

Training update:

Best practice for educational support for SAS, Locally Employed and MTI doctors

Introduction

In addition to consultants and doctors in formal training, anaesthetic departments frequently contain SAS and Locally Employed Doctors. SAS doctors are employed on national SAS contracts, the current of which are "Specialty Doctor" and "Specialist". Locally employed doctors (LEDs) are employed on non-national Trust-derived contracts. LEDs have multiple titles including "Clinical Fellow" and "Trust Doctor". Medical Training Initiative (MTI) doctors are also commonly employed as LEDs and form part of this latter group.

Within this combined cohort are doctors at all stages of their careers, with individual development needs. To maximise the potential of the existing anaesthetic workforce, it is imperative that these doctors are offered support to achieve their potential and reach their career goals. These goals may include broadening their role into non-clinical domains, (re-)entering formal training, becoming consultants through the GMC Portfolio Pathway or becoming Specialists.

As reflected above, the specialist contract formed part of the recent SAS contract reform in all four nations. A Specialist is described as a "senior", "experienced" and "independent" or "autonomous" doctor. These doctors are therefore unlikely to require ongoing educational supervision but should have access to the same CPD and development opportunities as consultants in the same department.

The RCoA Training, Curriculum and Assessment Committee, with the RCoA SAS Committee, have outlined broad general principles on how doctors outside of formal training programmes should be supported within their anaesthetic department. The SAS charterⁱ, SAS Doctor Development Guideⁱⁱ, GPAS Chapter 1: The Good Departmentⁱⁱⁱ and multiple guidance documents produced by the Association of Anaesthetists^{iv}, the Academy of Medical Royal Colleges^v and the College^{viii}, outline the importance of supporting these doctors. This document, therefore, focuses on the steps that departments should take to encourage support and facilitate progression. These include:

- All locally employed doctors, and early career specialty doctors (defined as any doctor below the higher threshold of the Specialty Doctor contract), should be offered a nominated educational supervisor (ES)
- The ES should help them produce an annual education plan to help them progress towards their career goals, which may include progression to non-clinical activity, (re-)entering) formal training, CESR, or becoming a specialist
- Specialists and more experienced SAS doctors should be encouraged to undertake the required local training and become educational supervisors



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- All departments should have a named trained SAS or LED mentor, lead and/or tutor who has the responsibility to oversee the wellbeing, career needs, educational and professional needs of the SAS doctors in the department. Time should be formally offered in job plans for this role
- Study leave should be provided to allow not only revalidation requirements but progression with their career goals
- These doctors should have regular directly supervised lists with consultants or specialists to enable them to gain additional experience and develop new skills. These lists should enable them to collect SLEs or other evidence to allow them to progress their careers. For SAS doctors, this should be reflected within either their job plan or in their personal development plans in annual appraisals for revalidation
- It would be beneficial for these doctors to be registered on the Lifelong Learning Platform (LLP) to collect evidence
- They should be offered any additional educational opportunities they require to develop, such as pre assessment clinics, pain clinics etc
- If local teaching is provided for anaesthetists in training, access to this should be provided where possible. Exploration of access to Regional School teaching should be explored as both candidate and faculty
- Support should be provided to pass the FRCA exams in the form of study leave, local viva practice and access to regional exam courses.
- Ideally, peer support mentors should be provided to give more general wellbeing support
- For permanent members of staff, departmental leadership and management roles should be open to all SAS grades, relevant to their stage of career
- The 2021 curriculum requires completion of a HALO for each stage of training which requires professional behaviours to be assessed, opportunities to complete QI, business cases, teaching, mortality reviews and SUI's should be encouraged
- Secondments to fill gaps in experience should be facilitated. This may be as useful for future potential Specialists as it is for future consultants.

References

- i [BMA SAS charter](#)
- ii [NHS Employers SAS Doctor development guide](#)
- iii [GPAS: Chapter 1: The Good Department 2023](#)
- iv [The Association of Anaesthetists SAS Handbook \(5th edition\)](#)
- v [Academy of Medical Royal Colleges SAS papers](#)
- vi [Royal College of Anaesthetists SAS area](#)
- vii [ACSA accreditation standards](#)