

# SAS

JUNE 2011  
newsletter

Welcome to the second edition of the College's SAS newsletter. The College's SAS committee continues to work to provide representation of SAS views at every level within the College and to seek ways to support individual SAS surgeons throughout their careers.

As you will read in this newsletter, we have been working with our colleagues in other specialties to develop the next Joint College SAS Conference, which will be held in London on 27 January 2012. This will follow on from the great success of the first conference held in January 2010 and promises to be even more interesting. We hope you will be able to attend – keep an eye on our website and your emails for updates.

The College has also been working hard on the ongoing implementation of revalidation and we provide an update on this on page 8. We have all heard so much about revalidation over the past months or years but few of us are really prepared for its implementation. Our article will inform you of both the current situation and what you might want to start doing now in order to prepare for the future.

You may also find it interesting to read our article about mentoring for SAS surgeons. The College is very supportive of mentoring schemes, which provide excellent opportunities for both mentor and mentee to develop skills and to reflect upon their career goals and progress. Such schemes need to be locally run and led, to ensure participants can get the most from the mentoring relationship. The pilot scheme outlined in Ms Safdar's article promises to yield some interesting results and we look forward to hearing how it goes.

Finally, a plea: if you or any of your SAS colleagues have not yet done so, please do return your workforce survey. If you have not received your personalised link or if you prefer to receive a hard copy of the questionnaire please email us at [workforce@rcseng.ac.uk](mailto:workforce@rcseng.ac.uk)

As ever, we are glad to hear from you. If you have any comments, please email [sas@rcseng.ac.uk](mailto:sas@rcseng.ac.uk) or visit the SAS section of our careers website [www.rcseng.ac.uk/career](http://www.rcseng.ac.uk/career)



Miss Su-Anna Boddy  
Co-Chair SAS Committee  
RCS Council Member



Mr Victor Babu  
Co-Chair SAS Committee  
RCS Invited Council Member

# SAS CONFERENCE

## 28-29 JUNE 2010

### Narveshwar Sinha Chief Conference Organiser

As the Chief Conference Organiser of the National Staff Grade and Associate Specialist (SAS) conference held recently in Manchester, I am delighted to share with you the proceedings of the conference.

The conference was organised by The Pennine Acute Hospitals NHS Trust and was held at Manchester United Stadium on 28 and 29 June 2010. The conference was a huge success, with 270 delegates and 90 speakers from all over the country participating. This two-day meeting was the biggest SAS event ever to have happened in the UK. The delegates and speakers have given excellent feedback and many have requested for the event to be repeated in the future.

The conference's theme was 'Rising to the challenges of the

current NHS: Supporting our SAS doctors'. Dr Narveshwar Sinha, Chief Organiser, and Mr John Saxby, host and Chief Executive of the Pennine Acute Hospitals NHS Trust, gave the welcome address. Professor Sir Neil Douglas, Chair of the Academy of Medical Royal Colleges, gave the keynote address. Sir Neil informed the delegates about how the medical royal colleges may help SAS doctors to rise to the challenges of the current NHS.

Mr John Black, President of The Royal College of Surgeons of England, then spoke to delegates on how SAS doctors can engage with education, training and revalidation. Mr Black informed us of how more SAS doctors are being invited to participate in the College's activities. He congratulated Mr Victor Babu,

an SAS doctor from Wales, on being invited to join the specialty advisory committee for trauma and orthopaedics. Mr Niall Dickson, Chief Executive of the GMC, then gave an update on the revalidation of SAS doctors. There were senior officials from the GMC to take questions on the process of obtaining a Certificate of Eligibility for Specialist Registration (CESR).

Later, Dr Hugo Mascie-Taylor, Medical Director of the NHS Confederation, talked on how medical managers and doctors can work together in these challenging times. Professor Jacky Hayden, Postgraduate Dean at the North West Deanery, discussed the deaneries' perspective on the support to SAS doctors while Dr Saleem Farook gave an overview of e-learning opportunities for





Professor Neil Douglas

SAS doctors. Other speakers included Mr John Saxby and Dr Ruth Jameson, Chief Executive and Medical Director respectively of The Pennine Acute Hospitals NHS Trust, who focused their talks on patient safety. Dr Ravi Sharma (Indian Medical Association) talked about 'helping hands' along with Dr Rajan Madhok (British Association of Physicians of Indian Origin) and Dr Umesh Prabhu (British International Doctors' Association). Exhibitors included pharmaceutical companies, medical defence organisations, management course providers and locum agencies as well the College and the GMC.

