

Health Education England (HEE) Support for Staff Grade Doctors 2017 - 2018

This document sets out the principles and approaches to the development of SAS Doctors within Health Education England.

1.0 Definition of the challenge

- 1.1 With increasing cost pressures and service demands how can Health Education England (HEE) best contribute to the professional development of SAS doctors to support them as individuals, as members of clinical teams and as part of wider workforce transformation?
- 1.2 Doctors working in non-consultant, non-training grades are covered by a broad range of titles including staff grade, trust grade, associate specialist, clinical fellow etc. For the purpose of this document the term "SAS doctor" is used to incorporate all of these groups of doctors.
- 1.3 The roles they undertake include substantive posts, short term and locum posts in both NHS and non-NHS providers.
- 1.4 One way of categorising is according to career intention / trajectory:
 - 1.4.1 Those who have made a permanent career choice to not pursue specialty training and entry onto the specialist register.
 - 1.4.2 Those who have stepped out of training temporarily e.g. between core and higher training to gain more general experience, take time to confirm a career choice, lifestyle reasons (e.g. parenthood), unsuccessful at specialty recruitment so regrouping and trying again in future, thereby proceeding to CCT.
 - 1.4.3 Those who have been unable to successfully complete training through a specialty training pathway but who wish to complete training through the CESR / CEGPR route.
- 1.5 In each of the categories above, the doctors concerned make considerable contributions to service delivery. In addition, SAS doctors are increasingly taking on leadership, management and education and training roles.

2.0 Current position with regard to HEE support for SAS doctors

- 2.1 There is a variable approach to how SAS doctors are supported by Local Offices across HEE.
- 2.2 HEE was a co-signatory on a BMA charter for Staff, Associate Specialist and Specialty Doctors in 2014 [BMA SAS Doctors Charter- Click here](#)
- 2.3 The charter sets out "*what SAS doctors can expect from employers..... and the objectives and support mechanisms that HEE promotes and provides through LETBs and LEPs*".
- 2.4 The charter discusses resources and identifies that the resources that were made available to SAS doctors in 2008 are now "allocated by HEE via LETBs" and distributed in different ways at the discretion of the LETB.

3.0 Drivers in the system

3.1 Since HEE came into effect in April 2013 a number of developments, such as system changes, have impacted on career opportunities and resources to support SAS doctors.

3.1.1 HEE workforce transformation agenda:

HEE through its support for the 5 Year Forward View (5YFV) and Sustainable Transformation Plans (STPs) have a direct role to play in whole workforce transformation, to ensure the current and future workforce is fit for purpose. As such this applies to all 3 categories of SAS doctors listed above, and SAS doctors are explicitly included in HEE's workforce transformation strategy.

3.1.2 Service and cost pressure

There is increasing recognition of growing patient need in the ageing population, more people living with multiple co-morbidities, health inequalities and increasing patient expectation. This is set against a background of huge cost pressures on the one hand and advances in healthcare delivery from genomics to communication technology that is transforming the way health services will be needed in future. Therefore life-long professional development for all healthcare professionals is a vital need, and HEE's responsibilities for workforce sustainability and transformation requires it to ensure it extends its resources to the existing as well as the future workforce.

3.1.3 Educator job descriptions

HEE has revised and standardised the educator job descriptions including Head of School, broadened the scope to include health professions and professions outside of postgraduate medical training. Therefore Heads of School in each local office would include SAS doctors and the contribution they make to service delivery in considerations about maintaining and developing service delivery e.g. supporting SAS doctors to have access to education and training resources and to initiatives to re-enter training or complete training through CESR.

In addition Heads of School and others are working with Local Education Providers to increase the contribution SAS doctors make to ensuring patient safety across the 7 day service, including management of the 7 day rota and supervision for doctors in training.

3.1.4 HEE ARCP review – Improving training: Supporting learners

Includes the intention to extend the ARCP approach to include doctors in non-training posts, in particular those in category 2 e.g. doctor's working in non-training grade posts between specialty training programmes, to gain valuable and valued education and training experience whilst they are outside of a training programme. Through such an approach a junior doctor would be enabled to proceed more efficiently, swiftly and therefore economically to CESR / CESR CP / CCT and entry onto the relevant specialty register to the mutual benefit of the doctors themselves and the system.

3.1.5 Shape of Training

As the recommendations of Shape of Training are implemented, specifically credentialing, it will become the norm for doctors whether they are on a specialist register or not to continue to engage in education and training beyond formal training programmes, to enable them to adapt to local and national changes to meet population health needs. HEE as a key

stakeholder organisation for the implementation of Shape of Training needs to ensure that it is positioned to support the implementation of credentialing for doctors at all career stages.

3.1.6 Medical revalidation

As from April 2013 SAS doctors are required to have an annual appraisal in accordance with medical revalidation requirements. Therefore all SAS doctors have an opportunity to discuss with a trained appraiser their professional development needs and aspirations. In addition, NHS England (NHSE) has agreed to support SAS doctors who wish to remain engaged with / re-engage with specialty training to have an appraisal that is aligned to the curriculum / training requirements appropriate for their career ambitions and to ensure that the appraiser is also a recognised educational supervisor.

4.0 Conclusions

- 4.1 Professional development support is made available to SAS doctors through consideration of their needs in:
 - HEE strategic planning and development
 - HEE working in partnership with stakeholder organisations including commissioners, Employers and other Arm's Length Bodies
 - Specific financial investment through HEE Local Office activity
- 4.2 The direction of travel with HEE and other Arm's Length Bodies including NHSE is for a more holistic approach to workforce development and transformation and therefore a more inclusive approach to SAS doctors and their professional development.
- 4.3 Variation in what is available is influenced by a number of factors including:
 - History, custom and practice including local SAS doctor group
 - Availability of HEE expertise to contribute (often in partnership with others e.g. employers)
 - Availability of funding
 - Service demand, in particular in areas of workforce challenge where HEE has specifically invested to support individuals and groups of SAS Doctors
 - Investment in SAS doctors as part of wider multi-professional workforce development e.g. urgent care services
 - Career intentions and aspirations of individual SAS doctors

5.0 Next steps

- 5.1 HEE to continue to include the SAS doctor workforce in its workforce transformation strategy
- 5.2 HEE to continue to ensure SAS doctor needs are captured in HEE work programmes to support wider workforce transformation including the developing frameworks for competency development outside of formal training programmes.

- 5.3 HEE's local educator job descriptions e.g. Head of School to have SAS doctor needs in scope to maximise the contribution they are able to make to 24/7 service delivery and interaction with education and training.
- 5.4 Review of Local Office funding arrangements for SAS doctors to highlight differences in approaches with a view to achieving greater equity and understanding of the differences, and to move to a more consistent baseline, initially regionally taking into account local workforce need.

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