GUIDANCE FROM THE BMA’S STAFF AND ASSOCIATE SPECIALISTS COMMITTEE (SASC) ON APPLYING FOR OPTIONAL OR DISCRETIONARY POINTS

INTRODUCTION

Optional and discretionary points rounds should continue for those not moving to the new (2008) SAS contracts. However, the award of optional or discretionary points, as the names suggest, is not automatic.

You must apply, using the agreed format of your employer, and your application will be judged by a Decision Making Group (DMG) usually comprising senior medical staff and employer managers.

The members of the DMG may well not know you or your work. They only have your application form to go on so you must sell yourself and your work through the information you provide on the form. It is therefore worth spending time thinking about your application before you complete the form, so that you can paint the best picture of your professional work, and set out the points you wish to make in a concise and easy to read way. It is good practice to type your application. Bullet points look good and can be effective. If you write your application by hand, take great care with presentation and make sure your writing is legible. No section of the form should be left blank (you can use the section to explain why it is not applicable to your work at this time) and use every opportunity to emphasise your stronger points.

Eligibility to Apply

Staff grade doctors on the 1997 contract and Associate Specialists on the pre-2008 contract in all specialties and in full and part-time posts are equally eligible to be considered for optional or discretionary points once they have reached the top of the automatic incremental pay scale. Despite the introduction of the new (2008) contracts, points rounds should continue as before.

Employers usually have one round of points awards per year and will invite all eligible doctors to apply. Any award is effective from 1 April and Employers will backdate an award to 1 April if the DMG doesn’t meet until later in the year.

The Number of Points Awarded

The original intention of the points schemes was not to limit the points available. This should mean that SAS doctors were not competing with each other and that all worthy applicants would be rewarded. When the schemes were first introduced, some employers deliberately misinterpreted the original guidance and didn’t award any points at all. Since then, agreements have been made with Local Negotiating Committees (LNCs) and most employers do now award points to eligible SAS doctors.

Local agreements have varied. Some have chosen to set a limit to the points available each year. This does make employers obliged to award them but results in applicants competing with each other. Some employers allocate 0.35 points per doctor eligible to apply. The SASC recommends a minimum of 0.35 points per eligible doctor. This should not deter employers from awarding points to a greater proportion of applicants if the quality of applications is particularly high. Optional points for staff doctors and discretionary points for associate specialists are funded separately, and both are funded separately from Clinical Excellence Awards/Distinction Awards for consultants, so you should not be in competition with other grades for access to points.

Many employers choose to award more than one point per year to candidates and some employers award up to five points to exceptional candidates. This is often a useful way to reward excellence.
The Decision Making Group (DMG)

There should be an equal number of management and staff representatives. A suggested minimum constitution is the Medical Director, the Human Resources Director, a doctor from the staff and associate specialist group (SASG) not eligible to receive points and a consultant not responsible for any of the doctors applying. If there are no SASG doctors employed by the Employer who are not eligible to apply for points, a SASG doctor from another Employer may be co-opted onto the DMG. The SASC recommends that there should be an equal number of SASG doctors and consultants on the DMG.

Weighted Scoring

The SASC recommends the use of a weighted scoring system by the DMG to make judgements on applications more objective. This helps to make the judging more objective and is particularly useful in cases of appeal. The recommended scoring system weights the categories of professional excellence higher than the others and the number of points available in each category is noted below. The recommended system suggests a total of 150 points available to each applicant, with one-third of this total being available through professional excellence.

