

## Supporting appraisal for the SAS workforce

The Academy calls for improvements to the appraisal process to promote the professional development and wellbeing of SAS doctors and dentists.

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### Introduction

Revalidation is the process by which licensed doctors demonstrate that they remain up to date and fit to practise and is based both on local clinical governance and annual appraisal. NHS England's [Medical Appraisal Guide](#) [first published in 2013 and updated in 2014] and the Academy's [Medical Appraisal Guide 2020](#) define medical appraisal as a process of facilitated self-review supported by information gathered from the full scope of a doctor's work.

NHS Employers' [Improving SAS appraisal: a guide for employers](#) (2013) aims to support employers to ensure that their SAS employees are able to engage fully with the appraisal process. The General Medical Council's (GMC) [survey of SAS and LE doctors](#) published in 2020 showed that only 37.7% of SAS doctors agreed that their employer had taken steps to implement the improving SAS appraisal guidance, however, worryingly, 29.2% of SAS doctors were not even aware of this guidance.

The Royal College of Physicians' (RCP) [Staff and Associate Specialist Physicians: Guide to revalidation](#) (2014) noted that the requirements of appraisal and revalidation are the same for all doctors regardless of specialty, grade, or whether or not they are on the specialist register. However, SAS doctors faced particular challenges in meeting these requirements due to the nature of their work and employment circumstances.

The new [Specialty](#) and [Specialist](#) doctor contracts, that came into force in England and Wales on 1 April 2021, require evidence from annual appraisals of the whole scope of a SAS doctor's practice to inform discussions on career and pay scale progression and to support applications for the new Specialist posts.

### Supporting professional activities time for appraisal and revalidation

The Academy's [Advice on Supporting Professional Activities in consultant job planning](#) (2010) recommends 1.5 supporting professional activities (SPA) time for appraisal and revalidation. As appraisal and revalidation requirements are the same for SAS and consultant grade doctors, it logically follows that their SPA time for appraisal and revalidation should be the same. The RCP's [Guidance for approving NHS specialty doctor posts](#) and [Guidance for approving NHS specialist doctor posts](#) specify 1.5 SPA for appraisal and revalidation, but the guidance given is not binding for employers.

The GMC survey showed that 6.5% of SAS doctors had no SPA time and 58.4% had only 1 SPA, falling below the Academy's recommendation for revalidation. The survey further showed that only 56.6% of SAS doctors agreed that they were able to use time allocated for SPA specifically for that purpose.



## Evidence for scope of work

The GMC's [Guidance on supporting information for appraisal and revalidation](#) (published in 2018 and updated in 2020) sets out the requirements for the supporting information that licensed doctors must collect, reflect and discuss at appraisal for revalidation.

Sir Keith Pearson's review [Taking revalidation forward](#) (2017) noted that many SAS doctors do not have their work recorded under their name, so they struggle to identify evidence through their employer's patient care records systems. The [RCP SAS survey](#) in 2018 showed that almost a quarter (23%) of SAS said their hospital didn't provide the data required as part of the supporting information. The GMC survey indicated that 79.9% of SAS doctors were able to gather all the supporting information needed for appraisal and revalidation.

SAS are a diverse group; they range from doctors and dentists with four years' experience to senior doctors and dentists practising independently. The GMC survey showed that 29.7% of SAS doctors worked autonomously without supervision and 58.3% doctors worked autonomously with some supervision but only 41.2% agreed that work was coded under their name. Attributing SAS doctors/dentists' autonomous work to them as individuals has been a challenge in the NHS despite existence of this principle in national documents like the [SAS charter](#) (2014), [SAS doctor development guide](#) (published in 2017 and updated in 2020) and the Academy's [Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients](#) (2014).

## Continuing professional development

Evidence of engagement in continuing professional development (CPD) activities makes up a considerable part of the supporting information required for appraisal and revalidation. The GMC's [Continuing professional development guidance](#) sets out responsibilities of the individual doctor, employer, medical Royal Colleges, Faculties, specialist associations and other professional organisations for CPD. The GMC does not mandate the number of CPD credits needed for revalidation. However, Colleges and Faculties recommend achievement of at least 50 credits per year of the revalidation cycle, or at least 250 credits over five years, as being the minimum time likely to be required in order to remain up to date in a medical specialty, though this has been suspended during the COVID-19 pandemic.

The GMC survey showed that over four in ten SAS doctors had difficulty in accessing CPD opportunities; the most common reason was lack of prospective cover followed by funding and leave being declined. The RCP survey showed 20% of SAS doctors had been denied funding for external CPD and 12% had been denied leave. Appraisers can support SAS doctors and dentists to achieve the required CPD by being aware of and discussing any obstacles. This should lead to the identification of strategies that SAS doctors and dentists can use to improve their CPD attendance.

## Quality improvement activities, teaching and research

The GMC survey showed that 25.2% of SAS undertook audit, 11.5% were involved in clinical governance, 5.3% in service management and planning, 20.6% in teaching and 4.7% in research. This is mainly due to the fact that the focus of the SAS role is predominantly or wholly on delivery of direct clinical care and the lack of SPA time makes it difficult to have extended roles in quality improvement activities, education, research and leadership.

Appraisal is an opportunity to explore and encourage participation in a wider range of service contribution. The Academy's [SAS doctors/dentists and research](#) paper outlines how developing, delivering and driving research by SAS doctors/dentists is essential to patient care, professional development and recognition, and personal wellbeing. It is expected that all doctors and dentists will engage in self-reflection at appraisal. This may be facilitated by audit, log books, case review, outcomes analysis or other activities. It is essential that SAS



doctors and dentists are provided with records of their own work, and are involved in departmental meetings or reviews of the service they deliver.

