

EMSAS Handbook

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Introduction

Welcome to the handbook for SAS doctors in Emergency Medicine.

SAS and locally employed doctors constitute a significant portion of the Emergency Medicine workforce. It is essential that these clinicians receive both the opportunities and support necessary for their ongoing professional development.

This handbook was inspired by the SAS Handbook published by the Association of Anaesthetists, which is available online. We are grateful for their permission to use their handbook as a template for our own. To ensure the information contained remains as up to date as possible, we have included links to relevant sources of information and support throughout this handbook.

I would like to extend my sincere gratitude to Dr Immad Qureshi, my predecessor as Chair, who initiated this project and dedicated significant effort to its development during his tenure.

I also wish to thank all current and former EMSAS executives and representatives who have contributed chapters to this handbook. In particular, I am grateful to Dr Steve Black, Dr Mark Feenan, and Dr Stuart Strachan for their invaluable assistance in bringing this project to completion.

Finally, I would like to acknowledge the staff at RCEM whose support has been instrumental in making this handbook a reality.



Dr Jocelyn Brittliff
EMSAS Chair

We have taken every effort to ensure that the information contained here is accurate and up to date at the time of publication. This has been designed to be an interactive source and we have linked wherever possible back to the relevant authority for accuracy. If any of these links have gone out of date or changed in the meantime, we apologise and always advise that you check with the relevant authority rather than relying absolutely on any information contained in these pages.

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The alternative career pathways

There are many ways in which a doctor can pursue a career in Emergency Medicine or gain experience in this specialty. An alternative to the GMC recognised training programme leading to CCT (Certificate of Completion of Training) and a consultant post is the 'SAS' career pathway. These posts have nationally negotiated and recognised contracts. The current SAS contracts are the Specialty Doctor and the Specialist Doctor.

There are also a group of doctors employed on non-standard, non-national contracts. These 'locally-employed' (LE) doctors have a variety of names, which vary from one organisation to the next, and include 'Trust Doctor' and 'Clinical Fellow.' LE doctors are employed with locally defined terms and conditions, often in non-permanent posts. Doctors can enter these posts without the minimum of two years in the specialty required for SAS doctors. Unlike SAS doctors there is no nationally agreed career pathway, contract or pay structure.

Choosing a career as an SAS doctor is a viable career choice and offers several attractive additional pathways for a career in medicine. The SAS contracts potentially allow someone to begin their career within one organisation while working towards any one of a number of potential end points. A growing number of doctors are now choosing to be an SAS doctor as this offers them the opportunity to focus on direct patient care, with the choice to pursue extended roles in education, research, management and leadership. It provides flexibility around working hours work-life balance and geographical stability, while providing an opportunity to develop skills and competencies at their own pace. It can enable them to work in a specialty or subspecialty that suits their individual interest.

A new Specialty doctor could choose to pursue any of the following:

- Remaining a Specialty Doctor whilst broadening their role into the non-clinical aspects of service.
- Progression to Specialist.
- Progression to consultant via Portfolio Pathway, which was previously the Certificate of Eligibility for Specialist registration (CESR).
- Re-enter a formal training programme.

Each of the above reflects a different career pathway to the 'conventional' norm of formal training. Each career goal carries its own development needs, some of which overlap. Supporting each of these aspirations potentially benefits our services by improving recruitment and retention, as well as filling anticipated future workforce needs. These alternative career pathways therefore require recognition and 'parity of esteem,' and they are an important part of future workforce planning. The SAS contracts were renegotiated in 2021 in England and in other nations at slightly different times with some variations.

Useful links

- We would recommend reviewing details on the **BMA website**, the following link in particular provides a useful comparison of speciality and specialist roles: <https://www.bma.org.uk/media/emrn1fmy/bma-role-comparison-table.pdf>
- The **Academy of Royal Medical Colleges** also provides useful information: <https://www.aomrc.org.uk/committees/sas-doctors/>

All SAS doctors should have a job plan which is reviewed annually and is in line with current guidelines on allocation of DCC/SPA sessions.

Key components of a job plan

A robust job plan should include the following elements:

- **Timetable of Activities:** Clearly outlines all activities, including those not tied to specific locations or times.
- **Programmed Activities (PAs):** Specifies the total number and types of PAs, including Direct Clinical Care (DCC) and Supporting Professional Activities (SPA).
- **Normal Work Base:** Identifies the primary location where the SAS doctor will perform their duties.
- **On-Call Arrangements:** Details any on-call responsibilities and their scheduling.
- **SMART Objectives:** Lists Specific, Measurable, Achievable, Relevant, and Time-bound objectives.
- **Additional Responsibilities:** Describes any extra duties within the NHS or the profession.
- **Flexible Working Arrangements:** Documents any agreed flexible working practices.

Categories of programmed activities

The standard full-time commitment is ten PAs of four hours each (three hours if in premium time). These PAs fall into four main categories:

- 1. Direct Clinical Care (DCC):** Involves activities directly related to patient care, including clinical diagnostics, treatment, multi-disciplinary meetings about direct patient care and patient-related administration (primarily, but not limited to, notes, letters and referrals).
- 2. Supporting Professional Activities (SPA):** Encompasses activities that support clinical care, such as continuing professional development (CPD), educational supervisor, clinical audit, appraisal, teaching, research, clinical management, service development and clinical governance.
- 3. Additional Responsibilities:** Special roles not typically undertaken by all SAS doctors, such as medical director or associate medical director/ clinical director and medical educational roles.
- 4. External Duties:** Activities agreed upon with the Trust or Board that do not fall under the previous categories, like trade union duties or work for the Royal Colleges.

Annual and interim job plan reviews

Job plans should be reviewed annually, at a minimum. However, both SAS doctors and clinical managers can request interim reviews at any time, especially during significant organisational changes or unexpected absences. Workload diaries are an essential tool for these reviews, providing evidence of the doctor's working pattern and ensuring sufficient time allocation for each task.

Rota management: Balancing workloads and well-being

Sustainable rota patterns

There are guidelines on shift patterns aimed to reduce fatigue and promote sustainability. There are some differences between contracts and nations around what classes as out of hours work and amounts suggested. We would recommend reviewing these on the BMA website. Annualised self-rostering is becoming increasingly common, and aims to help improve work life balance.

Flexibility for aging Doctors

The age profile of the SAS workforce typically mirrors that of the consultant workforce, and job planning processes must allow discussion of modification of rotas as doctors age to reflect this. Offering a reduced OOH frequency to older doctors, for example, may allow them to pace their careers and remain in our workforce. Likewise, processes for offering transition off an on-call/OOH rota as doctors age should be the same for SAS doctors as they are for consultants. Some existing SAS doctors do not contribute to OOH rotas. This flexibility ensures that experienced doctors can continue contributing effectively without undue strain.

Implementation strategies for effective job planning

Workload diaries can help doctors track their activities, support, accurate job planning and ensure workload allocation is reflected in the plan.

Employers are increasingly utilising innovative tools, such as new IT systems and team or department based planning to improve job planning processes. These should be focused on aligning the individual and organisational objectives.

In cases of disagreement, mediation procedures that align with those used by the consultant body should be implemented, promoting collaborative working and resolution.

Effective job planning and rota management are vital. This process should adhere to the 2008 and 2021 SAS contracts and the guidelines of best practice. This is crucial for supporting SAS doctors' well-being and as a result ensures high-quality patient care. This sustainable approach will benefit doctors, patients, and the broader NHS.

Guide for describing SAS doctors in Emergency Medicine

Understanding the existence of the previous culture which did not recognise or demonstrate the valuable contribution of SAS doctors in Emergency Medicine is essential as we progress in today's more collegiate and inclusive workforce. This includes recognition of terminology previously used.

This style guide aims to provide appropriate terminology and guidelines for describing SAS doctors, promoting respect and recognition within the field of emergency medicine.

Terms to avoid and preferred alternatives

Non-Consultant Career Grades (NCCGs)

- **Avoid:** This historical term is outdated and should not be used. It is better to define doctors by what they are, rather than what they are not.
- **Preferred:** Use the collective term "SAS doctors" or when referring to individual doctors, use their specific contract titles such as "Specialty Doctor," "Specialist," or "Associate Specialist."

