

Trust Associate Specialist Appointment Policy

Issue Date	Review Date	Version
March 2019	March 2024	1.3

Purpose

This document sets out the details of the agreement reached at the LNC / MSP of University Hospitals Plymouth NHS Trust (UHP) outlining the process for creating an Associate Specialist role in circumstances where there is a need to provide a consistent level of senior cover in a service line, which it is not appropriate to meet by consultant recruitment alone.

Who should read this document?

All Service Line Directors
 All Service Line Managers
 All SAS Doctors
 Medical HR

Key Messages

The Trust wishes to ensure the recruitment and retention of suitably qualified and experienced SAS doctors to join the team providing a consistent high-quality service to its patients. The Trust believes that it is in the best interests of the service for it to enter into a local agreement giving it the discretion to appoint senior hospital doctors subject to the 2008 national contractual terms for Associate Specialists.

Core accountabilities

Owner	Louise Tate - Medical HR Business Partner
Review	Medical Staff Panel
Ratification	Medical Director & Director of People
Dissemination	Louise Tate - Medical HR Business Partner
Compliance	Medical Staff Panel

Links to other policies and procedures

Recruitment and Selection Policy
 Recruitment and Selection SOP

Version History

1.2	January 2019	Reformatted and submitted to MSP for sign off
1.3	February 2019	Updated version

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

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1 Introduction

The National Terms and Conditions associated with Contract for Specialty Doctors and Associate Specialists (2008) provided for the closure of new appointments to the Associate Specialist grade subject to a 'Window of Opportunity' allowing Staff Grade (and equivalent) Doctors to apply to be appointed as Associate Specialists. This "window" closed in March 2009.

The Trust has reviewed the structure of its medical staffing and recognises the need to ensure the recruitment and retention of suitably qualified and experienced SAS doctors to assist in delivering a consistent high-quality service to its patients. The Trust believes that it is in the best interests of the service for it to enter into a local agreement giving it the discretion to appoint senior hospital doctors subject to the 2008 national contractual terms for Associate Specialists.

2 Purpose

This document sets out the details of the agreement reached at the LNC / MSP of University Hospitals Plymouth NHS Trust (UHP) outlining the process for creating an Associate Specialist role in circumstances where there is a need to provide a consistent level of senior cover in a service line, which it is not appropriate to meet by consultant recruitment alone.

3 Definitions

Specialty Doctor (SD) – this includes doctors and dentists

Associate Specialist (AS) – this includes doctors and dentists

Trust Associate Specialist (TAS) - this includes doctors and dentists

Service Line Director (SLD)

Service Line Manager (SLM)

4 Duties

SLD / SLM – identify service need and provide business case and HR approval for post

Medical HR – advertise post and support application process

SD – apply with supporting evidence of eligibility

5 Main Body of Policy

5.1 Application of the Process

5.1.1 If a service line believes that the needs of its service would be best met by appointment of a Trust Associate Specialist the SLD/SLM should develop a business case and seek financial approval. The business case will include a suitable job description, person specification and indicative job plan, with reference to the existing skill mix, and the Associate Specialist and Speciality Doctors (2008 Contract) Job Planning Guidelines. Once a post is approved the existing process for appointing to SAS Grades will be followed, and the post will be advertised.

- 5.1.2 If an individual SD believes they satisfy the eligibility requirements listed below they should propose a review of the staffing structure of their service with the SLD/SLM with a view to establishment of a TAS post. If there is more than one eligible SD then the post will be subject to open competition.
- 5.1.3 The decision to convert a post from SD to AS will be based on the needs of the service and is not automatic and will be supported by an approved business case.

5.2 Criteria for appointment

There are three essential elements, which must be satisfied:

- the need for the post
- eligibility
- recognition of enhanced responsibilities and experience

5.3 Eligibility

5.3.1 The criteria for the appointment of TAS are as follows:

- Ten years medical or dental work continuously or in aggregate should have been completed since obtaining a primary medical or dental qualification, which is (or would at the time have been) acceptable by GMC / GDC for full, limited or temporary (but not provisional) registration.
- A minimum of four years should have been served in the Registrar, Specialist Registrar or Specialty Registrar grade, or in the Staff or Specialty Doctor Grade.
- All candidates must be judged to have abilities to take decisions and carry clinical responsibilities and be contributing to a wider role within the department or wider NHS as defined in the job description and outlined in appendix B.
- Equivalent service is also acceptable, with the agreement of the relevant College or Faculty Regional Adviser and of the Postgraduate Dean.

