One + all | we care

NHS
Royal Cornwall Hospitals
NHS Trust

Specialty Doctor to Associate Specialist Regrading Policy

V1.0

May 2019

Summary

Protocol for re-grading from Specialty Doctor to Associate Specialist Grade

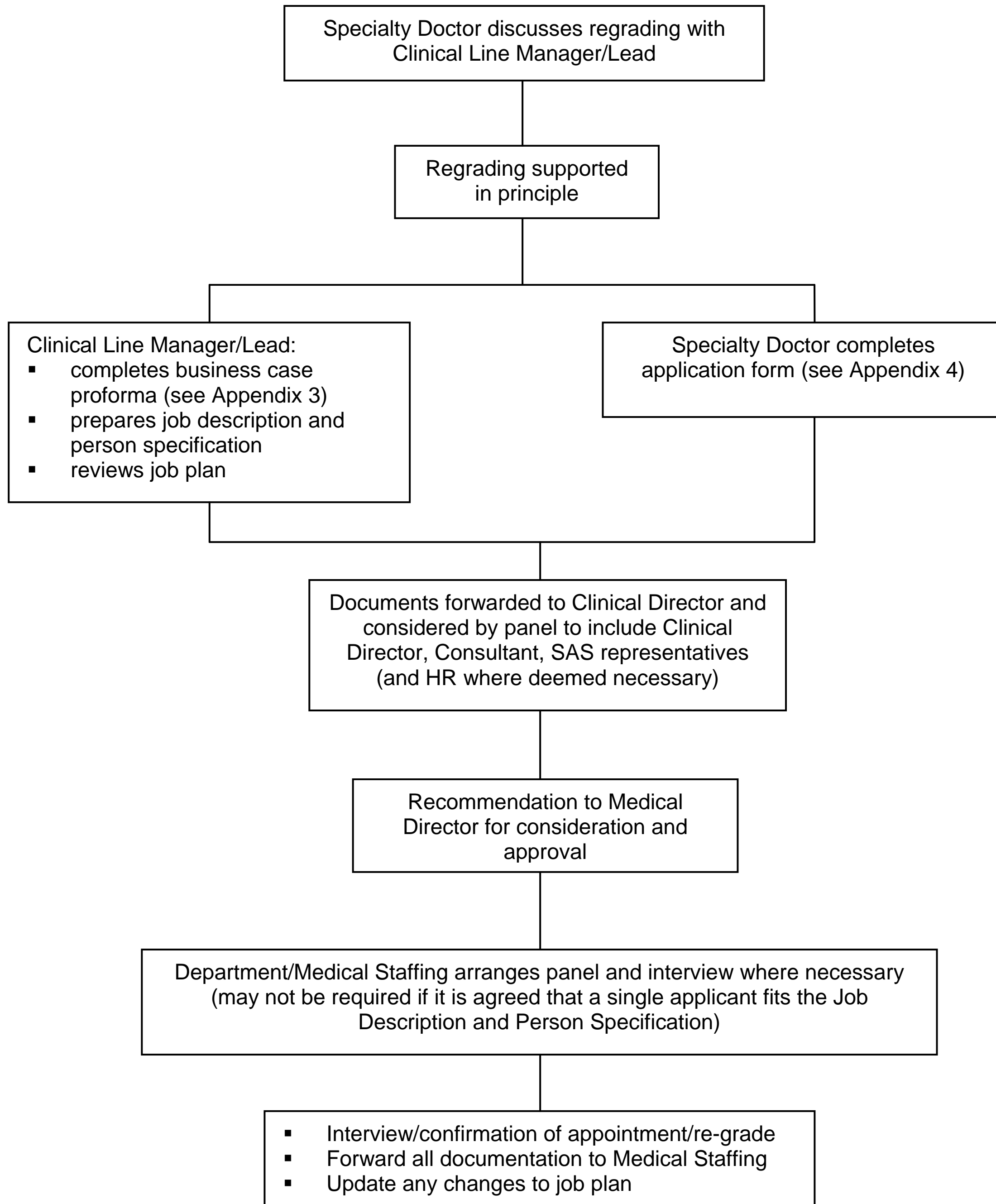


Table of Contents

Summary 2
1. Introduction 4
2. Purpose of this Policy/Procedure 4
3. Scope 4
4. Definitions / Glossary 4
5. Ownership and Responsibilities 4
5.1. Role of the Chief Executive 4
5.2. Role of the Medical Director 4
5.3. Role of Operational Clinical Directors/Clinical Line Managers 5
5.4. Role of individual Specialty Doctors 5
6. Standards and Practice 5
6.1. Application of the process 5
6.2. Criteria for appointment 5
6.3. Terms and conditions and starting salaries 7
6.4. Application procedure 7
6.5. Accessing the application documents 8
6.6. Appeals process 8
7. Dissemination and Implementation 9
8. Monitoring compliance and effectiveness 9
9. Updating and Review 10
10. Equality and Diversity 10
Appendix 1. Governance Information 11
Appendix 2. Initial Equality Impact Assessment Form 13
Appendix 3. Sample business case proforma 16
Appendix 4. Sample application form 17
Appendix 5. Guidance on evidence that may be provided to support regrading or appointment to an Associate Specialist post 20

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

1. Introduction

1.1. The National Terms and Conditions associated with *Contract for Specialty Doctors and Associate Specialists (2008)* provided for the closure of the Associate Specialist subject to a 'window of opportunity' allowing Staff Grade (and equivalent) doctors to apply to be re-graded to Associate Specialist. This 'window' closed in March 2009.

1.2. After reviewing the need to ensure the recruitment and retention of suitably qualified and experienced SAS doctors to deliver a consistently high quality service to its patients, the Trust believes that it is in the best interests of that service for it to enter into a local agreement giving it the discretion to appoint senior hospital doctors, subject to the previous national contractual terms for Associate Specialists, either through direct appointment or via the personal regrading of Specialty Doctors currently employed by the Trust.

1.3. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

This document sets out the details of the process for regrading Specialty Doctors to Associate Specialist Doctors in circumstances where there is a need to provide a consistent level of senior cover in a group/department/specialty which cannot be met or sustained by consultant recruitment alone.

3. Scope

This policy applies to Specialty Doctors.

4. Definitions / Glossary

- ***SAS doctors -*** include speciality doctors, associate specialists, staff grades and a number of other career grades.
- ***Specialty Doctor*** - a doctor with at least four years' clinical experience and at least two years' experience in one specialty.