Non-training/Non-trainees

- **Avoid:** Defining doctors by what they are not undermines the importance of ongoing professional development.
- **Preferred:** Focus on their roles and titles. For instance, refer to them as "SAS doctors" or by their specific titles.

Middle grades

- **Avoid:** This term fails to acknowledge the varying levels of seniority, independence, and experience within the SAS doctor cohort.
- **Preferred:** An early-career Specialty Doctor, a mid-career Specialty Doctor, and a Specialist each have distinct needs and abilities. When referring to a group collectively, use terms like "doctors on the middle tier rota."

Service roles/Just for service

- **Avoid:** SAS Doctors do contribute to a greater percentage of the direct clinical care but also undertake a significant number of other roles within their department, trust/board or nationally.
- **Preferred:** Emphasize the importance of professional development for all doctors. Use terms that reflect their role in service provision and professional development, such as "SAS doctors."

Addressing exclusion by omission

SAS doctors contribute a significant percentage of the workforce in emergency medicine. It is essential they are actively included in communications and professional development initiatives to enable maximum opportunity for personal and service improvement.

- **Inclusive Communication:** Ensure all emails and communications are addressed to "consultants, residents/trainees, and SAS doctors" to avoid exclusion.
- **Development Opportunities:** When offering development opportunities, explicitly include "Specialty Doctors, Specialists, and Associate Specialists." This ensures no group is inadvertently overlooked.
- **Leadership Roles:** When promoting leadership roles, state that "Specialty Doctors, Specialists, and Associate Specialists" are eligible to apply, expanding the candidate pool and promoting inclusivity.

Promoting a positive culture

Creating a supportive and inclusive culture requires a concerted effort from both medical and non-medical leaders within the organization. Here are some strategies:

- **Education and Awareness:** Provide training for leaders to understand the importance of inclusive language and the value of SAS doctors.
- **Role Recognition:** Acknowledge and celebrate the contributions of SAS doctors in various forums and meetings.
- **Career Development:** Support the professional growth of SAS doctors through mentorship programs, continuous education, and clear career progression pathways.

In conclusion, by adopting this style guide, we can foster a more inclusive, respectful, and professional environment for SAS doctors in emergency medicine, ultimately enhancing the quality of care provided to patients.

References and useful links

- RCEM Supporting Professional Activities Policy: <https://rcem.ac.uk/wp-content/uploads/2021/09/RcemSpaPolicyFinal2018.pdf>
- BMA Job Planning and Supporting Professional Activities for SAS Doctors: <https://www.bma.org.uk/pay-and-contracts/job-planning/job-planning-process/supporting-professional-activities-spa-time-for-sas-doctors>
- NHS Employers SAS Contract 2021: <https://www.nhsemployers.org/articles/terms-and-conditions-and-resources-sas-contract-2021>
- RCEM EMSAS Person Specification for EM Specialist Role: https://rcem.ac.uk/wp-content/uploads/2022/03/EMSAS_Person_Specification_for_Specialist_Doctors_Feb_2022.pdf
- Joint BMA and NHS Employers Job Planning for SAS Doctors Guidance: <https://www.bma.org.uk/pay-and-contracts/job-planning>

Chapter 2

Supervision and autonomy

Asking for help?

Becoming a Speciality doctor, Specialist or a consultant should not require working outside of your capabilities or being disempowered to seek support. The General Medical Council (GMC) guidance on this is very clear. Good doctors make the care of their patients their first concern, and this includes recognising and working within the limits of your competence. Everyone should be able, and empowered, to consult colleagues where appropriate.

For doctors who are working with an ongoing expectation of supervision, the ability to consult your supervising colleague and seek support forms part of the supervision standards of the emergency department.

You should ensure that you are working at the correct supervision level for your skill, knowledge and experience. However, whatever level you are working at it is important that you know where to ask for help both in and out of hours. Working autonomously does not mean working in isolation, seeking opinion from specialties regarding ongoing care when appropriate is good medical practice as outlined by the GMC.

Supervision

SAS ED doctors will have different supervision requirements depending on both the stage in their career and also the task being undertaken. A career as an SAS doctor should allow the doctor support and provide opportunity to progress. This will result in the level of supervision to change throughout their career whilst providing consistently safe and effective care for the patient.

The levels of supervision should correspond with RCEM entrustment levels:

1	Direct supervisor observation/involvement, able to provide immediate direction and assistance
2a	Supervisor on the shop floor (e.g. ED, Theatres, AMU, ICU) monitoring at regular intervals
2b	Supervisor within hospital for queries, able to provide prompt direction or assistance and clinician knows reliably when to ask for help
3	Supervisor 'on-call' from home for queries, able to provide directions via phone and able to attend the bedside if required to provide direct supervision
4	Would be able to manage with no supervisor involvement. All clinicians not on consultant rota would have a consultant taking overall clinical responsibility.

Remember level of supervision is a bit like capacity assessment - it should be right for that specific task on that specific patient at that specific time to ensure patient safety. Access to high quality, supportive and constructive feedback is essential for the professional development of the SAS doctors in Emergency Medicine.

Educational supervisor

RCEM supports the need for SAS doctors to have an educational supervisor with whom they can meet regularly in a manner similar to trainees. SAS doctors' use of WBPA and RCEM portfolio along with these meetings can allow the level of supervision required by the SAS to be changed in safe manner. The role and responsibilities of supervisors have been defined by the GMC in their standards for medical education and training.

The educational supervisor, when meeting with the SAS doctor should discuss issues of clinical governance, risk management and any report of untoward clinical incidents involving the doctor as part of their development. This not only allow learning through reflection but also ensures that the right supervision is in place for the SAS doctor and that they know when and where to ask for help.

The educational supervisor is responsible for the overall supervision and management of a doctor's educational progress and to help develop skills as an SAS doctor. They should regularly meet with the doctor to help plan their training, review progress and achieve agreed learning outcomes.

Appraisal

A formal process of appraisal should occur within the Trust or Board on annual basis. This will be undertaken by a trained appraiser who does not need to be your education supervisor or indeed an emergency medicine doctor. It should have a personnel development plan as part of the appraisal.

Autonomous practise

There are two recognised routes to autonomous practise within Emergency Medicine for SAS doctors:

1. Portfolio pathway

This is pathway that is aligned to EM trainees program and once completed and signed off by the GMC enables doctors to join the GMC's specialist register. This allows the holder to work in an autonomous manner equivalent to a consultant with a CCT. The RCEM has an online portfolio agreed with the GMC which requires completion and sign off for an SAS doctor to be on the specialist register for emergency medicine.

2. Specialist doctor

To be eligible for this a doctor must have full GMC registration, completed 6 years of emergency medicine work and be 12 post qualification. They must meet the generic capabilities framework for Specialist grade as developed by AoMRC, BMA and NHS Employers. Please review the RCEM statement on Specialist doctors for more information. It requires evidence of skills, knowledge and qualities required to work at a senior doctor level in EM. It will require work between the SAS doctor, Educational Supervisor, Clinical Director, Medical Director and SAS Educational Lead as well as an application and interview process. This process can vary depending on your organisation.

RCEM statement on Specialist doctors:

https://rcem.ac.uk/wpcontent/uploads/2022/04/EMSAS_Person_Spec_for_Specialist_Doctors_March_2022.pdf

Personal development planning for SAS doctors

In this chapter we will highlight the importance of personal development planning for SAS doctors. Personal development is a process by which an individual becomes more self-aware, hence allowing them to improve performance and equip themselves with new skills. A personal development plan (PDP) is essential to identify your needs, set objectives and monitor progress. A PDP is an essential component of appraisal and revalidation.

What is appraisal and revalidation?

Appraisal is an annual process of facilitated self-review. Revalidation is a mandatory process for every licensed doctor on the General Medical Council (GMC) register and the requirements for SAS doctors are no different than for consultants. One revalidation cycle is five years. A Responsible Officer (RO), usually the medical director in your Trust, will make recommendations to the GMC regarding your revalidation. Outputs from your annual medical appraisals, over a 5-year period, will help your RO make these revalidation recommendations.

