

Guidance template for the development of autonomous practice for SAS doctors and dentists



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Guidance template for the development of autonomous practice for SAS doctors and dentists¹

1. Introduction

This document offers guidance on the development of autonomous practice for Staff, Associate Specialist and Specialty (SAS) grades within specific areas of work. It should not supersede previously agreed autonomous working arrangements. Autonomous working must be on the basis of an individual's competence. Irrespective of where a doctor is on the pay scale if a doctor is not comfortable in working in this way the BMA and GMC would suggest that they do not. In providing care a doctor must recognise and work within the limits of their professional competence. This document does not apply in Scotland.

Of course nobody in the NHS works truly autonomously. Patient care is delivered by teams usually led by consultants and at times by SAS doctors, but a number of people contribute to the care of a patient. However, under certain circumstances, there is an opportunity for SAS grades to work with increased autonomy.

SAS grades provide experienced, specialist care, often within multi-disciplinary teams. This includes the management of complex cases and spending time and effort reflecting on and reviewing patient care activities so that quality and safety improve continuously. SAS grades are also involved in teaching, training, researching, management as appropriate to their skills and experience. They are also engaged in developing local services.

SAS grades on the higher thresholds of their contracts may have acquired a high level of specialist knowledge and expertise and have the capacity and opportunity to work independently within agreed lines of responsibility. Many may also take a broader leadership role within their Trust/Organisation. NHS Employers, as part of the negotiations on the new SAS contract, agreed that:

'At the top of the grade, SAS doctors will have acquired a high level of specialist knowledge and expertise and have the capacity and opportunity to work independently within agreed lines of responsibility and will also take a broader role in the Organisation through other activities such as teaching and audit.'

This was specified in the 2006 Summary Agreement which formed the basis of the 2008 TCS and is also outlined in the UK Job Planning guidance for SAS Doctors published by NHS Employers in November 2012.

The Academy of Medical Royal Colleges have also acknowledged that it is not always the case that a consultant is the responsible clinician for a patient – *in some cases it may be another senior doctor (e.g. a Specialty Doctor) with the right level of competence.*²

This document outlines how SAS grades can work with a greater degree of autonomy in areas where they have proven particular expertise. Examples may be a SAS doctor/dentist being a service delivery unit lead, developing or being in charge of a particular clinic, theatre lists/operating lists or accepting GP referrals. There are many other examples.



1 Please note that the scope of this document does not extend to those in training posts and that this document does not apply in Scotland.

2 AoMRC Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients, June 2014

Agreements reached are local arrangements related to that local practice. A doctor/dentist moving to another post or employer would not usually take this privilege with them although the skill and experience are clearly transferable.

<http://bma.org.uk/practical-support-at-work/contracts/sas-contracts/autonomy-for-sas-grade-doctors/process>

2. Benefits

We believe that only those doctors/dentists who have been identified as having the appropriate levels of competence and skill should manage patients independently. It must, however, be acknowledged that this needs to happen within a framework of clinical governance that provides assurances of competence and maintains patient safety.

The benefits of such an approach to the organisation, patient and individual are:

- Recognition of the high level of clinical skills and professionalism in the SAS doctor/dentist grade
- Provision of personal and professional development opportunity for SAS doctors/dentists within the Trust/organisation.
- Opportunity to have greater medical engagement of SAS grades
- Support recruitment and retention of highly skilled clinicians
- Improved Governance and Accountability

3. Responsibilities and Accountability

Patients in healthcare organisations are the direct responsibility of the Chief Executive, who delegates this responsibility to appropriate clinicians administered and overseen by the Medical Director through appropriate clinical governance systems. However the ultimate responsibility for the patient rests with the Chief executive.



As stated above, the Academy of Medical Royal Colleges have acknowledged that appropriately senior and competent SAS doctors can also be delegated this responsibility.

SAS doctors/dentists as registered medical professionals are both legally and professionally accountable for their actions. The GMC outlines the expectations placed on registered doctors of any grade in providing good standards of clinical care with the provision that in delivering care, a doctor must recognise and work within the limits of their professional competences, regardless of qualifications or grade. Every doctor/dentist, therefore, must and will remain personally accountable for his or her professional conduct for any care provided.

In any role, the SAS doctor/dentist will remain accountable to the Chief Executive through agreed accountability arrangements.

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.

The following roles and responsibilities should be defined under any Trust policy on autonomous working:

The Medical Director or a Nominated Deputy

- To provide advice and guidance to Clinical Directors in respect of the policy
- To ensure this Policy is applied equitably across the Trust and that the standards defined within the policy are met.

