

The Staff, Associate Specialist and Specialty (SAS) Doctors and Dentists development programme was established in 2012 as a result of Scottish Government funding to develop SAS doctors and dentists working in NHS Scotland, initially on a three-year project basis but now added to NES's base-line funding. Taking up an SAS post should not mean cessation of career development. Rather it is envisaged that while these doctors and dentists will provide practice in areas of learned competencies, they will also continue to develop new skills to support changing specialist service development.

## **1.0 Overview and Key Achievements**

- 1) We have an experienced Programme Team in place who are passionate and committed to raising the profile of their SAS colleagues across NHS Scotland. This Programme Team will continue to support their SAS colleagues to enable them to reach their full potential in the interests of clinical service provision and patient care and safety.
- 2) We have received 53 applications for funding this year, of which 46 were for new proposals, and 7 were applications for further funding e.g. year 2 of a course or further period of supervised training. Of these 53 applications, the programme board approved 51 (96%) for either full or part funding.
  - 19 courses
  - 15 qualifications
  - 10 secondments for top-up training towards an application for Certificate of Eligibility for Specialist Registration (CESR)
  - 8 secondments for training/ learn new skills; not towards a CESR application
  - 1 training course + secondment to consolidate these new skills
- 3) 16 SAS doctors and dentists have completed the Faculty Development Alliance (FDA) Leadership and Management training programme over this year supported by the SAS Programme; a further 13 SAS have attended the initial workshop with the date for the second workshop scheduled later in 2018.
- 4) We organised bespoke training for SAS to meet their specific training needs identified in our training needs analysis survey.
  - i. We ran 2 fully booked Court Experience courses, developed in association with the Central Legal Office (CLO), delivered to a total of 32 individuals.

*'The role play of court was excellent – it will make the real thing much less alarming'*  
*'I would be more prepared and knowledgeable if I was asked to write a report/ was involved with an FAI (Fatal Accident Inquiry) or if I had to appear in court.'*

- ii. We have worked in collaboration with the General Medical Council (GMC) Certificate of Eligibility for Specialist Registration (CESR) Team to host 2 workshops in Scotland for 15 SAS doctors to learn more about the CESR process, and how to take forward an application.

*‘Extremely informative and worthwhile.’*

*‘Provided with the information I’ve needed to start the application process.’*

- iii. We funded a new course for SAS jointly run with GMC on Professionalism (Leadership & Management/ Raising & Acting on Concerns); this training ran twice with 44 individuals attending overall
- iv. 17 SAS dentists had bespoke training on Adults with Incapacity legislation and putting this into practice.
- v. We have supported 2 individuals to have simulation training on Safe Sedation and Paediatric Emergencies, delivered at the Scottish Simulation Centre in Larbert.
- vi. We enabled 3 SAS individuals to attend Human Factors and Patient Safety training delivered by NES Patient Safety team

- 5) The SAS Development Programme organised a survey of all 1260 SAS Doctors and Dentists who were employed across Scotland at the beginning of this time period, with 294 responses received (23.3%). This survey provided vital information on their current training needs and demonstrates the on-going need for SAS funding, as summarised in the [Training Needs Analysis \(TNA\) executive report](#). This data helped to shape the support we currently provide for SAS, both across Scotland and also in the individual Health boards.

49% of SAS had learning needs identified at their appraisal and of these, 70% were for clinical development. 59% of SAS doctors and dentists believe that they could be improving the services delivered and improving patient care – of these SAS grades, 61% would require further training for this which the SAS Development Programme aims to support. With appropriate tailored training this would allow SAS to develop new clinics, learn new skills to develop services, and improve patient pathways. Ongoing annual funding is critical to support the continuing development of SAS grades across NHS Scotland to optimise patient care within the services they provide.

- 6) We hosted a series of 5 local SAS Educational Events in various health boards (NHS Forth Valley, NHS Greater Glasgow & Clyde, NHS Highland, NHS Lanarkshire and NHS Lothian) and in total 142 individuals attended. These were organised by the local SAS Education Advisers in their Health Board areas in association with local British Medical Association (BMA) representatives with respect to job planning advice and appraisal and revalidation guidance. We are continuing to increase our visibility and support within the boards; future local events are already organised by our network of Education Advisers throughout 2018-19.

Of the 78 feedback forms we received for local events this year, 77 respondents (98.7%) felt we should hold these events annually.

