



Staff and Associate Specialist Grades

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1. Introduction

The number of Staff and Associate Specialist (SAS) doctors employed in the National Health Service has grown rapidly in the last few years, during which there have been changes in government policy that include the introduction of revised terms and conditions of service for both Staff Grades and Associate Specialists. The Royal College of Anaesthetists (RCoA) has published advice on appointments procedures for these grades. The number of SAS doctors has increased further since the restructuring of medical careers within the Modernising Medical Careers (MMC) process, in particular producing a marked increase in the appointment of Trust Grade doctors.

The 1990 NHS and Community Care Act allowed the establishment of NHS Foundation Trusts with the freedom to offer new staff, including doctors other than those in the training grades, contracts under their own terms and conditions of service. The national ceiling on Staff Grade numbers was formally removed in 1997, and employing authorities and Trusts were made responsible for individual Staff Grade appointments.

The Association of Anaesthetists of Great Britain and Ireland (AAGBI) has produced two guideline documents, the last being published in 1998, offering recommendations and advice to Non-Consultant Career Grade Doctors (NCCGs). Since then, there have been significant changes to the grades. The generic name 'Non-Consultant Career Grade' (NCCG) has been replaced by 'Staff and Associate Specialist' (SAS) grade. This appears not to include other grades such as Clinical Assistant, Trust Grade and Hospital Practitioner. However, the Working Party wishes to include all grades considered in earlier guidance.

The AAGBI established its SAS Committee in 2002 and the RCoA held elections for the first two SAS council members in the same year.

This edition replaces existing advice contained in the 1992 and 1998 AAGBI publications. The advice is intended for doctors in the various grades and for Clinical Directors of Departments of Anaesthesia.

2. Recommendations

The AAGBI strongly recommends that all appointments are made to the nationally recognised grades of Staff Grade or Associate Specialist.

The AAGBI does not recommend non-standard grades and other non-training grades with variable terms and conditions of service.

All grades are clinically responsible to a named consultant and should not be put in the position of taking ultimate clinical responsibility for the care of patients. There should be an established mechanism for any eligible Staff Grade doctor to be promoted to the post of Associate Specialist.

Consultants responsible for SAS doctors should ensure that professional support is available. Every doctor should have a nominated consultant as a mentor.

The AAGBI supports the RCoA in advising that all SAS appointees should have a postgraduate qualification. The applicant should have undergone suitable training and should have gained sufficient relevant clinical experience to fulfill the requirements in the job plan.

Suitably experienced SAS doctors who are involved in supervising trainees are encouraged to apply to be entered in the RCoA's 'Approved to Teach' list, with the support of the College Tutor.

An SAS doctor's contract should include time for pre-operative and postoperative visits. Provision in the job plan must be made for activities such as audit, research, appraisal and continuing professional development (CPD) activities.

The AAGBI recommends a minimum weekly commitment to anaesthesia of three notional half days or equivalent, including at least two clinical sessions, with adequate time for all supporting professional activities.

SAS doctors who have job plans involving emergency work must maintain the appropriate skills.

All SAS doctors should have an annual appraisal that should inform job planning.

All SAS doctors should, as a part of their job plan, spend time working with a consultant.

Provision for adequate study and professional leave must be made to all SAS doctors. Funding must be available for these activities.

All SAS doctors should have representation at departmental level and be allowed to attend departmental and directorate meetings. There should be representation on the Local Negotiating Committee at Trust/Board level, and they should be included in the Trust/Board negotiations.

3. The grades

Associate Specialist [1-6]

The Associate Specialist grade was introduced in 1981; it was a development of the Medical Assistant grade. It is a permanent career grade of limited clinical responsibility. Since 1991 an inclusive professional contract, similar to that of the pre-2003 NHS Consultant Contract, has been in place, with discretionary points replacing the performance supplement in 1996. Associate Specialists are employed on contracts based on 11 notional half days per week, in which one notional half day is equivalent to a minimum of 3.5 hours worked flexibly. Associate Specialists are senior hospital doctors who are clinically responsible to a named consultant and who should not therefore be put in the position of taking ultimate responsibility for care of patients. Associate Specialists are subject to the European Working Time Directive (WTD), which limits time worked to a maximum of 48 hours per week on average. Associate Specialists are senior hospital doctors and should therefore occupy a senior position on the on-call rota.

