

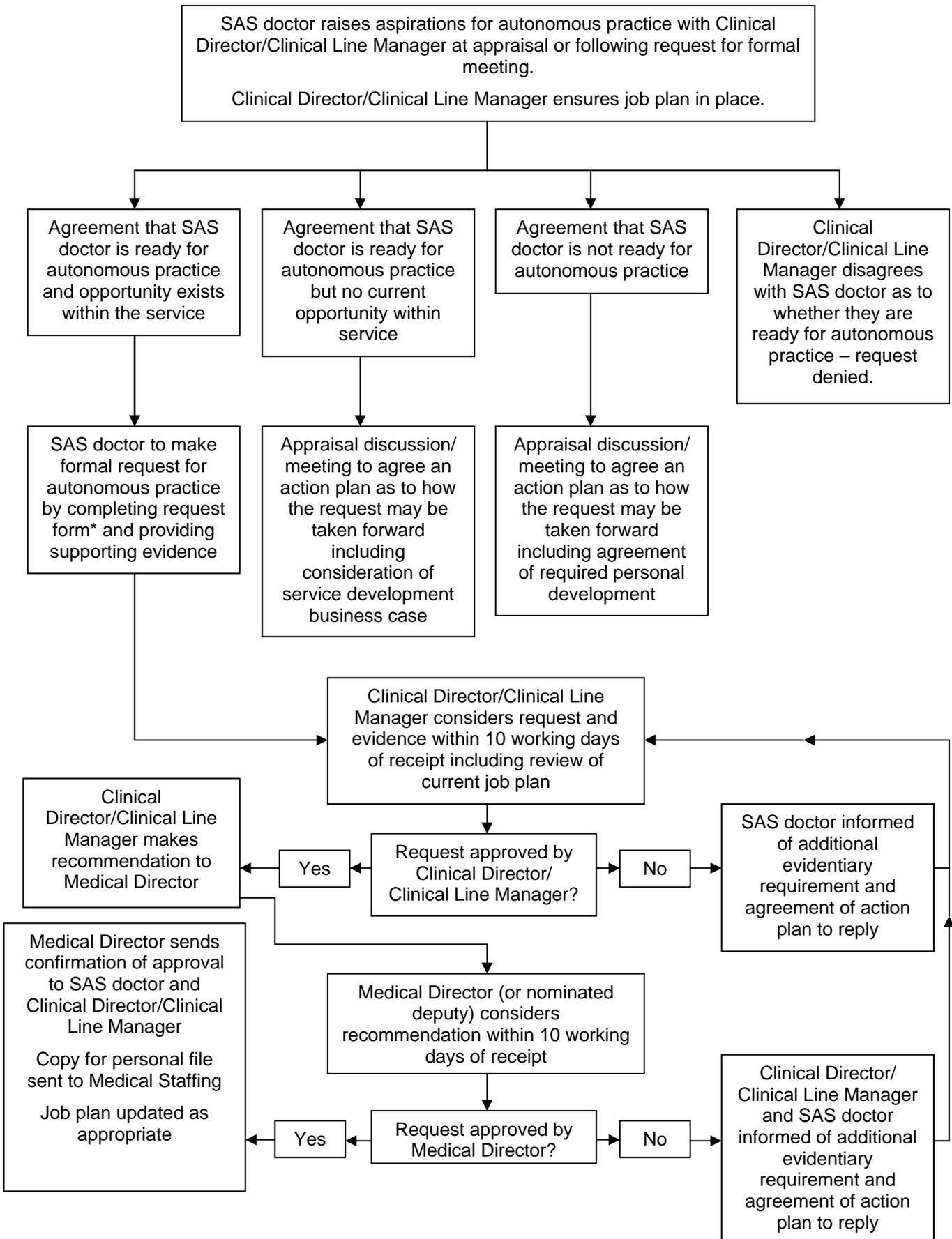
# **Autonomous Practice for SAS Doctors and Dentists Policy**

**V1.0**

**July 2019**

# Summary

## Requesting autonomous practice status



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### **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We cannot rely on opt out, it must be opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the *Information Use Framework Policy* or contact the Information Governance Team [rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)

## 1. Introduction

1.1. After reviewing the need to ensure the recruitment and retention of suitably qualified and experienced SAS doctors and dentists to deliver a consistently high quality service to its patients, the Royal Cornwall Hospitals Trust (the Trust) believes that it is in the best interests of that service to develop, recognise and encourage SAS doctors and dentists to work as autonomous practitioners where it is appropriate to do so.