- ***Associate Specialist*** - the associate specialist works at an advanced level and may have a sub-specialist interest with the appropriate skills. In essence, this recognises that the Associate Specialist is able to practice with defined clinical autonomy whilst remaining under the supervision of the consultant. It is recognised that the consultant retains overall responsibility for the patient.

5. Ownership and Responsibilities

5.1. Role of the Chief Executive

The Chief Executive has overall responsibility for the policy but delegates this responsibility to appropriate clinicians overseen by 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 Directorates/Clinical Line Managers in respect of this policy

- ensuring the policy is applied equitably across the Trust and that the standards defined within the policy are met
- confirms final approval for an individuals' regarding from a speciality doctor to the associate specialist grade.

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.
- processing any applications received under the policy
- providing support to Specialty Doctors who are going through the process
- making recommendations to the medical director regarding individual doctors and their suitability for award of autonomous practice status.

5.4. Role of individual Specialty Doctors

Individual Specialty Doctors are responsible for:

- demonstrating all the required criteria in this policy have been met to enable regarding to be considered.

6. Standards and Practice

6.1. Application of the process

6.1.1. The initiative to apply for re-grading can come from the doctor or their department.

6.1.2. If an individual Specialty Doctor satisfies the eligibility requirements (as detailed in Section 6.2.) and believes that they are working at Associate Specialist level, they should raise this with their Clinical Line Manager and Consultant/Clinical Lead.

6.1.3. Following consultation the Clinical Line Manager will either:

- develop a business case (see section 6.5) for the post to be converted and the individual regraded to Associate Specialist. (If there is more than one eligible Specialty Doctor and resources are limited, then it may be appropriate for the appointment/ regrading to be subject to open competition); or
- adjust the Specialty Doctor's current duties so that they are commensurate with the job description for an Associate Specialist.

6.1.4. The decision to convert a post from Specialty Doctor to Associate Specialist will be based on the needs of the service and is not automatic.

6.2. Criteria for appointment

There are three essential elements which must be satisfied for successful regrading:

- eligibility
- the need for the post and available supplementary resources if required.
- recognition of enhanced responsibilities and experience.

6.2.1. *Eligibility*

- Ten years' medical or dental work should have been completed since obtaining a primary medical or dental qualification which is (or would have been at the time) acceptable by the GMC/GDC for full, limited or temporary (but not provisional) registration.
- A minimum of four years should have been served in the Registrar, Specialist Registrar or Specialty Registrar grade or in the Staff or Specialty Doctor grade.