- *'I very much enjoyed the session - as well as gaining some useful tips, it was good to meet other SAS grade doctors and hear of some of the common challenges we face.'*
- *'Speakers were all enthusiastic and knew their subjects. Good discussion surrounding the issues raised - learning achieved.'*
- *'Was very helpful for networking and also to be able to discuss wider problems faced by SAS doctors. I was not previously aware of funding options or whether I could request career development as a SAS doctor; this was explained well as part of a wider service perspective.'*
- *'Great meeting - always find them beneficial.'*

7) On 6th March 2018, we hosted our third Scottish National SAS Development Day at the Royal College of Physicians and Surgeons of Glasgow. This conference was fully subscribed with 126 individuals in attendance.

Topics covered included 'Improving Transgender Awareness and Inclusivity in the Workplace', 'Brexit and the European Medical Profession', and 'Bullying and Undermining in the Workplace'. We also ran workshops in conjunction with the GMC on Consent, with the General Dental Council specifically for Dentists, the Royal College of Physicians of Edinburgh on the CESR process, and BMA on job planning, as well as an introductory course on Mindfulness. We also updated the SAS group on opportunities for developing their clinical services using the SAS fund.

**Feedback from this event indicated that:**

- 100% of delegates would attend an event similar to this in future
- 100% of delegates would recommend the event
- Overall, delegates scored the event 9.3 out of 10

*'Empowering, positive and enriching.'*

*'Truly developmental.'*

*'Excellent day - great energy in the room.'*

*'Very useful, practical sessions - thank you.'*

## **2.0 Programme Board and Managed Educational Network**

Professor Ronald MacVicar assumed overall strategic responsibility for the programme in April 2017 and chaired the quarterly SAS Programme Board meetings, supported by Mr Adrian Dalby, General Manager, Professional Development Workstream.

Dr Sue Robertson stepped down as SAS Programme co-lead in September 2017. Dr Lynne Meekison, SAS Programme co-lead since 2015, now leads the programme independently and has taken on the role of Associate Postgraduate Dean (SAS).

Nicola Armstrong, Programme Officer, provides daily support to the Programme Board, APGD (SAS), Education Advisers and wider SAS community, as well as working across other Scottish Government funded education initiatives managed by NES Medical Directorate.

The SAS Programme Board meets quarterly to discuss operational issues and considers all applications for funding based on individual merit and set criteria. The Programme Board includes representation from NES, Director of Medical Education (DME), Scottish Association of Medical Directors (SAMD), and BMA.

## SAS Education Adviser Managed Educational Network (MEN)

When the SAS Programme was established, the number of SAS grades in each Health Board area was estimated and this estimation provided the basis of the allocations of Education Advisers to each Health board territory. The support that these Education Advisers provide locally in the Health Boards is vital for SAS across Scotland. In 2015, the number of Education Adviser sessions (1 session is equivalent to 4 hours per week) was reduced to reflect the accurate numbers of SAS grades that had been identified in each of the Health Board areas. The allocation of sessions may need to be adjusted going forwards, according to the agreed set criteria, as the numbers of SAS grades in some Health Boards has altered over time.

<b>NHS Health Board</b>	<b>Current EA sessional commitment</b>	<b>Approx total headcount of SAS grades in 2015</b>	<b>Approx total headcount of SAS grades in 2018</b>
NHS A&A	1	112	101
NHS Borders	0.5	31	26
NHS Dumfries & Galloway	0.5	52	57
NHS Fife	1	90	76
NHS Forth Valley	1	61	70
NHS Grampian, Orkney, Shetland	1	125	110
NHS Greater Glasgow & Clyde	3	270	315
NHS Highland & Western Isles	1	81	70
NHS Lanarkshire	1	100	138
NHS Lothian	2	220	226
NHS Tayside	1	108	119
<b>Total number</b>	<b>13</b>	<b>1250</b>	<b>1308</b>

APGD (SAS)                      2.0 sessions  
 Programme Officer              50% of full time post

### 3.0 Priorities for SAS Funding

The programme aims to direct national funding to those SAS doctors and dentists whose clinical teams are seeking to develop new or improved clinical services, or to enhance their role within the clinical team, and where funding is not otherwise provided by the employing Health Board via study leave funding.

All applications should be prepared together with the local SAS Education Adviser and must be supported by the individual's Clinical Director and Director of Medical / Dental Education. The SAS Programme Board reviews all applications on a quarterly basis and awards funding to those individuals whose proposals clearly demonstrate that this training will lead to improved Clinical Services and improved patient care. In addition, those individuals who have a clearly identified gap in their knowledge or training may be supported so they can be released for "top- up training" towards a CESR application.