1.2. In adopting this policy the Trust has given due regard to the recommendations of the General Medical Council and the Academy of Medical Royal Colleges and, in particular, to the following documents available from the BMA website <https://www.bma.org.uk/>:

- the *Charter for SAS Doctors* agreed by the British Medical Association, Health Education England, Academy of Medical Royal Colleges and NHS Employers published in 2014:
- the document entitled *SAS doctor development* agreed by the British Medical Association, Health Education England, Academy of Medical Royal Colleges and NHS Employers published in February 2017:
- the *BMA's Guidance template for the development of autonomous practice for SAS doctors and dentists* published in 2015.

1.3. Doctors and dentists in SAS grades provide experienced specialist care, often within multi-disciplinary teams. This includes the management of complex cases and spending time and effort reflecting on and reviewing patient care activities so that quality and safety improve continuously. SAS grades are also involved in teaching, training, research and management as appropriate to their skills and experience and may also be engaged in developing local services. SAS doctors and dentists in grades on the higher thresholds of their contracts may have acquired a high level of specialist knowledge and expertise and have the capacity and opportunity to work independently within agreed lines of responsibility.

1.4. The Trust recognises that nobody in the NHS works truly autonomously and that patient care is delivered by teams, usually led by consultants, with a number of people contributing to the care of a patient. However, the Trust recognises and supports that, under certain circumstances, there is an opportunity for SAS grades to work with increased autonomy.

## 2. Purpose of this Policy/Procedure

This policy is designed to support the development and recognition of autonomous practice within SAS grades and so deliver the following benefits to the Trust, its clinicians and its patients:

- recognition of the high level of clinical skills and professionalism in the SAS grade
- provision of personal and professional development goals and opportunities for SAS doctors within the Trust
- greater medical engagement of SAS doctors

- improved recruitment and retention of highly skilled clinicians
- improved clinical governance and accountability
- increased service capacity for the Trust
- increased transparency in service delivery
- cost effectiveness – SAS doctors awarded autonomy will not receive any salary increase over and above their contractual annual pay increases
- enhancement of Trust and departmental profiles.

### **3. Scope**

This policy applies to SAS doctors and dentists (hereafter referred to as doctors) which include Associate Specialists and Specialty Doctors.

### **4. Definitions / Glossary**

- SAS doctor – Staff Grade, Associate Specialist and Specialty Doctors.

### **5. Ownership and Responsibilities**

#### ***5.1. Role of the Chief Executive***

5.1.1. Patients in healthcare organisations are the direct responsibility of the Chief Executive who delegates this responsibility to appropriate clinicians administered and overseen by the Medical Director through appropriate clinical governance systems.

5.1.2. However, the ultimate responsibility for the patient rests with the Chief Executive. The Chief Executive, therefore, has ultimate accountability for this policy and will deliver this accountability through the Medical Director.

#### ***5.2. Role of the Medical Director***

The Medical Director (or nominated deputy) is responsible for:

- providing advice and guidance to Clinical Directors/Clinical Line Managers in respect of this policy
- ensuring that this policy is applied equitably across the Trust and that the standards defined within the policy are met
- ensuring the development of appropriate frameworks for determining and demonstrating clinical competencies
- confirming the award of autonomous practice status on individual SAS doctors.

#### ***5.3. Role of Operational Clinical Directors/Clinical Line Managers***

Operational Clinical Directors/Clinical Line Managers are responsible for:

- the application of the policy within their departments. This includes processing any applications received under this policy
- providing support to Specialty Doctors and Associate Specialists/Staff Grades to enable them to demonstrate that all criteria specified within the policy relating to autonomous practice have been met

- making recommendations to the Medical Director regarding individual SAS doctors and their suitability for award of autonomous practice status
- maintaining relevant records of the process applied leading to a formal sign-off and subsequent annual review.