  Equivalent service is also acceptable with the agreement of the relevant College or Faculty Regional Advisor and of the Postgraduate Dean.
- An agreed job plan is in place before an application is submitted for regrading.

6.2.2. *Need for the post*

6.2.2.1. The Clinical Line Manager should first establish the need for the post (where necessary in consultation with Specialty Doctor's Clinical Director and Care Group Manager).

6.2.2.2. Progression to the Associate Specialist grade by definition requires enhanced duties.

6.2.2.3. The Clinical Line Manager should, therefore, carefully consider whether this enhanced level of service is required and whether it may be more appropriately met by the appointment of a Consultant taking into account specialty specific manpower shortages either locally or nationally.

6.2.2.4. The following factors should be taken into account:

- the need to develop a consultant-based service where consultants can be recruited to the role
- overall consultant responsibility for patient care
- consultant cover (both in and out of office hours)
- provision for the teaching of trainees and the supervision of both trainee and non-trainee career medical staff and whether this can be delivered by the applicant
- whether the appointment is in the best interests of the service including a long-term view on appointing and retaining staff and reducing the use of locums
- future expansion of the service
- the implications of the expansion of the role on moving into Associate Specialist grade (eg possible change to on-call duties of other team members).

6.2.3. *Recognition of enhanced responsibilities and experience*

6.2.3.1. There would normally be a difference between the roles and responsibilities of an experienced Specialty Doctor and an Associate Specialist.

6.2.3.2. Evidence of a Speciality Doctor's increased responsibilities should consider the complexity and frequency of the service provided. Examples might include:

- increased complexity of operating lists, anaesthetic lists, outpatient clinics, etc
- increased involvement in the education and supervision of trainees
- increased involvement in management at any level, eg department, directorate, hospital, regional and national
- evidence of enhanced clinical skills
- evidence of providing senior immediate cover for the workload of the department.

See Appendix 5 for further guidance.

6.2.3.3. The Clinical Line Manager should ensure that the proposed job plan matches the contracted hours in line with Terms and Conditions. The full job plan should be submitted with the proposal and include details of:

- on-call commitments
- exact start and finish times for each session
- details of lunch breaks
- administrative time
- continuous professional development
- teaching
- research
- audit, and
- management.

6.2.3.4. Once this information has been analysed and, after discussion with the appropriate consultants, it may be necessary to amend the job plan. It is not necessary to seek the approval of the job description from the Royal College or Faculty.

6.3. Terms and conditions and starting salaries

6.3.1. The existing national terms and conditions under the 2008 contract for Associate Specialists will apply.

6.3.2. The applicant will be appointed to the next highest point on the Associate Specialist scale in comparison to their current basic salary. The incremental date will be the anniversary of appointment to the new grade.

6.4. Application procedure

6.4.1. If there is only one candidate for one post then advertising may not be necessary. Where there is the likelihood of more than one candidate then an internal advertisement will be actioned by the department.

6.4.2. Prior to making an application, the Specialty Doctor should advise their consultant and/or clinical lead of their intention to apply for the post.

Formal application is made by submitting a completed application form (see section 6.5).

6.4.3. An interview process may not be required if it is agreed by the clinical director and Medical Director that there is an agreed business case for the regrading and that the single applicant meets the necessary criteria and fits the job description and person specification.

6.4.4. An interview panel should consist of the clinical director, line manager, SAS representative. A representative from Human Resources will be on the panel where it is deemed necessary.

6.5. Accessing the application documents

6.5.1. Sample copies of the business case proforma and application form are provided in Appendix 3 and 4 respectively.

6.5.2. Electronic copies are available for use and will be accessible via the Trust's document library. In the meantime, please contact the Medical Staffing Department.

6.6. Appeals process

6.6.1. Should an eligible Specialty Doctor who has been unsuccessful in their application for regrading wish to raise the issue formally, an appeal should be lodged in writing to the Director of People and OD within 14 calendar days of the date of the letter notifying them of the outcome of their application.

6.6.2. The letter should set out the points in dispute and the reasons for the appeal.

6.6.3. The Director of People and OD will, on receipt of a written appeal, arrange for an appeal panel to be convened to meet within 42 calendar days of receipt of the appeal letter.

6.6.4. The appeal panel will comprise three members, reflecting a balance of interests, as follows:

- a Chair (Deputy Medical Director or Deputy Director of People and OD Services)
- a panel member nominated by the Chair of the Trust's SAS group
- a Clinical Director of the Trust.

No member of the panel should have previously been involved in the application.