Clinical Director/Clinical Lead

- To take responsibility for the application of the policy within the Directorate.
- To provide support to Specialty Doctors and Dentists and Associate Specialists/Staff Grades to enable them to demonstrate that the criteria specified within the policy relating to autonomous practice have been met.
- To maintain relevant records of the process applied leading to a formal sign-off and subsequent annual review.

SAS Doctor/Dentist

- To demonstrate that the criteria specified within this policy relating to Autonomous practice have been met.
- To demonstrate provision, quality assurance & continuous improvement of high quality specialist service through regular audits of practice and outcomes submitted at annual appraisals.

4. Contractual requirements & Mechanisms

Contractually there is no specific requirement for Consultant supervision for SAS grade doctors. As per Schedule 4, paragraph 9 of the 2008 Specialty Doctor and the Associate Specialist Terms and Conditions of Service, individual accountability arrangements must be agreed as part of the job plan and the need or otherwise, for supervision must be decided according to an individual's competence.

The TCS (schedule 15, paragraph 7b) also mention "an increasing ability to take decisions and carry responsibility without direct supervision" as part of the criteria for threshold 2:

'Doctors should be able to demonstrate an increasing ability to take decisions and carry responsibility without direct supervision'.

This document does not apply to SAS doctors already undertaking independent work, and such doctors must ensure this is fully accounted for in their Job plan and Appraisal process. Those SAS doctors/dentists who would wish to develop into autonomous practitioners should be encouraged to do so and these aspirations should also be incorporated into both their job planning and appraisal processes.

5. SAS Doctor/Dentist Aspirations

If a SAS doctor/dentist has aspirations to move towards autonomous practice in a particular area, then this should be discussed at appraisal. The Trust/organisation should look to support this if it accords with the provision and direction of travel of the service. If there is no current opportunity, or the doctor/dentist is not ready for autonomous practice, the appraisal discussion may focus on how the SAS doctor/dentist can progress towards that aspiration.

6. Approval

The below is a suggested process following the appraisal discussion, as appropriate:

- The SAS doctor/dentist should submit a written request to the Clinical Lead outlining the proposal for autonomous practice
- The lead will discuss the request with the doctor/dentist, addressing the areas for consideration below
- The lead will discuss the request with the divisional chair and CEO or a person delegated by them



- The lead will provide a written response to the doctor/dentist
- The SAS doctor/dentist will send the agreement of the lead and divisional chair to the medical director to obtain his/her sign off
- The lead will ensure appropriate coding of activity to facilitate appropriate data on workload, activity and outcomes, henceforth becomes available.

Individuals signed off as autonomous practitioners under these arrangements would normally be accepted as named clinicians with delegated responsibility for the patients

7. Areas for consideration

The SAS doctor/dentist should discuss with the lead whether there are any opportunities for autonomous practice in her/his area of expertise. The areas which would need to be addressed include:

- Specific areas of autonomous practice for individual SAS doctors/dentists should be identified based on evidence of competence and appropriate training, supported by evidence of ongoing audit of those procedures/techniques, the outcome of which should be in line with best practice.
- Specific arrangements must be put in place to provide appropriate access to peer advice and ongoing support and development opportunity for the individual, as is the case for any practicing clinician.
- This close link with the local service means that each doctor's/dentist's discussion is individual and its merits cannot be extrapolated to another doctor/dentist in another situation.
- Any governance issues can be addressed by presenting an audit of previously done clinical activity and /or procedures in that specialty (e.g. hip replacements) and the outcomes (not results) of that SAS doctor as compared to their peers locally and national average. For physicians this may be an audit of a particular clinical activity that they undertake routinely. If outcomes are acknowledged to be within the range (not rage) compared to their peers, this should outcomes are satisfactory and disagreement occurs about the autonomous status of that SAS doctor the grievance procedure should be invoked.
- Evidencing of level of competence should not just be via audit but also from other sources of information such as patient and colleague feedback and clinical governance reports.
- Agreed accountability arrangements for all aspects of the role including consideration of any other professional support, as appropriate
- The agreement and arrangements to be set out in the job plan
- Either the job plan or another review mechanism should be put in place which incorporates principles of Good Medical Practice
- Consideration of what practical support is required for the role
- How this meets a service need or is it already being met with the SAS doctor providing that level of service
- Evidence as to how that doctor/dentist has demonstrated competence to meet that service need and to what level of autonomy

8. Right of Appeal

Any dispute in relation to this guide can be addressed through the Trust grievance policy.

