors that an individual is fit to practice as a specialist and enables that individual to apply for honorary, substantive or fixed term consultant posts in the NHS.

### **10.3      *Trust Support for Applying for Specialist Registration***

- 10.3.1 The Trust wishes to support the career development of our SAS doctors as per any other employee. The ability of the Trust to support the development of applicants may be limited by the cost implications of such a process. It is important to recognise that for top-up training there will potentially be both the cost of training and the cost of replacement medical time to ensure on-going service provision.
- 10.3.2 The funding for this task could theoretically be accessed from the following sources:

- Trust internal resources – this will need to be balanced against the professional and personal developments of other Trust employees.
- Partial or total funding by the individual CESR applicant.
- Partial funding through the SAS Doctor's Development fund for specific needs such as top-up training and internal and external secondment opportunities.

10.3.3 Issues to be considered when decisions are made regarding support for applicants by NHS Trusts are as follows:

- The existence within the Trust of a hard to fill Consultant appointment.
- Additional skills required by the Trust to meet NHS priorities and targets.
- Internal Trust development of additional Consultant grade staff
- Individual applicant's personal development.
- See Appendix A for flow chart for decision-making process.

#### **10.4 Who is eligible to apply for CESR?**

10.4.1 Doctors who are not in a UK Certificate of Completion of Training (CCT) specialist training programme but have gained the skills and experience required for the Specialist Register.

10.4.2 For SAS doctors there are two routes to entry onto the Specialist Register through the Portfolio Pathway CESR process:

##### **10.4.3 Portfolio Pathway – Specialist Registration**

10.4.3.1 The process by which doctors who have not trained in an approved programme can demonstrate they hold the knowledge, skills and experience required to practise as an eligible specialist in the UK and join the Specialist register. These doctors are awarded a Certificate of eligibility for specialist registration (CESR) certificate.

##### **10.4.4 Portfolio Pathway – In a non-CCT specialty**

10.4.4.1 Applications via Portfolio pathway made in a specialty that we haven't approved a CCT curriculum in. Doctors must demonstrate that their knowledge and skills are equivalent to the standards required of a consultant in the UK health services. They must have a specialist medical qualification or six months training in a non-CCT specialty from outside the UK. These doctors are awarded a Certificate of eligibility for specialist registration (CESR) certificate if successful in their application.

If your CESR application is successful, you will be awarded the certificate and entered onto the Specialist Register.



[List of CCT approved specialties](#) (GMC)