How difficult are appraisal and revalidation?

It may sound intimidating, particularly to colleagues who are new to the NHS. Indeed, failure to engage and participate in the appraisal and revalidation processes may put your medical licence at risk. However, the overwhelming majority of SAS doctors do not have difficulty. The standard to comply with appraisal and revalidation is not high. Appraisal should be developmental, assurance focused, and is not a pass or fail exercise.

Isn't appraisal and revalidation just a tick box exercise for SAS doctors?

If approached with this attitude, then appraisal and revalidation can be just an exercise in doing the bare minimum. This can be true for doctors of all grades. However, in these circumstances, it is unlikely that an SAS doctor will get much out of the process. On the contrary, many SAS doctors find it valuable to take the time to reflect and discuss their professional development and practice as a doctor. If done well, appraisal can prevent stagnation and spur an SAS doctor to improve their career and wellbeing. It can give focus, direction, and recognition to your professional development as an SAS doctor.

Other than appraisal and revalidation, why do I need professional development as an SAS doctor in Emergency Medicine?

Regardless of background or grade within the medical profession, all doctors should have the opportunity to develop themselves. When SAS doctors are allowed to reach their full potential, there are huge personal benefits. In addition, there are inevitably, benefits for patients and organisations. A fulfilling and satisfying SAS career is one where there is access to and engagement with development opportunities. For individuals aspiring to become a Specialist they need to demonstrate that they can critically assess their own learning needs and have a PDP to enable them to lead and develop services.

How can I get time for professional development?

All SAS doctors have the contractual right to supporting professional activities (SPA) time. A common myth is that SAS doctors are only afforded one programmed activity (PA) of SPA per week. This would equate to 4 hours. However, this is an absolute minimum and not a target. The Academy of Royal Medical Colleges recommend a minimum of 1.5 PAs of SPA for all SAS doctors. The British Medical Association recommends a minimum of two PAs of SPA for the majority of SAS doctors over threshold two of their Specialty doctor contract and for all Associate Specialists and Specialists. The appropriate SPA time for you should be agreed through job planning.

What should I do in my SPA time?

SPA time should not be used for direct clinical care or any admin related to direct clinical care. SPA time is an opportunity for you to do the non-clinical work necessary to fulfil your appraisal and revalidation requirements. In addition, you might want to undertake additional teaching, research, clinical management or medical education roles. All of these might well require additional SPA time. You are not expected to do professional development activities, including appraisal preparation, unpaid in your own time.

What if I am unable to use my SPA time?

You cannot be forced to give up your SPA time in order to do direct clinical care. If, due to extenuating circumstances and mutual agreement, you are unable to utilise your SPA time, then you should have this SPA time returned. If you find that you are regularly unable to take your SPA, then this is a contractual breach, and it should be raised urgently with your clinical director.

How much study leave do I get and what should I do with it?

SAS doctors also have a right to take up to 30 paid days for professional or study leave, with expenses, within a 3-year period. Some employers will interpret this as 10 days per year. Whatever the local circumstances, please try to utilise your full quota of professional and study leave. Some examples of things that you might consider doing with this leave include:

- Study, usually but not exclusively or necessarily on a course or programme
- Research
- Teaching
- Examining or taking examinations
- Visiting clinics and attending professional conferences
- Training

Who else will support my professional development?

Across England and the devolved nations there are colleagues appointed to support SAS professional development within each Trust or health board. In England and Wales, they are called SAS tutors, in Scotland they are SAS education advisors, and in Northern Ireland they are the SAS leads. These individuals are responsible for providing local support and guidance for SAS professional development. They are likely to work closely with your Director for Medical Education (DME), may arrange local SAS educational courses or webinars, and may organise an annual SAS professional development day. In England and Wales, the SAS tutors also work collaboratively with a regional Associate Dean for SAS doctors. If you have a question, concern or any other issue with your professional development as an SAS doctor, your SAS tutor, SAS educational advisor, or SAS lead, can be approached to help you.

What funding is available to support my development as an SAS doctor?

Trusts will have a local policy on a study budget for consultants and SAS. The annual study budget allowance will vary between organisations. This money can be spent on relevant courses, seminars and conferences, as well as any reasonable associated costs (travel, subsistence and accommodation). It is really important to keep receipts of all of these expenses and any certificates awarded, as these will be needed in order to claim reimbursement. It is not possible to use your study budget to pay for membership or examination fees.

What about other sources of funding available to SAS?

Additional to the individual SAS study budget, there is also central funding for SAS development. For example, in England, Associate Deans will administer a regional fund that will be allocated to Trusts and spent under the direction of SAS tutors. This SAS specific professional development funding is often used to create a programme of free SAS educational events within Trusts. Money from the fund might also be spent on SAS away days, SAS professional development days and in some cases, to fund the SAS tutor post. In Scotland NES also provide funding for SAS doctors. If you have an additional professional development expense that cannot be met by your individual study budget, your SAS tutor (or equivalent) might consider an application to help cover these costs. An example might be funding to help cover the cost of a Postgraduate Certificate in Education (PGCE), Master of Business Administration, or other academic qualification. Your Trust may also have funding streams, separate to the SAS professional development fund, for such qualifications.

Who should be my appraiser?

Appraisal should not be a hierarchical process and there is no reason why your appraiser could not, for example, be a SAS doctor. You should have the ability to have some choice in who appraises you. If you perceive that there is a conflict of interest in a particular person, then you have the right to ask for an alternative appraiser; this should not cause offence.

Can SAS doctors become appraisers?

Absolutely they can. In fact, more SAS appraisers are needed and encouraged. There are several benefits to becoming an SAS appraiser:

- You should receive remuneration (within your job plan) for work as an appraiser.
- Many SAS colleagues (and some consultants) will prefer to have you as their appraiser.
- An increased understanding of the appraisal process will benefit you in your own appraisal.
- Training is provided on communication and listening skills. These are applicable in other areas of your practice, e.g. in educational and clinical supervision.

What are the important components of appraisal?

The annual appraisal has **three components** (may vary between organisations):

1. Appraisal inputs: This will include the preparation of an appraisal portfolio with supporting information. In most Trusts this will be on an electronic platform. It can take time to get familiar with these systems. It is recommended that you start your preparation early and submit in good time.

2. Appraisal meeting: This is a confidential meeting with your appraiser. It is protected time for you to focus on the work that you have done over the past year. You should think about your achievements, challenges, aspirations, and personal development plan (PDP) for the next year.

3. Appraisal outputs: This will include your agreed PDP objectives and an appraisal summary written by your appraiser.

How should I prepare for my appraisal?

You do need to provide supporting information on the following:

- Continuing professional development (CPD)
- Quality-improvement (QI) activity
- Significant events
- Feedback from patients
- Feedback from colleagues
- Compliments and complaints

You do not need to submit every possible certificate or piece of evidence that you have collected during the year. To do so may be hugely time consuming and is unnecessary. For example, if you have provided evidence of a skill or activity once, there is no need to provide multiple examples of the same skill or activity.

What is reflection?

An important aspect of appraisal is that it is a reflective process, and this should be demonstrated throughout. For instance, you might have extensive amounts of supporting information, demonstrating much time spent in CPD and QI activities, but without reflection it will be a poor-quality appraisal. To reflect means to give serious and careful thought to one's own medical practice and to consider the learning from each piece of supporting information. Reflection is relevant for both positive and negative experiences and there is no one set way to reflect. It is important that there is evidence of this reflection both in the submitted appraisal and during your appraisal meeting.

Will my own reflection be used as evidence against me?

You should not include any identifiable patient information in your appraisal. In fact, your reflection does not need to include the full details of any particular event. It should however capture your learning outcomes. Everything discussed at an appraisal is confidential between the appraiser and the appraisee unless issues arise that may indicate a patient safety risk.

What are good CPD activities for an SAS EM doctor?

