

Autonomous Practice of SAS Doctors

SAS Committee endorses BMA's template guidance

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Introduction

The General Medical Council (GMC) and General Dental Council (GDC) consider doctors/dentists registered with them as independent practitioners, accountable professionally and legally while working within the limits of their professional competencies regardless of their qualifications and grade. The GMC's *Good Medical Practice* statements on practitioners working within their individual competencies and the need for lifelong learning and reflective practice could also be interpreted as representing doctors as 'autonomous practitioners'.

The British Medical Association (BMA) guidance on autonomous practice of SAS doctors recognises that no one truly works autonomously in the NHS.¹ We have with time adapted to working in multi-disciplinary teams. While consultants often lead these teams, reliance on the autonomous practice of other multi-disciplinary team members, who are not necessarily consultants, often facilitates their own autonomous practice.

Autonomous practice in medicine could be defined as an individual's self-governance that with engagement, peer support and recognition, enables safe and effective doctors providing safe and effective patient care. However, in practical terms, implementing this ethos remains a challenge requiring culture change within the NHS. There is a need for nationally agreed guidance for SAS doctors that has some flexibility in order for individual specialties to agree on their own guidance for the development of their SAS doctors.

Discussion

As part of the negotiations for the 2008 SAS contract, NHS Employers agreed and specified in the 2006 summary agreement and also outlined in the UK job planning guidance for SAS doctors (2012) that:²

'At the top of the grade, SAS doctors will have acquired a high level of specialist knowledge and expertise and have the capacity and opportunity to work independently within agreed lines of responsibility and will also take a broader role in the organisation through other activities such as teaching and audit.'

While the contract has been adopted and implemented nationally, there is a lack of nationally agreed guidance and governance structure on the achievement of so-called high-level specialist knowledge and expertise. It remains an individual's responsibility to collect evidence and work towards the competencies required by their respective specialties and yet it can be challenged due to lack of competency assessment process within SAS doctors' job plans (unlike trainees).

The BMA, Health Education England (HEE), the Academy of Medical Royal Colleges (the Academy) and NHS Employers worked together and published *SAS doctor development guide – summary of resources and further work* in February 2017.³ Health Education England published another document, *Maximising the potential: essential measures to support SAS Doctors*, in February 2019 with similar values and pledged to work with all parties involved with working with and/or for SAS doctors.⁴ These documents are invaluable in providing practical advice for NHS Boards, Medical Directors, Human Resources, and SAS doctors themselves.

The *Guidance template for the development of autonomous practice of SAS doctors and dentists* published by the BMA along with their other documents, if put together in practice, can be a revolutionary stepping stone for the SAS doctors that is much overdue in terms of their development and recognition.^{1,2}

Conclusion

SAS doctors and dentists make up over 20 percent of the medical workforce in the NHS. They are neither consultants nor trainees. While the development needs of SAS doctors have been recognised and much has been written by the BMA, HEE, GMC and medical Royal Colleges, the implementation of a national model remains a challenge.

The Academy SAS Committee believes that adequate supervision, training and appraisal must not be restricted to those in formal training programmes, but must also extend to SAS doctors. This is reflected in the recommendations of the Shape of Training review, which stated that, 'Appropriate organisations should review barriers faced by doctors outside of training who want to enter a formal training programme or access credentialed programmes'.⁵ Adapting this ethos would ensure that the SAS grades become a recognised part of the medical workforce, providing a genuine alternative to traditional training posts and giving SAS doctors the opportunity to develop specific skills to a very high standard.

The Academy endorses the use of the BMA's *Guidance template for the development of autonomous practice for SAS doctors and dentists*.

Actions

1. Individual Royal Colleges to liaise and work with the SAS Representative of their individual specialty to facilitate the BMA's guidance.
2. For NHS employers to facilitate education of Human Resources personnel in this context within individual trusts/health boards.

References

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