In addition, by offering generic training courses both nationally and locally, the fund aims to develop the essential skills required by all SAS to work in Scotland's NHS e.g. by providing training in quality improvement, Leadership etc.

### 4.0 Financial Spend

<b>Total Budget (2017-2018)</b>	<b>£500,000.00</b>
<b>Managed Educational Network</b>	
Programme MEN (salary costs)	£161,082
<b>SAS Training support</b>	
Development Fund applications/training	£286,168
SAS course costs (inc. speakers & catering)	£6,942
SAS National Conference & Regional Development Days	£11,528
Travel and subsistence costs (for successful Development Fund applicants)	£14,338
Administration (inc. stationary, couriers, staff travel & promotional material)	£3,489
<b>Total spend</b>	<b>£483,547</b>

## 5.0 Summary of SAS Funding Applications Received

NHS Health Board	Total no of new applications submitted	Total no of new apps approved/ approved in principle	Total no of new apps not approved	Percentage of new apps approved	Total number of repeat* apps submitted	Total no of repeat apps approved	Total no of repeat apps not approved	Total number of apps submitted overall	Total number of apps approved overall	Percentage of all apps approved
NHS Ayrshire & Arran	7	7	0	100%	0	N/A	N/A	7	7	100%
NHS Borders	1	1	0	100%	0	N/A	N/A	1	1	100%
NHS Dumfries & Galloway	0	N/A	N/A	N/A	0	N/A	N/A	0	N/A	N/A
NHS Fife	4	4	0	100%	0	N/A	N/A	4	4	100%
NHS Forth Valley	4	3	1	75%	0	N/A	N/A	4	3	75%
NHS Grampian	3	3	0	100%	1	1	0	4	4	100%
NHS Greater Glasgow & Clyde	3	3	0	100%	4	3	1	7	6	86%
NHS Highland	2	2	0	100%	0	N/A	N/A	2	2	100%
NHS Lanarkshire	5	5	0	100%	0	N/A	N/A	5	5	100%
NHS Lothian	16	16	0	100%	2	2	0	18	18	100%
NHS Orkney	0	N/A	N/A	N/A	0	N/A	N/A	0	N/A	N/A
NHS Shetland	0	N/A	N/A	N/A	0	N/A	N/A	0	N/A	N/A
NHS Tayside	1	1	0	100%	0	N/A	N/A	1	1	100%
NHS Western Isles	0	N/A	N/A	N/A	0	N/A	N/A	0	N/A	N/A
<b>Total number of applications</b>	<b>46</b>	<b>45</b>	<b>1</b>	<b>97.80%</b>	<b>7</b>	<b>6</b>	<b>1</b>	<b>53</b>	<b>51</b>	<b>96.20%</b>

SAS Funding Application Type	Total no of new apps submitted	Total no of new apps approved/ approved in principle	Total no of new apps not approved	Percentage of new apps approved	Total number of repeat apps submitted	Total no of repeat apps approved	Total no of repeat apps not approved	Total number of apps submitted	Total number of all apps approved	Percentage of all apps approved
Qualification	11	11	0	100%	4	4	0	15	15	100%
Training course	19	18	1	95%	0	N/A	N/A	19	18	95%
Top up training for CESR purposes	7	7	0	100%	3	2	1	10	9	90%
Secondment for additional experience (Non CESR)	8	8	0	100%	0	N/A	N/A	8	8	100%
Training course + secondment	1	1	0	100%	0	N/A	N/A	1	1	100%
<b>Total number of applications</b>	<b>46</b>	<b>45</b>	<b>1</b>	<b>97.80%</b>	<b>7</b>	<b>6</b>	<b>1</b>	<b>53</b>	<b>51</b>	<b>96.20%</b>

## 6.0 Clinical Director Engagement - Impact Analysis and Benefits Realisation

To ensure validity of both Clinical Director and applicant feedback, evaluations are sent out 3 months after the funded development has ended – this enables Clinical Directors to make a fair assessment of how undertaking this development has impacted on the relevant individual’s practice.

The SAS Programme has obtained feedback from 12 out of 15 Clinical Directors who supported applications which were approved and completed in this reporting period (April 2017 – March 2018). A further 28 Clinical Directors will be asked to provide feedback in due course - the activities they supported are either still ongoing, or have just been completed, and the value of these activities cannot yet be determined.

