Guidance from The Royal College of Surgeons of England SAS Committee

Quality indicators for job plans for SAS surgeons

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SAS Committee
Professional Standards
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Quality indicators for job plans for SAS surgeons

The quality indicators as outlined below have been proposed as a benchmark against which SAS job plans can be measured. This guidance is intended to provide a framework on which specialty doctor job plans can be based. Individual trusts and SAS surgeons will wish to adapt this to suit their circumstances.

There is a wide variety of doctors within the SAS grades with very different skills, experience and development needs. These quality indicators hope to provide clarity over expectations at each stage of a specialty doctor grade surgeon's career. They may also provide a useful guide for other grades within the SAS group.

The indicators have been modelled on those provided by the JCST for surgeons in training and the model job plans by speciality provided by the BMA.

The two thresholds of progression as laid out in the 2008 specialty doctor contract allow the career of an SAS surgeon to be broadly divided into three:

- Before threshold 1
- Between thresholds 1 and 2
- Beyond threshold 2

'*The grade is made up of 11 pay points. There will be annual progression up to point 4 of the salary scale. In order to progress from point 4 to point 5 doctors will be required to pass through Threshold 1. Progression between point 5 and point 7 will be at 2 yearly intervals. To progress from point 7 to point 8 of the salary scale, doctors will need to pass through Threshold 2. Progression between point 8 and point 10 will be at 3 yearly intervals.*'

Specialty Doctor Doctors TCS April 2008

The level of appointment within the scale will obviously be local, determined by the requirements of the department and reflect the prior experience of appointees. Progression through thresholds is based on competency and achievement, as defined in the contract. For the purposes of generating these quality indicators a pragmatic approach has been taken mapping the three phases of career progression to the following levels:

Phase	Phase of SAS career	Point of scale	Years	Mapped to
Phase 1	1 (Before threshold 1)	Min (0)–4	1–5	JCST quality indicators for core surgical training JCST quality indicators for ST3/4
Phase 2	2 (Between thresholds 1 and 2)	5–7	6–11	JCST quality indicators for surgical training 5–8
Phase 3	3 (Beyond threshold 2)	8–10	12–retirement	BMA/RCSEng model consultant timetables

It would be best practice for the job plan in the year before threshold to reflect the anticipated changes in the subsequent phase. Thus the job plan/timetable of activity would be relatively constant in the years 1–4 and 6–10 with years 5 and 11 becoming a 'hybrid' between the current phase and the next.

SAS doctors between thresholds 1 and 2 are often working at a more independent level than specialty registrars, but have ongoing developmental needs.

The College is keen that SAS surgeons have sufficient time and resources to adhere to *Good surgical Practice*[1]. Furthermore, the College endorses The *SAS doctors' Charter*[2] including access to appropriate feedback and development and a balance of CPD and service provision.

General features

The actual details will vary between specialties, but there is more similarity at each phase than may be apparent.

Because surgery is very skills based, all surgeons need the opportunity to develop and master skills. This means that a minimum of 3 operating or procedural half-day lists is needed for those in phase 2 or 3.

Quantified and regular operating time should be incorporated into the initial job description and the amount not reduced at a future point without the agreement of the SAS surgeon.

Many specialties have index procedures where numbers of cases and outcomes are linked to national audits. Particular care should be taken in designing job plans to allow sufficient time for the SAS surgeon to maintain their numbers of cases.

Time should be allowed for the completion of all statutory or mandatory training. All SAS surgeons should regularly undergo appraisal.

All surgeons need to practice according to *Good Surgical Practice*[1]. The requirements for regular appraisal, maintaining a logbook, etc. apply to all surgeons. There should be sufficient time in the job plan to allow for these tasks.

The job plan for an SAS surgeon in phase 3 mirrors that of a consultant. It should however be noted that many SAS surgeons do not have a secretary, junior medical staff or office facilities. Their job plan may need to include more administrative and ward round time than other consultants deem necessary.

SAS doctors are often very well placed to fulfil other roles within their departments or in the wider NHS, including teaching, being educational, clinical or sessional supervisors[3], leading on audit or clinical governance, developing pathways, examining, undertaking research, acting as appraisers and other managerial roles. Time should be specifically allocated for these additional roles. The Academy of Medical Royal Colleges views 1.5 SPAs as the minimum for personal continuing professional development for revalidation and safe practice, so other activities may be undertaken in addition to this time.

For those who regularly cover others' leave, this should be reflected in the job plan.

Phase 1 – Before threshold 1

It is anticipated that an SAS surgeon at this level should complete a minimum of five half-day practical sessions with adequate supervision. This may include clinics, ward rounds, or operating sessions.

