Clinical Lead Survival Guide – Specialty and associate specialist (SAS) Doctors

As a clinical lead for ophthalmology, or as a consultant running part of the service, you will need to ensure you and your colleagues understand the roles and the rights of your SAS doctors, and support them to achieve their full potential and help your department to increase capacity.

Detailed surveys in other specialist areas (e.g. anaesthetics) show SAS doctors have extensive experience and many make a positive choice to become SAS for a better work life balance rather than 'failing' in the system. SAS doctors are central to delivery of ophthalmic services and we need to support their contribution.

This short guide provides some useful information.

Step 1 What is a SAS doctor and how many are there?

Staff and Associate Specialist doctors are doctors employed in hospitals who are not in formal training posts (deanery specialty registrars, training fellowships) and who are not consultants – so sometimes they are called *non-training non-consultant* (NTNC) doctors.

They are a diverse group in terms of their level of knowledge, training, performance, needs and aspirations and there is a lack of consistency in how SAS doctors have been developed and supported across the country and what contract terms are used for their posts. There are:

- Associate specialists (AS) who are employed on a pre-2008 contract, have a lot of experience, and many are at or very near to consultant level performance. This grade is no longer available to appoint to, but pre-existing appointments can continue*
- Staff grade doctors who are often very experienced but are unable to become Associate Specialists due to closure of the grade
- Specialty doctors on a new contract (at least four years postgraduate training with two years of this in a relevant specialty)
- Trust grade doctors with different terms & conditions of contract to SAS (and called Locally Employed Doctors). The British Medical Association (BMA) has suggested these doctors be included in the SAS group
- Foundation trusts may employ on 'AS-like' contracts to attract staff
- (Very experienced doctors who have gone through CESR and are now consultants or applying for consultant posts; RCOphth workforce census suggests average of 15 recommendations/ year entry onto specialist register)

**Note that there is a move nationally supported by the BMA to bring back AS grade but this is not agreed so far with the Department of Health.*

For ALL specialties, there are 20,000 ophthalmology SAS doctors and 23,000 locally employed doctors, all are an important part of the workforce. SAS doctors make up 20% of the secondary care workforce.

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Step 2 What about the SAS workforce in ophthalmology?

We know there are major capacity issues leading to an overwhelmed hospital eye service in the UK. A recent BOSU survey highlighted some patients suffering permanent and severe visual loss due to health service initiated delays. The RCOphth workforce census (2016) and workforce assessments show we have a shortfall in ophthalmologists including SAS doctors.

- 76% response rate, equating to 106 ophthalmology departments across the UK
- 1,397 consultants, 806 trainees and **687** SAS doctors made up 24% of medical workforce
- Of the consultants, 25% were female with 47% of SAS doctors are female
- Around 50% of consultants and SAS work part-time
- 51% units have unfilled consultant posts (73 posts) especially Scotland, and 47% of units have unfilled SAS posts (56 posts)
- The current 90+ places are not adequate to meet the growing demand, including a low drop-out rate from training, and no national plan to increase the number of trainee places
- 22 SAS doctors had certification of completion of training (CCT) and 27 SAS had certificate of eligibility for specialist registration (CESR) showing that there are not enough appropriately trained SAS to fill vacant consultant posts
- Future workforce demand is going to continue increasing
- Currently it is very difficult to recruit SAS doctors to advertised posts

Experience from units who have introduced greater use of innovation such as community optometrists, extended roles of nurses and allied health professionals (AHPs) and virtual clinics, suggest that these will not wholly address the need for a larger ophthalmologist workforce. Brexit may also have implications for the whole of healthcare.

Step 3 How are SAS doctors feeling now?

