Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Development and Approval of Autonomous Practice for Staff, Associate Specialist and Specialty Grade (SAS) - Doctors and Dentists



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Author/reviewer: (this version)	Mr W Pillay, Deputy Medical Director & Kelly Fairhurst, Medical HR and Recruitment Lead
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Target audience:	Medical Staff, Divisional Directors,

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 1	4 March 2021	• This is a new procedural document, please read in full	Mr W Pillay and Kelly Fairhurst

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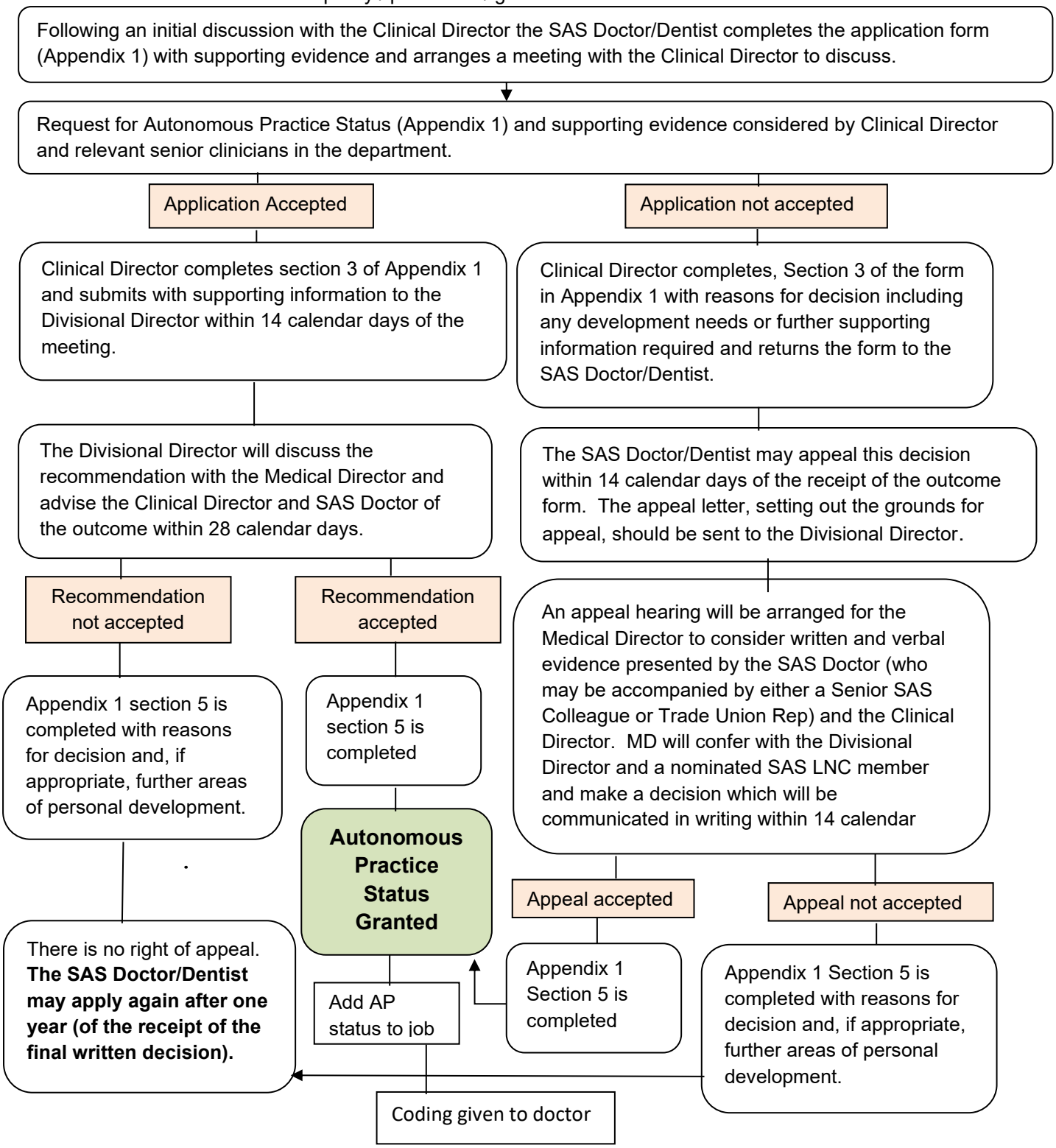
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THE DEVELOPMENT AND RECOGNITION OF AUTONOMOUS PRACTICE FOR SAS DOCTORS AND DENTISTS POLICY