We have also included data on feedback submitted for applications approved in the reporting period April 2016 – March 2017. There is significantly more data available for this cohort by virtue of their funded activities having already been completed and enough time passed for valuable assessments to be made of the benefits to service delivery and/or patient care. 27 CDs who supported Development Fund applications, out of a possible 37, have provided feedback (73% response rate).

### 6.1) Questions about the impact on service delivery and patient care.

		2016-17	2017-18
1) How has this development benefited this individual and their practice?	Increasing level of knowledge	100%	92%
	Increasing level of skill	96%	100%
	Increasing level of experience	52%	83%
	Increasing level of confidence	96%	100%
2) How has this development benefitted clinical service delivery?	Additional clinical procedures	30%	42%
	Additional theatre or clinic sessions	26%	25%
	Teaching, training or supervision of others	70%	50%
	Leadership or management tasks / duties	26%	75%
3) How has this development benefitted patient care?	Quicker diagnosis or treatment	70%	42%
	Less need or no need for onward referral to other services	41%	42%
	Reduction in overall waiting times	30%	25%
	Improvement in the overall patient journey/experience	89%	92%

This clearly demonstrates the importance of this funding to improve skills, knowledge, service delivery and patient care.

## 6.2) Mapping SAS Programme Outcomes to 2020 Vision Deliverables

		2016-17	2017-18
Which 2020 vision areas best map to this development?	Person centred care	48%	83%
	Efficiency and productivity	74%	75%
	Integrated care	37%	58%
	Safe care	33%	83%
	Care for multiple or chronic illnesses	19%	8%
	Workforce Planning	22%	42%
	Unscheduled or emergency care	15%	42%
	Health inequalities	7%	25%
	Early years	11%	0%
	Innovation	15%	33%
	Prevention	7%	8%
	Primary care	4%	17%

Clinical Directors perceived the training supported by the SAS Programme as benefitting efficiency and productivity, safe, person centred care as well as workforce planning and improving unscheduled/ emergency care.

We also asked Clinical Directors to suggest future ways in which enhanced SAS development could support local service delivery; answers included:

- *‘The support for SAS to develop enhanced clinical and leadership roles has been crucial for our service, especially in times of NHS financial crisis. In addition, rural Health Boards struggle with recruitment of Consultants and the SAS development fund supports SAS towards CESR.’*
- *‘Our SAS doctors need to be supported to extend their skills so that they can undertake more complex work and supervise and support the enlarged multiprofessional team. The service is currently undertaking capacity mapping and estimating skills gaps and training needs is part of that.’*
- *‘We need support to let experienced doctors finish necessary training to obtain CESR and thereby use their skills at the right level.’*
- *‘The opportunity to backfill release is invaluable as we require SAS to provide clinical service.’*

## **7.0 SAS Development Fund Evaluation - Impact Analysis and Benefits Realisation**

We requested individual feedback from the 15 SAS doctors/dentists who had completed approved developments in this reporting period, with an 87% response rate.

Of these successful applicants, 100% felt that it had contributed to their personal development plan (PDP) from their previous appraisal, 100% felt it had been value for money and 100% would recommend it to others. 100% felt it had contributed to improving their own practice, and 100% felt it contributed to improving the quality of patient care.

40% said that their development contributed to new initiatives at work of which 54% were new clinical procedures, 8% indicated additional theatre sessions and 15% additional clinical sessions. 31% were now able to teach/ train others, and other new initiatives including supervision of others and leadership and management duties.

We will obtain feedback from the remaining individuals on completion of their training.

## **8.0 Planning for 2018- 2019 and Beyond**

SAS in Scotland are being supported locally in their Health boards, and now also nationally since the appointment of an Associate Postgraduate Dean for SAS. This has enabled better integration into the Careers structures, is already improving links with other teams and organisations and is raising the profile of SAS grades across Scotland.

The 2017-18 budget was underspent by 3.3% due to some of the approved funding not being taken up/ delayed when local Health Boards were unable to source appropriately trained locum staff to enable the planned secondments to take place within this financial year.

Some of these costs have been deferred into 2018-19 and additionally several other applications in 2017-18 require funding that continues into 2018-19. This has resulted in a large proportion of the next year's finances already being committed. We continue to receive new applications for funding, and endeavour to support as many SAS across Scotland as possible.

The SAS Development programme has become an integral and essential source of support for SAS in Scotland and has been shown to significantly benefit patient care.