Staff, Associate Specialist and Specialty Doctor (SAS) Grade

‘About 20% of the medical workforce is made up of doctors who are not in training or on the GP or Specialist Register’ (Shape of Training Report, October 2013)

Total – 12,306 SAS doctors on national contracts in Eng
5 closed but existant SAS (career) grades:
- Associate Specialists (closed)
- Staff Grade doctors and dentists (closed)
- Clinical assistants who are not also general practitioners (closed)
- Senior/ Clinical Medical Officers (S/CMOs) (closed)
- Hospital Practitioners (closed)

1 current/future grade:
- Specialty Doctors

Other career grade option:
- Non-standard, non-training (Trust) grades
2010 BMA Survey of recent medical graduates less than 2% of respondents reported a long term career goal to work in the UK as a specialty doctor.

Previous surveys (when the Associate Specialist grade was open) showed only 3% with a long term career goal of a SAS grade.

The reasons for the low regard with which the SAS grades are so often held are complex and historic.
Key reason that the SAS grades are not seen as a positive career choice is that they are thought of as a professional cul-de-sac, lacking in formal recognition of the specialist skills they deploy in the service, lacking in opportunities and often faced with many barriers to their progression and development.
SAS grade doctors have very low chances of appointment to other posts within the NHS.

Many joined the grades from overseas with a high level of experience and clinical competence. However, not having completed the formal training programme in the UK, they were ineligible to apply for consultant posts and often over-qualified for training posts.

Today, over 10% of Associate Specialists and 5% of Staff Grade and Specialty Doctors are on the specialist register.
Heterogeneous group of doctors
Range of Qualifications, Skills and competencies
A doctor whose competencies have not been formally tested.
System requirement
Culture change
Is the name appropriate?
The BMA are often approached with cases where SAS doctors have not been selected for training posts due to over-experience (and a negative score weighting that this experience carried) or due to lack of support from their current employers.
Those that fail to gain a CESR are recommended additional training by the GMC. However:

- Even this training is very difficult to arrange without the support of current employers, managers and the deanery,
- Managers can be reluctant to lose their most experienced staff (even for short periods),
- it may be difficult to identify posts that could involve the required aspect of training or the trust that has the gap may be reluctant to fill it with a doctor whose competencies have not been formally tested.
Development Issues

- Development funding – Cuts, Utilisation, Waste
- Study leave – Access, funding
- Recognition as Trainers, Managers & Leaders
- CPD opportunities
  - Access Varied
  - Recognition
  - Validity & Appropriateness
  - Value to support progression
Contract Issues

- Variable Job Plans
- Regrading
- Non-standard grades
- Revalidation – Needs, Appraisers, RO, Data
- Appropriate SPA time
- Future – what is the place for SAS drs in the new NHS?
- SAS as educational supervisors & trainers
Challenges for experienced SAS doctors

- Insufficient recognition amongst patients and colleagues
- Career progression - Difficulties getting consultant posts
- Difficulty gaining College fellowship
- Discrimination?
- Unable to negotiate the job plan/hours that we want
- Insufficient flexibility of work pattern
- Insufficient protected SPA time
- Unable to practice independently
- Difficult to get private practice work
SAS Autonomous working, coding and credentialing

- The autonomous working of SAS doctors has been a vital issue for SASC, leading to the adoption of an agreed policy that has been supported by the BMA’s Political Board.

- The importance of correct patient coding is part of the BMA drive to support SAS doctors - raised with the Secretary of State, NHS Employers, the DH and with HEE.
Getting involved in commissioning

- Clinical Commissioning Groups can greatly benefit from the involvement of SAS doctors and the BMA website provides further details on how this can be achieved.

- Areas identified as points of engagement for senior SAS doctors wishing to influence the delivery of care in their specialist areas are:
  - through positions on the CCG’s decision-making bodies,
  - engaging with clinical senates and clinical networks, LMCs and BMA Regional Committees (ie Regional SAS Committees), Regional Councils, Local Authorities, Local Directors of Public Health, NHS England, and Monitor
Future Hospital: Caring for medical patients
Context and development
Why establish the Commission?