6.6.5. The Director of People and OD will:

- confirm the membership of the appeal panel and hearing date in writing to the appellant doctor and the Care Group Management Team and invite the parties to submit their written statements of case, and

- ensure copies of the written statements of case are available to the appeal panel and both parties (appellant and care group management team) no later than seven calendar days before the appeal hearing.

The appeal panel will hear verbal submissions on the day of the hearing.

6.6.6. Management will present its case first explaining the reason for the decision not to re-grade.

6.6.7. The doctor may present their own case in person or be assisted by a work colleague or trade union or professional organisation representative.

6.6.8. Where the doctor, the Trust or the panel requires it, the appeal panel may hear additional expert advice on matters specific to a specialty. The doctor or Trust, as appropriate, will be responsible for arranging the attendance of their *expert witness*. Unavailability of any such expert witness will not ordinarily be treated as sufficient reason for delaying or adjourning proceedings.

6.6.9. The decision of the panel will be recorded in writing and provided to both parties normally no later than 14 calendar days from the date of the appeal hearing.

6.6.10. The decision of the panel will be implemented in full as soon as is practicable and normally within 28 calendar days.

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 communication will be sent to the Trust's Senior Clinical Managers, and Senior Care Group Managers to make them aware that the new policy has been issued and that they are responsible for cascading the information to the clinical line managers for which they are responsible.

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

8. Monitoring compliance and effectiveness

Element to be monitored	Individual meets Good Practice Requirements of GMC
Lead	Deputy Medical Director/Deputy RO
Tool	Appraisal and Revalidation Processes
Frequency	▪ Clinical Line manager to meet regularly with individual in the first year of upgraded duties 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	▪ Appraisal and Revalidation Team (annual appraisal).

arrangements	▪ Nominated Appraiser annually and Lead Appraiser if required. ▪ RO office five yearly for revalidation
Acting on recommendations and Lead(s)	Care Group Triumvirate/Clinical Director/Clinical Line Manager Clinical Line Manager
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within six 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 including JLNC.

9. Updating and Review

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.

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

<table>
<tr><td>Document Title</td><td colspan="4">Specialty Doctor to Associate Specialist Regrading Policy V1.0</td></tr>
<tr><td>Date Issued/Approved:</td><td colspan="4">May 2019</td></tr>
<tr><td>Date Valid From:</td><td colspan="4">May 2019</td></tr>
<tr><td>Date Valid To:</td><td colspan="4">May 2022</td></tr>
<tr><td>Directorate / Department responsible (author/owner):</td><td colspan="4">Gillian Derrick, Deputy Medical Director
Helen Strickland, HR Business Partner</td></tr>
<tr><td>Contact details:</td><td colspan="4">01872 252267</td></tr>
<tr><td>Brief summary of contents</td><td colspan="4">Sets out the process for regrading Specialty Doctors to Associate Specialists where there is a need to provide a consistent level of senior cover in a Care Group/department/specialty which cannot be met or sustained by consultant recruitment alone.</td></tr>
<tr><td>Suggested Keywords:</td><td colspan="4">Specialty Doctor, Associate Specialist, regrading</td></tr>
<tr><td rowspan="2">Target Audience</td><td>RCHT</td><td colspan="2">CFT</td><td>KCCG</td></tr>
<tr><td>✓</td><td colspan="2"></td><td></td></tr>
<tr><td>Executive Director responsible for Policy:</td><td colspan="4">Medical Director</td></tr>
<tr><td>Date revised:</td><td colspan="4">N/A</td></tr>
<tr><td>This document replaces (exact title of previous version):</td><td colspan="4">New document</td></tr>
<tr><td>Approval route (names of committees)/consultation:</td><td colspan="4">JLNC, Policy Review Group</td></tr>
<tr><td>Divisional Manager confirming approval processes</td><td colspan="4">Deputy Director of People and OD</td></tr>
<tr><td>Signature of JLNC Chair Jonathan Lord</td><td colspan="4">{Original Copy Signed}</td></tr>
<tr><td>Signature of Executive Director giving approval</td><td colspan="4">{Original Copy Signed}</td></tr>
<tr><td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td><td>Internet & Intranet</td><td>✓</td><td>Intranet Only</td><td></td></tr>
<tr><td>Document Library Folder/Sub Folder</td><td colspan="4">Human Resources/Medical Staffing</td></tr>
<tr><td>Links to key external standards</td><td colspan="4">None required</td></tr>
<tr><td>Related Documents:</td><td colspan="4">Autonomous Practice for SAS Doctors and Dentists Policy</td></tr>
</table>

Training Need Identified?	No

Version Control Table

Date	Version No	Summary of Changes	Changes Made by *(Name and Job Title)*
May 2019	V1.0	Initial Issue	Gillian Derrick Deputy Medical Director/ Helen Strickland HR Business Partner – Policies and Projects.