Quality Indicator	
1	SAS surgeons should be allocated to posts commensurate with their level of experience and appropriate to the opportunities available in that post.
2	SAS surgeons should have at least two hours of facilitated formal teaching each week (on average). For example, locally provided teaching, regional meetings, annual specialty meetings, journal clubs and x-ray meetings.
3	SAS surgeons should have the opportunity and study time to complete and present one audit project in every 12 months.
4	SAS surgeons should have easy access to educational facilities, including library and IT resources, for personal study, audit and research.
5	SAS surgeons should be able to access study leave with expenses or funding appropriate to their specialty and level of experience.
6	Formative assessment should be used regularly, e.g. Supervised Learning Events (SLEs), though other forms of formative assessment may also be considered.
7	SAS surgeons will be assigned a supervisor and will have negotiated a personal development plan within six weeks of starting the post.
8	SAS surgeons should participate in operative briefings with use of the WHO checklist or equivalent.
10	All phase 1 SAS surgeons should attend at least 1 ward round each week.
11	All phase 1 SAS surgeons should be involved with the management of patients presenting as an emergency at least once each week (on average), under supervision and appropriate to their level of experience.
12	All phase 1 SAS surgeons should attend five supervised sessions of 4 hours each week: outlined in the appendix for each speciality.

Phase 2 – Between thresholds 1 and 2

In general the indicators for phase 1 would be continued, changes or differences are outlined below and in appendix 2. Allowance should be made for increased autonomous practice and reduced supervision.

Time must be allowed for audit and provision made for the development of management and leadership skills. Many specialties have index procedures where numbers of cases and outcomes are linked to national audits. Particular care should be taken in designing job plans to allow sufficient time for the SAS surgeon to maintain their numbers of cases.

It is anticipated that an SAS surgeon should complete a minimum of three half-day operating or procedural sessions per week to maintain competence.

All	Phase 2 SAS surgeons are expected to attend a training course that covers management issues in the NHS
All	Phase 2 SAS surgeons are expected to attend a training course that covers training and education in the NHS

Phase 3 – Beyond threshold 2

Phase 3 maps to a typical consultant job plan. The timetable below is indicative; in practice the job plan for phase 3 SAS surgeons should mirror that of their consultant colleagues. It is anticipated that SAS surgeons should complete a minimum of 3 practical sessions per week to maintain competence.

Many specialties have index procedures where numbers of cases and outcomes are linked to national audits. Particular care should be taken in designing job plans to allow sufficient time for the SAS surgeon to maintain their numbers of cases.

Example Timetable:

Day	Time	Work	Categorisation	PAs
Monday	0800–0900 0900–1300 1300–1700	Ward round Admin and MDT meeting Clinic	DCC DCC DCC	0.25 1 1
Tuesday	0800–1800	All day list	DCC	2.5
Wednesday	09:00–13:00 13:00–17:00	SPA Half day list	SPA DCC	1 1
Thursday (non-hospital day)				
Friday	0800–0900 0900–1300	Ward round Endoscopy/specialist clinic	DCC	0.25 1
At a variable time			SPA	1
Out of hours	On call	Variable frequency	DCC	Av 1
Total				10

References

[1]Royal College of Surgeons of England (2014) *Good Surgical Practice* http://www.rcseng.ac.uk/surgeons/surgical-standards/professionalism-surgery/gsp

[2]Royal College of Physicians of Edinburgh (2013) *Charter for SAS doctors* http://www.rcpe.ac.uk/education-support/sas-doctors

[3]The GMC is clear that SAS doctors should be supported as trainers. GMC (2012) *Recognising and Approving Trainers; the implementation plan* http://www.gmc-uk.org/Approving_trainers_implementation_plan_Aug_12.pdf_56452109.pdf

[4] ENT UK. *Recommended numbers for ENT Clinics.* https://www.entuk.org/professionals (accessed 6th May 2015)

Appendix 1 – Specialty specific requirements for phase 1

Abbreviations

CTS	Cardiothoracic surgery
GS	General surgery
NS	Neurosurgery
OMFS	Oral and Maxillofacial surgery
ENT	Ear nose and throat surgery
Plas	Plastic surgery
Paeds	Paediatric surgery
T&O	Trauma and orthopaedic surgery
Urol	Urology
Vasc	Vascular surgery

CTS	Phase 1 SAS surgeons in cardiothoracic surgery should be given the opportunity to perform the supervised taking of long saphenous vein to a safe standard and should be capable of opening the chest by sternotomy or thoracotomy.
CTS	Phase 1 SAS surgeons in cardiothoracic surgery placement should attend the annual meeting of the Society of Cardiothoracic Surgeons and the Core Skills course in cardiothoracic surgery.
CTS	Phase 1 SAS surgeons in cardiothoracic surgery should attend four operating sessions and at least one outpatient clinic each week.
GS	Phase 1 SAS surgeons in general surgery should be given the opportunity to perform the following procedures to a specified level as defined by the trainee curriculum: primary abdominal wall hernia; appendicectomy; laparoscopic port placement; abdominal incision/closure for laparotomy; removal of skin lesions and cutaneous abscess drainage.
GS	Phase 1 SAS surgeons in general surgery, when on call for emergencies, should be free of routine ward work.
GS	Phase 1 SAS surgeons in general surgery should undertake 3 supervised operating sessions (one of which should be an emergency session) and 2 supervised outpatient clinics each week.

