



REPORT ON SAS DOCTOR DEVELOPMENT IN WESSEX

Headlines

<u>£312,200</u>	Total SAS Development Budget 2013/14
<u>£367,450</u>	Total SAS Development Budget 2012/13
<u>£104,000</u>	Funding 12 SAS Tutors salary
<u>475</u>	Number of SAS Doctors in Wessex
<u>1200*</u>	Days attended of training funded by SAS Development Funds last year
<u>25%*</u>	Increase SAS course attendance over previous year
<u>123**</u>	Number of additional roles undertaken by SAS doctors in Wessex

* Based on reporting by trusts

** Based on responses from approx. 50% of Trusts

Background

Wessex Deanery was the first deanery in the country to appoint an Associate Dean for SAS Doctors (Staff Grade, Specialty Doctor and Associate and Specialists) in 2005.

The initial post holder organised regional days and championed the importance of SAS doctors being properly appraised and receiving adequate time within job plans in order to develop professionally.

The mandate of deaneries across the country became more specific following the signing of a new SAS doctor contract in 2008. This agreement included a recurring sum of money for SAS doctor development, working out at approximately £600 - £800 per doctor per year. With few exceptions, this money has been effectively ring-fenced and recurring throughout England over the succeeding years with the first significant reduction of about twenty percent occurring in the current financial year.

The funds arose from the new SAS doctor contract package. Implicit in this was that some degree of catch-up, and perhaps even remediation might be required. The new contract with its two thresholds also made explicit that SAS doctors could not expect to stand still in their careers, but would require to take on extra responsibilities as they became more senior in return for improved remuneration. It was acknowledged that SAS doctors typically have access to clinical training budgets, and there was no presumption that SAS doctors had not effectively kept up to date with their clinical training. It was felt to be in terms of professional skills, such as communication, leadership and service development that SAS doctors as a

group were potentially at an historical disadvantage. These funds therefore focused on developing these skills. It was anticipated that the funds would also support Article 14/CESR applicants, although this has in practice proven difficult to achieve to any substantial degree. While locally and nationally there have been courses and various initiatives to mentor and support CESR applicants, providing a “rotational” training scheme or secondments to attain required skills, has been difficult to support given the highly specific needs of applicants, and the widely accepted importance to allocate the funds as equitably as possible.

Nationally it has been a challenge to develop systems and to engage SAS doctors in ways to use these funds effectively. A lack of infrastructure and a culture of SAS doctors not thinking holistically about their careers has historically been lacking.

Most deanery regions have adopted a model of disbursing the majority of funds to individual Trusts, while providing a support, guidance and quality assurance function. However priorities and systems have varied across England, with London in particular adopting a more centralised model.

Local Objectives

Prior to 2008, a relatively weak network of largely unpaid SAS Tutors or representatives met 3 – 4 times a year at the Deanery. With the advent of the development funds, Wessex Deanery made the decision to follow Oxford Deanery in allocating SAS Tutors from each Trust the equivalent of 1PA salary (effectively £8K) in which to undertake their work. It was considered important to remunerate Tutors as the role was often time consuming and payment would help improve professionalism and accountability. The Tutors now meet approximately 5 times per year including two full development days with an external facilitator. This is now a well-functioning and collaborative group.

Historically, SAS training events tended to be attended by the same familiar faces. Wessex Deanery felt it important that the doctors who might be less readily engaged should be a priority. The concern was that the apparently non-engaging group might represent those who felt disenfranchised, demotivated, or potentially lacking in other skills or attributes to be effective doctors in the 21st century. For this reason guidance to Trusts from 2011 placed an expectation that at least 80% of doctors should attain four or more days of professional skills training. Based on an average sum of about £400-600 per doctor, it seemed not unreasonable to require four days of additional training. Inevitably this continues to represent a challenging target and one that the majority of Trusts have struggled to achieve.

As a group SAS doctors initially tended to express the view that they simply wanted additional funds to attend clinical skills updates. Others found the opportunity to learn in a safe, social environment to be a positive and enjoyable experience. The current Associate Dean, Roger Palmer, became more convinced, having been involved in initiating a programme of SAS doctor development in Southern Health, that providing a safe and inclusive environment for learning, was a necessary precursor for SAS doctors to function more effectively in the wider organisation. It was noted that SAS doctors as a group initially ventilated feelings of resentment about issues relating to the implementation of the 2008 Contract, and tended to voice a lot of negativity about their roles within organisations; particularly blaming consultants and the Trusts as having held back their careers.