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

<table>
<tr><td colspan="6">Name of the strategy / policy /proposal / service function to be assessed
Specialty Doctor to Associate Specialist Regrading Policy V1.0</td></tr>
<tr><td colspan="3">Directorate and service area:
Human Resources/Medical Staffing</td><td colspan="3">Is this a new or existing Policy?
New</td></tr>
<tr><td colspan="3">Name of individual completing assessment:
Helen Strickland, HR Business Partner</td><td colspan="3">Telephone:
01872 252649</td></tr>
<tr><td>1. Policy Aim*

Who is the strategy / policy / proposal / service function aimed at?</td><td colspan="5">Specialty Doctors, Medical staffing, senior medical staff</td></tr>
<tr><td>2. Policy Objectives*</td><td colspan="5">To set out the process for upgrading specialty doctors to associate specialist doctors in circumstances where there is a need to provide a consistent level of senior cover within a care group/department/ specialty which cannot be met or sustained by consultant recruitment alone.</td></tr>
<tr><td>3. Policy – intended Outcomes*</td><td colspan="5">▪ Sustainable high quality patient care and service delivery
▪ Recruitment and retention benefits
▪ Career progression opportunities</td></tr>
<tr><td>4. *How will you measure the outcome?</td><td colspan="5">See Section 8, monitoring compliance and effectiveness.
▪ Individual meets Good Medical Practice requirements.
▪ Care Group service delivery and activity benefits realisation in terms of business case requirements.</td></tr>
<tr><td>5. Who is intended to benefit from the policy?</td><td colspan="5">Patients, Specialty doctors, Trust</td></tr>
<tr><td rowspan="3">6a Who did you consult with

b). Please identify the groups who have been consulted about this procedure.</td><td>Workforce</td><td>Patients</td><td>Local groups</td><td>External organisations</td><td>Other</td></tr>
<tr><td>✓</td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="5">Please record specific names of groups

HR People Partners, JLNC</td></tr>
<tr><td>What was the outcome of the consultation?</td><td colspan="5">No issues of concern identified.</td></tr>
</table>

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 **could** have differential impact on:

Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		x		
Sex (male, female, trans-gender / gender reassignment)		x		
Race / Ethnic communities /groups		x		
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		x		
Religion / other beliefs		x		
Marriage and Civil partnership		x		
Pregnancy and maternity		x		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		x		

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked "Yes" in any column above and
- No consultation or evidence of there being consultation- this excludes any *policies* which have been identified as not requiring consultation**. or**
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended.	**Yes**		**No**	**x**

9. If you are **not** recommending a Full Impact assessment please explain why.

No issues of concern 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. Sample business case proforma

Business Case Proforma for Appointment to Associate Specialist				
For completion by the Clinical Line Manager/Lead				
Section 1. Details of the post				
Care Group/Specialty	Click here to enter text.			
Number of programmed activities	Click here to enter text.			
Please list below details of current medical/dental staff (including vacancies) – all grades				
Click here to enter text.				
Rationale for the post				
Click here to enter text.				
Resources for the post				
Click here to enter text.				
Please detail below level and skills, clinical autonomy, management duties, etc required in the post. (See *Specialty Doctor to Associate Specialist Regrading Policy, Appendix 5: Guidance on evidence that may be provided to support regrading or appointment to an Associate Specialist.*)				
Click here to enter text.				
Section 2. Details of the post				
Present grade	Click here to enter text.			
Would his/her present post		(a) lapse? ☐	or	(b) be refilled? ☐
Suitable experience				
Click here to enter text.				

Name of Clinical Line Manager/Lead completing proforma	Click here to enter text.
Date	Click here to enter a date.