5.4 Recognition of enhanced responsibilities & experience

- 5.4.1 There would normally be a difference between the roles and responsibilities of an experienced SD and a TAS. The TAS works at an advanced level and may have a sub specialist interest with the appropriate skills. This recognises that the TAS is able to practise with defined clinical autonomy in certain areas as defined in the job description.
- 5.4.2 Medical HR will work with the SLM to ensure that the proposed job plan matches the contracted hours in line with Terms and Conditions and the Associate Specialist and Speciality Doctors (2008 Contract) Job Planning Guidelines. It is not necessary to seek the approval of the job description from the Royal College or Faculty.
- 5.4.3 Evidence of enhanced clinical skills: Guidance on evidence that may be provided to support a Trust Associate Specialist appointment is available at Appendix C.

5.5 Terms and Conditions and Starting Salaries

- 5.5.1 The existing national terms and conditions under the 2008 contract for Associate Specialists will apply.

5.5.2 The applicant will be appointed to the next point on the Associate Specialist scale that provides for an increase in remuneration in comparison with their current basic salary. The incremental date will be the anniversary of appointment to the new grade.

5.7 Application procedure

5.7.1 Where there is the likelihood of a suitable internal candidate, the post may be advertised internally only. Formal application will be made via NHS jobs.

5.7.2 The selection panel for appointment should include at least one senior clinician from the speciality and include:

- Non-Executive Director as Chair
- Chief Executive or Executive Director
- Medical Director or nominated Deputy
- A senior doctor nominated by the SAS Associate Dean for HEESW.
- SLD and / or SLM of the Specialty
- A senior colleague from the same speciality

5.8 Appendices

Appendix A: The Process (flow chart)

Appendix B: Guidance on evidence that may be provided to support a an Associate Specialist appointment

6 Overall Responsibility for the Document

The Medical Staffing Panel is responsible for ratifying this document. The Medical HR Business Partner has responsibility for the dissemination, implementation and review of this policy.

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

There will be a formal review of the process and this document 12 months following the introduction of the policy. Following this, the review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades that are directly affected by the proposed changes.

Any revisions will be agreed through the MSP in accordance with usual practice.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Medical Director or Director of People and for working with the Trust's training function to arrange for any required training.

9 Monitoring Compliance and Effectiveness

The Trust will undertake a regular audit of the processes specified in this policy. It should be noted that the responsibilities in this policy are enforceable and that managers (and employees where applicable) failing to uphold their responsibilities may find themselves in breach of internal disciplinary policies.

10 References and Associated Documentation

- PHNT SAS Charter
- PHNT CESR Policy
- PHNT Job planning guidelines for SAS doctors
- Terms and conditions of service specialty doctors – England (2008) Schedule 1