#### **5.4. Role of individual SAS doctors**

Individual SAS doctors are responsible for:

- remaining personally accountable for his or her professional conduct for any care provided
- demonstrating that all criteria specified within this policy relating to autonomous practice have been met
- demonstrating provision, quality assurance and continuous improvement of high quality specialist service through regular audits of practice and outcomes submitted at annual appraisals
- engaging with appraisal and revalidation activities within the Trust
- ensuring they have an agreed job plan in place before an application is submitted for autonomous practice.

## **6. Standards and Practice**

### **6.1. General principles**

The following general principles have been identified to support the implementation of this policy.

- Autonomous working must be on the basis of an individual's competence. However, the Trust will only consider requests for granting autonomous practice for SAS doctors who have passed through the higher/second contract threshold (or equivalent for individuals on the old AS contract).
- It is acknowledged that autonomous practice requests will apply, in the main, to those working as Associate Specialists. However, if there are applicants from other grades these will be considered on an individual basis and the process described in the summary on page 2 will be followed.
- Agreements are, therefore, specific to an individual and their clinical practice.
- In providing care, a doctor must recognise and work within the limits of their professional competence.
- Agreements are of a continuous nature, ie continuance is subject per se to annual job plan review. However, the annual appraisal process will provide for adequate and continuous monitoring of the autonomous clinician's performance.
- Agreements are dynamic in nature and do not constitute the 'endpoint' of the practitioner's development.
- Autonomous practice, once granted, is specific to the individual and not to the position. Where a Specialty Doctor has been approved for autonomous practice and they are then successfully regraded to an Associate Specialist role, the autonomous practice previously agreed remains in place.

- Agreements will allow the autonomous practitioner to:
  - ❖ receive referrals from other clinicians
  - ❖ have individual waiting lists
  - ❖ be identified as named clinicians for their patients, and
  - ❖ have their work coded under their own name.
- Resources allocated to the autonomous working SAS clinician should be adequate to function safely and effectively. This includes adequate secretarial/information technology support and suitable office facilities.

## **6.2. Identifying aspirations for and requesting autonomous practice status**

6.2.1. If an SAS doctor, including those who already have autonomous practice status in a particular area of service, has aspirations to move towards autonomous practice in a particular area then this should initially be discussed via formal meeting or at their annual appraisal. The Trust will look to support the granting of autonomous practice status if this fits with the provision and direction of travel of the service. If there is no current opportunity, or the doctor is not ready for autonomous practice, the appraisal discussion or record of meeting should identify how the SAS doctor can progress towards that aspiration.

6.2.2. Following the above discussion any SAS doctor who wishes to formally request the granting of autonomous practice status will make the request to their Clinical Director/Clinical Line Manager.

6.2.3. A job plan must be in place before an application is submitted for autonomous practice.

## **6.3. Recommending and confirming autonomous practice status**

6.3.1. Following the submission of a request for the granting of autonomous practice status, the Clinical Director/Clinical Line Manager will consider the request and supporting evidence with the relevant senior clinicians in the department.

6.3.2. Following this consideration the Clinical Director/Clinical Line Manager will make a recommendation to the Medical Director or their named deputy supplying all the necessary evidence.

6.3.3. The Medical Director or their named deputy will then consider the request, evidence provided and recommendation of the Clinical Director/Clinical Line Manager and decide whether autonomous practice status will be confirmed on the individual.

## **6.4. Right to appeal**

Any disputes relating to the implementation of this policy will be addressed by application of the Trust's *Grievance and Disputes Policy and Procedure* (a copy of which is available from the HR folder on the Trust's document library).

## **7. Dissemination and Implementation**

7.1. A copy of the policy will be stored electronically in the Human Resources/Medical Staffing section of the Trust's document library on the

internet/intranet site.

7.2. A copy of the policy will be circulated to the Medical Staffing and HR practitioner team to enable them to participate in and support the implementation of the policy.

## 8. Monitoring compliance and effectiveness

Element to be monitored	Individual continues to meet Good Medical Practice requirements of GMC with autonomous practice.
Lead	Deputy Medical Director/Deputy RO
Tool	Appraisal and revalidation processes
Frequency	Clinical line manager to meet regularly with individual in first year of autonomous practice and then at a frequency to be decided on a case by case basis.  Quarterly summary of meetings to be agreed with individual and line manager and included in annual appraisal documents, annual appraisal and five-yearly revalidation process.
Reporting arrangements	Medical Appraisal and Revalidation Lead (as an annual appraisal document with a Quality and Safety Assurance summary).  Nominated appraiser annually and lead appraiser if required. RO office five-yearly revalidation (Deputy MD/Deputy RO)
Acting on recommendations and Lead(s)	Care Group Clinical Director/Clinical Line manager. Required actions will be identified and completed within six months of requirement notice.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within three months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all relevant stakeholders.

