

Benchmarking the Development of SAS Doctors Careers

Autonomous Practise and Extended Roles

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Background

Staff and Associate Specialist Doctors make up a significant proportion of the NHS workforce. The BMA SAS Doctors' Charter 2016, and NHS Employers SAS Doctors' Development Document 2017, are nationally recognised as laying down the benchmarks for the development of SAS Doctor careers. The expected responsibilities for Trusts and SAS doctors are explicit. They cover provision for statutory development of GMC Appraisal and Revalidation, and holistic development in clinical and professional development areas. This latter section includes opportunities, recognition and attitudes.

Four SAS Tutors undertook this QI Fellowship Project to look at their respective Trusts position in relation to the benchmarking of SAS career development.

We undertook to understand where things are working well and where they are not satisfactory and take forward proposed changes to improve respective Trust's engagement with this process.

Method

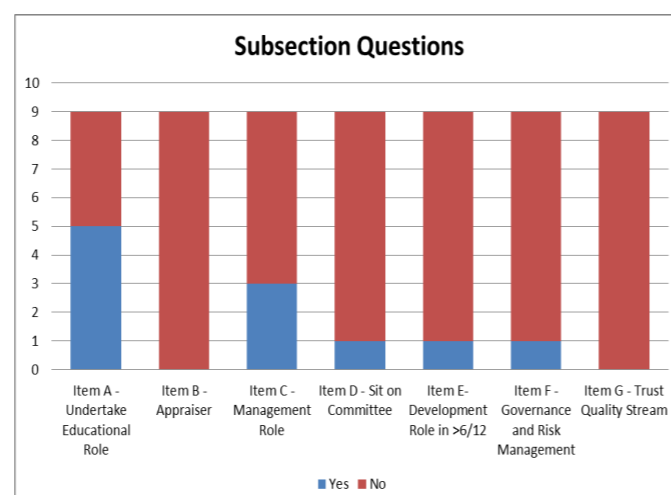
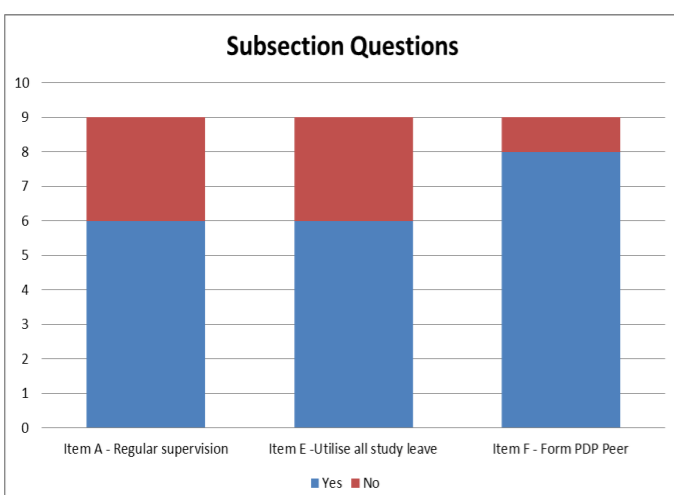
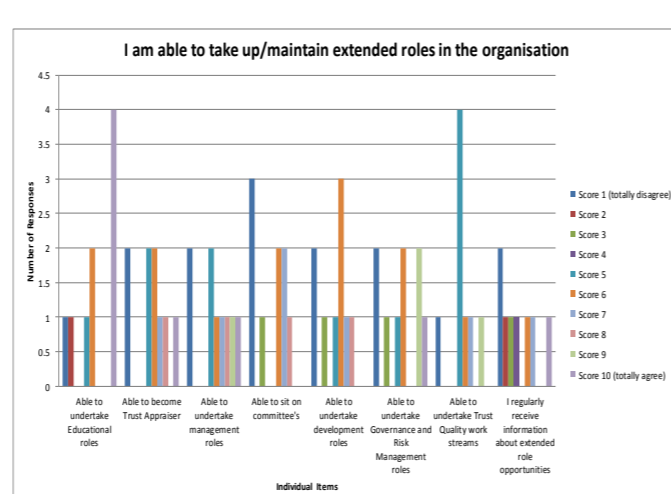
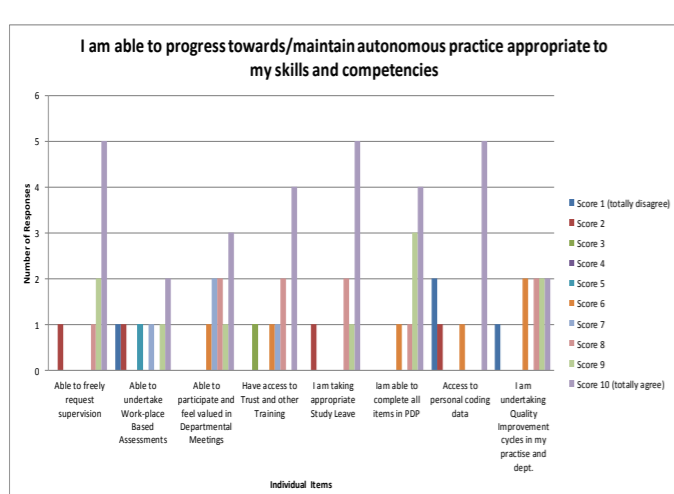
Practising autonomously (self-governance) as a doctor is part of a development process that requires space for engagement, support/supervision and recognition to enable development of safe and effective doctors who in turn deliver safe and effective care. We are most likely never going to practise completely autonomously and part of the process of this development is to remain engaged within lifelong learning and reflective practise which requires processes for supervision and peer-led development. It is also a requirement when considering progression through the thresholds within the SAS Contract and when applying for a CESR.

Method

The four SAS Tutors initially undertook a survey covering all identified benchmarks to identify how to direct the project into each Trust. The DHUFT survey highlighted that we do not score as highly in relation to Autonomous Practise, Extended Roles and Recognition.

A further qualitative survey was undertaken considering specific factors relating to autonomous practise and extended roles with subsections for identified questions considering recognition in these areas.

From these results, we were able to identify several difficulties within our SAS Doctor group and plan actions to be taken to improve the development of these areas.



Aim

This project, in combination with three other NHS Trusts sought to enhance the development of SAS Doctor careers. This part of the project considered improving the recognition and engagement of SAS Doctors in autonomous practise and extended roles specifically.

Actions Taken

- * Identify if there is a Trust SAS Autonomous Practise Strategy in place. There is no strategy/policy specifically for this purpose.
- * Approach other trusts in relation to work already done to build upon.
- * Approach Medical Director to propose a strategy for recognition of autonomous practise. This has been delayed due to management changes.
- * Plan to propose the strategy to the Board once the document is complete and approved.



Conclusions

At the time of completion of the Quality Improvement Fellowship, our project has not yet reached completion. There are several practical issues that have led on to this, including pending changes of medical management fundamental to taking proposals forward.

We identified that the process of undertaking the project alone has improved our SAS doctor group's understanding of the expectations in relation to autonomous practise, improved understanding of the contracts that they work within and an interest in further assisting with the completion of this project.

We identified the following items that will require addressing within the strategy.

- * Lack of time in job-plan to take forward autonomous/leadership roles.
- * Preoccupation with Consultants leading onto apathy within SAS group.
- * Not enough staff to cover workload when requiring time for progression roles.
- * SAS not feeling included or encouraged to take up non-clinical roles (told it is 'not their role')
- * No clear mechanism within which to record progress with development (outside of appraisal).

We are not currently in a position to demonstrate a defined quality improvement but intend on demonstrating this over the next year as we take forward the proposed changes once we have management and board approval.