A medical practitioner appointed to the Associate Specialist grade should have served a minimum of four years in a Specialist Registrar post or Staff Grade post, at least two of which have been in the appropriate specialty. Equivalent service is acceptable with the agreement of the relevant College Regional Adviser and Regional Postgraduate Dean. The doctor should have completed 10 years' medical work, either as a continuous period or in aggregate, that is acceptable by the General Medical Council (GMC) for full, limited or temporary - but not provisional - registration. Possession of a higher qualification, e.g. the FRCA, is desirable but not mandatory.

Associate Specialist posts are often personal appointments established for those doctors committed to a career in the hospital service who are unable to complete higher professional training or who, on completion of higher professional training, are unable or do not wish to accept the full clinical responsibility of a consultant appointment.

In certain circumstances in England and Wales, Trusts may advertise for and recruit Associate Specialists directly. However, an Associate Specialist post should only be established when it is in the best interests of the service. A job description for the post should be drawn up with the advice of a representative of the RCoA. The Central Consultants and Specialists Committee (CCSC) of the British Medical Association (BMA) has produced a model workload document for Associate Specialists, which was endorsed by the newly formed Staff and Associate Specialists Committee of the BMA. Associate Specialists have the option of whole time, maximum part-time or part-time contracts and, although they have the right to undertake private practice, they may encounter difficulties when claiming reimbursement from private health care providers.

When job planning, it is worth noting paragraph 26 of the current Terms and Conditions: National Health Service Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service (England and Wales), Terms and Conditions of Service September 2002 Version 2 – 1 December 2002, Version 3 – 10 January 2003, Version 4 – 6 February 2004, Version 5 – 17 February 2005, Version 6 – 1 June 2005, Version 7 – 1 March 2007, and Version 8 – 30 July 2007.

Associate Specialists should ensure that their workload, including on-call, is reviewed annually. Consideration should be given not only to the frequency of on-call but also to the intensity of the work. Particular care should be taken to ensure that the problems previously encountered by trainees are not merely transferred to the SAS grades.

In any consideration of a career grade appointment, 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 anaesthesia and, where necessary, in related subspecialties;
- Provision for the teaching of junior doctors and the supervision of both junior and career grade medical staff

The appointment committee for new Associate Specialist appointments normally comprises, as a minimum:

- A senior manager
- A consultant from the Trust/Board in the relevant specialty
- An external senior hospital doctor nominated by the RCoA

Guidance for personal regrading from Staff Grade to Associate Specialist is available on the BMA website: <http://www.bma.org.uk/ap.nsf/content/home>

Staff Grade [7,8]

The Staff Grade was introduced in 1988 to meet service requirements, and a national ceiling on numbers that limited the number of Staff Grades to 10% of the total number of consultants was removed in 1997 when the current Staff Grade contract was introduced (except in Scotland). A significant number remain on the pre-1997 contract. Whilst Staff Grade doctors are regarded as senior hospital doctors, it is important to remember that they are in a non-training career grade. As such, they exercise an intermediate level of clinical responsibility as delegated by the consultant to whom they are responsible.

A full time Staff Grade contract is for 10 sessions, all of which are superannuable. Staff Grade doctors are paid at the same sessional rate for work done during working hours or out-of-hours. A session is four hours, and WTD regulations limit work to an average of 48 hours per week. The duration of sessions outside normal working hours may vary subject to local Trust negotiation.

It is recommended that doctors (including those in non-standard posts) transfer to the new terms of service unless it is clearly disadvantageous to do so. Non-standard contracts do not afford the same protection as nationally agreed terms of service. The BMA has established LNCs in Trusts and Health Boards to represent doctors of all grades.

When drawing up job descriptions for a Staff Grade, employing authorities have complete flexibility, after consultation with the responsible consultant, with regard to the deployment, location and rostering of the available sessions. Currently, the RCoA recommends that those SAS doctors without a postgraduate qualification should not work in isolated areas unsupervised.

A Staff Grade is normally accountable to a named consultant, normally the Clinical Director but, on a day-to-day basis, to the duty consultant. A model job description is available from the BMA.