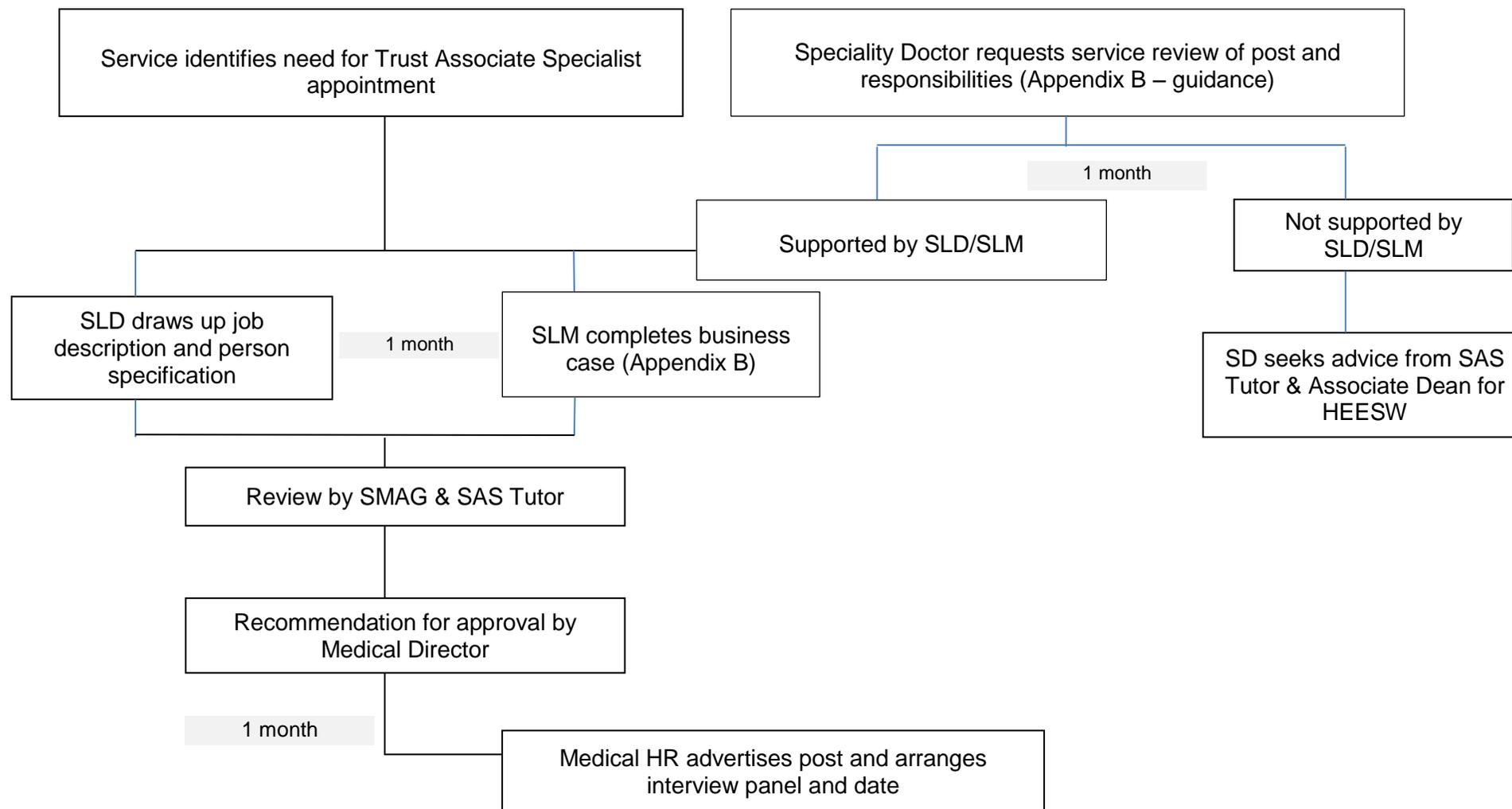
Dissemination Plan			
Document Title	Trust Associate Specialist Appointment Policy		
Date Finalised	March 2019		
Previous Documents			
Action to retrieve old copies	N/A		
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		Vital Signs	Information Governance Team

Review Checklist		
Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Core Information	
Date	March 2019
Title	Trust Associate Specialist Appointment Policy
What are the aims, objectives & projected outcomes?	This policy sets out the process for creating an Associate Specialist role in circumstances where there is a need to provide a consistent level of senior cover in a service line. The objective is to aid recruitment and retention of senior doctors.
Scope of the assessment	
These arrangements apply to all service lines and senior doctors employed by University Hospitals Plymouth NHS Trust.	
Collecting data	
Race	This is mitigated as the policy can be made available in alternative languages
Religion	This document has no impact on this area
Disability	This is mitigated as the policy can be made available in alternative formats
Sex	This document has no impact on this area
Gender Identity	This document has no impact on this area
Sexual Orientation	This document has no impact on this area
Age	This document has no impact on this area
Socio-Economic	This document has no impact on this area
Human Rights	This document has no impact on this area
What are the overall trends/patterns in the above data?	There are no trends/patterns in this data.
Specific issues and data gaps that may need to be addressed through consultation or further research	Trust wide documents can be made available in a number of different formats and languages if requested. No further research is required as there are no further equality issues.

Involving and consulting stakeholders				
Internal involvement and consultation	This policy has been compiled by Associate Specialist medical staff representatives and Medical HR and has been circulated for consultation to LNC members and the Medical Staff Panel.			
External involvement and consultation	BMA			
Impact Assessment				
Overall assessment and analysis of the evidence	<p>The assessment has shown that there could be an impact on race or disability groups. However, this document can be made available in other formats and languages if requested.</p> <p>The document does not have the potential to cause unlawful discrimination. The document does not have a negative impact.</p>			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Provide documents in alternative formats and languages if requested	Medical HR Business Partner	Potential cost impact	Ongoing	This action will be addressed as and when the need occurs

FLOW CHART FOR THE APPOINTMENT TO THE TRUST ASSOCIATE SPECIALIST GRADE



APPENDIX B

GUIDANCE ON EVIDENCE THAT MAY BE PROVIDED TO SUPPORT A TRUST ASSOCIATE SPECIALIST APPOINTMENT

1. The ability to take decisions and carry responsibility without immediate or direct supervision:

Doctors undertaking lists or clinic's in own name or where they do not have lists or clinics in their name, nevertheless take day to day responsibility for running these lists or clinics within a consultant-led team.