## 9. Updating and Review

9.1. This policy will be reviewed every three years or earlier in view of any developments which may include legislative changes, national policy instruction (NHS or Department of Health), Trust Board decision or request by either management or Staff-Side.

9.2. Revisions may be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author will ensure the revised document is taken through the standard consultation, approval and dissemination processes.

9.3. Where the revisions are minor, eg amended job titles or changes in the organisational structure, approval may be sought from the Executive Director responsible for signatory approval and the Chair of the Staff-Side LNC (or their deputy) and may be re-published accordingly without having gone through the full consultation and ratification process.

9.4. Any revision activity will be recorded in the Version Control Table as part of the document control process.

## **10. Equality and Diversity**

10.1. The Royal Cornwall Hospitals NHS Trust is committed to a policy of equal opportunities in employment. The aim of this policy is to ensure that no job applicant or employee receives less favourable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their age, gender, gender reassignment, marital status, domestic circumstances, disability, HIV status, sexual orientation, religion, belief, political affiliation or trade union membership, social or employment status or is disadvantaged by conditions or requirements which are not justified by the job to be done. This policy concerns all aspects of employment for existing staff and potential employees.

10.2. The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

<b>Document Title</b>	Autonomous Practice for SAS Doctors and Dentists Policy V1.0		
<b>Date Issued/Approved:</b>	May 2019		
<b>Date Valid From:</b>	July 2019		
<b>Date Valid To:</b>	July 2022		
<b>Directorate / Department responsible (author/owner):</b>	Rob Parry, Medical Director Helen Strickland, HR Business Partner		
<b>Contact details:</b>	01872 255009		
<b>Brief summary of contents</b>	Supports the process for the development and recognition of autonomous practice for SAS doctors and dentists.		
<b>Suggested Keywords:</b>	Autonomous practice, development, recognition		
<b>Target Audience</b>	RCHT ✓	CFT	KCCG
<b>Executive Director responsible for Policy:</b>	Medical Director		
<b>Date revised:</b>	N/A		
<b>This document replaces (exact title of previous version):</b>	New document		
<b>Approval route (names of committees)/consultation:</b>	JLNC, Policy Review Group		
<b>Divisional Manager confirming approval processes</b>	Director of People and OD		
<b>Signature of JLNC Chair, Jonathan Lord</b>	{Original Copy Signed}		
<b>Signature of Executive Director giving approval</b>	{Original Copy Signed}		
<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet & Intranet	✓	Intranet Only
<b>Document Library Folder/Sub Folder</b>	Human Resources/Medical Staffing		
<b>Links to key external standards</b>	CQC Regulation 18		
<b>Related Documents:</b>	Specialty Doctor to Associate Specialist Policy		
<b>Training Need Identified?</b>	No		

## Version Control Table

<b>Date</b>	<b>Version No</b>	<b>Summary of Changes</b>	<b>Changes Made by (Name and Job Title)</b>
July 2019	V1.0	Initial Issue	Rob Parry Medical Director/ Helen Strickland HR Business Partner

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**  
**This document is only valid on the day of printing**

### **Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Initial Equality Impact Assessment Form

Name of the strategy / policy /proposal / service function to be assessed <b>Autonomous Practice for SAS Doctors and Dentists Policy V1.0</b>						
Directorate and service area: <b>Human Resources/Medical Staffing</b>			Is this a new or existing Policy? <b>New</b>			
Name of individual completing assessment: <b>Helen Strickland</b>			Telephone: <b>01872 252649</b>			
1. Policy Aim*		Specialty Doctors, medical staffing, senior medical staff				
Who is the strategy / policy / proposal / service function aimed at?						
2. Policy Objectives*		This policy is designed to support the development and recognition of autonomous practice within SAS grades.				
3. Policy – intended Outcomes*		Sustainable high quality patient care and service delivery Recruitment and retention benefits Career progression opportunities				
4. *How will you measure the outcome?		See Section 8.				
5. Who is intended to benefit from the policy?		Patients, Specialty doctors, the Trust				
6a Who did you consult with		Workforce	Patients	Local groups	External organisations	Other
		✓				
b). Please identify the groups who have been consulted about this procedure.		<b>Please record specific names of groups</b> JLNC				
What was the outcome of the consultation?		No issues of concern identified.				