While acknowledging that SAS doctors as a group have often been managed poorly within the NHS over several decades, and in specific cases mistreatment has occurred, much of the limitation to SAS doctors attaining or fulfilling careers is a product of their own attitudes and behaviour. Increasingly SAS doctors have acknowledged this and express satisfaction and pride about their clinical roles. The Deanery works actively with individual Trusts to ensure that SAS doctors have improved access to training and career development.

Training Activity

In 2008 there were very few training events specifically for SAS doctors in Wessex and they were in practice excluded from a lot of training activities open to other grades of doctors and other professions. Initially the Deanery held regional SAS days, which were warmly received. In time these have been replaced by events within Trusts more specific to individual and local needs. All Trusts now have a programme of regular educational events. Some of these are highly formalised such as those at Southern Health, where the majority of doctors attend half day training every month. Events that are held in a less routine way are more variably attended. UHS has a programme of rolling half days which is well attended, and other Trusts including Isle of Wight also have a programme that is planned well in advance, and receives excellent support from the Medical Director for SAS doctors to attend.

Gaining the support of Medical Directors to communicate through departments and to set an expectation that SAS doctors attend local training events is invaluable. The strength to which such a message is given within the organisations varies. Overall SAS doctor participation in Trust-held events has gone up over the past two years. Generally only a small minority of SAS doctors, perhaps as few as 10%, are completely unengaged with any SAS doctor development activity. Completion of four days of professional skills training in twelve months, sits at an average of about 50%, although increasingly SAS doctors are also attending events in other Trusts and at the Deanery Courses Centre, and to date this activity has not always been systematically collated. Overall there has been a significant uplift in training activity for SAS doctors, even if it lags behind that desired.

The current SAS development budget is sufficient to provide at least four days of training per doctor as well as additional money to support doctors to undertake more specific training to their needs, including on occasions even top-up clinical training. A cap of 30 days study leave over 3 years has proven a challenge to access on occasions. Ensuring that appraisers are aware of this budget, and that they can direct SAS doctors to access training identified by their appraisal, remains quite variable. The role of the Tutor is to meet wherever possible with all SAS doctors in their Trusts, and to encourage them to use the funds to pursue career aspirations. A concern has been the cost-effectiveness of some training activities, particularly where private providers have been commissioned to put on events that in some cases have been recently duplicated in neighbouring Trusts and on occasions poorly attended. Fortunately this is less common now, as Tutors are better integrated at working with their respective directors of education, and education centre managers. In the Dorset Trusts for instance there has been excellent collaboration between Tutors in jointly commissioning and publicising courses. A SAS Extranet, hosted by Wessex Deanery has become the agreed forum by which Tutors will post training events. The Extranet has been less flexible than would have been hoped, but with persistence and maintenance by one of the SAS Tutors now presents an attractive and up to date face of training across the region. It is agreed that SAS doctors can access any course across Wessex, without making any up-front payment. Attendance by doctors from neighbouring Trusts has not always been adequately recorded in SAS development activity, and this will be remedied in the future.

In the 2013 financial year, it is anticipated that virtually all courses run by the Courses Centre, will be open to SAS doctors. These courses can be put on either for a group of SAS doctors from neighbouring Trusts, or doctors may attend what are often multi-disciplinary training events hosted centrally by the Courses Centre. This represents collectively a huge pool of training opportunities for SAS doctors. While SAS doctors have often reported difficulties obtaining permission to use study leave, increasingly Medical Directors are willing to communicate the importance of SAS doctors attending training and their rights vis a vis

other doctors. SAS Tutors are increasingly confident to work with departments where SAS involvement and training has been low in order to reach solutions.

Conclusions from Trust Visits

In late 2012 and early 2013 Associate Dean, Dr Roger Palmer, visited all of the Trusts across the region, meeting in the majority of cases with not only the Tutor, but the Director of Medical Education, Education Centre Manager and Medical Director. An opportunity was given for SAS doctors to meet in confidence with Dr Palmer beforehand, and on a number of occasions they participated in the wider meetings. This series of visits built upon visits a year earlier, although on that occasion not all Trusts were included.