1. Professional excellence (Recommended Maximum Score = 50 points)
2. Undertaking recognised significant heavy workload or responsibilities (Recommended Maximum Score = 30 Points)
3. Contribution to professional and multidisciplinary team working (Recommended Maximum Score = 20 points)
4. Clinical audit (Recommended Maximum Score = 20 points)
5. Teaching, research, innovation and improvement in the service (Recommended Maximum Score = 20 points)
6. Administrative or NHS management contributions (Recommended Maximum Score = 10 points)
7. Wider contribution to the work of the NHS nationally (Recommended Maximum Score = 10 points)

The SASC recommends the following automatic triggers for an award of optional points:

- 50 points - 1 optional point
- 70 points - 2 optional points
- 90 points - 3 optional points
- 110 points - 4 optional points
- 130 points - 5 optional points

The Role of the Clinical Director

Some employers, despite using a weighted scoring system, are also asking for references from the applicant’s Clinical Director. This takes away some of the objectivity in judging the applicants and disadvantages those doctors who do not work closely with or get on well with their Clinical Director. Some employers ask Clinical Directors for confirmation of the contents of the application form. Some employers ask applicants to nominate a senior colleague, not necessarily the Clinical Director, to provide a citation. The SASC believes that confirmation should not be sought from Clinical Directors and that objective measures should be used wherever possible. The SASC does not believe citations are helpful.

Undertaking Recognised Significant Heavy Workload or Responsibilities

In judging the service contribution expected and provided, account should be taken of overall workload and workload intensity, together with staff and facilities available. Some employers have a separate category on the application form for you to include details of workload. If the employer does not include this category, try to include information on workload and facilities available in other sections of the form. Although significant heavy workload or responsibilities is often included, it is crucial that you ensure that you are properly remunerated through negotiated payment rather than through discretionary or optional points for any duties you are undertaking for your employer outside of your contract. If in any doubt, you should get in touch with your local BMA office.
Appeals and Challenges to Criteria
Every employer should have an appeals process in place for unsuccessful applicants who do not believe that their case has been considered fairly. It is also a requirement that the criteria for optional or discretionary points are not discriminatory on racial or gender grounds. If you believe that the criteria could be discriminatory, you should approach your local BMA office with the criteria and explain the basis on which you believe they could discriminate.

COMPLETION OF YOUR APPLICATION FORM

In your application you are asked to provide information about your work in several categories. These are normally:
1. Professional excellence (including clinical expertise, quality of patient care, service development, contributions to professional and multi-disciplinary team working and professional leadership)
2. undertaking recognised significant heavy workload or responsibilities (not all employers include this category)
3. contribution to professional and multidisciplinary team working
4. teaching, training, research, innovation and improvement in the service
5. clinical audit
6. administrative or NHS management contributions
7. wider contribution to the work of the NHS nationally

What you include in your application will depend to a certain extent on your speciality - the DMG is aware that there are differing opportunities for staff doctors and associate specialists in different fields and is required to take this into account. Your application is scored by members of the DMG for each category and the level of performance they judge you to be working at on the evidence provided by you on your application form. Many employers have developed their own scoring system to try to make the judging more objective. This is particularly useful in cases of appeal. Typical scoring systems weight the categories of clinical expertise and quality of patient care higher than the others with NHS management contributions, teaching and training (due to limited opportunities especially for staff doctors) and wider contribution to the work of the NHS nationally weighted the lowest. The weighted score is often multiplied by the level of performance in that particular category e.g. Level 1 - performing at a level expected, level 2 - acknowledged within the Directorate as performing beyond expectations of a SASG doctor in the particular category, and level 3 - being a lead individual for the Directorate in a particular aspect of service, having wider recognition outside the Directorate or performing beyond reasonable expectation. The process used by your employer should be transparent.

Professional excellence - Clinical Expertise
Items you may consider including in this section are:
- number of years experience in your speciality
- any higher qualifications you have and the date you obtained them
- what you are particularly good at and take a lead role in e.g. endoscopies - doing and teaching, management of post operative complications etc.
- mention difficult procedures you do which your colleagues do not - this makes you the local expert in this field
- any procedures you perform which would otherwise have to be done by a consultant
- how much of the service is led by you without consultant input
- mention common procedures which you do a lot of (numbers may be useful) e.g. tonsillectomies, central line insertions etc. This indicates that you are recognised within your Directorate as being an expert in this field
- involvement in CPD activities