Broad Recommendations / Summary

For quick reference the guide below is a summary of actions required to ensure appropriate implementation of this policy / procedure / guideline. This does not negate the need for the document author and others involved in the process to be aware of and follow the detail of this policy / procedure / guideline.



1 INTRODUCTION

Doctors and dentists in Staff, Associate Specialist and Specialty (SAS) grades provide experienced, specialist care, often within multi-disciplinary teams. This includes the management of complex cases and spending time and effort reflecting on and reviewing patient care activities so that quality and safety improve continuously. SAS grades are also involved in teaching, training, researching, management as appropriate to their skills and experience and may also be engaged in developing local services. SAS Doctors and dentists in grades on the higher thresholds of their contracts may have acquired a high level of specialist knowledge and expertise and have the capacity and opportunity to work autonomously within agreed lines of responsibility.

2 PURPOSE

NHS Employers, as part of the negotiations on the new SAS contract, agreed that: *'At the top of the grade, SAS doctors will have acquired a high level of specialist knowledge and expertise and have the capacity and opportunity to work independently, within agreed lines of responsibility, and will also take a broader role in the Organisation through other activities, such as teaching and audit.'* This was specified in the 2006 Summary Agreement, which formed the basis of the 2008 Terms and Conditions of Service and is also outlined in the UK Job Planning guidance for SAS Doctors, published by NHS Employers in November 2012. The Academy of Medical Royal Colleges have also acknowledged that it is not always the case that a consultant is the responsible clinician for a patient – *in some cases it may be another senior doctor (e.g. a Specialty Doctor) with the right level of competence (page 5) in their Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients (click here for details)*

The Trust recognises that nobody in the NHS works truly autonomously and that patient care is delivered by teams, usually led by consultants with a number of people contribute to the care of a patient. However the Trust recognises and supports that, under certain circumstances, there is an opportunity for SAS grades to work with increased autonomy. This policy statement outlines how Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust will support the development of autonomous practice for SAS grades.

The GMC has confirmed that there is no contractual barrier.

Autonomous working is promoted as part of the national SAS Charter agreed by BMA, NHSE, The Academy of Royal Colleges and Health Education England.

The SAS Charter can be found here

The policy is in relation to autonomous practice and not about gaining entry to the specialist register of the GMC. The Trust continues to support those SAS doctors who wish to pursue CESR. The CESR process and the Autonomous Practice policy are two separate processes.

2.1 Who does the Policy Apply to?

This policy covers all Specialty Doctors, Staff Grades and Associate Specialist Doctors and Dentists.

2.2 Identified Benefits

Supporting the development of autonomous practice within SAS grades will deliver the following benefits to the Trust, our clinicians and our patients:

- Recognition of the high level of clinical skills and professionalism in the SAS doctor/ dentist grade.
- Enhancement of the Trust and departmental profile.
- Provision of personal and professional development goals and opportunities for SAS doctors/ dentists within the Trust.
- Greater medical engagement of SAS doctors/dentists.
- Improved recruitment and retention of highly skilled clinicians.
- Improved clinical governance and accountability.
- Increased service capacity for the Trust.
- Increased transparency in service delivery.

Approval for autonomous practice relates to the scope of work undertaken and is not used for determining any changes to salary.