## Wellbeing

The COVID-19 pandemic has focused attention on the wellbeing of all NHS staff and the 2020 appraisal emphasised the importance of maintaining health and wellbeing for the individual doctor.

Recommendations surrounding wellbeing that target the consultant workforce are often pertinent to the SAS community, but the specific characteristics and needs of this group of doctors and dentists also need to be recognised. The Academy's [Wellbeing of the SAS workforce](#) has highlighted the issues in the domains of autonomy, belonging, competence, development support, and excellence recognition and reward which affect the wellbeing of the SAS workforce and proposed solutions.

The Academy's [SAS workforce: Later careers and retirement](#) statement emphasises that appraisal is an opportunity to consider work-life balance, recognising the impact of changing responsibilities outside of work. It is important going forwards that the appraisal process continues to include doctors' health and wellbeing maintenance.

## Personal development plans

There is a [tension](#) between the structure of appraisal and job planning and the SAS doctor/dentist's own agency when it comes to development and support for achieving personal development plans (PDPs). The terms and conditions of [Specialty doctor](#), [Specialist doctor](#) and [Associate specialist](#) posts stipulate that the annual job plan review will be informed by the outcome of the appraisal discussions, but unfortunately most SAS grades are not aware of this, and implementation by local employers is low. The appraisal discussion should provide a setting for SAS doctors and dentists to consider their own aims and objectives, leading to realistic and achievable PDPs. This must be carried through to the job planning meeting.

## Appraiser: training, eligibility and quality assurance

The GMC Guidance mentions appraisal should be with an appropriately appointed and trained appraiser but does not define training. NHS England published the [Training Specification for Medical Appraisers in England](#) in April 2012 which sets out generic training requirements in England, while the Medical Appraisal Scheme in Scotland has set requirements for [appraiser training in Scotland](#). The appraisers are not usually given information regarding SAS development opportunities and funding as part of their training.

SAS doctors and dentists appraise SAS and consultant colleagues, but the GMC survey showed that only 4.8% SAS were appraisers. Opportunities are being missed to involve more experienced SAS doctors and dentists who would be well-placed to lead on this. SAS doctors and dentists should be supported to become appraisers of SAS and consultant colleagues, where it is appropriate for them to do so, and this activity should be recognised in their job plan. This would not only improve career development opportunities but send a clear message to these doctors and dentists that they are valued.

NHS England's [Quality Assurance of Medical Appraisers](#) [2014] provides a practical framework for assuring the quality of the medical appraiser workforce. It outlines specifications for the engagement and training of medical appraisers and methods by which their performance in the role can be assured. The quality assurance assessment of medical appraisers is usually based on the analysis of individual appraisal outputs. Evaluation of the series of appraisal meetings between an appraiser and appraisee would allow fuller and more useful assessment of the quality of appraisals provided. In the context of appraisal for



the SAS workforce, specific emphasis on PDPs and wellbeing is required in the quality assurance as these are the areas often of greatest concern for this group.

## Appraisee responsibilities

SAS doctors and dentists also need to engage actively with the appraisal process for their professional development, health and wellbeing, and to gather evidence for career progression. They should utilise available resources, both local and College, so they can identify the supporting information and evidence that is required for peer appraisal. This is particularly relevant for international medical graduates who have not undertaken an annual ARCP or a UK appraisal before.

It is important for SAS doctors and dentists to take the opportunity to review and reflect on their whole practice, raising concerns and considering plans for the future, as they often do not have open discussions like this in any other setting. Participating fully in the process will enable SAS grades to maximise their potential and achieve their goals.

## Recommendations

### NHS Trusts (or equivalent)

1. NHS Trusts should have the required arrangements in place to ensure that all SAS doctors and dentists:
  - have appropriate inductions to the appraisal process at the start of any new employment
  - have an annual appraisal with a trained appraiser
  - are provided with data regarding their work and, if working autonomously/independently, have the work coded under their name
  - participate in clinical governance and MDT meetings relevant to their specialty and receive feedback relevant to their practice
  - achieve PDPs aimed at generic and specialty-specific capabilities that maximise their potential, develop extended roles in education, research, leadership and if desired achieve eligibility for the Specialist grade or CESR
  - discuss work-life balance and wellbeing
  - have a job planning review that considers the outcome of the appraisal discussions
  - have 1.5 SPA allocated for this activity in line with the Academy's recommendation
  - are supported through the revalidation process
2. SAS Tutor (or equivalent) should be part of the Trust's Appraisal and Revalidation Committee so all the appraisers are aware of professional development and funding opportunities for the SAS workforce.

### NHS England (or equivalent)

3. Appraiser training requirement specifications should include awareness of issues affecting professional development and wellbeing, support and funding opportunities for the SAS workforce.
4. Monitor and publish SAS doctor appraisal quality and rates.

### GMC

5. The GMC should endorse the CPD guidance of Colleges/Faculties which applies equally to consultants and SAS grades.



## Medical Royal Colleges and Faculties

6. Colleges/Faculties' appraisal resources and support should be inclusive of SAS doctors/dentists, highlighting encouragement for engagement with the College and its work; CPD diaries, quality assurance schemes, education and training including examinations, research, and other opportunities for professional development.

## SAS

7. Active engagement in appraisal is essential to enable SAS doctors and dentists to achieve their full potential.
8. SAS doctors and dentists should take the opportunity to train as appraisers of SAS and consultants when appropriate.

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