Please forward this proforma by e-mail to your Clinical Director

SAMPLE

Appendix 4. Sample application form

<table>
<tr><td colspan="6">APPLICATION FORM FOR THE POST OF ASSOCIATE SPECIALIST</td></tr>
<tr><td colspan="6">To be completed following discussion with the applicant's Clinical Line Manager/Lead and with reference to the Trust's Specialty Doctor to Associate Specialist Regrading Policy, a copy of which is available from the Human Resources (Medical Staffing) folder on the document library.</td></tr>
<tr><td colspan="6">Section 1: Personal details</td></tr>
<tr><td>Surname:</td><td colspan="3">Click here to enter text.</td><td>Title:</td><td>Click here to enter text.</td></tr>
<tr><td>Other names:</td><td colspan="5">Click here to enter text.</td></tr>
<tr><td>Address:</td><td colspan="5">Click here to enter text.</td></tr>
<tr><td></td><td colspan="5">Click here to enter text.</td></tr>
<tr><td></td><td colspan="3">Click here to enter text.</td><td>Post code:</td><td>Click here to enter text.</td></tr>
<tr><td>Telephone no's:</td><td>(Home)</td><td colspan="4">Click here to enter text.</td></tr>
<tr><td></td><td>(Work)</td><td colspan="2">Click here to enter text.</td><td>(Bleep)</td><td>Click here to enter text.</td></tr>
<tr><td></td><td>(Mobile)</td><td colspan="4">Click here to enter text.</td></tr>
<tr><td>E-mail address:</td><td colspan="5">Click here to enter text.</td></tr>
<tr><td>National Insurance no:</td><td colspan="5">Click here to enter text.</td></tr>
<tr><td>Specialty:</td><td colspan="5">Click here to enter text.</td></tr>
<tr><td>Present grade:</td><td colspan="2">Click here to enter text.</td><td>Present salary:</td><td colspan="2">£Click here to enter text.</td></tr>
<tr><td>GMC/GDC registration no:</td><td>Click here to enter text.</td><td>Full, or Limited:</td><td>☐
☐</td><td>Renewal date:</td><td>Click here to enter a date.</td></tr>
<tr><td colspan="4">Have you completed ten years' medical or dental work since obtaining a primary medical or dental qualification which is (or would have been at the time) acceptable by the GMC/GDC for full, limited or temporary (but not provisional) registration?</td><td>Yes ☐</td><td>No ☐</td></tr>
<tr><td colspan="4">Have you served a minimum of four years in a Registrar, Specialist Registrar or Specialty Registrar grade, or in the Staff or Specialty Doctor Grade?
(Equivalent service may also be acceptable with the agreement of the relevant college or faculty regional adviser and postgraduate dean.)</td><td>Yes ☐</td><td>No ☐</td></tr>
<tr><td colspan="4">Do you have an agreed up-to-date Job Plan?</td><td>Yes ☐</td><td>No ☐</td></tr>
<tr><td colspan="6">Section 2: Academic and professional qualifications</td></tr>
<tr><td>Medical School:</td><td>Click here to enter text.</td><td>From:</td><td>Click here to enter text.</td><td>To:</td><td>Click here to enter text.</td></tr>
</table>

Professional Qualifications	Academic Body	Dates
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Section 3: Employment history (please continue on separate sheet if necessary)

Employer's name and address	Grade	Speciality	Dates (From/To)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

SAMPLE

Section 4: Clinical knowledge/experience			
Please detail below any clinical experience (eg procedures, special clinics) which you have either performed or observed relevant to this post.			
Name of procedure	Observed	Performed	Date
Click here to enter text.	☐	☐	Click here to enter text.
Click here to enter text.	☐	☐	Click here to enter text.
Click here to enter text.	☐	☐	Click here to enter text.
Click here to enter text.	☐	☐	Click here to enter text.
Click here to enter text.	☐	☐	Click here to enter text.
Click here to enter text.	☐	☐	Click here to enter text.
Click here to enter text.	☐	☐	Click here to enter text.

Section 5: Audit, management, information technology
Please describe below your experience of clinical audit. Indicate clearly your own level of involvement. Click here to enter text.
Please describe any experience of managing people, resources and/or working in teams. Click here to enter text.
Please indicate your level of competence with Information Technology. Click here to enter text.

Section 6: Research and Teaching	
Please describe below your experience of research – whether past or in progress – and publications. (Please continue on separate sheet if necessary.)	
Research work	Date
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Experience of teaching/training (including outside medicine)	Date
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