Professional excellence - Quality of Patient Care
Think about aspects of your work which have improved patient care even if indirectly. Examples might include:
- extra clinics you’ve held
- outlying clinics you do - this takes the service to the patients
• your positive response to audit findings
• introducing new treatments
• changes to ward/clinic/theatre practices you’ve introduced to benefit patients
• writing treatment protocols
• regular meetings you’ve set up with other team members to plan patient management (you can include this in the section on team working, but it often carries a higher score in this section)
• your role in innovations which have improved patient care
• unsolicited correspondence from patients demonstrating the quality of patient care you provided

Undertaking Recognised Significant Heavy Workload or Responsibilities
Consider including here:
• how many fixed sessions you work
• whether you have any on call commitments
• whether your department is understaffed
• if you cover for absent consultants
• if you travel long distances to do outlying clinics
• if you are the only provider of a certain aspect of service
• flexible working, e.g. covering for absent colleagues, helping the Employer meet its objectives

These first three categories often attract the highest scores when your application is being assessed. The DMG members need to be able to judge from your application whether you are performing at a level expected of a staff doctor in your speciality or higher or at what level you are practising as an associate specialist.

Contribution to Professional and Multidisciplinary Team Working
We should all work as part of a team and employers attach a high value to team work. You need to demonstrate that you are a key player and not just an ordinary member. It is worth including:
• details of team meetings which you have introduced
• meetings you have chaired
• presentations you’ve made
• professions you work closely with
• how you keep other team members informed e.g. newsletters, written reports or any other ways you use to feedback to other team members

Research, Innovation and Improvement in the Service
What you can include here is more obvious e.g.
• research projects - mention if your research has been presented at conferences or if it has been published
• if you have been or are a lead investigator in a clinical trial
• your involvement in changes to practices and procedures which have improved efficiency, reduced waste, saved money etc.
• implementation of improvements to the service from literature

Teaching and Training
Include here:
• informal teaching of staff
• formal teaching sessions and who you teach
• if you train junior medical staff in certain procedures
• if you give educational talks to other groups e.g. patient associations
• your role in organising special educational study days for your department
• your activity within your department’s CPD sessions e.g. case presentations

Clinical Audit
Include here:
• your role in conducting audit projects
• data collection
• data analysis
• feedback of results to the team - your role
• your response to audit findings
• if you have a wider role in audit within the region/area e.g. Regional/Area Audit Steering Groups
• any changes in clinical practice implemented

Administrative or NHS Management Contributions
Consider including:
• if you are responsible for preparing on call or other rotas
• if you are involved in preparation for meetings e.g. planning agendas, inviting speakers
• if you sit on any committees whether related to your speciality or to the Employer or a union e.g. BMA
• cover for colleagues on other rotas

Wider Contribution to the Work of the NHS Nationally
You could include:
• activities you undertake for medical royal colleges, specialist societies and other professional bodies
• participation in conferences
• BMA committee work
• participation in any other relevant advisory groups (eg. patient support groups)

CONCLUSION AND FEEDBACK
If you have applied for points, the DMG should inform you of their decision. If you miss out on being awarded points in one round, do not be disheartened. You can ask for feedback regarding your application from the DMG which can be helpful when preparing a subsequent application.

REFERENCES
• Associate Specialists Discretionary Points - ADVANCE LETTER (MD) 7/95 - http://www.nhsemployers.org/PayAndContracts/StaffAndAssociateSpecialistDrs/Pages/AssociateSpecialists-OldTermsAndConditions.aspx
• Staff Grade Terms and Conditions (including optional points) - ADVANCE LETTER (MD) 4/97 http://www.nhsemployers.org/PayAndContracts/StaffAndAssociateSpecialistDrs/Pages/AssociateSpecialists-OldTermsAndConditions.aspx
• Associate Specialists' Discretionary Points (Scotland): NHS Circular PCS (DD) 1996/1
• Staff Grade Terms and Conditions (including optional points) (Scotland): NHS Circular PCS (DD) 1997/5

CONTACTING THE BMA

If you have any comments or feedback on these guidelines, please contact SASC by email: info.sasc@bma.org.uk. We are always interested to hear from you.

If you require support for a points appeal or application please contact askBMA on 0300 123 1233.