The formal requirements for entry to the Staff Grade are:

- full registration with the GMC
- either a minimum of three years' full time hospital service at Senior House Officer (SHO) or higher grade, including adequate experience in the relevant specialty; or equivalent experience

This requirement may be waived if, in the opinion of the College assessor, the applicant has undertaken suitable training and has gained sufficient relevant experience to fulfil the requirements of the job plan.

It is recommended that the job plan be approved by the RCoA Regional Education Advisor before the post is advertised.

The Advisory Appointments Committee in England normally comprises, as a minimum, the following people:

- A lay Chairman appointed by the Trust/Board
- A consultant anaesthetist from outside the Trust/Board, approved by the Royal College
- A consultant anaesthetist (usually the Clinical Director) from the Trust/Board

The composition of the panel may be different in the devolved nations. After ratification of the appointment by the Trust, there is normally a probationary period of one year at the end of which time, subject to approval, the post becomes permanent and subject to standard terms of notice. The AAGBI strongly disapproves of annually renewable contracts. All Staff Grades should ensure that their workload, including on-call commitments, is reviewed annually. Consideration should be given not only to the frequency of on-call but also to the intensity of that work.

Guidance for personal regrading from Staff Grade to Associate Specialist is available on the BMA website.

Hospital Practitioner [9]

A doctor appointed to this grade has to be a principal in general practice and must have been fully registered for at least four years. The numbers in this grade are diminishing, probably as a result of clinical governance considerations, the difficulties of appraisal in dual specialties, the increasing workload of General Practitioners and the decrease in the number of anaesthetists who have undergone a substantial period of training before entering general practice.

Appointment is limited to those principals who have at least two years' whole-time (or equivalent part-time) experience in anaesthesia. Although a postgraduate qualification is not a specific requirement for the grade, the AAGBI supports the RCoA recommendation that possession of an FRCA or equivalent is desirable.

Appointment is renewable after one year, subject to confirmation, until the incumbent reaches retirement age or ceases to be a principal in general practice. This grade is responsible to a named consultant, and the AAGBI recommends a minimum of two clinical sessions with appropriate time for pre-operative visits and postoperative care, i.e. three notional half days per week.

Thirty days' study leave within each three-year period should be included in the contract, and hospital practitioners would normally be expected to participate in clinical audit and departmental meetings. Departments of Anaesthesia and College Tutors must encourage Trusts to support applications from this grade to participate in CPD.

Clinical Assistants (part-time medical officers) [10]

The AAGBI strongly recommends that no further Clinical Assistant appointments be made and that Staff Grade posts with nationally agreed terms and conditions of service be created in the future when the need arises. When General Practitioners wish to continue clinical sessions, the Hospital Practitioner grade would be a more appropriate appointment. It is essential that College Tutors, postgraduate deans and Trust managers support the need for CPD by clinical assistants, both for the benefit of the individual and as an intrinsic requirement of good practice, clinical governance and risk management.

Non-standard grades

Many Trusts have created new grades of doctors with non-standard terms and conditions of service to circumvent manpower planning mechanisms controlling the proportion of SAS doctors within trusts and also as a result of resource pressures. Such irregular posts are not protected by national terms and conditions of service, and the BMA has campaigned for many years against their creation. The AAGBI supports this view.

These non-standard appointments have a number of titles, including Trust Grade doctor, Trust Specialist, Staff Specialist, Clinical Fellow and Clinical Specialist. The contracts usually incorporate out-of-hours work at a rate of remuneration defined by the Trust and often permit the use of fixed-term contracts.

The revised terms and conditions of service for Staff Grades and the ability to appoint Associate Specialists directly have made such posts unnecessary. The AAGBI strongly recommends that employers use this opportunity to offer existing non-standard grade doctors of the appropriate level the option to transfer to the new terms and conditions of service. Those doctors who fail to meet the standards set down in this advice should be offered the opportunity to undergo further training. If, in exceptional circumstances, a Trust or Department of Anaesthesia deems such a non-standard post to be necessary, it is recommended that potential applicants obtain advice from the BMA, the AAGBI or the College tutor.

4. Model SAS Charter

The NHS employer should aim to provide a working environment that recognises both the diversity of SAS doctors and the major contribution that they make to patient care. The NHS employer should realise that the SAS doctors need both support and resources to develop personally and professionally. The NHS employer should be committed to ensuring that the role of the SAS doctor is fully acknowledged and respected by management, colleagues and patients. In order to deliver these aspirations, the following recommendations are made.