SAS doctor surveys from other royal medical colleges and the RCOphth have revealed SAS doctors have a number of concerns, including feelings of being undervalued. They wish for:

- Recognition of skills and clinical competence as well as career progression pathways
- Greater respect from colleagues both trainees and consultants
- Access to and support/guidance for training to progress towards exams or CESR with a designated educational supervisor
- More training opportunities even if not seeking CESR
- More involvement in non-clinical roles such as management, clinical governance and teaching
- Opportunities to develop to their maximum ability
- More encouragement to undertake leadership roles at College and local levels
- Mentoring
- Promotion of SAS grade as a positive career choice

Conclusion: **We need to work harder to motivate, support and train SAS doctors to apply for posts, stay, and perform well to optimise their contribution.**

Step 4 SAS doctors have rights

There are standards set nationally about what SAS doctors do, how they are supported, employed and trained which you should read. These can be found on the RCOphth website.

The SAS Charter explains what SAS doctors can expect from their employers and employers can expect of them and you need to ensure this is adhered to:

- A job plan that contains appropriate SPA time for their role: **a minimum of one**, but **additional time may be required** for audit, CPD, mandatory and specialty training, formal teaching, research etc
- The support needed to enable them to progress in their career
- Appropriate access to resources to enable them to their job effectively and efficiently (office/technology/secretarial support)
- Effective induction into their role
- Coding of patients and work activity under a SAS doctor's name where applicable
- Access to appropriate data for appraisal
- Sufficient breadth and depth of clinical work and relevant professional activities to achieve and maintain competencies to develop as clinicians
- Adequate support and time allocation to allow SAS doctors to fully participate in appraisal process with access to appraiser training where applicable
- Access to pastoral support
- Necessary study leave requirements
- Support to apply for additional funding for professional development activities where available (allocated by HEE via individual regional LETBs Associate Dean)
- Support and time to learn new skills including consideration of secondments
- Access to the trust SAS tutor (who reports to the local LETB Associate Dean), clinical lead and a mentor for professional and personal development needs
- Access to support and guidance for CESR should they wish it including advice from the College REA
- Encouragement for senior SAS doctors to get involved in management within their directorate/ attend directorate meetings
- Involvement in the recruitment of other SAS doctors

Step 5 Autonomous working

Experienced SAS doctors have the ability to perform **some** or all of their work independent of consultant supervision, receiving direct referrals, with patient activity coded to them as the named doctor in charge of their care.

The 2008 SAS terms and conditions of service state: *'Contractually there is no specific requirement for consultant supervision for SAS doctors…..individual accountability must be agreed as part of the job plan….decided according to an individual's competence'* and how this works is described in detail on the BMA website, referring to the document **Guidance template for the development of autonomous practice for SAS doctors and dentists**.

The ultimate responsibility for ALL patients rests with the Chief Executive who delegates this responsibility to appropriate clinicians (not necessarily consultants) administered and overseen by the Medical Director.

However, it is not an automatic right to work autonomously.

The co-chair of the UK SAS Committee states *'working autonomously is not a right that should be taken for granted for SAS doctors but a privilege that is often hard won through determination, hard work and demonstration of competencies. It is dependent not only on your skills….. but also on local governance structures and the support of your department and employer'*.

Key points to know how this works:

- Must be on the basis of the *individual's* competence
- Can be in some (usually) or all of their practice
- Highlighted in the Guidance template, *'SAS doctors as registered medical professionals are both legally and professionally accountable for their actions. The GMC outlines …. a doctor must recognise and work within the limits of their professional competences, regardless of qualifications or grade.'*
- In any role, the SAS doctor will remain accountable to the Chief Executive
- If an SAS doctor has aspirations to move towards autonomous practice in a particular area, then this should be discussed at appraisal and the Trust should support this if appropriate for the service needs. The following process should be followed:
  - The SAS doctor should submit a written request to the clinical lead outlining the proposal for autonomous practice
  - The lead discusses with the doctor and the divisional chair/CEO and provide a written response to the doctor
  - SAS doctor will send the any agreement to the medical director for sign off
  - This should be included in their job plan
  - The clinical lead ensures with service managers the appropriate coding of activity

- For the specific areas of autonomous practice, the SAS doctors must perform audits of outcomes, comparison with local and national data, and obtain formal patient and colleague feedback for appraisal