Anything that materially contributes to your knowledge, skills, attitudes and behaviours as an SAS doctor may be considered CPD. This might be formal and informal, internal or external learning activities. CPD is individual to you and should be relevant to your learning requirements. There is no single form of CPD and in fact doing a mix of different activities is likely to be more effective. RCEM has an e-learning platform (www.rcemlearning.co.uk) which is an excellent source of information. You should strongly consider joining the SAS professional development events at your local and regional level. You may also want to consider attending regional, national and international meetings, webinars and conferences. As a member of the RCEM you will have discounted access to a full range of such professional events that are relevant to your practice.

How many annual CPD hours should I complete?

Again, appraisals are not pass or fail. Every college has different rules on what constitutes a CPD 'point' and how much one should accumulate each year. RCEM does not have a set number of CPD points required per year, instead focuses more on reflection on learning activities. However if you wish to be guided by a credit based approach then 50 points per year or 250 in 5 years is recommended.

There is useful guidance on CPD on the RCEM website:

https://rcem.ac.uk/wp-content/uploads/2021/10/RCEM_CPD_Guidance_2017_Final.pdf

The GMC requires you to have enough CPD to remain up-to-date and fit to practise.

What QI activity should I do as an SAS doctor?

You are required to demonstrate that you have participated in QI (Quality Improvement) activity at least once in your revalidation cycle. This QI activity might be one of many forms:

- Clinical audit
- Audit of prescribing activity
- Review of performance/morbidity and mortality statistics
- Case review or discussion
- Learning event analysis
- Audit of effectiveness of teaching
- Evaluating effectiveness of health policy or management practice
- National audit projects

There is no QI role that is outside the scope of an SAS doctor. SAS doctors are ideally situated, as permanent members of staff, to identify issues where improvements can be made and to lead on such projects. Improving quality is about making healthcare safe, effective, patient-centred, timely, efficient and equitable. The best QI work involves patients and uses collaborative team-working within teams. Many SAS doctors have been locally and nationally recognised for their contributions to QI. RCEM runs 3 QIPs (Quality Improvement Programmes) at a time and information on the current projects can be found on the website: <https://rcem.ac.uk/quality-improvement-2/>

What are appropriate PDP objectives for an SAS doctor?

Your PDP objectives are entirely related to your learning and development needs as an individual. They are essentially an outcome-based learning plan for the next year of your practice. Appraisers will help and advise you on constructing PDP goals during your appraisal process. Your objectives should be SMART (specific, measurable, achievable, relevant and time-bound). There is no set minimum or maximum number of PDP objectives required by the GMC.

Although you should commit to completing all your PDP objectives, it is recognised that circumstances and priorities may change during the year. At PDP review, some objectives may need to be discarded, revised or included again in the following year.

Summary

Every doctor is obliged to have an annual PDP that is reviewed at appraisal and discussed at job planning. SAS doctors have access to paid time, reimbursement for expenses and other funding, and support from SAS tutors (or equivalent) for a range of generic and specific professional development activities. Your job satisfaction, career progression and own wellbeing can all be enhanced by embracing personal and professional development opportunities.

Chapter 4

Sources of support

How many annual CPD hours should I complete?

Being a SAS Doctor can initially feel challenging as you take a step either out of training, coming from another country or as a locally employed doctor (LED) moving to an SAS contract. You are not alone – there are thousands of us around the 4 nations in Emergency Medicine with a huge wealth of experience and knowledge of what it's like to be you!

It is important that you have an induction before, or very soon after you start, that you complete your statutory and mandatory training, and that you are allocated an educational supervisor or a mentor. In the early stages you may need to meet regularly with your supervisor.

Reach out, make enquiries and make friends. Go for breakfast after nights, it's a great way to break the ice. The key thing is that the SAS contract agreed 2021 comes with national terms and conditions, pay scales with pay progression and SPA (supporting Professional Activity). Programmed Activity (PA) contracts are different from the usual hours contracts and detailed information can be found in the useful links section below.

Here is some basic information:

- 1 PA is a 4 hour block
- PA value changes depending on the time of day/night/weekend and bank holidays. Standard contracts are based around 10 PA's working (equivalent at the start of 40 hours per week)
- Standard SPA allocation is 1.5, allowing 1 PA (4 hours per week) for revalidation and 0.5 PA (2 hours) for other activity relating to your professional activity and development, such as running M&M/Audit/Research/Leading a clinical area etc.

Ask for things to do if there are things that interest you. They can lead to some really great places!

CESR/Portfolio development schemes

many trusts run these schemes, always worth speaking to SAS Doctors already employed at each trust to see how successful these are as they can be variable in terms of support, structure and success.

Useful links

NHS Employers SAS Contract 2021: <https://www.nhsemployers.org/articles/terms-and-conditions-and-resources-sas-contract-2021>

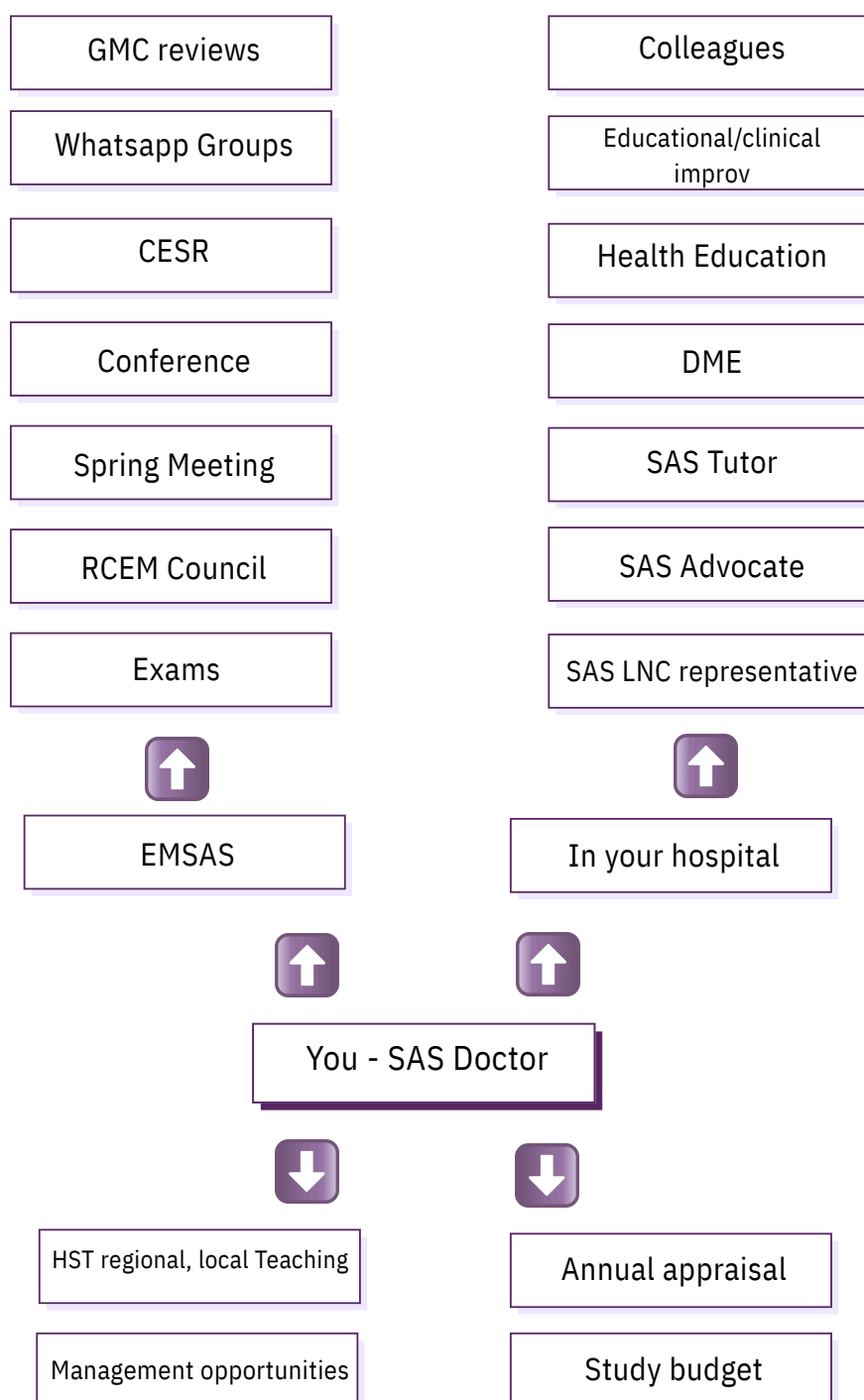
NHS Employers SAS Charter: <https://www.bma.org.uk/advice-and-support/career-progression/best-practice/the-sas-charter>

SAS Advocate Role Guidance: <https://www.nhsemployers.org/system/files/2022-09/SAS-Advocate-role-guidance.pdf>

Health Education England (HEE) Main Website: <https://www.hee.nhs.uk/>

Sources of support and information for career development

The diagram below shows areas of career support, that can also provide relevant career development information. There are also opportunities to diversify your portfolio by gaining professional experience in these areas. The Sky's the limit!