Each Trust should work towards every SAS doctor having the following:

- An appropriate contract of employment incorporating national terms and conditions
- An appropriate agreed job plan. This may only be changed by mutual agreement between the SAS doctor and the Clinical Director/Lead in accordance with agreed local procedures for appraisal and job plan review
- An adequate daytime session allocation with separate and identifiable time allocated for administration, education, audit and teaching commitments, etc. This should not be any less favourable than the time allotted to consultants undertaking similar clinical duties
- Access to office accommodation and a computer in each directorate in which SAS doctors are employed. This should include access to email and suitable storage facilities for confidential work, related papers, books, etc
- Adequate support and time allocation to allow SAS doctors to participate fully in the employer's appraisal process, including access to appraisal training and the necessary CPD and study leave requirements, which are a natural consequence of appraisal
- Adequate and fully funded study leave
- All permanent SAS doctors should be members of the Medical Staff Committee/Hospital Medical Board and should be invited to attend meetings
- There should be SAS representation on the LNC
- The employer should agree a mechanism or adopt BMA recommendations for regrading from Staff Grade to Associate Specialist
- Access to a fair and appropriate mechanism for the award of optional points for Staff Grades and discretionary points for Associate Specialists. The BMA recommend a minimum number of discretionary points/optional points (available at a rate of 0.35 points per year per eligible candidate) that should be awarded. The points should be awarded for work and contributions over and above that normally expected for a doctor in the SAS grade. Guidance on completion of the application form is available on the BMA website
- SAS doctors should have equal access to the benefits of the Improving Working Lives initiative [12]
- All SAS doctors should be members of the directorate and should be invited to attend directorate and departmental meetings

5. The AAGBI and the SAS anaesthetist

The SAS Committee (SASC) of AAGBI

The AAGBI SASC was established in 2002. The remit of the committee is to:

- Represent the interests of SAS members of the AAGBI
- Advise the AAGBI Council on matters relating to SAS doctors
- Promote the aims and benefits of the AAGBI to SAS doctors
- Encourage the professional development of SAS doctors
- Ensure effective collaboration with the SAS committee of the RCoA, other Royal Colleges and professional bodies

The Committee is structured as follows:

- Members of the Executive of the AAGBI
- Elected members of the Council as nominated by Council
- A representative of RCoA SAS Committee
- Five SAS representatives co-opted by the Council on the recommendation of the SAS committee

SAS doctors and teaching

The College, supported by the AAGBI, recognises that SAS anaesthetists have a valuable role to play in teaching. To be a teacher, possession of an FRCA is not a prerequisite but, like consultants, SAS doctors must fulfill the RCoA's CPD requirements. This is essential for those clinical areas in which they have clinical and on-call responsibilities.

The RCoA encourages College Tutors to identify those SAS anaesthetists with aptitude and to nominate them to the local School of Anaesthesia, specifying the areas in which they have appropriate expertise.

SAS doctors who are Fellows or Members of the RCoA and who have been accepted by their School of Anaesthesia as teachers may, if they wish, ask for their name to be recorded with the College as 'Approved to Teach'. This list is available on the RCoA website [13].

The specific areas in which SAS doctors teach are best identified at local level, but may include specialist operating lists in which an individual has expertise.

SAS anaesthetists who teach trainees must have the opportunity to acquire the skills of a competent teacher.

When being taught by a SAS doctor, trainees must at all times have unimpeded access to consultants for advice.

6. The SAS contract

What is the contract?

A contract is a set of statements governing the agreement between you and your employer. It covers what work you agree to perform, what facilities your employer agrees to make available for you to do this work, and what your employer agrees to reward you for your work. It must be both fair and compatible with the law. Associate Specialists have the option of a whole-time or maximum part-time contract or may be employed on a part-time basis.

The contract is not a single document. It has several components:

- The statement of particulars (called the contract)
- The terms and conditions of service
- The job plan

The contract

This is usually a document that states your job title, your employing organisation, further details and is signed by both you and your employer. Standard contracts are negotiated nationally and should not be varied locally, except when individual circumstances demand changes that are mutually agreed.