Overwhelmingly the impression is that SAS doctors are valued in Wessex, and at Medical Director level there is a universal level of understanding that they represent part of the workforce that is valuable, and which has many current and potential skills that could benefit the organisation more than is currently the case. It is recognised that variability exists between departments, and particularly SAS doctors within surgical specialties in acute trusts run a particular risk of being displaced by senior trainees or consultants, and losing important surgical access in the process. This is less true for extremely experienced Associate Specialists who may have a niche surgical skill that is highly valued. Trusts with predominantly community services probably offer SAS doctors the greatest opportunities to achieve leadership roles. SAS doctors in organisations such as Solent Health often come from another medical or GP background.

Recruitment was discussed with Medical Directors. There are differing views on where SAS doctors will sit within the future workplace. Some organisations indicated ongoing SAS doctor recruitment, without any perceived difficulty, whereas others suggested that simply recruiting adequately qualified SAS doctors was impossible. It was noted that Trusts that are positive about SAS doctor expansion such as Bournemouth, Isle of Wight and Winchester/Basingstoke there is a recognition that new recruits coming from Eastern Europe or Asia, will have particular developmental needs to enable them to practice safely and effectively. It was noted in some Trusts that interest in applying for SAS roles often came from CCT holders originating in Eastern Europe, who were not sufficiently experienced in the UK to achieve consultant level posts, and would use an SAS role as a stepping stone. Recruitment of SAS doctors to A & E has been challenging for some time, and an initiative supported by the Deanery is looking to see how these doctors are adequately trained and credentialed to work independently in the hospital at night time.

In some Trusts there has been a proliferation of doctors in Trust Grade or Clinical Fellow posts that have continued more or less indefinitely. The Associate Dean raised concern about how this group was supported to achieve career development, appraisal and revalidation. In some Trusts there was difficulty identifying doctors on non-standard contracts.

The SAS doctors who attended the meetings with the Associate Dean, expressed a lot of enthusiasm towards their Tutors but on occasions gave convincing instances of obstacles accessing training events and perceived career limitations. These were brought up with the respective Medical Directors. Medical Directors were encouraged to give a clear message that SAS doctors should be participants in senior medical meetings, in order to be explicit about their status within the organisation, and as an opportunity for them to hear about service development so that they could take an active role. SAS doctors repeatedly complained that new initiatives were picked up by consultants in these meetings, and that they simply did not hear about projects in which they could participate. In one instance a SAS doctor had acted as a locum consultant, and in this role had been a welcome member

of a consultant body. He took up the lead for a number of projects while in this role, but once no longer acting as locum consultant he was excluded from the consultant meetings.

SAS Training Within a Multi-Professional Training World

The persistence of funding for SAS doctors to train as a group can appear somewhat at odds with the trend towards multi-professional training, linked to clinicians' specific training and service manpower needs. The process of socialising SAS doctors to challenge some of their own assumptions, has been one powerful reason why initial training should in part be delivered to SAS-only doctors groups. Other evidence comes from a three year coaching project that the Associate Dean has undertaken in collaboration with a private professional coach, Julia Carter. Julia was initially invited to introduce the principles of coaching to a group of psychiatrists at Southern Health. She was commissioned there to undertake a pilot, and found that SAS doctors, once made aware of the benefits of coaching, were keen to make use of this resource in significant numbers. The Deanery has commissioned Julia to make coaching available to SAS doctors across the region using a model of initial face to face sessions followed by typically three to four telephone contacts. Over the past two years Julia has conducted face to face coaching sessions with 40 SAS doctors across Wessex, and provided a total of 90 sessions. As an individual external to the NHS, Julia has often been privileged to intense and unguarded descriptions by SAS doctors of their working lives. Overwhelmingly the themes are lack of confidence and lack of perceived validation within the workplace. This makes it difficult for SAS doctors to articulate themselves within mixed groups, particularly where consultants are present. Julia has utilised various tools to help SAS doctors better understand themselves, and one that she has employed widely with SAS doctors, and within Trust SAS doctor groups, is a psychometric tool called "Insights".