SAMPLE

Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

Section 7: Personal statement

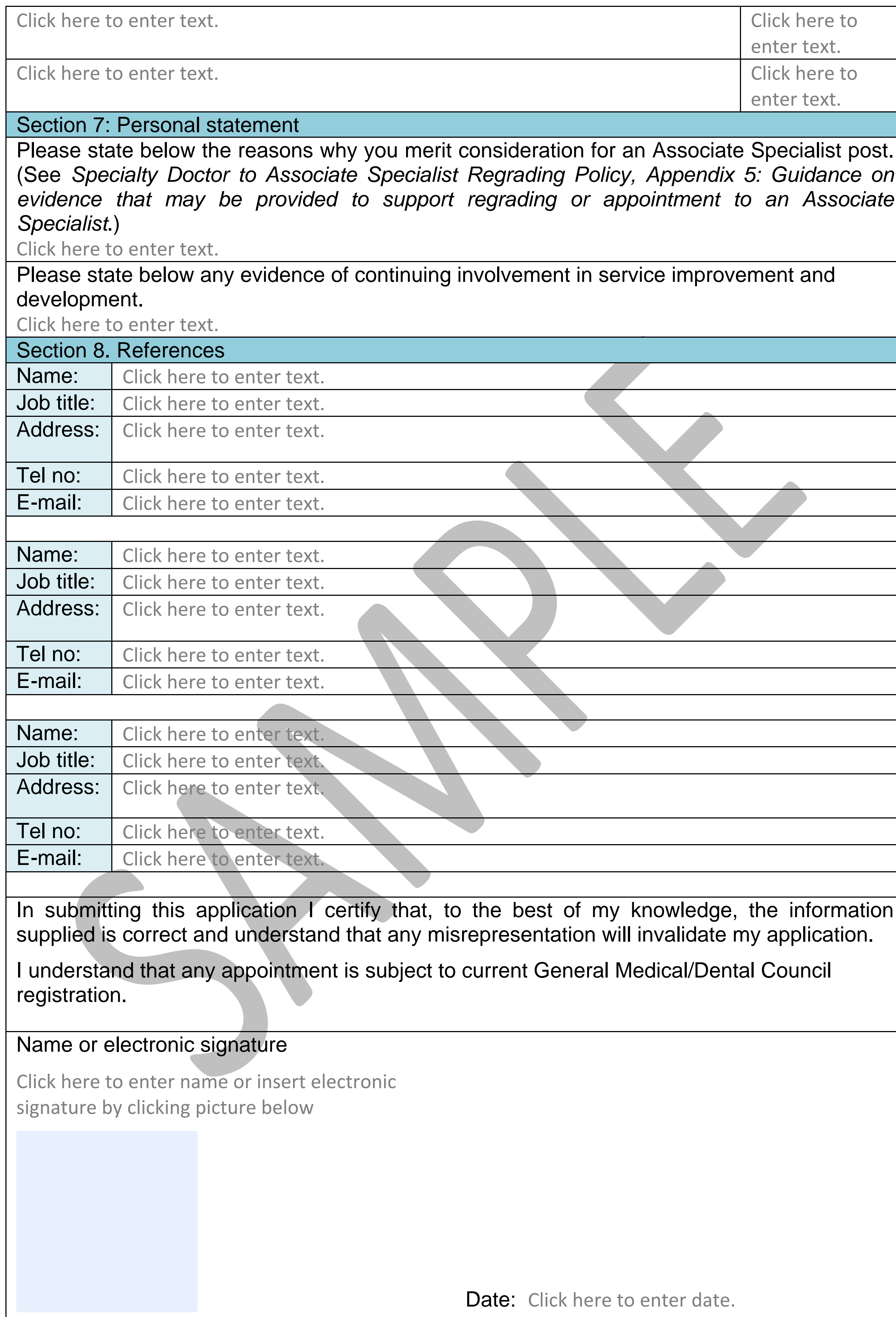
Please state below the reasons why you merit consideration for an Associate Specialist post. (See *Specialty Doctor to Associate Specialist Regrading Policy, Appendix 5: Guidance on evidence that may be provided to support regrading or appointment to an Associate Specialist*.)

Click here to enter text.

Please state below any evidence of continuing involvement in service improvement and development.

Click here to enter text.

Section 8. References



Name:	Click here to enter text.
Job title:	Click here to enter text.
Address:	Click here to enter text.
Tel no:	Click here to enter text.
E-mail:	Click here to enter text.
Name:	Click here to enter text.
Job title:	Click here to enter text.
Address:	Click here to enter text.
Tel no:	Click here to enter text.
E-mail:	Click here to enter text.
Name:	Click here to enter text.
Job title:	Click here to enter text.
Address:	Click here to enter text.
Tel no:	Click here to enter text.
E-mail:	Click here to enter text.

In submitting this application I certify that, to the best of my knowledge, the information supplied is correct and understand that any misrepresentation will invalidate my application.

I understand that any appointment is subject to current General Medical/Dental Council registration.