The terms and conditions of service

This is a set of rules describing in more detail how the contract operates. The rules are congruent with the statement of particulars. Employers do not usually circulate these except on request but they can be found on the web. They are negotiated nationally and should not be varied locally except where a collective agreement has been reached with the LNC for medical and dental staff in your Trust. Examples of such agreements might be to vary the provisions of additional programmed activities in the case of significant private practice, to confirm arrangements for fee-paying services or to agree appropriate places for supporting professional activities.

The job plan

This is your personal and detailed agreement about your work. The job plan is congruent with the terms and conditions of service. It will describe the purpose of your job, your work timetable, your objectives and the supporting resources that should be allocated to help you achieve them. It should include any other personal agreements about the way you work.

Job plan annual review

The job plan of every SAS doctor (including the work programme) should be subject to an annual review. This annual review should provide an opportunity for the SAS doctor and the named consultant to discuss any problems that may have arisen in the preceding year and to agree any changes that need to be made to meet new circumstances or changed service priorities. It is likely that, in many cases, job plans will need to be amended only occasionally and even then will be subject to minimal alteration.

Where the SAS doctor and the named consultant are unable to reach agreement on the content of the job plan, either initially or at an annual review, local procedures that provide for the resolution of grievances or differences relating to an individual practitioner's duties should be followed.

Preparing for a job plan meeting: keeping a diary and collecting data

It is crucial in preparing for the job planning meeting that you have accurate information about the job you currently do. This is particularly important if you are going to argue that your work justifies a revision of the plan. There is no real alternative to collecting this data via a diary of your activity.

For the most part, your work is likely to follow a regular pattern from week to week and should be relatively easy to assess. There will undoubtedly be exceptions for SAS doctors who do not have such a regular pattern and, in those circumstances, a more detailed assessment will be necessary. The assessment will then need to be made over a longer period. Note in particular that your workload is likely to be higher when you have colleagues on annual leave. Think about this when you complete your diary.

For many SAS doctors, the most difficult task will be to assess the amount of time spent doing actual work whilst on-call because this may well vary from night to night or there may be a concerted period of on-call, for instance during one week in five. There may therefore need to be an assessment of on-call work over a longer period.

Include in the diary all the work you do, from when you arrive at work each day until the time you leave. Travelling time is included between sites and where extra time is taken to get to a site different to your normal one. All work you do when on-call should also be included, such as telephone advice, travelling to and from work and waiting to begin work. SAS doctors, like most other professionals, would expect to be contactable during their lunch breaks and to take such breaks flexibly. Where this happens, it is reasonable to count such breaks as part of working time.

Fixed commitments

For the SAS doctor on a whole-time (or maximum part-time for an Associate Specialist) contract, between five and seven notional half-days, depending on specialty, should normally be allocated as fixed commitments in the work programme. For Associate Specialists on other part-time contracts, at least half of the notional half-days should normally be allocated to fixed commitments. The number of fixed commitments may be varied with the agreement of the Associate Specialist and their Clinical Director/Lead. A fixed commitment, e.g. an out-patient clinic or operating list, is a commitment that an Associate Specialist must fulfill, except by agreement with their named consultant or in an emergency.

Examples of job plans are given in Appendix 1

Waiting List Initiative lists: SAS doctors should be allowed, with the agreement of the department, to undertake waiting list initiative lists provided appropriate consultant cover is made available.

Work diaries should take note of all aspects of work done. This will comprise:-

- Direct clinical care of patients, including all patient-related administration such as telephone calls, letters, reviewing results, etc.
- Activities to support professional development and CME including audit, training, research and other similar non-clinical activities
- Agreed additional NHS responsibilities and agreed external duties

Working time is divided into four components:

1. **Direct Clinical Care (DCC)**
2. **Supporting Professional activities (SPA)**
3. **Additional NHS responsibilities**
4. **External duties**

Examples of DCCs, SPAs, additional NHS responsibilities and external duties can be found in the AAGBI document giving guidance for the new consultant contract [14] There are example job plans given in Appendix 1.

Study leave/audit

There should be opportunities for further training and participation in regular CPD in line with the recommendations of the RCoA.

Appropriate funding and paid time off must be made available by the trust in accordance with national agreements.

All SAS doctors should take part in regular departmental and hospital-wide audit/clinical governance and it is recommended that this is formally included in the job plan.