Chapter 5

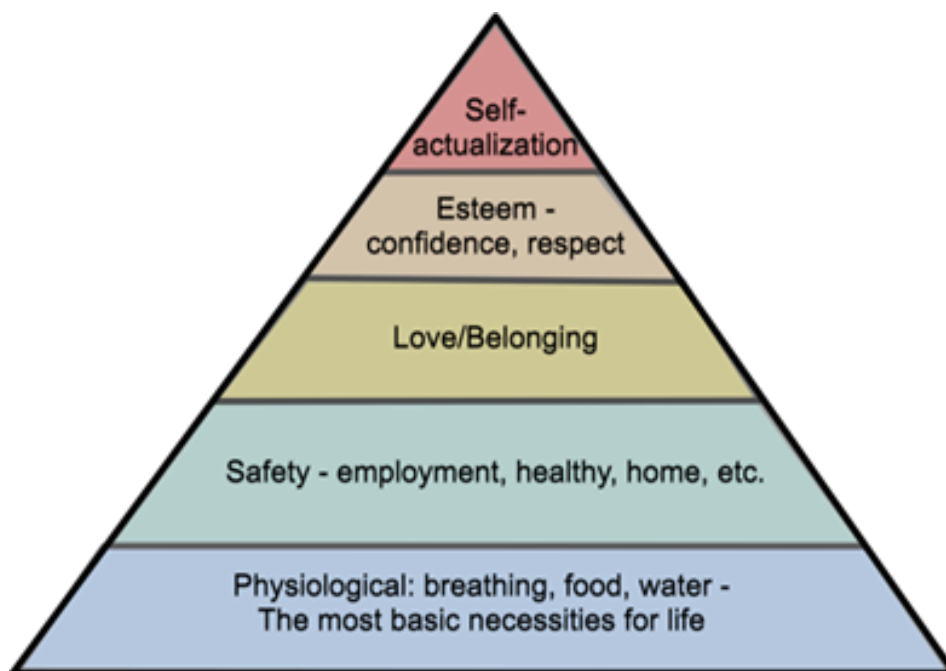
Wellbeing, dignity and respect in the workplace

All doctors deserve to be happy and fulfilled at work, and to have a job which affords them a good work-life balance, with a sensible rota, good working conditions and the respect and support of their colleagues, managers and the wider organisation.

There are many obstacles to achieving such a balance, with the pressures of service delivery, but there are many ways to mitigate some of the stresses and strains of work. This chapter offers some suggestions and resources for supporting your own wellbeing and that of those around you. It also outlines the responsibilities and standards to which your employer should adhere.

What is wellbeing?

Much research has been done to look at which factors need to be present for an individual to thrive, both in the workplace and beyond. Recent RCEM-commissioned research, [PIPP, Jo Daniels], echoes the work of many before, as far back as Ivan Maslow with his Hierarchy of Needs in 1954, which identified five domains of human needs – physiological, safety, love/belonging, esteem, and self-actualisation. Maslow postulated that without fulfilling the lower level basic needs, it is not possible to satisfy the needs in the higher strata.



Maslow's hierarchy of needs

This work remains highly relevant to working in the NHS, and in Emergency Medicine, a speciality often perceived to be one where it is difficult to achieve work/life balance, with punishing rotas and lots of out of hours work. There have, however, been significant changes in recent times, with the advent of less than fulltime (LFT) working, self-rostering and training opportunities for all ED clinicians, not just trainees.

Maslow's hierarchy of needs

Physiological needs (food, water, shelter, rest)

Make sure you are taking the breaks you are entitled to. You should have access to adequate rest facilities away from the shop floor and adequate time off in between shifts and post-nights.

Top tips:

- Learn to say no! Remember you are under no obligation to fill in rota gaps unless you want to and are happy with the compensation offered for this (time or financial incentive).
- Know how to access accommodation if you are too tired to drive. This may be through available within your department or accessed via through the site manager. Other trusts may cover taxi fare home as an alternative.
- Find out where the mess (if available) is – often has rest facilities, kettle and snacks/food, and is an alternative to the staff coffee room, away from the shop floor.
- Make sure you take your breaks, avoid the temptation to skip these. You'll think and work better if you take regular breaks and also set a positive example for more junior colleagues who may feel disempowered to ask for their breaks.

Physical safety

Physical safety whilst at work is essential. Make use of your security colleagues, ensure you use chaperones when performing intimate examinations, for the protection of yourself and your patient.

- Recognise when you are too tired or unwell to work.
- Recognise when you are too tired to drive after work.

Psychological safety

In recent years, particularly post the Covid 19 pandemic, there has been increased recognition of the need to mitigate work-related stress and to proactively build resilience. RCEM has produced a Wellness Compendium, to support those working in Emergency Departments with signposting to many helpful resources to promote emotional and psychological resilience.

RCEM Wellness Compendium:

https://rcem.ac.uk/wpcontent/uploads/2021/10/Wellness_Compendium_June2019.pdf

Your local trust may also offer wellbeing resources, including signposting to local and national organisations who can offer psychological support when required.

Some SAS doctors may face additional circumstances which may require particular support to foster a fulfilling and happy working environment. For example, colleagues who have trained overseas, and recently arrived to the UK may have less of a social network to support them, and risk being more isolated, whilst navigating a new professional working environment as well as adjusting to life in a new country (see separate chapter).

Social and belonging needs

Feeling part of a team, working amongst supportive colleagues, fosters a sense of social belonging. As doctors who are often more permanent team members than their resident counterparts, SAS doctors, should be seen as the backbone of the department. They are important in setting the tone and culture of their working environment, together with their consultant colleagues. Yet, the SAS role is sometimes misunderstood, and leads to SAS doctors feeling overlooked when it comes to shaping the department, relegated to 'service provision' rather than an integral part of the team.

SAS doctors should be included in all team communications, included in training opportunities, management meetings and have opportunities to help steer the direction of departmental travel (teaching/supervision). They should have access to supervision and mentorship, ideally from someone who is familiar with the career pathway, who can advise regarding exams, the portfolio pathway (CESR), and the Specialist role. This should be in addition to a supportive appraiser. Use the appraisal system to identify areas for development and growth as well as career aspirations. As there is no prescribed training programme/pathway, SAS doctors often have to be more proactive in shaping their careers.

Top tips

- Look for opportunities to gain a mentor
- Actively engage with the appraisal process
- Use resources such as the RCEM E-portfolio or keep a logbook to record CPD, training and experience
- Participate in management activities such as Educational/Clinical Supervision, and Clinical Governance

Self-actualisation needs

SAS doctors are a heterogeneous group who have become such for a plethora of reasons, including to accommodate caring responsibilities, or transferring from another career path, both within and outside of medicine. We bring with us a wealth of experience, which can be invaluable to an Emergency Department.

SAS doctors should therefore not just be employed to deliver service provision, but should also be considered for management and supervision roles within the specialty. They are entitled to access training opportunities, opportunities to maintain CPD and to be supported with time and funding in the pursuit of this. Along with Less than full time, self-rostering allows for greater autonomy, and helps facilitate the maintenance of interests outside of medicine – essential to achieve a better work-life balance.

