

Welcome to the BAOS Hospital Interests Web Page

This is designed to provide information, updates and contact details for those of you who are involved in working in the hospital environment. The more people contribute the bigger and better these pages will get so please do contact us at www.baos.rcsed.ac.uk with anything you feel is relevant.

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1. National SAS Contract Negotiations update. How will it affect you?

The BMA SAS committee negotiation team are currently negotiating the new SAS national contract this will include Scotland, England, Wales but as yet not Northern Ireland. The negotiations are due to be completed by April 2006. This is likely to lead to a change in career pathway, pay structure, competency based assessment leading to career progression and name change. **It is imperative that if you wish to vote on the new contract that you register on the BMA database to be eligible.** You do not have to be a BMA or BDA member to vote but you must register to do so at e-mail: membership@bma.org.uk

You will need to provide your

- full name,
- contact address,
- GMC / GDC number,
- date of birth,
- current grade.

If you are a BDA member you have reciprocal rights with the BMA but still must register to vote. If you wish to receive e-mail updates you need to register on the BMA web site at [http://www.bma.org.uk/ap.nst/ap.nsf/content/Hub Registration Page](http://www.bma.org.uk/ap.nst/ap.nsf/content/Hub%20Registration%20Page).

Find out if your trust / hospital has a SAS group. Many now have. If not think of forming one. It gives a basis for sharing of information, support and the power of committee can lead to improvements in working conditions, upgrading and certainly raises the profile and morale of the group within trusts. The new SAS contract will need to be locally implemented by each trust so it is important that the SAS doctors / dentists are involved. It is a good way to discover who your SAS colleagues are and become involved and improve your lot. If you need any advice about how to go about it contact Pip / Rick at pippa.blacklock@phnt.swest.nhs.uk or rick.kerr@virgin.net

PMETB? what it is

Will not affect those of us on the dental register though the GDC may have to form an equivalent body. Doctors can now apply through article 14 for inclusion on the specialist register.

2. SAS Hospital charters: How could it help you?

This is the charter negotiated by SAS doctors, management and the BMA and adopted by Plymouth NHS Trust in 2003 and other trusts in the South West. It has been the basis for great improvement in the working conditions, career progression and pay rises for SAS within the trusts.

PLYMOUTH HOSPITALS NHS TRUST

Charter for Staff and Associate Specialist Doctors

Doctors in the Staff and Associate Specialist Group (SAS) - formerly described as Non Consultant Career Grade Doctors, are senior hospital doctors comprising Associate Specialists, Staff Grades, Clinical Assistants, Hospital Practitioners and other non-standard, non-training 'Trust' grades. Plymouth Hospitals NHS Trust employs a substantial number of SAS Doctors and wishes to provide a working environment which recognises their diversity of background, the major contribution they make to the delivery of care to patients and one which adequately rewards, motivates and develops this essential group of Doctors. The Trust is committed to ensuring that the role of SAS Doctors employed by Plymouth Hospitals NHS Trust is fully acknowledged and respected by the management, colleagues and patients. In order to deliver this aspiration the following recommendations have been agreed by the Trust and Doctors' representatives following discussion within the Medical Staff Panel.

The recommendations are as follows:

There is a SAS Group whose existence is recognised by the Medical Director and Chairman of the Hospital Medical Staff Committee (HMSC). This Group should meet bi-monthly and ensure that the following recommendations are implemented. It will also act as a policy setting group for SAS Doctors and a forum for discussion, making recommendations to be referred to the Local Negotiating Committee and Medical Staff Panel for agreement.

Each Clinical Directorate with SAS Doctors should have at least one nominated representative at both Staff Grade and Associate Specialist levels who shall attend the Directorate meeting and serve on the Trust's SAS Doctors Committee.