Named consultant

Since the inception of the NHS, it has been a requirement that every patient's care is undertaken either by a consultant or by a trainee or SAS doctor under the supervision of a named consultant. All departments should have an agreed and recognised system in which a 'named' consultant is identified and recorded for every patient. This will be the person to whom SAS doctor should turn to for advice or help with a case. It should be clear to the SAS doctor how the local system operates and named individuals should be able to provide or arrange for immediate advice or direct assistance as required.

The exact local implementation of supervision arrangements for individual SAS doctor will depend upon a number of factors, not the least of which will be the knowledge, skills and experience of the individual. Clearly, when a senior Associate Specialist is working in an area with which he or she is very familiar, the requirement for contact and discussion about individual cases will be uncommon. In contrast, it may be appropriate for a recently appointed Staff Grade doctor to be more closely supervised. For further details, please refer to the AAGBI SAS Handbook.

Discretionary points and optional points

Performance supplements for Associate Specialists introduced in 1991 have been replaced by Discretionary Points. Associate Specialists and Staff Grades on the maximum salary scale are eligible for the award of points: discretionary points for Associate Specialists and optional points for staff grades.

These are consolidated payments made in addition to the maximum salary scale at the discretion of the employer. They are not seniority payments, nor are they automatic annual increments. They are superannuable.

The award of points is for work and contributions over and above that normally expected of a doctor of that grade. Key criteria are clinical expertise and service to patients but account should be taken of overall workload and its intensity.

It is important that Trusts/Boards set up local award panels in accordance with national guidelines and that they encourage SAS doctors to apply for these awards. All SAS doctors who are eligible to apply should make a personal submission each year. The consultants responsible for the work of SAS doctors may be required to give written recommendations.

There are no absolute requirements to Trusts/Boards to award such discretionary/optional points, but the BMA recommendation is that a total of 0.35 points be awarded per eligible Associate Specialist per year and 0.35 points per eligible Staff Grade per year.

7. References

1. HSG (91)18: The associate specialist grade: terms and conditions of services. November 1991.
2. DHSS PM (81) 16 recommended form of contract for associate specialists. 1981.
3. NHS Management Executive guidelines relating to terms and conditions of service for doctors in the associate specialist grade HSG (91) 18. November 1991.
4. Delegation of procedures for appointment to the associate specialist in medical specialties as announced by the Executive EL (91) 150. November 1991.
5. Arrangements for the payment of Discretionary points to associate specialists AL (MD) 7/95. 1995.
6. NHS executive document on working draft to develop a quality framework for HCHS medical and dental staffing Annex 2 EL (97) 25. 1995.
7. Advance Letter (MD) 4/97: Terms and Conditions of Service for the Staff Grade. NHS Executive July 1997.
8. Staff grade DHSS circular giving guidance on arrangements for the employment of hospital medical and dental staff on the then new staff grade HC (88) 58 and annexes. 1998.
9. In 1979 the Department of Health and Social Security issued guidelines setting out arrangements for the employment of hospital practitioners HC 7916. The NHS Executive issued summary guidance amending these arrangements HSG (93) 50. 1993.
10. Guidance relating to conditions of service for clinical assistants was issued by the Department of Health and Social Security DA (86) 11. 1986.
11. Advance Letter (MD) 05/02 regarding appraisal for NCCGs.
12. <http://www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/Modelmployer/Improvingworkinglives/index.htm>
13. <http://www.rcoa.ac.uk/docs/SAS-teach.pdf>
14. <http://www.aagbi.org/publications/guidelines/docs/jobplanning05.pdf>

Useful websites

The Association of Anaesthetists of Great Britain and Ireland www.aagbi.org

The Royal College of Anaesthetists www.rcoa.ac.uk

British Medical Association (SAS Contract) www.bma.org.uk/sascontract

Department of Health www.dh.gov.uk

General Medical Council www.gmc-uk.org

NHS www.nhs.uk

Sick Doctors Trust www.sick-doctors-trust.co.uk

APPENDIX 1

Job plans

Example of an 11 notional half day Associate Specialist job plan with out of hours emergency cover.