The first day's proceedings were followed by a pre-dinner champagne reception with a wonderful jazz trio playing in the background. The gala dinner followed, where the delegates had ample opportunity to network. Our after-dinner speaker was Dr Kevin Jones, Consultant Physician



Mr Narveshwar Sinha

at Royal Bolton Hospital, and everybody appreciated his excellent and humorous talk.

On the second day, specialty specific academic sessions were held in 12 separate auditoriums spread across the Manchester United Stadium. The sessions were held for the specialties of accident and emergency, obstetrics and gynaecology, orthopaedics, psychiatry, paediatrics, genitourinary medicine, ENT, ophthalmology, general medicine, care of the elderly, general surgery, urology and anaesthesia. Two general sessions were also held, one on leadership and management and another on doctors in management and beyond. In the afternoon, practical sessions were held with most including a technology demonstration session.

Overall the meeting was a huge success and fulfilled the needs (general and academic) of the



Mr John Black

delegates. The meeting attracted 12 CPD points (approved by The Royal College of Physicians) for the two days' activity. The website [www.sasconference.org.uk](http://www.sasconference.org.uk) was appreciated by all. The website has been updated minute by minute over the last six months and you can view photographs from the event there.

**SAVE  
THE  
DATE!**

The Joint College SAS Committee is delighted to announce our plans to host our second conference on **27 January 2012.**

This event will consider issues relevant to SAS doctors of all grades and in all specialties. We look forward to seeing you there.

# SAS MENTORING

Gazalla Safdar  
SAS Group Leader

There are more than 13,000 SAS doctors in the UK. They can feel undervalued and lacking in recognition and status despite often being highly skilled, mature and well-trained professionals. Lack of motivation is a big threat to their career development .

Mentoring is repeatedly recommended as a way in which doctors' performance and experience can be enhanced. In principle, the College supports the concept of mentoring for all surgeons who feel that they would benefit from such a relationship.

Rotherham General Hospital was identified as a suitable hospital to pilot a mentoring scheme. There are 45 SAS doctors working in the trust. An electronic survey of mentorship and tutorship roles was conducted and strong support for the creation of a mentoring scheme was evident.

As the SAS group leader, I joined the 'Different Leaders Mentorship Scheme' to train myself for the task. The aim of the scheme is to provide mentorship opportunities for different leaders and executive leaders in the region of Yorkshire and the Humber, and to provide these opportunities as coordinated and supported development relationships for

both the mentor and the mentee. This is based on a model of 'learning in dialogue' within the context of different cultural and personal experiences.

One of the mentors is Dr Suresh Chari, Medical Director (Mental Health) at NHS Barnsley. He is a trained mentor and clearly set the boundaries of the mentoring relationship from the start, saying 'let me know about when you want to meet next as I would expect you to set the pace – so that you are ready at every stage to move things on.'

In addition, a pilot scheme to mentor junior surgeons has been introduced in the trust with the help of the clinical director. A request was also made by the postgraduate director, asking if consultants/senior SAS doctors could provide mentoring for individual SAS. It was agreed that if there was enough support to provide this resource then additional training would be provided for consultants to ensure the provision of an effective process.

A four-day programme based on the work of Gerard Egan was organised by the De Montfort University of Leicester entitled *Mentoring in health care*

*organisations*. The expectation is that trained mentors would be able to train others in the organisation for the benefit of SAS doctors.

To complement this, a tailored programme of support was put in place to further the professional development of the SAS group. This includes six interactive workshops that will cover:

- developing personal impact
- influencing skills
- developing leadership.

Evaluation results will be reported to all stakeholders. We are also hoping to provide additional support by working with colleagues in libraries.

The College SAS committee supports this work and is considering the need for SAS doctors to have mentors for broad-based development and a progressive workforce.

# SAS TUTORS: THEIR ROLE AND BENEFITS

Maya Harris  
Clinical Fellow, Urology

Over the last few years, the SAS grades have undergone a period of renaissance. This follows the allocation of £12 million of recurrent funding by the Department of Health in 2009 to support the training and development needs of SAS doctors.

The British Medical Association recommends that all trusts consider, as a minimum, appointing an SAS clinical tutor to oversee the development of SAS doctors generally. Indeed, SAS tutors have been appointed recently by some trusts and deaneries to address a perceived need for enhanced attention to SAS doctors' development where no formal structures exist for this purpose. Some of these posts are honorary; some are funded by the SAS development funds.

However, many SAS surgeons are senior professionals, able to direct their own development, so the need for advice from, and involvement of, an SAS tutor is debatable. It could be argued that the money spent on these posts could be put to better use by individual SAS doctors.

This article considers the function and responsibilities of SAS tutors and argues that they are necessary for raising the profile of the SAS grades in general.