NS	Phase 1 SAS surgeons in neurosurgery should acquire the ability to insert intracranial pressure monitor devices and to perform burrholes for insertion of external ventricular drains or evacuate chronic subdural haematomas under supervision.
NS	Phase 1 SAS surgeons in neurosurgery should participate in daily emergency handover meetings.
NS	Phase 1 SAS surgeons in neurosurgery should attend a minimum of two half-day theatre sessions, including emergency surgery, one clinic, one consultant ward round and one MDT session. When attached to neuro-ICU, they should attend daily consultant teaching ward rounds.
OMFS	Phase 1 SAS surgeons in OMFS should be given the opportunity to perform the following procedures to a specified level as defined by the trainee curriculum: extraction of teeth; removal of retained roots; biopsy of intra-oral lesions; removal of impacted teeth; debridement of contaminated wound/infected wound/wound with skin loss and primary closure of skin lacerations of the face and oral tissues where there is no tissue loss or nerve injury.
OMFS	Phase 1 SAS OMFS surgeon should have the opportunity to undertake a basic fracture plating course.
OMFS	Phase 1 SAS surgeons in OMFS should attend 3 operating lists and 3 outpatient clinics each week. These should include emergency lists and clinics.
ENT	The level of technical skills required for post should be agreed and documented. The phase 1 SAS surgeon should be given sufficient operating time and supervision to achieve and maintain level of technical skill agreed. Objectives to be reviewed annually at job plan review and development needs considered. ISCP syllabus could be used to inform discussion.
ENT	Phase 1 SAS surgeons in ENT should have the opportunity to attend ward rounds dealing with the management of emergency admissions.

ENT	Phase 1 SAS surgeons in ENT surgery should have a job plan with the opportunity for a mix of clinical duties to include attending outpatient clinics and theatre sessions on a regular basis commensurate with maintaining skills. Clinics should conform to ENT UK patient number guidelines with 20 minutes per patient[4].
Plas	Phase 1 SAS surgeons in plastic surgery should be given the opportunity to perform at least three procedures from each list to the standard stipulated below: a) Performed operations – exploration, repair of extensor tendon; excision of basal cell carcinoma; split skin graft; full thickness skin graft; repair of full thickness lip or eyelid lacerations (any one) and debridement of contaminated wound/infected wound/wound with skin loss (any one). b) Performed with assistance or assisted operations/procedure – perform exploration, repair of flexor tendon with assistance; perform local flap to reconstruct a defect with assistance; burns resuscitation with assistance; perform microsurgical nerve repair with assistance; assist in free tissue transfer surgery and assist in fasciotomy for compartment syndrome.
Plas	Phase 1 SAS surgeons in Plastic Surgery should be given the opportunity to attend the Emergency Management of Severe Burns course (EMSB).
Plas	Phase 1 SAS surgeons in plastic surgery should attend three operating sessions (one of which should be an emergency session) and at least one outpatient clinic each week.
Paeds	Phase 1 SAS surgeons in paediatric surgery should be given the opportunity to perform procedures in the category general surgery of childhood (to include circumcision, non-neonatal inguinal herniotomy, ligation of PPV, umbilical hernia repair, appendicectomy) to a specified level as defined by the trainee curriculum.
Paeds	Phase 1 SAS surgeons in paediatric surgery should have the opportunity to undertake a level 2 Safeguarding or Child Protection course and attend a Basic Paediatric Life Support course.
Paeds	Phase 1 SAS surgeons in paediatric surgery should attend three operating sessions (one of which should be an emergency session) and at least one outpatient clinic each week.