5 clinical sessions, 3 of which are fixed (1 being special interest list)

2 for pre-operative and postoperative visits

1 for CPD/Audit

2 for out of hours cover (1 night per week; and 1 in 5 full weekends or 2 in 5 split weekends)

1 NHD with no clinical work

Example of 12 session Staff Grade post with out of hours cover

3 clinical theatre sessions (one of which is always accompanied)

2 clinical emergency sessions (often ITU cover)

1 session to attend teaching programme (1 week in 3, other week doing emergency cover)

1 session for pre-operative and postoperative visits

1 session for CPD/Audit admin

4 sessions for one night per week of out of hours cover

Example of 10 session Staff Grade post with no out of hours emergency cover and additional management duties

6 clinical theatre sessions (1 of which is accompanied)

2 sessions for pre-operative and postoperative visits

1 session for CPD/audit

1 session for admin duties (departmental rota/leave co-ordination)

Example of an 11 notional half day Associate Specialist job plan with no out of hours emergency cover, but with special interest, e.g. chronic pain work

4 clinical theatre sessions

2.5 sessions for chronic pain team (2 clinical and 1 administration)

1 session for admin duties (departmental leave/rota co-ordination)

1 session for CPD/ audit

1.5 sessions for pre-operative and postoperative visits

Example of a 6 session/notional half day (part time) contract

4 clinical theatre sessions

1 session for CPD/Audit/Administration

1 session for pre-operative and postoperative visits

APPENDIX 2

Update on the new SAS grade contract

Negotiations on a new national (UK-wide) contract for SAS doctors and dentists began in May 2005. An agreement was reached with NHS Employers in 2006. The contract was ratified, with some amendments, by the Government in December 2007, following which SAS grades were balloted, and voted to accept the contract.

Specialty Doctor

The new contract is offered on an optional basis from 1 April 2008 to doctors / dentists currently in the following grades:

- Staff Grades
- Associate Specialists
- Senior Clinical Medical Officers
- Clinical Medical Officers
- Non-GP Clinical Assistants
- Non-GP Hospital Practitioners

The new grade of Specialty Doctor will replace the Staff Grade and will be offered by employers from 1 April 2008, so there will be no new appointments to the above grades after that date.

Associate Specialist grade closure

The old Associate Specialist (AS) grade will be closed with effect from 1 April 2008. There is a new Associate Specialist grade with similar structure to the Specialty Doctor. Current Associate Specialists will have the option to express an interest in switching to this new Associate Specialist grade. As no new appointments will be made to Associate Specialist level, the only other route to enter the grade will be to regrade from eligible Staff Grades, Specialty Doctors or Clinical Assistants, but applications will only be possible until 31 March 2009, and after that time new applications for regrading will not be accepted. This will mean that, from 1 April 2009, both the old and new Associate Specialist grades are closed.

New contract is optional for current SAS grades

Work has begun on implementation and employers will write to all current SAS doctors asking for expressions of interest in switching to the contract. SAS grades will have 12 weeks from receipt of the letter from employers to express an interest in the new contract. This does not commit doctors to accepting the new contract but guarantees back pay to 1 April 2008 once a job plan has been agreed. Written offers of an agreed job plan need to be accepted within 21 days (28 days in Scotland).

- Current SAS doctors must consider whether they would like to apply for the new contract. Consideration of individual circumstances will be essential.
- If expressing an interest, it is advisable to begin a diary planning exercise to inform job planning discussions. This should last for a minimum of six weeks, or one rota cycle, though a longer period of time would be helpful.

- Staff Grades eligible to apply to regrade to the Associate Specialist grade should do so as soon as possible, as applications will not be accepted after 31 March 2009
- Regrading applications started before 1 April 2008 will be to the old Associate Specialist contract, with the option then of moving to the new Association Specialist contract.
- Successful applications started on or after 1 April 2008 will be direct to the new Associate Specialist contract.
- Should it not prove possible to agree a job plan, there is a mediation procedure available.
- If mediation fails, there is an appeals process.
- The BMA SASC is producing further guidance to assist in assimilation.

Programmed Activities (PA)

The new contract for both new Associate Specialist and Specialty Doctor grades are time based, with each unit of time being a four-hour Programmed Activity (PA). Before signing the contract, you should have an agreed job plan. The minimum unit of time used in job planning should be 0.5 PA. The contract for current SAS grades moving to the new contract should be based on a robust diary exercise. Contracts can be for up to 12 PAs but PAs over 10 are not obligatory, and may not be permanent. Up to 10 PAs are superannuable.

