Supervision of SAS Anaesthetists in NHS Hospitals

All doctors are required to recognise and work within the limits of their clinical competence, and to seek help from colleagues or others where this is appropriate.[1]

The NHS employs a significant number of doctors who are neither consultants nor in formal training programmes. These are collectively known as SAS (Staff Grade, Associate Specialist and Specialty Doctors) grades, and they make up approximately 22% of the permanent anaesthetic workforce. SAS doctors are employed on several different types of contract. Some (e.g. Staff Grade, Associate Specialist and Specialty Doctors) are based on nationally-negotiated terms and conditions, with minimum entry qualifications and defined salary scales. Other contracts (such as trust grades and fellows) are non-standard and are locally agreed. This document is intended to apply to all SAS anaesthetists, including those on locally agreed employment contracts.

The diverse nature of these roles means that the standards of education, training and experience that can be expected from post holders can vary considerably.

Holding a particular contract of employment does not, in itself determine the clinical competence of an individual.

The Specialist Register is a list of doctors who are eligible to be appointed to a consultant post. A doctor who is on the Specialist Register can be considered as having achieved the level of training that is necessary to become a UK practicing consultant.

Some SAS doctors may be relatively junior and inexperienced. They may be unfamiliar with the particular case mix that they are required to treat, or the way in which the hospital operates, especially if they have not previously worked in the UK. These doctors need to be closely supervised by a consultant, often on a case-by-case basis. This supervision may be direct or indirect, depending on the clinical situation.

Other more experienced SAS doctors have the expertise and ability to take responsibility for patients themselves, without consultant supervision, under certain circumstances.[2] These circumstances need to be considered and agreed at local level and on an individual basis. The ability to work autonomously depends upon the training and experience of the doctor, the range and scope of their clinical practice, and evidence of satisfactory practice reviewed at annual appraisal. Autonomous working should be discussed within job planning meetings. SAS doctors working autonomously should receive direct referrals, have patients under their named care and clinical activity coded against their name.[3]

Doctors who are on the Specialist Register will find it easier to demonstrate their level of training, although evidence from annual appraisal becomes more relevant after several years.

Accountability arrangements should be commensurate with the experience and skills of the practitioner. Locally applied governance should ensure that appropriate help and supervision is available, as with all grades of anaesthetists, when it is necessary. Where supervision is required then the departmental rota should make clear who the supervisor is, and what the supervisors other duties are (including supervising multiple SAS doctors or trainees). The anaesthetist requiring support needs to know how to contact them. The supervisor needs to be aware who they are supervising or potentially assisting. It is not possible to deliver supervision if the supervisor is constrained by other commitments (Cappuccini Test).[4]

Where SAS doctors are working autonomously and without supervision the scope of their practice must be clearly defined, mutually agreed and understood by both the doctor themselves and other members of the department. It should be understood that SAS doctors capable of working autonomously in one particular sphere of clinical practice might not be able to do so in all others.

Doctors should ensure that they have appropriate indemnity through their employers, or make alternative arrangements when necessary.

The College recommends that SAS doctors have access to an SAS tutor or are offered a clinical supervisor or mentor. They must fully engage with appraisal and revalidation, job planning, audit and CPD. The requirements for which are identical to those for consultants. Adequate time and resources must be available within the job plan to incorporate these professional activities.[5]

SAS doctors are able to become educational or clinical supervisors or examiners if they hold the relevant skills, competence and experience.[6]

References

1 Good Medical Practice. GMC, London 2013 (bit.ly/2qbU8Jd)
2 A new charter for specialty and associate specialty (SAS) doctors in England. AoMRC, London 2014 (bit.ly/2qbHkmh)
3 A UK Guide to job planning for specialty doctors and associate specialists. NHS Employers, London 2012 (bit.ly/2qbTKKL)
4 Cappuccini test, RCoA 2019 (bit.ly/2Df7Pfg)
5 Coding work to SAS doctors, NHS Employers 2017 (bit.ly/2r4gw9l)
6 Maximising the Potential: essential measures to support SAS doctors. Health Education England and NHS Improvement 2019 (bit.ly/2KanReu)

Further reading

Guidance template for the development of autonomous practice for SAS doctors and dentists. British Medical Association, 2015 (bit.ly/32w0Dpi)

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