Name or electronic signature

Click here to enter name or insert electronic signature by clicking picture below

Date: Click here to enter date.

Please forward this application by e-mail to your Clinical Director

Appendix 5. Guidance on evidence that may be provided to support regrading or appointment to an Associate Specialist post

1. **The ability to take decisions and carry responsibility without immediate or direct supervision**
   Doctors undertaking lists or clinics in their own name or, where they do not have lists or clinics in their name, take day to day responsibility for running these lists or clinics with a consultant-led team.

   Evidence for meeting this criterion could include documentation demonstrating:

   - patients seen – through a written record gathered by the doctor of the patients seen and care provided (clinic lists, patient lists, reflective notes) where the Trust cannot provide this through its IT systems

   - operations per session – through a written record kept by the doctor where the Trust cannot provide this through its IT systems

   - communication with the clinical team and or within the Care Group – this could be proven, for example, by copies of letters and e-mails demonstrating increasing responsibility

   - management of patients without immediate or direct consultant input – proven by clinic records incorporating a management plan for the patient such as referral letters, clinic letters

   - that the doctor advises juniors, nurses and senior colleagues on patient management – proven by medical notes, clinical records, reflective notes where the Trust cannot provide this through its IT systems

   - that the doctor covers clinics and ward rounds and operation lists for sick and absent senior colleagues – shown by medical notes, clinical records, clinic letters, outpatient lists, reflective notes where the Trust cannot provide this via its IT systems

   - that the doctor takes a senior role at a procedure or operation – shown by theatre lists, medical notes, clinical records, reflective notes where the Trust cannot provide this via its IT systems.

2. **Contributions to a wider role within the department or wider NHS**

   This could include evidence of:

   - management or leadership

     Setting up rotas, looking at clinic profiles and making suggestions for improvement or looking at ways of improving efficiency within the team, clinic or theatre, participating in multi-disciplinary meetings and/or case conferences. Evidence could include notes of meetings, copies of case conference minutes, copies of rotas, etc.

Work in a clinical leadership role, representing senior staff on Clinical Risk Committees, Medicines Management Committees, implementation groups for IT, new procedures, etc

- representative/committee work

  This could include activities on behalf of the specialty, grade, employer, health service and/or involvement in the Local Negotiating Committee (LNC), BMA regional and/or national, branch of practice committee, and/or Royal College

- a significant role in teaching

  This could either be direct; teaching a course – either international, national, region, employer, department or college or indirect; organising courses, developing programmes, inviting speakers, etc. Setting up an electronic course, video conference links with the Royal Colleges or other nationally or internationally recognised bodies, developing presentations, eg induction courses.

  Other key teaching work includes on the job training as the senior doctor on ward rounds, teaching assistants in theatre and/or supervising procedures in a clinic or on the ward, departmental teaching, lectures showing procedures to other senior doctors. Evidence could include entries in other doctors' procedure logs, formal feedback documented at the end of any rotation, letters of appreciation, reflective notes, etc.

  The audience for the teaching could include:

  - medical: career grades, juniors, undergraduates, general practitioners and other specialties
  - paramedical: nurses, physiotherapists, occupational therapists, paramedics
  - the public: self-help groups, British Diabetes Society, Chest Heart and Stroke, Royal National Institute for the Blind
  - meetings: organising, chairing, speaking.

  Evidence could include attendance registers, evaluation forms, handouts, invitations, programmes

- an ability to innovate within an area of specialisation

  This could include introducing:

  - new forms or documentation, eg the Royal College pro-forma for proper handover reports
  - pro-forma for discharge or clinic letters
  - systems for new and repeat patients or for improving interaction with primary care such as diabetes shared care cards

- new systems for returning results of outpatient clinic investigations to general practitioners

- new procedures in a particular treatment setting and subsequent collation of results

- new procedures in a particular treatment setting and subsequent collation of results

- new ways of taking swabs from different sites such as new methods of transporting specimens to respective laboratories

- new methods of how clinics are run or flyers to promote new procedures and practice

- new surgical procedures, techniques or instruments

- a business plan (for example, to reduce waiting lists for day case surgery)

- innovation as a result of audit.

This could be shown by paperwork as the systems are introduced – copies of e-mails, letters, pro-forma, written systems

- research (if appropriate)

    - epidemiological study

    - involvement in drug trials

    - prospective study

    - participating in a multi-centre prospective study of new drug, therapy or procedure

    - involvement in Ethics Committees

    - supervising a study

- audit

  Regular completion of audits and demonstration of action on outcomes if appropriate.