Further Reading

<http://bma.org.uk/developing-your-career/sas-grade-doctor/sas-charters>

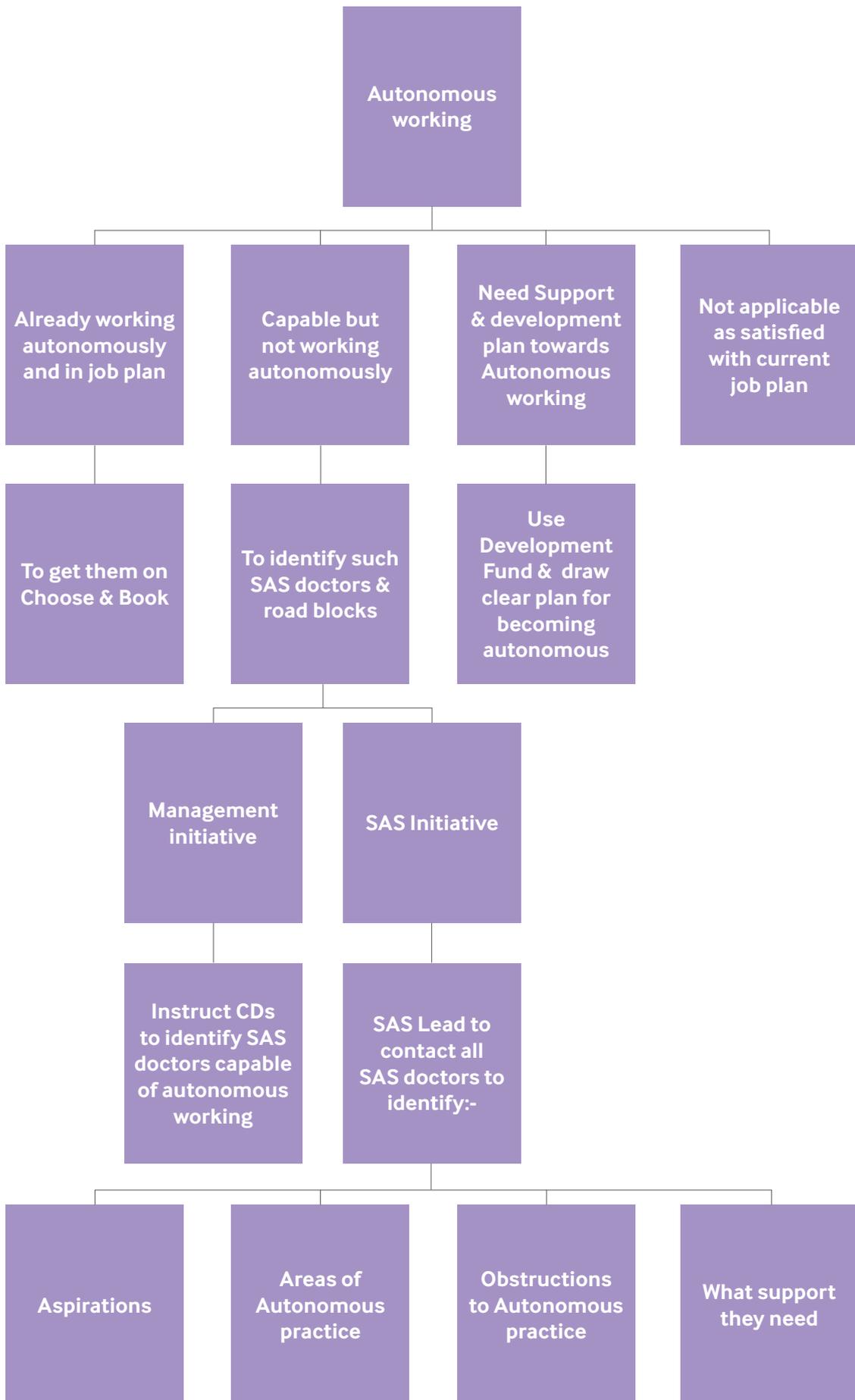
<http://bma.org.uk/practical-support-at-work/contracts/sas-contracts>

<http://bma.org.uk/practical-support-at-work/contracts/sas-contracts/autonomy-for-sas-grade-doctors>

<http://bma.org.uk/practical-support-at-work/contracts/job-planning>

http://www.aomrc.org.uk/images/dmdocuments/aomrc_papers_takingresponsibility_final.pdf

http://www.gmc-uk.org/static/documents/content/Guidance_for_doctors_acting_as_responsible_consultants_or_clinicians.pdf



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