



Confirmed Minutes
Staff and Associate Specialist (SAS) Committee
Wednesday 9th February 2011

Present: Mr Victor Babu (Co-Chair- in Chair)
 Miss Su-Anna Boddy (Co-Chair)
 Mr Anand Arya
 Mr Makani Hemadri
 Ms Gazalla Safdar
 Mr Narveshwa Sinha
 Mr Umesh Ullal

Attending: Ms Clare Wynn-Mackenzie - Opportunities in Surgery Project Manager

1. Welcome and apologies for absence

1.1. Mr Babu opened the meeting and welcomed those present. Apologies were received from Mrs Maya Harris and Ms Arti Garg. Mr Babu congratulated Mrs Harris on her appointment to a Clinical Fellow Post and Mr Anand Arya on his appointment to a locum consultant post

2. Minutes of the last meeting

2.1. The minutes of the meeting held on 12th November 2010 were confirmed as a correct record. It was agreed to publish the minutes on the College's website.

ACTION: Ms Wynn-Mackenzie to publish the minutes from the last meeting on the College website

3. Matters Arising

3.1. It was noted that articles for the next SAS newsletter were agreed at the last meeting. Ms Wynn-Mackenzie has agreed a publication schedule with the Publications department for delivery on 13th May and will contact committee members to provide their articles by mid April. Mr Babu offered to write an article about management roles for SAS doctors.

ACTION: Ms Wynn-Mackenzie to facilitate publication of the next newsletter, including an article from Mr Babu on Management roles for SAS doctors.

4. Chairs' Report

4.1. Role of Specialty Doctors

- 4.1.1. Mr Babu reported that at the last meeting, it was reported that Alan Johnson of ENT UK had raised some questions about the role of SAS surgeons. He presented a paper at the December Council on "the Role of Specialty Doctors and Non-consultant Career Grade Doctors in Specialist Surgical Practice". The paper was very supportive of the Specialist Doctor grade and raised concerns that Trusts might employ Specialty doctors to roles that should be filled by consultants. There were concerns that Specialty doctors would not be given the support appropriate to their grade, and patients may not be aware of the grade of the clinician treating them.
- 4.1.2. The paper broadly recommended that: training and assessment for doctors entering this grade needs to be defined; the roles of Specialty doctors should be further defined; Specialty doctors should have the opportunity enter the Specialist Register by formal processes (e.g. CESR).

- 4.1.3. Council agreed that there was unconditional support for non consultant career grade doctors as fundamental in healthcare in the UK and as integral parts of the clinical team. The paper was fully supported by Council and would be made into a College policy document.
- 4.1.4. Mr Babu noted that in Council, he had highlighted the difference between existing staff grades and Associate Specialists and the new Speciality Doctor grade. Mr Johnson's paper was about the Speciality Doctor grades specifically.
- 4.1.5. Mr Sinha expressed concerns that, though the conclusions of Mr Johnson's paper were good, it showed too little sympathy to doctors who have considerable experience, and did not recognise their skills. Mr Arya agreed, saying that it should be made clear to whom this guidance applies. Mr Hemadri further noted that the language of the document was out dated, for example, the use of the term "non-consultant career grade".
- 4.1.6. Miss Boddy expressed surprise that the committee were concerned by this document as it is intended to protect specialty doctors from being expected to work beyond their level of competence.
- 4.1.7. The committee agreed that Mr. Babu and Miss Boddy should contact Mr Johnson and the College policy department requesting input to the final version of the policy in order to clarify language and its intended audience.

ACTION: Mr. Babu and Miss Boddy to contact Mr Johnson and the College policy department requesting input to the final version of the policy in order to clarify language and its intended audience

4.2. Associate Scheme

- 4.2.1. Mr Babu reported that the Associate Scheme mentioned in the last meeting is still under development. This should still be treated as confidential information.