The Trust should work towards every SAS Doctor having the following conditions as a minimum:-

- An appropriate Contract of Employment incorporating national terms and conditions (in accordance with national and local collective agreements);
- An appropriate agreed Job Plan that may be changed by mutual agreement between the SAS Doctors and the Clinical Director/Divisional Director in accordance with the procedure for the agreement for the Review of Job Plans and any recommendations following appraisal;
- An adequate sessional allocation with separate and identifiable time allocated for administration, education, audit and teaching commitments, etc. (The precise amount will

depend on the requirements of the particular post and the Trust will give due regard to the recommendations of the appropriate Royal College, etc.);

- Access to office accommodation and a computer in each Directorate where SAS Doctors are employed, to include e-mail and suitable storage facilities for confidential/private work related papers, books, etc;
- Appropriate Consultant supervision and mentoring;
- Adequate support and time allocation to allow SAS Doctors to fully participate in the Trust's appraisal process and the necessary CPD and study leave requirements which are a natural consequence of appraisal;
- Adequate and fully funded study leave;
- As Senior Hospital Doctors, all SAS Doctors are entitled to attend and fully participate in meetings of the Hospital Medical Staff Committee and shall be included in the circulation list for agendas, etc;
- The Trust will agree and apply a common mechanism to allow progression from Staff Grade to Associate Specialist;
- SAS Doctors shall have equal access to the benefits of the Improving Working Lives initiative to which the Trust is fully committed;
- Access to a fair and appropriate mechanism for the award of optional points to Staff Grade Doctors and discretionary Points to Associate Specialists.

Progress in achieving these aims should be monitored by survey and presented to the Trust Board yearly.

December 2003

3. Upgrading processes from staff to associate specialist. Sample procedure.

This is the negotiated and adopted guidelines for upgrading processes at Plymouth and now there is a clear established process. Staff grades are successfully being upgraded to Associate Specialists.

PLYMOUTH HOSPITALS NHS TRUST

Guidelines for Managers and Clinical Directors

Upgrading Process for Clinical Assistants / Hospital Practitioners / Staff Grades & Associate Specialists

The Purpose

The purpose of this document is to clarify the process established for the upgrading of the SAS doctors and to identify the roles of each professional group involved with the process. The requirements for upgrading to each grade are listed in Annex B.

Equal Opportunities

In deciding upgrades, the Trust should ensure that SAS doctors are treated equally regardless of their colour, race, sex, religion, politics, marital status, sexual orientation, membership or non-membership of trade unions or associations, ethnic origin, age or disability.

Administration

*NB – Divisional or Directorate Manager should be responsible for co-ordinating the paperwork.

1. Applicant to complete the Application for Upgrading Form and submit it to his / her supervising Consultant with copies to the Chair SAS committee.
2. If supervising Consultant approves, s/he should forward a supporting letter with the applicant's application form to the Clinical Director who will consult with the Divisional and Directorate Managers as appropriate. If the supervising consultant does not approve the application s/he must respond within one month in writing to the applicant, clearly stating the reasons why the application is not supported.
3. The Clinical Director identifies the need for upgrade and additional funding after consultation with the Divisional and Directorate Managers and informs Medical Personnel if the upgrade is agreed in principal. Paperwork including job description and new job plan including CPD, audit & research will need to be processed via the Vacancy Review Panel for financial approval (if currently in action) or via Directorate Accountant. If the Clinical Director does not approve the application s/he must respond within one month in writing to the applicant, clearly stating the reasons why the application is not supported.
4. Medical Personnel submits new job description and job plan provided by the Directorate, with a copy of the upgrading application to the relevant Royal College Regional Advisor (see Annex A) to confirm the upgrading is suitable and the new job plan/description meets the criteria for the upgrade.

5. Medical Personnel then checks all paperwork before the application is processed through HMSC. This includes evidence of approval from Directorate / Division, Financial approval, Royal College approval and the job description including the job plan.
6. The upgrading application form is then forwarded to the HMSC to go through the HMSC approval process which includes the Senior Medical Appointments Group (SMAG Established 2003) review and approval by the HMSC. In relation to Associate Specialist upgrades, HMSC will consider whether it is more appropriate for a consultant post to be created instead, in line with paragraph 1, EL(97)25 – (see Annex C).
7. After professional approval and funding is identified, the Medical Director on behalf of the Chief Executive must approve the upgrading.
8. Applicants who have been unsuccessful at any stage of the process may seek advice on an informal basis from the ChairLNC, ChairSAS Committee or SMAG. The applicant can then place an initial appeal to the ChairSAS Committee and Medical Director unless either has already been involved in the process, in which case, another SAS doctor or an Associate Medical Director will be involved by mutual agreement with the appellant. If the process cannot be resolved then the doctor may invoke the grievance procedure.

Role of HMSC (see administration point 6)

The HMSC will only process applications that have been through stages 1 – 5 above.