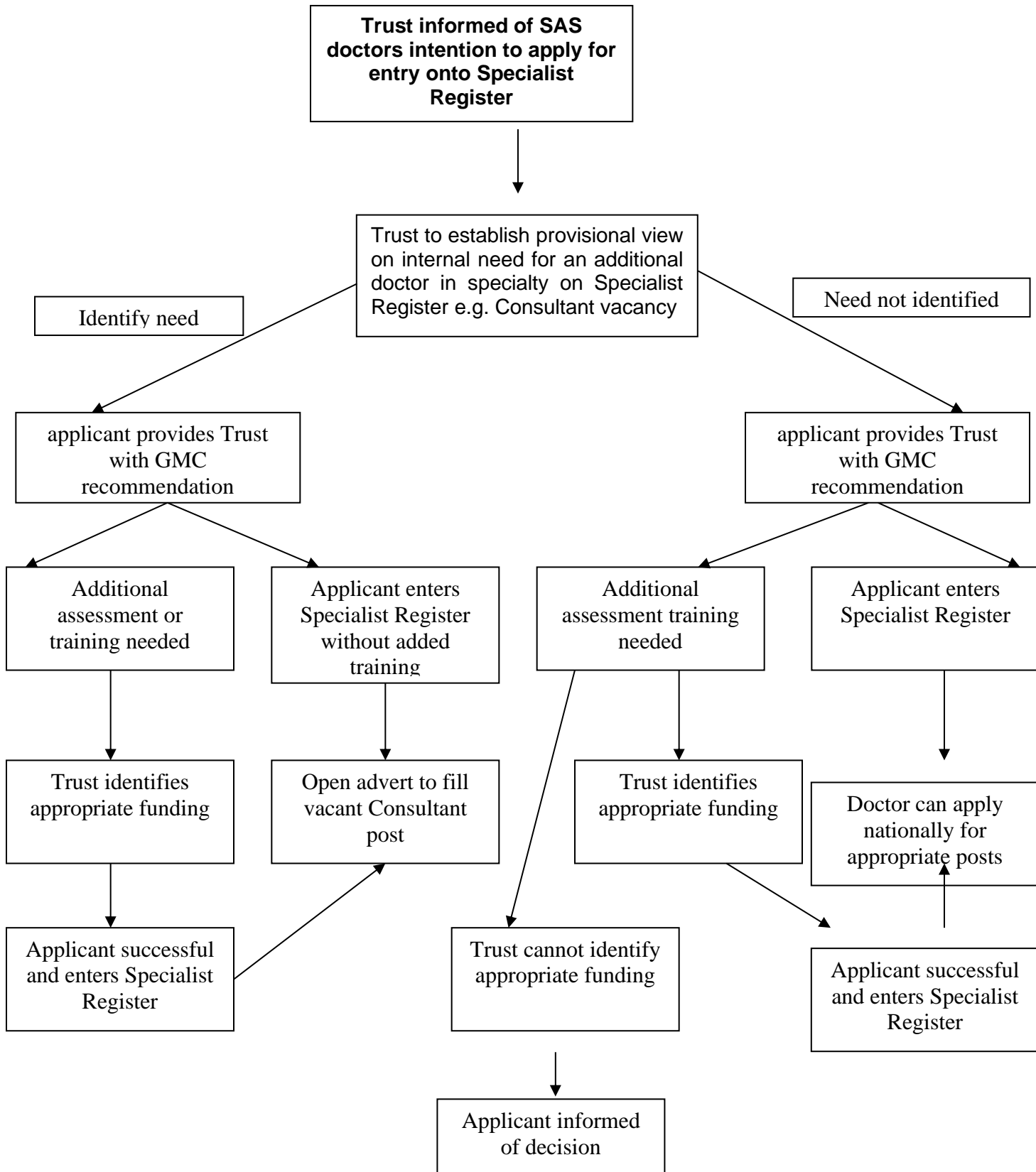
**10.5 Who manages the CESR application process?**

- 10.5.1 The GMC oversee the application process to CESR. One of its functions is to decide whether doctors are eligible to be included in the Specialist Register through the equivalence pathway.
- 10.5.2 All applications must be completed and submitted online via the GMC website. You can begin and re-open an application form to make alterations as many times as you like before final submission.
- 10.5.3 Speculative applicants are advised to open the application well before you are finally ready to make the submission, to allow yourself plenty of time to familiarise yourself with the process. You may withdraw an application at any stage before submission. This will not be counted against you in any later submission process. You will not be charged until you finally submit the application.
- 10.5.4 Before you begin your application, we strongly recommend you look at the GMC website which contains a helpful guide for doctors interested in applying for a CESR, including specialty specific guidance to help you to tailor your application and ensure your evidence is presented properly.

**10.6 Demonstrating the Standard Required for Specialist Registration?**

- 10.6.1 Doctors applying for specialist registration via the portfolio pathway, need to provide evidence that they have the knowledge, skills and experience required to practise as a specialist in the UK. This pathway was previously known as the CESR pathway.
- 10.6.2 Speciality specific guidance that sets out the evidence that doctors need to provide is available on the GMC website [Specialty specific guidance](#)
- 10.6.3 The GMC requires applicants to demonstrate that they have the 'knowledge, skills and experience required for practising as an eligible specialist in the UK'. Applicants need to demonstrate that their knowledge, skills and experience align to the high-level learning outcomes of the GMC-approved UK curriculum in the relevant specialty. These outcomes describe what a doctor is expected to know and be able to consistently and reliably demonstrate as a fully trained specialist.

### 10.7 Who manages the CESR application process?



## **11 Training and Awareness**

- 11.1 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](mailto:sdhct.medicalhr@nhs.net)

## **12 References**

[The SAS charter \(bma.org.uk\)](http://bma.org.uk)

[Maximising the potential: essential measures to support SAS doctors](#)

[SAS doctor development guide | NHS Employers](#)

## **13 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 Medical Workforce Service unless legislative changes determine otherwise.