4.3. Recruitment

- 4.3.1. Mrs Harris will be leaving the committee as she has now left the SAS grades. Mr Arya will remain on the committee as his appointment to a locum consultant post is being taken as a secondment. The four members whose term of office expired in November 2010 have all opted to extend their membership for a further two years, as per the terms of reference. There is therefore one vacancy on the committee, which will be filled in the new financial year (after June 2011).

ACTION: Ms Wynn-Mackenzie to arrange recruitment of a new member in the new financial year.

5. Further Educational Development

- 5.1. The committee received the attachment, which is a re-drafted version of the "top-up training" paper received at the last meeting. The committee agreed that the paper should be approved through the relevant College channels, published, and shared with the Joint College SAS committee when the following minor amendments have been made:
 - 5.1.1. Page 1, paragraph 2: change to: "...such as clinics, *diagnostic and therapeutic interventions, etc. (for example but not limited to: scanning, urodynamics, and endoscopy).*
 - 5.1.2. Page 2, paragraph 8: change to: "The SAS doctor would therefore either have to obtain agreement for a secondment or unpaid leave from his or her trust".

ACTION: Ms Wynn-Mackenzie to amend the paper as agreed, and arrange for this to be escalated through the College committee structure. Also to ensure the Joint College SAS committee are aware of this paper as appropriate.

6. Associate Specialists' On Call Duties

- 6.1. The committee received the attachment outlining the question of whether associate specialists should be allowed to act as the most senior doctor on call. Mr Babu reported that this topic was discussed at the last meeting. The committee had discussed this topic via email but did not reach a clear consensus view.

- 6.2. It was agreed that the phrase “first on-call” should be removed as this has unclear meaning. It should be replaced with “senior on-call” Mr Arya noted that there are few associate specialists and that the grade has closed so this is a very limited issue. Mr Sinha suggested that, for this reason, no guidance should be published, however, it was felt that the College ought to have a position on this in order to support those associate specialists who are in this position.
- 6.3. The committee discussed the issue of indemnity and liability if an associate specialist acts as senior on-call. It was also noted that provision should be made in the job planning process. It was agreed that this was a difficult area but that it is the responsibility of the trust and the individual to ensure that they are appropriately covered. It was agreed that the phrase “local arrangements” should be changed to “local and personal arrangements”.
- 6.4. Miss Boddy advised the committee that she thought option A should be recommended – that associate specialists should not act as senior on call in order to protect their own positions in terms of indemnity and liability. However, the rest of the committee agreed that the College position should be that associate specialists can act as senior on-call where local and personal arrangements are satisfactory to the trust.

ACTION: Ms Wynn-Mackenzie to make the agreed amendments and ensure the on-call paper is escalated through the College committee structure.

7. Financial Challenges to the Grades

- 7.1. It was agreed to take these three agenda items (austerity measures, pay progression, the DH SAS career development fund) together as the issues to be considered are broadly similar.
- 7.2. The committee discussed various cases they had knowledge of, of SAS grades being made redundant as a result of recent spending cuts. It was noted that these are not part of the committee’s remit, and that concerns could be passed to the BMA if it was felt that action was required. Miss Safdar suggested that it would be useful to let SAS surgeons know the kinds of things that are happening so that they can be aware of developments in their own hospitals.
- 7.3. The committee moved discussion to recent EUR (effective use of resources) policies which have led to a decrease in some SAS surgeons’ practice. Mr Hemadri noted that this is a clinical as well as an employment issue.
- 7.4. Miss Boddy noted that such cuts and changes do not affect only the SAS grades, but are universal to all healthcare staff.
- 7.5. It was agreed that Mr Arya should write a short article for the newsletter outlining factors SAS grades should be aware of and giving some examples.

ACTION: Mr Arya to write a short article for the SAS newsletter regarding financial changes that could affect the grades.

- 7.6. Additionally, it was agreed that Miss Safdar should provide a short piece about the DH SAS development fund, highlighting how it has been used and how individuals can access this fund. She noted that she hoped John Lowry of the Oxford deanery would assist her with this.