A full time contract is one with 10 PAs, most of the work being Direct Clinical Care (DCC) with a minimum of one PA for Supporting Professional Activities (SPA). SAS doctors who currently have more than one notional half day or session for SPA-type activity should continue to receive this. The minimum of 1 PA is absolute, and will also apply to part-time staff, *i.e. it is not pro-rata*. Some SAS grades may also be eligible to have additional PAs for additional NHS responsibilities or for external duties.

Direct Clinical Care

This is any work to do with care of individual patients, such as:

- Emergency duties: including emergency work carried out during or arising from on-call (including phone call advice)
- Operating sessions: including pre-and post-operative care
- Ward rounds
- Outpatient clinics
- Clinical diagnostic work
- Other patient treatment, e.g. intensive care work
- Public health duties
- Multi-disciplinary meetings about direct patient care
- Administration related to patient care, e.g. referrals, notes, dictation, correspondence
- Travel: to and from home for on-call work; and between hospitals for elective work

Other areas to be considered are starting work earlier, planning operating list including scheduling order, prioritising difficult cases, mortality and morbidity meetings if presenting specific patients, handling complaints.

Supporting Professional Activities

There should be a minimum of one SPA in the job plan, though as the SAS doctor becomes more senior and experienced, it is likely that this will need to be increased, as evidenced by work diary

- Training, e.g. teaching trainees, medical students, paramedical staff or ancillary staff
- Teaching: lectures or seminars whether local, regional or national
- Continuing Professional Development: all activity such as attending professional meetings, departmental CPD sessions and reading journals
- Audit
- Job planning
- Appraisal
- Research
- Clinical management, including rota co-ordination
- Local clinical governance activity
- Local representational activities

Additional NHS responsibilities

There may be activities that cannot be covered within the time set, which should be recognised as additional NHS responsibilities. It may be appropriate to replace some DDC PAs to enable this work to be carried out. Examples include

- Audit lead
- Clinical Governance lead
- Subspecialty or project lead
- Clinical management: Clinical Director, other official Trust management role including LNC, rota management or Lead Clinician

External duties

This involves activities which are for the greater good of the NHS. The Department of Health recognises the value of, and has given support for, such activities. If these duties are regular, allowance for them should be given within the job plan.

Examples include:

- Work for General Medical Council or other national bodies
- College tutor
- NHS disciplinary procedures
- Regional Advisor, deputy, Programme Director
- Trade Union duties, e.g. BMA
- Royal College, Specialist Associations, e.g. AAGBI, Specialist Society work
- University roles
- Work for other NHS bodies, e.g. Healthcare Commission
- Acting as an external member of appointment panels

On call supplement

There is a supplement for on-call work, payable as a percentage of the basic salary with the percentage being dependent on the frequency of the on-call. This will not be payable for a shift pattern. It is payable for on-call work irrespective of the intensity of the duty.

The supplement is 6% of basic salary for rotas with an on-call frequency equal to or more frequent than 1 in 4, 4% for rotas with frequency less than 1 in 4 or equal to 1 in 8, and 2% for rotas with a frequency of less than 1 in 8.

This payment is added to basic salary and is superannuable.

Out of Hours work (OOH)

Work actually carried out as Out of Hours work (OOH), as demonstrated by diary exercise, will be payable at an enhanced rate whereby the rate of pay will be time and a third for a four-hour block of time actually worked. Alternatively, SAS grades may prefer to consider an OOH PA as a three-hour block of time of time actually worked, payable as a four-hour PA. OOH work is work done between 19:00 and 07:00 on weeknights and all work at weekends and on public holidays. Where OOH work is included within the 10-session job plan this will be superannuable. If it forms part of additional PAs above the basic 10 PAs it will not be superannuable.

Regular OOH worked should be part of the job plan, whether elective or emergency. If the actual number of OOH hours worked is variable, it can be averaged on a weekly basis for the purposes of job planning, by using the diary exercise to look at total number of OOH hours actually worked during the diary period, and dividing by the number of weeks for which the diary was kept. Thus it can then be designated as a specific amount of DCC time.

It is possible for job plans to include regular elective work to be done in OOH time for specialty doctors, but this does not apply to associate specialists.

Optional and discretionary points

These awards will no longer exist in the new contract, but will continue to be available for those SAS doctors who choose to remain in their old contracts.

BMA members can access assistance from the BMA for job planning, for mediation and for appeals.



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