The following are examples of evidence that could be provided for meeting this criterion. This could include documentation demonstrating:

- **patients seen** - through a written record gathered by the doctor of the patients seen and care provided (clinic lists, patient lists, reflective notes), where the hospital cannot provide this through its IT systems;
- **operations per session** - through a written record kept by the doctor where the hospital cannot provide this through its IT systems;
- **communication** with the clinical team and or within the directorate - this could be proven for example by copies of letters and memos demonstrating increasing responsibility;
- management of patients without immediate or direct consultant input - proven by clinic records incorporating a management plan for the patient, referral letters, clinic letters;
- advising juniors, nurses and senior colleagues on patient management - proven by medical notes, clinical records, reflective notes, where the hospital cannot provide this through its IT systems;
- that the doctor covers clinics and ward rounds and operation lists for sick and absent senior colleagues - medical notes, clinical records, clinic letters, outpatient lists, reflective notes, where the hospital cannot provide this via its IT systems;
- that the doctor takes a senior role at a procedure or operation - shown by theatre lists, medical notes, clinical records, reflective notes, where the hospital cannot provide this via its IT systems.

2. Contributions to a wider role within the department or wider NHS

The following are examples of evidence that could be provided for meeting this criterion. This could include documentation demonstrating:

- **Management or leadership:** Setting up rotas, looking at clinic profiles and making suggestions for improvement, or looking at ways of improving efficiency within the team, clinic or theatre, participating in multi-disciplinary meetings, and/ or case conferences. Evidence could include notes of meetings, copies of case conferences minutes, copies of rotas etc. Work in a clinical leadership role, representing senior staff on Clinical Risk Committees, Medicines Management Committees, Implementation Groups for IT, new procedures etc; Appraiser
- **Representative work:** This could include activities on behalf of the specialty, grade, employer, health service and/ or involvement in the Local Negotiating Committee (LNC), BMA Regional and/or national, branch of practice committee, and/ or Royal College; Specialty Associations
- **Committee work:** as above;

- **A significant role in teaching** This could be either direct: teaching a course - either international, national, regional, employer, department or College; or indirect: organising courses, developing programmes, inviting speakers etc. Setting up an electronic course, video conference links with the Royal Colleges or other nationally or internationally recognised bodies, developing presentations to be given out on CD Rom i.e. induction courses. Clinical & Educational Supervision.
- **Other key teaching work includes on the job training** as the senior doctor on the ward rounds, teaching assistants in theatre and or supervising procedures - in a clinic or on the ward, departmental teaching, lectures showing procedures to other senior doctors. Evidence could include entries in other doctors' procedure logs, formal feedback documented at the end of any rotation, letters of appreciation, reflective notes etc.
- **The audience for the teaching could include**
 - Medical: career grades, juniors, undergraduates, GPs and other specialties;- Paramedical: nurses, physiotherapists, OT, paramedics;- the Public: self-help groups, British Diabetes Society, Chest Heart and Stroke, Royal National Institute for the Blind;- Meetings: organising, chairing, speaking.

In relation to evidence this could include attendance registers, evaluation forms, handouts, invitations, programmes.
- **An ability to innovate within an area of specialisation:**
This could include introducing:
 - new forms or documentation eg. the Royal Colleges proforma for proper handover reports;
 - proformas for discharge letters or clinic letters;
 - systems for new and repeat patients or for improving interaction with primary care, such as diabetes shared care cards
 - new systems for returning results of outpatient clinic investigations to GPs;
 - new procedures in a particular treatment setting and subsequent collation of results;
 - new ways of taking swabs from different sites such as new methods of transporting specimens to respective laboratories;
 - new methods of how clinics are run or create flyers to promote new procedures and practice;
 - new surgical procedures, techniques or instruments;
 - a business plan (for example to reduce waiting lists for day case surgery);
 - innovation as a result of audit;

This could be shown by paperwork as the systems are introduced - copies of memos, letters, any proformas, written systems.
- **Research** (if appropriate)
 - epidemiological study;
 - involvement in drug trials;
 - prospective study;
 - participating in a multi-centre prospective study of new drug, therapy or procedure;
 - involvement in Ethics Committees;
 - supervising a study.
- **Audit & Quality Improvement** - Regular completion of audits, and demonstration of action on outcomes if appropriate.