An SAS tutor is usually accountable to a director of postgraduate medical education who, in turn, has responsibility for the delivery of postgraduate medical training within a trust. The SAS tutor's role is mainly to provide support and guidance to SAS doctors in the trust with the aim of helping them achieve their respective personal development plans, in collaboration with their lead clinicians and the director of medical education. The tutor is also expected to show leadership in both the professional

development of SAS doctors and the contribution of SAS doctors to education and training.

SAS tutors can also be expected to assess individual SAS doctors' portfolios. A portfolio should include not only information on direct medical care and continuing professional development (CPD) but also evidence of achievements in 'softer' areas, such as participation in management, teaching and audit. Such soft skills, including communication and leadership, are important attributes of a successful medical professional. Some SAS surgeons may require additional development in these areas and the job of SAS tutors is to highlight any gaps in the portfolio and draw the doctor's attention to ways to fill these gaps, especially local opportunities to attend appropriate courses or to gain necessary experience. SAS surgeons could also approach their tutors with any training they wish to access locally or as a secondment to another unit. In such cases, an SAS tutor may act as an intermediary in negotiations to arrange such training, or may merely highlight opportunities as they arise.

In order to achieve the above, it is useful for SAS tutors to complete a review of each SAS doctor's experience at least once per annum. These reviews clarify doctors' developmental needs and objectives and, where necessary, provide or engage appropriate further support for the individual, which will in turn increase their clinical effectiveness. Many SAS tutors develop a database of SAS doctors to assist with assessment of needs and planning. Such a database can be difficult to construct but is very useful as many trusts do not hold comprehensive lists of the SAS doctors they employ. Improving contact between these doctors can increase networking opportunities to enable

the sharing of good practice and opportunities for development.

SAS tutors can also be involved in strategic planning, both in relation to SAS doctors in general and to any specialty where more structured development for SAS doctors is required. Such involvement helps ensure SAS doctors are fully integrated into the clinical team and are efficiently used by the trust.

Feedback on the state of the SAS workforce and providing a voice for SAS doctors are also important functions of tutors. Such feedback is useful for trusts when planning SAS doctors' work and development and when reporting back to deaneries and the GMC. By participating in managerial meetings, SAS tutors can represent SAS doctors on questions relating to workforce development and the distribution of funding for SAS doctors.

SAS tutors are positioned at the interface between SAS doctors and trainees. They can support SAS doctors if a trainee they are working with is having difficulties and ensure that this trainee is identified to the appropriate members of the educational team, namely the clinical supervisor, assigned educational supervisor and director of medical education.

As a part of a trust or regionwide educational strategy, SAS tutors may also develop an ongoing programme of meetings to address the developmental needs of SAS doctors in common areas such as training and managerial responsibilities. Such meetings are tailored to the requirements of those attending and provide an opportunity to learn in a friendly, relaxed atmosphere among one's peers. Meetings might be held on topics as wide reaching as:

- leadership
- management for SAS doctors
- building and maintaining a portfolio
- training the trainers,
- assistance with article 14/Certificate of Eligibility for Specialist Registration (CESR) applications
- teaching and presentation skills
- appraisal skills

- mentoring
- helping the trainee in difficulty
- workplace-based assessments for SAS doctors
- career choices.

An event organised by the National Association of Clinical Tutors (UK) in March 2010 contained many good examples of the contributions SAS tutors can make to the profession. SAS tutors can provide advice on the implementation of the new contract and contribute to the discretionary points award committee. Furthermore, SAS tutors can participate in business planning and managing the SAS CPD budget. For those SAS doctors applying for the CESR, SAS tutors can serve as an important point of advice or can act as mentors to SAS doctors following successful application for CESR.

It is frequently the most enthusiastic and knowledgeable individuals who come forward to become SAS tutors. They require a set of wide-ranging skills, including good working knowledge of human resources protocols and guidelines, knowledge of NHS and GMC regulations as they relate to SAS doctors, knowledge of medical education structures and a proven track record of negotiating skills. They are also expected to contribute to the SAS forum at both regional and national levels.

Raising the profile of the grade is important and by getting involved in local training structures, SAS tutors play a significant role in making sure that the SAS voice is heard. Formal guidance on SAS training is scarce and frequently not given priority, so SAS tutors should make sure any local opportunities are taken advantage of.

In conclusion, SAS tutors are a positive new development. Their role in the provision of leadership and support for SAS doctors and their input in the local training organisation can benefit both the individual and the trust. They can provide a network of support for SAS doctors and employers alike.