The role of the HMSC is to consider the new job description and job plan and to challenge whether or not the upgrade is at a suitable level. When considering Associate Specialist upgrades the HMSC process must consider whether or not a consultant post would be more appropriate.

Role of Regional Advisor (see administration point 4)

The Regional Advisor will be sent a copy of the application form, job description which includes the job plan together with a covering letter / questionnaire (See Annex A) seeking his or her view before any decision is made.

Appointment Panel (see Annex C, Annex D, Annex E)

Personal upgrades do not need to go through an actual interview process as the Trust Appointments Committee members would have been consulted as the upgrading application was processed. Therefore as long as the doctor meets the requirements set out in the Terms and Conditions of Service, an interview would not be needed.

Please note, unlike the Associate Specialist personal upgrading procedure which stipulates who should be involved in the Appointments Committee for upgradings, there are no guidelines for Staff Grades and Hospital Practitioner upgradings and therefore Annexes D and E only refer to new posts and are attached for information only.

UPGRADING LETTER FOR REGIONAL ADVISOR / ROYAL COLLEGE

[Date]

Dear X

RE: DR X, CLINICAL ASSISTANT / HOSPITAL PRACTITIONER / STAFF GRADE IN “SPECIALTY”

Please find enclosed an application for Dr X to be upgraded to *Hospital Practitioner / Staff Grade / Associate Specialist*. To ensure we are meeting the needs of the applicant before agreeing the upgrade, I would be grateful if you would complete the questions below and return this letter to me.

a) Does the doctor have the correct amount of experience to warrant being upgraded to *Hospital Practitioner / Staff Grade / Associate Specialist* YES / NO

b) Is being upgraded to *Hospital Practitioner / Staff Grade / Associate Specialist* the most appropriate upgrade for the applicant YES / NO

c) Does the new job plan attached, meet the criteria for the upgrade and have sufficient educational / audit requirements etc YES / NO

If you have answered no, for any of the questions above, please elaborate below.

If you have any queries, please contact me on 01752 517669 / 792002 / 792905.

Thank for your help.

Yours sincerely

Medical Personnel Support Assistant

ANNEX B

- A) To be upgraded to a **Hospital Practitioner** the applicant must be a Principal in General Practice and have been fully registered with the GMC for at least 4 years.
- B) To be upgraded to a **Staff Grade** the applicant must have 3 years full time (or longer part-time period) of regular hospital service at SHO level or higher including adequate experience in the relevant specialty and full General Medical Council registration.
- C) To be upgraded to an **Associate Specialist**, applicants should have completed 10 years medical or dental work since obtaining a primary medical or dental qualification which is (or would at the time have been) acceptable by the GMC/GDC for full, limited or temporary (but not provisional) registration. The applicant should have served for a minimum of four years in the Registrar or SpR grade, or in the Staff Grade. Two of these years should have been served in the appropriate specialty. Equivalent service is also acceptable, with the agreement of the relevant College or Faculty Regional Adviser and of the Postgraduate Dean (see Annex C)
- D) To become a **Consultant**, doctors must apply in open competition for posts and be appointed via an Advisory Appointments Committee. S/he must be on GMC/GDC Specialist Register or be eligible to be on it within three months of the interview date. Please see the Good Practice Guidance “The National Health Service (Appointments of Consultants) Regulations 1996”.

Interview panel consists:

Non-executive – Chair

Royal College rep

University Rep

Specialty rep(s) including sub specialty reps where appropriate

CD or DD

Chief Executive

Medical Director

Annex 2 to EL(97)25**APPOINTMENTS TO THE ASSOCIATE SPECIALIST GRADE IN THE MEDICAL AND DENTAL SPECIALTIES****1. The need for the post**

Trusts considering an appointment to the Associate Specialist grade should first establish the need for the post. They should consider carefully whether the service need cannot more appropriately be met by a consultant appointment and should seek advice from the relevant Royal College or Faculty and, may also wish to seek advice from the Local Medical Workforce Advisory Group on general quality issues. The following factors should be taken into account.

- The need to develop a consultant-based service;
- Overall consultant responsibility for patient care;
- Consultant cover, both in and out of hours, in the relevant speciality and, where necessary in related specialties;
- Provision for the teaching of junior doctors and for the supervision of both junior and career grade medical staff.

An associate specialist post should be established only where this is in the best interests of the service.

