



## **STAFF AND ASSOCIATE SPECIALISTS COMMITTEE**

### **Statement of Principles and Priorities for the Allocation of the Additional Funding for the Training and Professional Development of SAS Doctors**

#### **Background**

£12 million recurrent funding has been made available by the Department of Health under Modernising Medical Careers and in line with Choice and Opportunity Recommendations 5 and 6 to support the development of SAS doctors working in Trusts in England. SAS grade doctors in general should be considered to be “developing” doctors and adequate resource and planning should be made to effect the development of the grade and individual doctors within the grade.

The level of funding given to the Strategic Health Authorities has been calculated as a per capita amount against head count using data from the March 2006 census.

#### **Introduction**

The purpose of this paper is to set out the principles and priorities for the allocation, purpose, management and accounting of this funding.

The BMA UK Staff and Associate Specialists Committee (SASC UK) believes this funding should be used for innovation and opportunities not normally funded by Trust study leave budgets (which should fund the normal CPD expectations of SAS doctors).

SASC UK carried out a survey of SAS doctors in September 2008 and a similar local survey was carried out in the South West. As expected, these surveys showed a variety of aspirations. SASC has condensed these into the following principles and recommendations. The full survey report (which includes a breakdown by deanery) is available on the BMA website ([www.bma.org.uk](http://www.bma.org.uk)).

SASC funding suggestions are in line with the aims of the Department of Health/NHSE’s ‘Employing and supporting specialty doctors: a guide to good practice’ which is also available on the BMA Website.

#### **Principles**

##### Funding distribution

- Whilst the monies are allocated to Strategic Health Authorities and passed on to Trusts on a per capita basis, the distribution should not be strictly on

an individual per capita basis. We would urge Trusts to involve deaneries in the process as much as possible and would suggest that deaneries lead on distribution. When distributing the funding SHAs/deaneries should remember peripheral district general hospitals and sites.

- This additional funding must be regarded as entirely separate from existing study leave monies; present and future study leave budgets should not be compromised by this additional funding.

#### Agreement with SAS doctors

- Each Trust should seek agreement with its SAS doctors in regard to the priorities for the allocation of funding and the monitoring, reporting and audit thereof. Such agreement may be via the Trust's SAS representatives or LNC where there is no separate SAS representative body.

#### Consistent Approach

- There should be a consistent approach in each area based on the outcomes of the SASC survey and recommendations below. SAS development needs should be identified for the local group and individuals through appraisal and consultation. It is the responsibility of the Strategic Health Authority to ensure fair distribution, monitoring, reporting and policing. The postgraduate medical deaneries will act in an advisory capacity to the SHA to identify and recommend priorities for SAS development.

#### Consistent Mechanism

- As indicated above, the mechanism for allocation of the funds should be consistent across the Strategic Health Authority region, involving Directors of Medical Education and Trust SAS Tutors along with the SAS Doctors themselves. It is suggested the process for application be agreed by the Directors of Medical Education in consultation with Trust SAS Representatives and the SAS Tutor (in those Trusts that have one).

#### Monitoring & Review

- There should be ongoing monitoring arrangements which feature consultation by the SHA with Regional SASC representatives, Postgraduate Deaneries and Trust Representatives.
- There should be a mandatory annual review of the system following monitoring and reporting by the Strategic Health Authority to enable continuous improvement of the process. The DH/NHSE guide to employing and supporting specialty doctors also says that employers should keep a database of SAS doctors' development plans and aspirations and of their status and intentions, for instance with regard to Article 14 applications, skill levels and specialty interests.

### **SASC Recommended spending priorities**

The results of the SASC Surveys indicate that priority should be given to requests which involve the development of all SAS Doctors. This is in line with the DH/NHSE guidance.

### Within current SHA funding

Several suggestions came out of the survey that should already be funded within current SHA budgets and should not usually necessitate use of the additional funding. These are:

- SAS representation of SAS Doctors at regional and national level for educational planning (eg. MEE)
- Development needed for Article 14 progression
- Training for processes involved in recertification/revalidation
- Work needed for movement between service and training posts
- Support/time for interaction with SAS tutors
- Opportunities to develop new skills and innovative initiatives
- Opportunities in the independent sector
- Support for Trust-based CPD opportunities aimed at SAS Doctors collectively
- Backfilling posts when SAS doctors are seconded for training purposes.

### Within new funding

Additional resources and infrastructures should be provided from the additional funding to meet CPD, CME, revalidation and training needs. In particular, the following are suggested, specific uses for the additional funding:

- **Top-up training** to meet requirement for an Article 14 or CESR application or for CPD, CME or revalidation. Employers could also consider weekly sessional commitments to a specific specialist unit where applicable or providing other Specialist clinic or theatre placements.
- **Secondment opportunities** - Time limited post/secondment for a specific training opportunity or requirement.
- **Workplace based Assessment** – A system should be put in place to monitor and assess experience and skills and to assist in identifying a training element in the work that SAS doctors are doing for those that require this.
- **Introduce a voluntary Record of Independent Assessment** similar to the SpR type RITA for those that request it to certify SAS doctors to work autonomously within agreed boundaries for use as part of portfolios. This should be signed at the time of appraisal and a copy should be kept by the deanery.
- **Specific clinical management or other educational skills courses/workshops** could be provided; where not already funded within study leave budgets. Leadership training, master classes, coaching/mentoring and management training were all identified in the SAS survey as popular and necessary courses. Distance learning could also be considered as a practical alternative.
- A **Regional Study Day** for SAS doctors.
- It is recommended that all Trusts consider, as a minimum, **appointing an SAS Clinical Tutor** to oversee the development of SAS Doctors generally

(this is viewed as a long term Trust responsibility; it should not be funded from the SHA funds in the long term and should be regarded as good practice within Trusts). The SAS clinical tutor should work closely with the director of medical education and deanery.

- The **appointment of an Associate Postgraduate Dean for SAS Doctors** at SHA level to oversee the effective use of the additional funding in future years - We believe that procedures should be put in place for SAS doctors to access advice and guidance from deaneries and the medical royal colleges on issues relating to training and development. The appointment of an Associate Dean for each region (possibly appointed from the SAS grades where applicable) would be a means to this and provide a visible benefit to SAS grades. Improved representation of SAS Doctors at Regional and National levels of Educational Planning could also be achieved through this appointment. The associate dean could be an advocate for revalidation through the re-licensure and recertification processes and a coordination/communication link with Trust SAS Tutors and between SAS Doctors in Acute and Community/Primary Care Trusts as well as offering specific assistance for article 14 applicants.

***The above list is not exhaustive nor in order of priority or importance.***

### **Future Funding**

SASC recommends that now and in future years there be consultation between the SHA, Post Graduate Medical Deaneries and the Regional SAS Committee (RSASC) to identify priorities for the allocation of this funding in future years.

It should be noted that, although funding is recurrent, unspent monies may not be carried forward into the next financial year. It is therefore imperative that agreement is reached on spending priorities and the money properly accounted for in each financial year.

It is recommended that this statement of principles and related policy be agreed within each NHS Trust together with a schedule outlining the locally agreed priorities for the allocation of the additional monies in the Trust/ Deanery. It is also recommended the schedule preparation is repeated at the beginning of each financial year.

SASC  
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