T&O	Phase 1 SAS surgeons in trauma and orthopaedics should be given the opportunity to perform the following procedures to a specified level as defined by the trainee curriculum: DHS; Hemiarthroplasty; ankle fracture fixation; MUAs with application of plaster and THRs.
T&O	Phase 1 SAS surgeons in trauma and orthopaedics should be allocated to units that ensure supervised attendance at a minimum of 20 fracture/ trauma based clinics in 6 months.
T&O	Phase 1 SAS surgeons in trauma and orthopaedics should attend three operating sessions (at least one trauma and at least one elective) and at least one fracture clinic each week.
Urol	Phase 1 SAS surgeons in urology should be given the opportunity to perform routine cystoscopy with retrograde stent placement and basic inguinoscrotal surgery (hydrocele, epididymal cyst excision, and circumcision) both to level 2 standard as defined by the trainee curriculum.
Urol	Phase 1 SAS surgeons in urology, trainees should be given the opportunity and time to access web based urology educational media.
Urol	Phase 1 SAS surgeons in urology should attend at least three operating sessions, (including flexible cystoscopy, but at least two GA operating lists per week) and at least one outpatient clinic each week.
Vasc	Phase 1 SAS surgeons in vascular surgery should attend at least three operating sessions per week and at least one outpatient clinic each week.

Appendix 2 – Specialty specific requirements for phase 2

CTS	Phase 2 SAS surgeons should have the opportunity to lead and be decision-makers in the care of patients in a cardiothoracic intensive care setting
CTS	Phase 2 SAS surgeons where possible should not be resident on-call on the ITU
GS	Phase 2 SAS surgeons should have the opportunity to undertake a wide range of operations, under appropriate supervision in emergency and elective general surgery
GS	Phase 2 SAS surgeons should have the opportunity to undertake a wide range of operations, under appropriate supervision in emergency and elective gastrointestinal surgery
GS	Phase 2 SAS surgeons should have the opportunity to operate, under appropriate supervision, on a wide range of operations in their nominated subspecialty.
NS	Phase 2 SAS surgeons should have the opportunity to undertake, under appropriate supervision a range of operations in general neurosurgery, spinal and cranial surgery.
NS	Phase 2 SAS surgeons should have the opportunity to undertake a range of operations, under appropriate supervision in micro-neurosurgery
NS	Phase 2 SAS surgeons should attend a minimum of one consultant-supervised outpatient clinic each week and should see a mix of new and follow-up patients
NS	Phase 2 SAS surgeons should attend a minimum of one full day of scheduled consultant-led theatre each week.
OMFS	Phase 2 SAS surgeons should have the opportunity to operate, independently or with minimal supervision on a range of elective and emergency conditions.
ENT	Phase 2 SAS surgeons should undertake three or more clinics a week, including emergency clinics, at least one of which should be a mainly special interest clinic. Clinics should conform to ENT UK patient number guidelines with 20 minutes per patient. Extra time should be allowed if the SAS surgeon is teaching or supervising[5]. Phase 2 SAS surgeons should be encouraged to develop a specialist interest.

ENT	Phase 2 SAS surgeons should participate in at least 3 operating lists per week. Clinics should conform to ENT UK patient number guidelines with 20 minutes per patient.Extra time should be allowed if the SAS surgeon is teaching or supervising[5]. Phase 2 SAS surgeons should be encouraged to develop a specialist interest.
ENT	Phase 2 SAS surgeons should be managing patients presenting as an emergency at least one day every week. Any emergency clinic undertaken should be part of a negotiated job plan and not be a requirement for all senior SAS doctors.
ENT	Phase 2 SAS surgeons should have the opportunity to operate, under appropriate supervision, on a range of elective and emergency conditions, including subspecialist areas.
Plas	Phase 2 SAS surgeons should have the opportunity to engage in the care of patients in a critical care setting (ICU, HDU & Burns units).
Plas	Phase 2 SAS surgeons should have the opportunity to make independent clinical decisions and to operate, both independently and under minimal supervision, on a range of elective and emergency conditions.
Plas	Phase 2 SAS surgeons should have the opportunity to operate, under appropriate supervision on a range of sub-specialty conditions.
Paeds	Phase 2 SAS surgeons should have the opportunity to engage in the care of patients in a critical care setting (PICU, NICU & HDU).
Paeds	Phase 2 SAS surgeons should have the opportunity to operate, under minimal supervision, on a range of elective and emergency conditions.
T&O	Phase 2 SAS surgeons should have the opportunity to undertake a range of operations, both independently and under appropriate supervision in elective and trauma surgery.
T&O	Phase 2 SAS surgeons should have the opportunity to operate, under appropriate supervision on a range of operations in their nominated subspecialty of trauma and orthopaedics.
Urol	Phase 2 SAS surgeons should have the opportunity to operate, under minimal supervision, on a range of elective and emergency conditions.
Urol	Phase 2 SAS surgeons should have the opportunity to develop a subspecialist interest.
Vasc	Phase 2 SAS surgeons in vascular surgery should have the opportunity to operate, under appropriate supervision on a range of operations.

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