Many SAS doctors have taken a circumlocutious route throughout their medical careers and have other strings to their bow. Maintaining or developing outside interests allows for greater job satisfaction as well as enhancing the collective skill set of the department as a whole.

Top tips

- Make sure you know how much study leave & study budget you are entitled to – and use it!
- Many trusts also have SAS development funds – find out how to access this through your SAS tutor.
- Attend relevant courses and conferences to maintain your professional networks, and keep up to date with CPD.

The EMSAS group offers support for SAS colleagues, as well as several events that provide opportunities to network with those on similar career pathways. This is a valuable way of accessing some support from peer colleagues.

Future-proofing your career

The term SAS doctor encompasses a broad range of doctors, with varying levels of expertise and years of experience. As you progress through your career, in comparison to resident doctors post CCT progressing to consultant posts, your job plan may continue to have a greater emphasis on shop floor service provision, rather than non-shop floor activities. SAS job plans often have less SPA time built in compared to their consultant colleagues. This, despite recommendations from organisations such as the AoMRC that all SAS doctors/dentists should have access to opportunities on an equal basis to consultant colleagues to develop in extended roles.

Top tips

- Familiarise yourself with the terms and conditions of your contract, and how your rota is calculated.
 - Are your annual and study leaves incorporated within the rota planning, or is this something that you must book in addition?
 - What are your commitments regarding routine out of hours work, how many nights/weekends/evenings are you contracted to do?
- Work with your educational supervisor to create a balanced job plan.
- Plan ahead for if, and when, you might wish to reduce your commitment to night shift duties

More information:

RCEM

The Royal College of Emergency Medicine also has a number of resources which you can access.

<https://rcem.ac.uk/sustainable-working/>

BMA

The largest union for doctors. Membership is free for IMG doctors for the first year. Offers a contract checking service and can advocate/support individuals with contractual issues.

<https://www.bma.org.uk/>

Your Trust

Many trusts have corporate teams who organise activities to promote wellbeing. They can also signpost to useful resources should you be struggling with issues such as stress or burnout. Your local intranet will have links to help and information. Your trust may have an SAS tutor/lead, and/or an SAS Advocate who can provide more information on specific opportunities and resources for SAS doctors.

Leadership and management for SAS doctors

The introduction of the SAS 2021 contract opened up the opportunity for SAS doctors with the relevant experience and development to have the opportunity to progress to Specialist positions. The availability of these roles is currently Trust-dependent, but there have been significant strides made since they were first announced. To be appointed into an EM Specialist role, a candidate needs to fulfil the criteria set out in the following frameworks:

NHS Employers generic capabilities framework: <https://www.nhsemployers.org/system/files/2022-09/Generic-capabilities-framework-for-new-specialist-grade.pdf>

RCEM Framework for Specialist doctors in EM:

https://rcem.ac.uk/wpcontent/uploads/2022/04/EMSAS_Person_Spec_for_Specialist_Doctors_March_2022.pdf

An important part of this is developing a portfolio of evidence of leadership and management activities to demonstrate the ability to work at this level.

This isn't to say that only Specialists should be reaching for leadership and management roles. SAS doctors should be given parity of opportunity to develop their careers in their areas of special interest in the clinical and non-clinical areas of their work. With statutory retirement age currently set at 67 and the current NHS pension scheme tied to this, it is difficult to comprehend how many of us will still be able to deliver eight or more PAs a week of DCC with the ever-increasing pressures we are working under. Therefore, like our consultant colleagues, there needs to be scope in which we can curate our own job plans that encompass clinical duties, special interests and the ability to maintain a sustainable life/work balance.

Leadership training

NHS Leadership courses are available from many different places:

- Trust-led courses – speak to the Organisational Development team in your trust, it is highly likely that they run leadership courses internally that you can apply to.
- Speak to your local SAS Tutor/Lead who will have access to SAS Development funds that can be utilised for leadership courses for all SAS doctors.
- EM Leaders Programme | RCEM – There are 9 online modules created by RCEM that can be completed and provide evidence of leadership training

Leadership roles for SAS doctors

There should be no barriers to SAS doctors in leadership roles if they have the skills and knowledge required for the role. One of the most important things that will help to achieve this is a leadership team who are supportive and inclusive of SAS doctors. Ensuring that any trust roles are advertised to SAS as well as consultants, and that job and person specifications are updated to reflect this goes a long way to ensure parity of opportunity for SAS doctors.

Departmental role examples:

- Mental Health Lead
- Safeguarding Lead
- Mortality reviews
- Quality Improvement lead
- Educational and Clinical supervision for Foundation Doctors, GPVTS and Locally Employed Doctors.

Trust role examples:

- SAS Tutor
- SAS Advocate
- Appraiser
- Medical Examiner
- Foundation TPD
- Undergraduate roles with local medical school
- Clinical leadership

RCEM roles:

- EMSAS Executive Committee
- EMSAS regional and Trust reps

There should be SAS representation on all RCEM committees, and vacancies are advertised regularly here:

<https://rcem.ac.uk/volunteering-opportunities/>

Find your niche! Whether that's education, research, QI etc, and lean in. Attend the senior meetings, find out how things run and how your experiences and knowledge can have a positive impact on the running of your department and trust. You will find allies within your department that will encourage and support you moving into more leadership roles, and they will also help you to manage any barriers that come your way.

There are still perceived barriers to allowing SAS doctors to move into leadership roles. However, times are changing, and more people are choosing SAS life as a sustainable and attractive option to continue their career in Emergency Medicine. SAS doctors have a wealth of experience that is of enormous value to the NHS and its survival, and it's time for us to be embraced and encouraged.

Chapter 7

Examinations

What are Royal College Exams and Credentials?

The Royal College of Emergency Medicine (RCEM) offers two series of exams which culminate in the qualification of membership (MRCEM) or subsequently a fellowship (FRCEM) to the college. These allow the passing candidate to use these post-nominals upon successful completion of the exams.

The first qualification - membership, is a set of three exams which must be taken and passed sequentially:

- MRCEM primary
- MRCEM SBA
- MRCEM OSCE.

The FRCEM qualification consists of two exams which may be taken in any order:

- FRCEM SBA
- FRCEM OSCE.

What are the exams like and am I eligible to take them?

Different eligibility requirements exist for each exam and each exam carries a different expectation for the candidate, details of which can be found on the RCEM website: <https://rcem.ac.uk/exam-applications/>

It is recommended that you read the exams regulations from the RCEM website before applying and preparing for an exam: <https://rcem.ac.uk/exam-regulations-and-policies/>

How do I apply and where do the exams take place?

Applications for the exams are made through the college website. You will be asked to make a profile and upload your personal information, job history and details of your primary medical qualification before you apply. An exam calendar is available to view on the site as well as the exams locations and fees:

<https://rcem.ac.uk/examination-calendar-and-fees/>

It is important to plan ahead and watch out for the closing dates for application windows on to the exams. There are usually only 2 or 3 diets per exam per year. For the OSCEs there is an oversubscription criteria which preferentially selects candidates from the formal UK training program or SAS doctors who are soon to submit their portfolio. Reassuringly however, the college has been running additional diets of OSCE exams since the pandemic and the oversubscription criteria is only exercised when required.

RCEM Learning

In order to access the RCEM learning materials which can be incredibly useful for the exams you must become an associate member or member by election of the college and pay an annual fee. Once you have completed the MRCEM or FRCEM you must pay an annual fee to the college to keep your post nominals.

How are pass marks set?

The pass marks are set individually for each exam using the Angoff method for SBA and Borderline Regression for OSCE exams. Both these methods are criterion based (absolute), so there is no relative marking of candidates against each other. This allows every candidate at the exam a chance to be successful. In contrast, norm referenced (relative) methods of assessment determine what percentage of candidates will pass or fail an exam. More details on how the college sets pass marks can be read on the exams section of the college website.

What if I fail an exam?