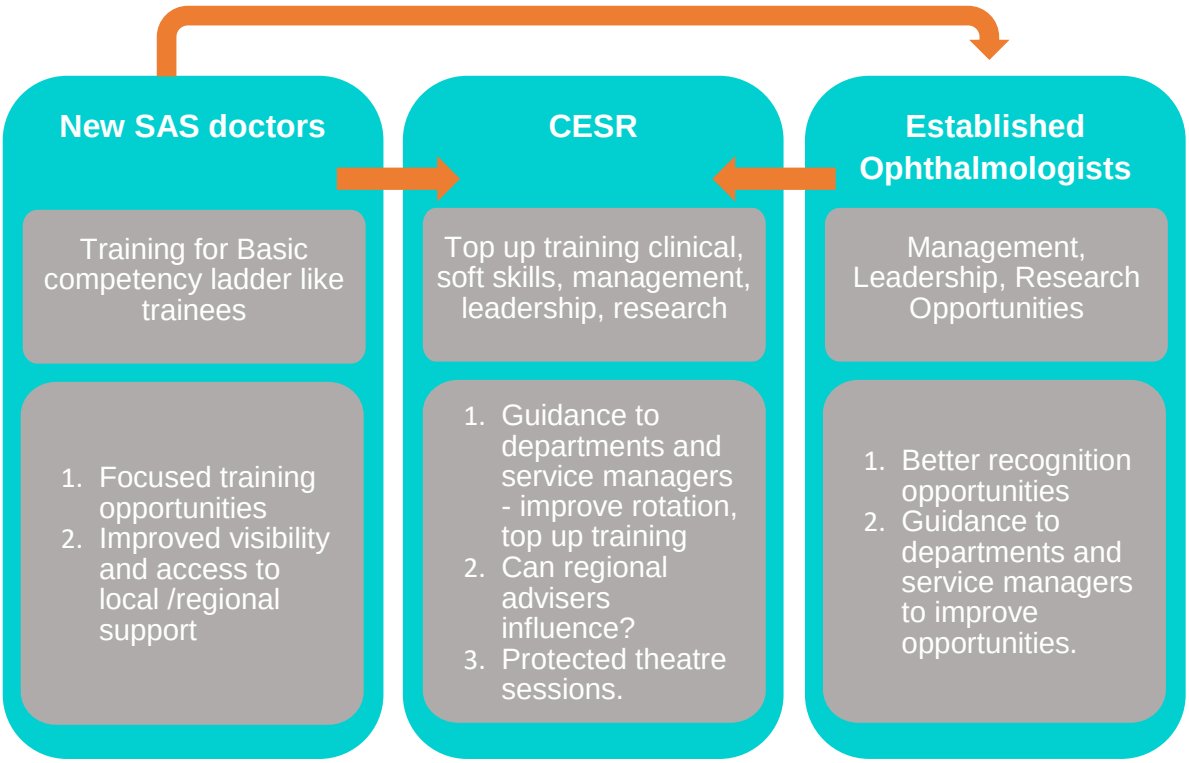
The 2018 RCOphth SAS survey showed that 83% of SAS ophthalmologists are delivering some part of their work autonomously with nearly 50% delivering all their work autonomously.
Conclusions: **consider how your SAS doctors can now, or with support, work autonomously. Benefits include: recognition of their high level of clinical skills; provision of personal and professional development opportunity; greater engagement and better morale; support of recruitment and retention; improved governance and responsibility.**

Step 6 Training and development

Some SAS doctors will be content not to expand their roles or seek extensive extra training. However, many will wish to.

SAS doctors probably fall into three main categories in terms of training requirements beyond those of the usual annual CPD.