# SAS INVOLVEMENT IN PATIENT SAFETY

Mekani Hemadri



SAFETY  
FIRST

Providing high quality care to patients is every doctor's ambition. Despite that, it is well known that errors, near misses and adverse events occur, resulting in avoidable complications and avoidable mortality to patients. It is this area that patient safety deals with and there is scope for SAS doctors to engage with this agenda and improve care for patients .

## Safety issues

We begin with an area of healthcare where errors are more prevalent: drug prescriptions. It is thought that 25% of all drug prescriptions have an error; the types of errors include illegibility, wrong spellings, wrong doses, wrong frequency, wrong drug, unnecessary prescriptions and lack of medicine reconciliation (matching admission drugs to discharge drugs). This can have a range of effects from the drugs not being effective, to death.

At the other end of the scale we have wrong-site surgery. A very rare occurrence but one that can be devastating to patients and families.

## Providing safer care

All doctors have the knowledge and skills to take the most appropriate action in the common situations within their areas of practice. The fact is that appropriate care is not delivered consistently, ie to every patient, every time.

Therefore, safer care is about doing what we are already doing in a reliable and consistent manner: getting it right for every patient, every time.

There are guidelines, protocols, checklists, process maps and similar available. It is a question of using them correctly every time to reduce errors. Where national protocols are not available, safer care is

about creating locally agreed systems and delivering them consistently.

## The role of SAS doctors in safer care

Conceiving and delivering safer care is ideally suited to most SAS doctors' profiles. At a broad level, most SAS doctors are in a service delivery role, thus are often closer to more aspects of frontline care delivery than other grades of doctors.

At the local level there are many initiatives that need better clinical engagement and leadership, including thromboprophylaxis, the WHO *Surgical Safety Checklist*, National Patient Safety Agency alerts, surgical site infection prevention bundles, never events, drug errors and so on – the list is very long. SAS doctors are ideally placed to make a real difference to the success of such initiatives.

Learning about safer care and implementing projects across the department/division/hospital is an area of personal and professional development for SAS doctors that many of us have not seized upon. This links into experience in clinical governance, administration and management, which is very useful for maintaining and enhancing career prospects. There are postgraduate courses/degrees available in patient safety that could be useful as part of a long-term career plan.

Seeing venous thromboembolism mortality fall as a result of your effort to ensure the delivery of thromboprophylaxis for patients, thus actively saving lives, is the best reward any doctor can have. There are many such areas where reliability alone can save lives.

# REVALIDATION: GET READY FOR 2012

It can feel like revalidation will never begin and that the proposed date is perpetually two years away. We have been assured, subject to the usual caveats, that revalidation really will be launched in late 2012.

You may recall that last year the GMC ran a consultation on its revalidation proposals. The response to that revealed significant concerns that revalidation was too complicated and would not work for doctors in more unusual careers. Since last summer the College has been working with the GMC to review the key documents and requirements for revalidation.

The GMC has now published what are likely to be the two key documents for revalidation:

- *Good Medical Practice Framework for Appraisal and Revalidation*

This document is similar to the framework presented in the 2010 consultation. This framework has been updated to include principles and values more applicable to doctors with non-clinical duties.

- *Supporting Information for Revalidation*  
This provides guidance on a simple set of

categories of supporting information applicable to all doctors. Only doctors in very unusual careers will need to seek alternatives.

The College and the specialty associations are currently working on developing supplementary surgery guidance. For example, we would expect surgeons, under the category 'quality improvement activity' to:

- contribute to national audits where they exist
- review outcomes data
- attend multidisciplinary team meetings and morbidity and mortality meetings.

This surgery guidance should be available by autumn 2011, alongside the relaunched **Surgeons' Portfolio**.

SAS surgeons can begin preparing for revalidation now by reviewing the requirements and by keeping a record of relevant supporting information. More information about revalidation is available on the College web pages:

[www.rcseng.ac.uk/revalidation](http://www.rcseng.ac.uk/revalidation)

## WORKFORCE CENSUS 2011

The College has now launched the 2011 census for all surgeons employed in England, Wales and Northern Ireland. We would appreciate it if you take five minutes to confirm or change your workforce data by using your personalised weblink sent to you via email. If you have not received your personalised link or if you prefer to receive a hard copy of the questionnaire please email us at [workforce@rcseng.ac.uk](mailto:workforce@rcseng.ac.uk)

You can find last year's results of the workforce census and accompanying report, along with more information, graphs and statistics on the College website:

[www.rcseng.ac.uk/publications/docs/surgical-workforce-2010-profile-and-trends-1](http://www.rcseng.ac.uk/publications/docs/surgical-workforce-2010-profile-and-trends-1)



# RCS

ADVANCING SURGICAL STANDARDS

### Opportunities in Surgery

The Royal College of Surgeons of England  
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