There is a limit to the number of times an exam can be attempted if you fail. This limitation has been set by the GMC and it applies to all of the Royal Colleges in the UK. The maximum number of attempts for MRCEM is 6, for FRCEM the limit is 4. If you have reached the limit of attempts for an exam, you can apply for one last additional attempt which may be granted to you by the chief examiner on a case by case basis. If rejected there may be no further attempts at the exam. The results of each exam are usually released 6 weeks after the date of the exam via college website. Failure can be a bitter pill to swallow after the hard work that may have gone into an attempt, however once a result is given, it cannot be changed unless there are exceptional circumstances at play. Occasionally things do go wrong with exams such as actors not turning up, delays, and technical issues at exam centres. More details on the appeals process can be found here: <https://rcem.ac.uk/appeals-misconduct/>

What if I am neurodiverse or need reasonable adjustments?

Up to date details on this can be found here:

<https://rcem.ac.uk/eligibility-adjustments/>

What are the best resources to use for study?

We would encourage use of RCEM learning as an excellent resource

<https://www.rcemlearning.co.uk/>

The following sites also provide useful resources:

St Evelyn's blog, NICE guidelines, RCEM purple papers, practice practice practice...

How do I become an examiner or question writer for the exam?

SAS Doctors working in Emergency Medicine can be OSCE examiners and question writers for the college. They must meet the eligibility criteria described in the Examiner Regulations: https://res.cloudinary.com/studio-republic/images/v1679397248/Examiner_Regulations_March_2023/Examiner_Regulations_March_2023.pdf

Interested SAS doctors can apply online to be an examiner and after review of their application, will need to attend an examiner workshop to receive training in exam format, domain based marking, and examiner conduct.

The portfolio pathway to specialist registration

Please be aware that new processes for the portfolio pathway to Specialist registration (formerly Certificate of Eligibility for Specialist Registration (CESR)) entry was announced by the General Medical Council (GMC) in November 2023.

Please see the GMC website for the most up to date information on this process:

<https://www.gmc-uk.org/registration-and-licensing/join-our-registers/registration-applications/specialist-application-guides/specialist-registration-portfolio>

Introduction

To become a substantive consultant in the UK, one needs to be on the GMC Specialist Register. Some SAS doctors may wish to apply for specialist registration using the portfolio pathway, which was introduced in November 2023. This process replaces the former CESR process, and completion will ultimately allow successful applicants to apply for substantive consultant posts. The benefits of achieving the traditional career end point of consultant appointment, such as earning a higher salary and potentially having greater access to private practice, may appeal.

The portfolio pathway route to specialist registration is open to applicants who have not completed a GMC approved training programme. Those who apply for specialist registration under the portfolio pathway route must demonstrate their equivalence to a newly trained Certificate of Completion of Training (CCT) holder by providing the GMC with evidence of the requisite standard of knowledge, skills and experience. The evidence must align to the Royal College of Emergency Medicine (RCEM) CCT curriculum 2021 but will no longer have to be mapped against it in detail. The application must be made, and evidence provided to the GMC, whilst the RCEM acts as the assessing body.

Many SAS doctors will have undertaken some training before moving into a substantive post and the experience and evidence gained from any formal training may be submitted for consideration, along with any evidence acquired while in an SAS, locally employed or locum consultant post. However, all evidence submitted must fulfil the requirements as set out in the GMC Specialty Specific Guidance:

<https://www.gmc-uk.org/education/standards-guidance-and-curricula/curricula/emergency-medicine-curriculum>

If some of your evidence of training, knowledge and skills is many years old, you may be required to undertake further training or assessments to demonstrate ongoing competence. If you have no evidence to provide in a specific domain or against a mandatory training requirement, your application will fail, hence further training or evidence collection to correct any such deficits must be sought.

While gaining your specialist registration through the portfolio pathway will offer you the opportunity to apply for UK consultant roles, your success at being appointed as a consultant will depend on your performance in competition for these posts. The international recognition of the portfolio pathway route to specialist registration will depend on the specialty and the country in question should you ever consider relocating overseas.

Demonstrating the required standard

Should you decide to pursue the portfolio pathway to Specialist registration the first ports of call should be the following four important documents.

1.GMC Emergency Medicine Specialty Specific Guidance: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/curricula/emergency-medicine-curriculum>

2.Online GMC Portfolio Applicant Guide: https://www.gmc-uk.org/-/media/documents/dc11550-post-brexitsat---cesr-cegpr-online-application---user-guide_pdf-76194730.pdf

3.GMC Good Medical Practice: <https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice>

4.RCEM Curriculum: <https://rcemcurriculum.co.uk/>

These are all essential reading prior to embarking on a portfolio pathway application as they provide the template against which you must match your application. If you cannot demonstrate the required standard with the experience/evidence you have currently, discuss the possibility of obtaining the necessary further training with your Clinical Tutor, Regional Adviser, Local Training Programme Director or local portfolio pathway programme coordinator. Also speak to colleagues in formal training and other recent successful portfolio pathway applicants to understand how they achieved their competencies. Some of the necessary training may be achievable within your organization, some may require time at another organization to gain experience in other subspecialty areas.

The aforementioned documents also provide details on how you should collate and structure the evidence in your application. It is important to present the information in a manner that satisfies the GMC requirements, which are based on the domains set out in the Good Medical Practice document, yet it also needs to appear intuitive to the RCEM who will be matching your application to the most recent CCT curriculum.

Gathering the relevant competencies

You will need to compare any existing documentation you have with the corresponding CCT evidence requirements. Providing contemporaneous assessments is extremely useful to the assessors, as is an indication of complexity of workload, levels of supervision, independent work and supervision of others. Structured references are very helpful to assessors. Should you feel that your current experience/body of evidence in any particular area will not be sufficient for a successful portfolio pathway application, you will need to acquire further experience in these areas and demonstrate your competence with the corresponding online assessment (Kiazen).

After reviewing the curriculum and perusing the RCEM & Kaizen website, you will understand the nature of each of these assessments and know how many of them you will need to gather to be able to demonstrate competence in each area of the syllabus. Clearly, therefore, you will need to be in a workplace where you can have all these assessments signed off. This may involve you leaving your current Trust and hence possibly your substantive SAS role, and that may be a hard decision. You will need to acquire and demonstrate the necessary competence to an equal standard to a trainee of corresponding seniority and, depending on your prior demonstrable experience and competence, this might take some time to acquire.

Submitting your application

Focus your evidence on documentation that will demonstrate coverage of the GMC Good Medical Practice domains when considered against the requirements of the most recent CCT in Emergency Medicine curriculum. Further details regarding the types of evidence required are available in the aforementioned GMC Specialty Specific Guidance for Emergency Medicine.

The portfolio pathway application process is conducted by the GMC, with the RCEM acting as the assessor for the GMC. Your application must be uploaded onto the GMC website, whereupon it will be reviewed by a GMC adviser. The average amount of evidence expected for a CESR application was 800–1000 pages, so expect to submit around this volume of evidence for the portfolio pathway process. At this review stage, there may be revisions that need to be made to your application, after which it should hopefully be approved for submission. Your application is then sent onto the RCEM for assessment and they will provide the GMC with their recommendations on your application.

While the process from the GMC submitting the application to the RCEM to you receiving the GMC recommendation should take no longer than 6 months, it is important to additionally factor in the time needed for evidence acquisition, the uploading of your evidence, plus any revisions the GMC deem necessary prior to your application being submitted by the GMC for assessment.

Considerations

Before embarking on a portfolio pathway application, ensure that you understand what might be involved in your situation. Avail yourself to the webinars on portfolio pathway applications run by multiple organizations, including the RCEM. Talk to your clinical and education supervisors and anyone you may consider a mentor. Speak to other portfolio pathway candidates past and present and try to realistically gauge what further training and demonstrations of competency you may need to acquire.

Examine your own motivations and energy for the task at hand. Discuss this decision with colleagues and friends and, importantly, your family. Plan how you will tackle this logistically and do consider your job security and financial circumstances. What is right for you will be the correct decision. Good luck.