ACTION: Miss Safdar to liaise with John Lowry to provide an article for the SAS newsletter on the uses of the DH SAS CPD fund

8. Mentoring

- 8.1. Miss Safdar provided the committee with an update on the mentoring scheme she is developing in her trust. The trust has approved the scheme, and the programme director and Miss Safdar are working together to develop this. The programme director has provided sponsorship to fund 4 people to attend a course on mentoring so that they can return and train their colleagues in this.
- 8.2. Miss Safdar has also been given responsibility to mentor the trust’s SAS trust doctors, who are recruited in India through their time working in the NHS.
- 8.3. She is also in conversation with the College library regarding the services they may be able to provide for this group of surgeons.

8.4. Miss Boddy congratulated Miss Safdar on her excellent work and noted that the OIS committee had previously agreed that the College could not run a central mentoring scheme, and that such schemes should be local, like Miss Safdar's.

9. Update from committee representatives on other committees

9.1. Joint College SAS committee

9.1.1. Miss Boddy reported that the last meeting was held on 12th November. The RCP is hosting the conference 27th January 2012 and planning is underway. The joint committee is concerned about SAS doctors not being Members of Fellows of a College; only some Colleges have regional representation structures. A meeting is being scheduled with the Academy to discuss the possibility of affiliating to them.

9.2. Council

9.2.1. Mr Babu noted that significant Council discussion had been discussed earlier, under item 4.1.

9.3. Patient Liaison Group

9.3.1. Mr Hemadri reported that the group remain concerned about the use of titles, particularly "consultant surgeon" in the context of "podiatric consultant surgeons". The group has responded to the white paper. The group is considering the transparency, openness and patient involvement in the complaints process.

9.4. Revalidation Implementation committee (RIC)

9.4.1. Miss Boddy reported that progress is slow, and that little has changed since the last meeting. She advised all the committee to ensure they are completing their appraisals.

9.5. Opportunities in Surgery

9.5.1. There has been no meeting of the OIS committee since the SAS committee last met.

9.6. Trauma and Orthopaedics SAC

9.6.1. Mr Babu provided tabled papers from this meeting, outlining the pass rate of the FRCS exam. He noted that the pass rate for SAS surgeons is failing due to the lack of generality in the experience demonstrated by SAS applicants. The committee discussed this at length, Mr Babu noted that the it is beyond the SAC's remit to pronounce on the training of SAS surgeons but agreed that those accepted for the exam should be supported.

9.7. CORESS

9.7.1. Mr Hemadri reported that this is primarily an awareness raising body and that they are concerned that feedback is not read. He encouraged committee members to read this and disseminate it widely.

9.8. Miss Boddy congratulated the committee on their achievements in gaining such wide representation.

The College is far ahead of most other Colleges in terms of its progress in supporting and representing SAS doctors.

10. Any Other Business

10.1. Films

10.1.1. Mr Sinha asked that Ms Wynn-Mackenzie ensure the films he provided are published to the College website.

ACTION: Ms Wynn-Mackenzie to upload films to the website

10.2. SAC representation

10.2.1. Mr Arya asked that other SACs be approached requesting SAS representation. Ms Wynn-Mackenzie reported that this is already noted as an agenda item for a future meeting.

10.3. Letter to the ASGBI

10.3.1. Miss Safdar asked whether a reply had been received to the letter sent to the ASGBI regarding top-up training. Ms Wynn-Mackenzie agreed to follow this up.

ACTION: Ms Wynn-Mackenzie to follow up letter to the ASGBI

11. Dates of the next meetings

11.1. Miss Boddy reported that the June meeting may be her last meeting as Council lead for the committee as the committee as the revision committee meet in summer to re-allocate Council members' responsibilities.

11.2. Future meeting dates were set for: **10am 9th June 2011** and **10am 10th November 2011**