- There are new SAS doctors who are looking for a coordinated introduction to knowledge and skills and some but not all of these may wish to pursue CESR from the beginning
- Established SAS doctors who wish to develop their skills in certain areas, expand their role or move into research, leadership/management, clinical governance roles without wishing to pursue CESR
- SAS doctors who wish to pursue CESR



A small number of units have formalised their *new SAS* and *CESR seeking SAS* training programmes and which have worked very well in terms of attracting excellent applicants for posts and improved retention and performance. Here are their tips for how to make this work well:

- Advertise new posts as 'training SAS' posts
- Appoint a consultant ophthalmologist in the department as the SAS training lead and ensure they liaise with the RCOphth Regional Education Advisor who can also provide support on SAS training and CESR applications for the lead and the SAS doctors
- When an SAS doctor joins the department, or decides to seek formalised training, they have an initial meeting with the ophthalmologist who runs SAS training and the trust SAS Tutor (usually non-ophthalmic)
- If the doctor is interested in pursuing the CESR route, then a plan is made, according to the doctor's requirements, time frame, and clinical and surgical ability
- Follow RCOphth CESR requirements in detail
- Rotate through the seven subspecialties - if necessary make arrangements with other hospitals for certain areas which cannot be provided locally
- Cover clinical/ surgical/ laser training/ management training which closely follows OST training
- All SAS doctor timetables have at least two subspecialty clinics and one theatre session
- Timetable changes to rotate the doctors to get all the subspecialties and experience
- SAS involvement in the local and regional trainees teaching programme including presenting
- Encourage SAS doctors to take FRCOphth
- Yearly appraisal with clinical lead or SAS trainer, where needs are addressed and personal development plan (PDP) agreed with extra emphasis on training and the requirements for achieving CESR
- Involve all SAS doctors in research locally or via larger nearby units and ensure they complete Good Clinical Practice training
- Give SAS doctors the opportunity to submit abstracts and present at conferences
- Encourage to complete clinical supervisor training to supervise trainees
- Undertake at least one quality improvement project every year
- Receive 10 days study leave and budget equivalent to consultants
- Ensure access to the extra regional developmental funds for SAS doctors
- Establish if possible a local SAS faculty group which the trust SAS tutor chairs three times a year; to allow networking and so can voice their opinion on ways to improve the training or patient services
- Ensure clear goals for progress and change tack if fail to progress properly: revert to non-training SAS posts or cease contract

Step 7 What else can SAS doctors do?

Experienced SAS doctors are also able to be involved in, or autonomously lead for, non-clinical areas such as:

- Teaching (trainee, other SAS, non-medical clinical, GPs, A&E etc)
- Clinical/Educational supervisor
- Clinical audit
- Clinical governance

- Research
- Management and clinical leadership
- RCOphth committee or other roles

Step 8 What is The Royal College of Ophthalmologists doing?

We know that many SAS doctors are not members and would like to encourage more to join. The RCOphth has recognised that SAS doctors need more support and can contribute more to capacity. RCOphth is reviewing and developing support and initiatives:

- New SAS area on College RCOphth website with information, resources and links
- SAS annual Educational Day
- RCOphth Congress SAS meetings
- Dedicated SAS Forum (please contact sas@rcophth.ac.uk)
- Train the Trainer courses
- CESR training days during the year of 25 candidates which receives good feedback and are usually fully booked
- The RCOphth SAS survey has been completed to better identify what SAS doctors want and action planning has started with SAs doctors nationally
- Exploring the possibility of formal national RCOphth SAS training route

Step 9 Summary of what clinical leads and consultants need to do

We hope this guide helps you to review how SAS doctors could contribute to your unit. As with any workforce, helping individuals feel valued, nurtured and empowered means that everyone benefits from an engaged and motivated team, especially patients. Below is a summary of things to consider:

- Realise that SAS doctors are an important part of the future workforce to meet capacity and demand issues
- Recognise SAS individual needs through appraisal and job planning
- Provide teaching and training and work based assessment as for trainees
- Ensure adequate SPA time to fulfil their needs and progress
- Ensure they receive appropriate study leave entitlement and funding
- Provide pastoral support, career guidance and mentoring
- Encourage RCOphth membership and use of the CPD portfolio
- Encourage roles like teaching and training, clinical/educational supervisor, management, appraiser as you feel appropriate
- Support them for CESR and FRCOphth
- Bring on board fellow consultants and managers
- Consider formalising SAS training
- Support them to achieve autonomous working
- Consider appointing a consultant to be SAS lead and make contacts with the SAS tutor and the RCOphth REA

If you would like to discuss any of the information in this guide, please contact sas@rcophth.ac.uk

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