"Insights" is a tool which helps doctors to become more aware of their interacting style, and the particular role in which they are likely to adopt with an organisation. Quite strikingly, SAS doctors typically fall into one of four of the larger sub-types; although more subtle distinctions are also made. More than would be predicted on a population level, SAS doctors fall into the character type of being highly loyal, supportive to colleagues and organisations, but reluctant to assert themselves or initiate change. Particular challenges for the NHS, and these individuals in particular, are that they are consequently likely to adopt behaviours that appear to resist change, and that they may require considerable time and support coping with change. They are sensitive to the needs of others but may possess weak leadership skills.

Testimonials from SAS doctors who have undertaken coaching, assert that this has been an incredibly effective learning tool. Although difficult to quantify, saving doctors from burn-out has on occasions been an observed benefit.

While it makes a great deal of sense for SAS doctors to participate in multi-professional training, mindfulness needs to be given to the fact that this group may be slow to speak up, and may be less comfortable with organisational change than other groups. I have written previously on the particular vulnerabilities of SAS doctors and I attach this paper that outlines that poorly managed SAS doctors can be more prone to scapegoating and exclusion than other medical groups.

There is a strong case to maintain core activity associated with supporting SAS doctors to increase their effectiveness, while having a long term aim of integrating them into a more generic training environment and to continue to have a high expectation that they should develop their skills, responsibilities and roles within organisations.

Summary

The 475 SAS doctors across Wessex have access to a huge range of courses at Trust, inter-Trust and regional level. Use of development funds deriving from the 2008 Contract, has focused on professional skills development. Engagement with this has improved but not generally reached the goal set by the Deanery of four days in one year. However the majority of doctors are undertaking at least some days of training, and those doctors who are completely unengageable by their Tutors are now a very small percentage.

Doctors working towards Article 14/CESR are a relatively small number - perhaps about 5%. They are able to access support from a range of sources including the Deanery, and although some limited funding is available to help these individuals, the demand in reality has been low.

Strengthened appraisal and revalidation are now with us. Despite reports in the BMA news that up to 50% of SAS doctors nationally are not having appraisals this is not true in Wessex. There remain a small number of doctors who may be at risk, and their non-engagement to date with appraisal may be symptomatic of other underlying issues. Tutors within Trusts are mindful of the need to engage with these individuals, and Trusts have been encouraged to contact the Professional Support Unit at the Deanery where remediation issues have been identified.

Many SAS doctors work in departments that foster their career development, and they are often respected for their skills in specialist areas. There are numerous instances of SAS doctors taking roles such as that of appraiser, educational supervisor, college examiner or audit lead. Medical Directors absolutely support SAS doctors acquiring the skills to undertake leadership roles. Barriers tend to occur in particular departments, and in a culture that is still fairly widespread not to include SAS doctors in senior medical staff meetings. SAS doctors need to have training specific to their personal and service delivery needs. Training to date for SAS doctors has tended to be rather generic. More specific training can be obtained by linking development to departmental objectives, and to strengths and weaknesses identified through appraisal. Training should move on from simply attending courses, but to participate in training that has a practical component or demonstrates practical application to the workplace.

Rather than simply monitoring course attendance, Wessex Deanery will in future ask Trusts to compile information on the additional roles held by SAS doctors, with a view to tracking the level of involvement by SAS doctors. This is important as a means of demonstrating that tax payer investment in the development of SAS doctors, is translated into doctors who are capable of flexibility and leadership, and not simply maintaining existing working practices.

Future Directions

1. SAS doctor development should continue in a variety of settings, with particular thought given as to the appropriateness of SAS only and multi-professional training contexts.
2. Better identification of and support of struggling SAS doctors, including the possible intervention of the Professional Support Unit.
3. Ongoing access by SAS doctors to individual personal development work, such as via coaching and associated activities.
4. Increasing the focus of training to individual needs.

5. Enhancing the practical element in training courses.
6. Continue to challenge assumptions that restrict SAS doctor career development while acknowledging personality styles, strengths and weaknesses in individual SAS doctors.
7. Track the changing demographics of the SAS group: considering recruitment issues and the support required for overseas recruits.
8. Continue to develop the Trust SAS tutors in terms of career support skills, motivating skills and systems of collaborative working.
9. To further formalise the Associate Dean's visits to Trusts to ensure greater SAS doctor input
10. Continue to increase the cost-effectiveness of training courses by:
 - a) Improving access;
 - b) Utilising local skills and knowledge including resources from Education Centres;
 - c) Improve participation by SAS doctors in Courses Centre events.

Dr Roger Palmer
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