Useful sources of information

Royal College of Emergency Medicine CESR/Portfolio Team: cesr@rcem.ac.uk

GMC Registration and Revalidation Directorate: equivalence@gmc-uk.org

Guidance and support for International Medical Graduates in the UK

Settling into the NHS as an SAS Doctor in Emergency Medicine

Induction:

After being appointed to an A&E position as a Specialty and Specialist (SAS) doctor in the NHS, your first step will be the induction process. This induction is crucial as it provides an overview of your new working environment. Make sure to take detailed notes, ask questions and fully understand the IT systems in your trust. Ensure all your passwords and access to necessary systems are functioning correctly before your first shift.

Understanding how the rota works in most NHS Trusts or Boards is essential. Typically, you will be working 40 to 48 hours a week, which equates to 10-12 Programmed Activities (PAs). 'In-hours' work usually spans from 7am to 7pm or 9pm (depending on Contract and Area you work in) Monday to Friday, while anything outside these hours is considered 'out-of-hours'. Each PA represents 4 hours of work during the in-hours period and 3 hours during out-of-hours.

In your contract, you will have at least one PA per week dedicated to Supporting Professional Activities (SPA). These hours are set aside for non-clinical duties such as mandatory training, managing emails, organizing rotas, teaching and other professional development activities. It is important to utilize this time effectively to balance your clinical responsibilities with personal and professional growth.

Job planning

Job plans are a crucial part of your employment contract and outline your duties, responsibilities and objectives for the year. You and your employer will agree on how to use your time and resources to meet both individual and service objectives. There is a separate section on job planning in this handbook.

According to the British Medical Association (BMA), the job planning process should be collaborative and focused on enhancing patient outcomes while maintaining service efficiency. The process is ongoing, and both you and your employer can request interim reviews if duties change or if there are concerns about meeting objectives. Tracking your time accurately is crucial. The BMA provides a useful job planning tool called Dr Diary for tracking time and evidencing workload. For detailed guidance and resources on job planning, refer to the BMA website, which offers comprehensive support for navigating these processes.

Life in the UK

Moving to the UK can be an exciting yet challenging experience. Here are some key aspects to consider to help you and your family settle in.

Protecting yourself and your family

Indemnity:

NHS bodies are responsible for the clinical negligence of their employees and your professional practice in the NHS comes with indemnity provision. Many doctors also take out personal professional indemnity insurance to cover private work, non-clinical negligence, unpaid medical volunteering outside the NHS and to access medico-legal support. Major providers include the Medical Defence Union (MDU), Medical Protection Society (MPS), and Medical and Dental Defence Union of Scotland (MDDUS). The cost of this insurance is tax-deductible and varies between specialties and grades.

Healthcare

Registering with a local General Practitioner (GP) is important for you and your family. The GMC strongly advises against providing medical care for yourself or family members. NHS treatment is mostly free at the point of use if you are entitled, though there may be charges for prescriptions and dental care.

Driving license

If you plan to drive in the UK, you will need to understand the process of obtaining a UK driving license. If you have a driving license from your home country, you may be able to use it for a limited period (usually 12 months). During this period and certainly before the period expires, you will need to apply for a provisional UK driving license and pass the UK driving tests (theory and practical). Detailed information on the process can be found on the GOV.UK website. It's advisable to start this process early to ensure you can legally drive without interruptions.

Opening a bank account

Opening a UK bank account is essential for managing your finances. To open an account, you will typically need to provide proof of identity (such as a passport), proof of address (such as a utility bill or tenancy agreement), and proof of employment or income. Some banks also offer digital banking services, which can be convenient. It's advisable to research different banks to find the account that best suits your needs. You can find more detailed guidance on opening a bank account on the Citizens Advice website: <https://www.citizensadvice.org.uk/debt-and-money/banking/getting-a-bank-account/>

Housing

Finding a place to live is a key part of settling in. Many hospitals offer rooms, flats, or even houses for rent to staff, which can be a good temporary option until you have settled in. Availability is often limited, so it's best to inquire early. For rental properties, there are popular websites for both short-term and medium/long-term rentals and buying a house or flat.

In many parts of the country, housing can be challenging to find and expensive. Be cautious of landlords who may take advantage of tenants. It's common to be asked for a substantial security deposit, which is typically equivalent to one month's rent and will be held in a tenancy deposit protection scheme.

For more information about your rights as a tenant, refer to the Citizens Advice website:

<https://www.citizensadvice.org.uk/housing/> This organization provides free advice online and in person on various issues, including work, benefits, debt, housing, and legal matters. They also have local offices in many places.

To start your housing search and understand the process, visit the GOV.UK housing section:

<https://www.gov.uk/browse/housing-local-services>

Cultural adaptation

Work culture

Understanding the NHS work culture and expectations can help ease your transition. This includes the collaborative nature of working within multidisciplinary teams, the importance of communication and understanding the NHS's values and principles.

Professional development

Training and development opportunities

Information on how to access continuing professional development (CPD) opportunities, courses and workshops will be available within your trust intranet and RCEM website. Many trusts offer training sessions and resources to help you advance in your career.

Mentorship and support networks

Seek out mentorship programs or professional support networks within the NHS. Connecting with colleagues and joining professional groups can provide valuable guidance and support.

Legal and administrative Matters

Visa and work permits

If applicable, ensure you understand your visa requirements and work permit conditions. The UK Government's immigration website provides up-to-date information on visa types and requirements.

Taxation and financial management

Navigating the UK tax system, National Insurance contributions, and financial management can be challenging. A great resource for financial information tailored to medical professionals is Medics Money. Additionally, the HM Revenue and Customs (HMRC) website is an excellent source for tax-related query.

Family and community life

Schools and education

If you have children, researching local schools and understanding the UK education system will be important. The UK Government's education website provides guidance on school admissions and options.

Community integration

Finding local community groups, cultural associations and activities can help you and your family integrate and feel more at home. Websites like Meetup and local community boards can help you find social and recreational activities.

Emergency services and safety

Emergency services

Familiarize yourself with emergency services contact information (e.g., 999 for emergencies) and the location of your nearest hospital or urgent care facility.

Language and communication

Language skills

While English is the primary language, understanding local accents, medical jargon and idiomatic expressions can enhance communication. There are language support services and courses available if needed.

Local transport and services

Public transport

Understanding local public transportation options is key for getting around efficiently. This includes buses, trains, and the London Underground if you're in or near London. For comprehensive information on train services, visit the National Rail website. For details on local bus routes and schedules, check your local council's website or transport authority. If you're in London, the Transport for London (TfL) website is an invaluable resource for navigating the Tube, buses, and other transport services.

Local services

Familiarizing yourself with local services is essential for settling in comfortably. This includes knowing where to find grocery stores, healthcare facilities and recreational areas. You can often locate these services through local council websites or community boards. For groceries and everyday essentials, larger supermarkets and local shops are available, and many areas have online grocery delivery options. Healthcare services can be accessed through local GP practices and pharmacies. While recreational areas like parks, gyms and leisure centres can provide opportunities for relaxation and fitness. Checking out local directories or community forums can help you discover these services in your area.

Wellbeing resources

Maintaining a work-life balance and managing stress are crucial for your overall wellbeing. The NHS offers various resources for mental health support and stress management, including employee assistance programs. These services provide confidential advice and support on personal and professional issues. Additionally, there are numerous online resources and local services available to help you maintain your mental and physical health. Make sure to take advantage of these offerings to ensure a healthy and balanced lifestyle.

Chapter 10

Locally employed doctors and doctors on MTI Schemes

Some doctors will be employed on local contracts or have come to the UK on a medical training initiative (MTI) scheme. These doctors will not have a national SAS contract and trusts often employ doctors on these contracts for short term positions, to fill rota gaps, or because the doctors don't meet the eligibility criteria to be employed as specialty doctors.

The terms and conditions of these contracts can vary to mirror a resident doctor contract or an SAS contract. The Academy of Medical Royal Colleges (AoMRC) recommends doctors on LE contracts for two years should be offered SAS contracts: https://www.aomrc.org.uk/wp-content/uploads/2023/12/Strengthening_the_SAS_workforce_071223.pdf

Information on MTI can be found on the college website:
<https://rcem.ac.uk/medical-training-initiative-scheme/>

Both Locally Employed Doctors and those on MTI schemes can contact EMSAS for support by emailing:
emsas@rcem.ac.uk



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