2. Appointment criteria

To be eligible for appointment to the associate specialist grade, doctors and dentists should have completed 10 years medical or dental work since obtaining a primary medical or dental qualification which is (or would at the time have been) acceptable by the GMC/GDC for full, limited or temporary (but not provisional) registration. The doctor or dentist should have served for a minimum of four years in the Registrar or SpR grade, or in the Staff Grade. Two of these years should have been served in the appropriate specialty. Equivalent service is also acceptable, with the agreement of the relevant College or Faculty Regional Adviser and of the Postgraduate Dean.

3. Job Description

The job description for the associate specialist post should be drawn up with the advice from a representative of the relevant Royal College or Faculty.

4. Appointment Committee

The appointment committee should comprise, as a minimum, a senior manager and a consultant (or if appropriate a senior associate specialist) from the trust, and preferably in the relevant specialty, and a further external senior hospital doctor nominated by the relevant Royal College or

Faculty. For posts which have been advertised (see paragraph 6 below) there should be a further Royal College or Faculty representative. The trust may appoint extra members to the committee as necessary. Trusts should ensure that all members of appointment committees are aware of relevant national and European law and are trained or experienced in appointment procedure including good practice in equal opportunities.

5. Personal regrading *without advertisement*

Personal regrading *without advertising the post* is the normal route into the associate specialist grade. Where a suitable candidate is already employed by a trust, he or she should make an application for regrading, subject to meeting the criteria set out in paragraph 2 above. The applicant will then be considered by a trust appointment committee where the need for a post has been established as in paragraph 1.

6. Appointment of Associate Specialists *by advertisement*

While personal regrading is the normal route for the appointment of associate specialists, in certain circumstances trusts may advertise for and recruit associate specialists directly, by competition. This would be appropriate when an existing associate specialist had vacated a post and the trust had established a continuing need for an associate specialist or where it had established that a new associate specialist post was required, and that it would *not be appropriate* to create a consultant post. The criteria in paragraph 1 above need to be followed in deciding the need for an associate specialist post.

As in paragraph 4 above, the appointment committee for an advertised post should be augmented by a further Royal College or Faculty representative. *The same criteria concerning clinical experience and preparation of the job description apply – see paragraphs 2 and 3 above – irrespective of whether a post is advertised or not.*

Para 4 of HC (88)58 – The New Hospital Staff Grade – NEW POSTS ONLY

4 Appointments Procedure

4.2 The prospective employing Trust should constitute an advisory appointments committee, comprising at least:

- a lay chairman (non-executive member)
- a professional member from outside the Trust, appointed on the advice of the appropriate College or Faculty: (Regional Advisor)
- a professional member employed in the Trust in the relevant specialty, appointed on the advice of the appropriate Clinical Director.

4. SAS representatives on national bodies and contact details.

BAOS: Council members e-mail addresses

James Parker	BAOS President hj.parker@btopenworld.com
Louis McArdle	BAOS Secretary LWMcArdle@ukgateway.net
Ian Hollingum	Represents BDA on 1. Represents SAS on Central Committee for Hospital Dental Services. 2. BMA Strategy, Policy and Planning subcommittee 3. BMA SAS contract care negotiating team ian.hollingum@nhht.nhs.uk
Paul Allen	BAOS President Elect Represents SAS on Central Committee for Hospital for Hospital Dental Services Paul.Allen@smnhst.swest.nhs.uk

Other Representatives

Christopher Howell	SAS representative at the Dental Faculty RCS Eng SAS Committee Royal College Surgeons of England Christopher.Howell@dag-tr.sthames.nhs.uk
John Longstreet	Associate Fellows representative BAOMS john.longstreet@nhs.net
Helen Spencer	Associate Fellows representative BAOMS Helen.Spencer@porthosp.nhs.uk
Jane Parker	SAC Surgical Dentistry jane@parkerbirtles.freemove.co.uk
Lisa Watson	SAC Surgical Dentistry lisa.watson@qmc.nhs.uk

5. SAS Hospital Special Interest group.

We are thinking of forming a Hospital special interests group along with a Primary Care interests group to address issues for each group. If you want to be involved in this contact us. If you have anything to contribute to this web page please contact us.

(Include attachments of SAS documents in e-mail: Public folders/M&D documents/SAS documents/SAS charter and SAS Upgrade procedure.)