Hospitals on the edge?

• Rising clinical demands
• Changing needs
• Fragmented care
• Out-of-hours care breakdown
• Medical workforce crisis
Aim of the Future Hospital Commission

Identify new way of delivering hospital services:

- Come to patient
- Coordinated around patients’ needs (including for multiple conditions)
- Organised over seven days
- Reach beyond hospital walls
- Value patient experience as much as clinical outcome
- Deliver clear lines of responsibility for patient care
## Constitution of the Commission

<table>
<thead>
<tr>
<th>Patients</th>
<th>Managers</th>
<th>Social care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>Physicians</td>
<td>GPs</td>
</tr>
<tr>
<td>Anaesthetists</td>
<td>Surgeons</td>
<td>Trainees</td>
</tr>
<tr>
<td>Health academics</td>
<td></td>
<td>Public health</td>
</tr>
<tr>
<td>and others</td>
<td></td>
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</table>

*Future Hospital Commission*
What does the report cover?

• Organisation of medical care and teams
• Education, training and deployment of medical staff
• Building a culture of compassion and respect
• Management, economics and leadership
• Information systems
Recommendations
New principles of care

Eleven principles of patient care, including:

- Patient experience valued as much as clinical effectiveness
- Clear responsibility for each patient’s care
- No wards moves unless necessary for clinical care
- Robust arrangements for transferring of care
- Self-care and health promotion facilitated.
- Care plans that reflect individual needs for all
A new model of hospital care

- Medical Division
- Acute Care Hub
- Clinical Coordination Centre
Care where patients need it

• **Clinical leadership** for safety, outcomes and experience
• Medical care *coordinated* by single consultant
• Specialist medical teams work:
  - across wards
  - at the ‘front door’
  - into the community
• To deliver:
  - *early assessment* by senior doctor
  - ‘fast-tracking’ to specialist wards
  - ‘same day’ emergency care
  - early *care planning*
Care across seven days

• **Consultant presence** on wards over seven days
• **Team rotas** designed over seven days
• Arrangements for **leaving hospital** across seven days
Education, training and deployment

• Internal medicine valued and promoted
• More participation in (general) internal medicine
• Training in internal medicine across specialties
• Structured training for internal medicine
• Clinical workloads regularly reviewed
• Non-elective medical care prioritised in:
  - job plans
  - financial structures
Information supporting care

- Patient-focused clinical records
- Single electronic patient record
- Common record standards
- Viewable in hospital and community
Reaction and next steps
THE LANCET
‘Most important statement about the future of British medicine for a generation’

The Independent
Welcome to the hospital of the future

‘...bold and refreshing’

The King’s Fund
‘the result could be a step change in the quality of care’

The Times
‘Doctors propose cure for failures on wards’
### Impact

<table>
<thead>
<tr>
<th>Job Reference:</th>
<th>295-SB-COM13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
<td>Chief of Medicine - Birmingham Heartlands Hospital</td>
</tr>
<tr>
<td>Employer:</td>
<td>Heart of England NHS Foundation Trust</td>
</tr>
<tr>
<td>Location:</td>
<td>West Midlands</td>
</tr>
<tr>
<td>Salary:</td>
<td>Excellent package on offer - 12 PA's</td>
</tr>
</tbody>
</table>

**Job Type:** Permanent  
**Staff Group:** Medical & Dental  
**Pay Scheme:** Hospital Medical and Dental Staff  
**Pay Band:** Consultant
Realising the Future Hospital

RCP Future Hospital Programme (2014-2017)

• improve care for patients
• develop and implement vision - medical care in hospital and community
• drive real change - recommendation to reality
• work in partnership with:
  - patients
  - individual hospitals and teams
  - partners across health and social care (FH strategic advisory group)
  - national stakeholders
Realising the Future Hospital

• Consult
• Future Hospital partner sites
  - develop model
  - understand implications
  - identify barriers and changes
  - promote and mentor
• Promote good practice - Future Hospital Journal
• Influence - identify levers in new structures
• Embed in existing RCP work
Questions?

www.rcplondon.ac.uk/futurehospital

futurehospital@rcplondon.ac.uk