### 7. The Impact

Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.**

Are there concerns that the policy <b>could</b> have differential impact on:				
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
<b>Age</b>		<b>x</b>		
<b>Sex</b> (male, female, trans-gender / gender reassignment)		<b>x</b>		
<b>Race / Ethnic communities /groups</b>		<b>x</b>		
<b>Disability -</b> Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		<b>x</b>		
<b>Religion / other beliefs</b>		<b>x</b>		
<b>Marriage and Civil partnership</b>		<b>x</b>		
<b>Pregnancy and maternity</b>		<b>x</b>		
<b>Sexual Orientation,</b> Bisexual, Gay, heterosexual, Lesbian		<b>x</b>		
<p><b>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</b></p> <ul style="list-style-type: none"> <li>You have ticked "Yes" in any column above and</li> <li>No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. <b>or</b></li> <li>Major this relates to service redesign or development</li> </ul>				
8. Please indicate if a full equality analysis is recommended.			<b>Yes</b>	<b>No</b>
				<b>x</b>
9. If you are <b>not</b> recommending a Full Impact assessment please explain why.				
No issues of concern were identified.				
Date of completion and submission	May 2019	Members approving screening assessment	Policy Review Group (PRG) APPROVED	

A summary of the results will be published on the Trust's web site.

## Appendix 3. Application for Autonomous Practice Status

Autonomous Practice for SAS Doctors and Dentists APPLICATION FORM			
<p><i>Before completing this form, please refer to the Trust's <a href="#">Autonomous Practice for SAS Doctors and Dentists Policy</a> available from the Human Resources (Medical Staffing) folder on the Trust document library</i></p>			
Section 1. For completion by the SAS doctor/dentist			
<p>To the Clinical Director/Clinical Line Manager</p> <p>Further to our discussion on <a href="#">Click here to enter a date.</a>, I wish to make a formal request for autonomous practice.</p>			
Name of doctor	<a href="#">Click here to enter name.</a>	GMC No	<a href="#">Click here to enter number.</a>
Care Group	<a href="#">Click here to enter text.</a>	Specialty	<a href="#">Click here to enter text.</a>
Area of autonomous practice requested	<a href="#">Click here to enter text.</a>		
Date of application	<a href="#">Click here to enter a date.</a>		
Evidence to support request			
<p><i>Please use the space below to provide a brief statement in support of your application</i></p>			
<p><a href="#">Click here to enter text.</a></p>			
Job plan in place?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Higher/second threshold contract threshold passed?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
<p><i>Please ensure the following evidence is submitted with your request:</i></p> <ul style="list-style-type: none"> <li>▪ <i>last three appraisal summaries</i></li> <li>▪ <i>last colleague feedback summary</i></li> <li>▪ <i>last patient feedback summary (if available)</i></li> <li>▪ <i>details of any serious and critical incidents, complaints, litigation and patient outcomes (if applicable) over the last three years [see outputs from annually emailed Quality &amp; Safety Assurance (QSA) Reports. Search email for QSA Report]</i></li> </ul>			

**Please forward this request and attachments, by e-mail,  
to your Clinical Line Manager/Clinical Director**

Section 2. For completion by the Clinical Line Manager/Clinical Director			
Request supported	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Job plan – are any changes required as an outcome of autonomous practice status? <i>If yes, please complete job plan review.</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name	Click here to enter text.	Date	Click here to enter a date.

**Please forward this request and attachments, by e-mail, to the Medical Director**  
[rcht.medicaldirector@nhs.net](mailto:rcht.medicaldirector@nhs.net)

Section 3. For completion by the Medical Director			
Request approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name	Click here to enter text.	Date	Click here to enter a date.

**Please return this form, by e-mail, to the applicant with a copy to:**

- **the Clinical Line Manager/Clinical Director**
- [rch-tr.MedicalStaffing@nhs.net](mailto:rch-tr.MedicalStaffing@nhs.net) (for personal file)