3 DUTIES AND RESPONSIBILITIES

Patients in healthcare organisations are the direct responsibility of the Chief Executive, who delegates this responsibility to appropriate clinicians administered and overseen by the Medical Director through appropriate clinical governance systems. However the ultimate responsibility for the patient rests with the Chief Executive. The Chief Executive therefore has ultimate accountability for this policy and will deliver this accountability through the Medical Director.

3.1 Medical Director or Nominated Deputy

It is the responsibility of the Medical Director or a Nominated Deputy to:

- provide advice and guidance to Divisional Directors and Divisional Managers respect of the policy.
- ensure this Policy is applied equitably across the Trust and that the standards defined within the policy are met.

- ensure the development of appropriate frameworks for determining and demonstrating clinical competencies.
- confirm the award of autonomous practice status on individual SAS Doctors or Dentists.

3.2 Divisional/Clinical Director and Divisional Manager

It is the responsibility of the Divisional/Clinical Director and Divisional Manager to:

- take responsibility for the application of the policy within Divisions, including processing any applications received under this policy.
- provide support to Specialty Doctors and Dentists and Associate Specialists/Staff Grades, to enable them to demonstrate that all criteria specified within the policy relating to autonomous practice have been met.
- make recommendations to the Medical Director regarding individual SAS Doctors and Dentists and their suitability for award of autonomous practice status.
- ensure they have an agreed job plan and appropriate coding issued to the Practitioner for the area of approved autonomous practice
- maintain relevant records of the process applied leading to a formal sign-off and subsequent annual review.

3.3 SAS Doctors and Dentist

It is the responsibility of individual SAS Doctors and Dentists to:

- remain personally accountable for his or her professional conduct for any care provided.
- demonstrate that all criteria specified within this policy relating to Autonomous practice have been met.
- demonstrate provision, quality assurance and continuous improvement of high quality care.
- regularly audit practice and outcomes to be included as part of their annual appraisal.
- ensure they comply with the job planning process and engage with appraisal and revalidation activities within the Trust.

3.4 Trust's SAS Tutor

It is the responsibility of the Trust's SAS Tutor to:

- provide developmental guidance and support to SAS Clinicians considering requesting Autonomous Practice Status.

- To coordinate consideration of development requests made through the SAS Doctor/Dentists Development Budget.

4 GENERAL PRINCIPLES

The following general principles have been identified, which will support the implementation of this policy statement

- Autonomous working must be on the basis of an individual's competence. In providing care SAS doctors/dentists must recognise and work within the limits of their professional competence.
- However, the Trust will only consider requests for granting autonomous practice status or SAS Doctors and dentists who have passed through the higher/second contract threshold (or equivalent for individuals on the old AS Contract). Agreements are therefore specific to an individual and their clinical practice. In exceptional circumstances requests from SAS Doctors not at the higher/second threshold will be considered where evidence is provided to can support their request.
- In providing care a doctor must recognise and work within the limits of their professional competence.
- Agreements reached are local arrangements only. A doctor/dentist moving to another post or another trust cannot take these with them. Agreements are related only to that local service.
- Agreements are of a continuous nature, i.e. they are not the subject of annual job plan review. However, the annual appraisal process will provide for adequate and continuous monitoring of the autonomous clinician's performance.
- Agreements are dynamic in nature and do not constitute the "endpoint" of the practitioner's development.
- Agreements will allow the autonomous practitioner to receive referrals from other clinicians, (within their defined autonomous role) have individual waiting lists, be identified as named clinicians for their patients within a defined service, conduct clinics in their own name and have their autonomous work coded under their own name within the scope of autonomous service agreement as subject to changes in service needs
- On award of autonomous practice, the SAS doctor or dentist will have named medico legal responsibility for patients in the area within which autonomous practice has been awarded and continue to have medicolegal responsibility for all of their practice, as is currently the case for all doctors. (Ref 2)
- The Responsible Consultant/Clinician may seek advice, investigations, treatment or patient reviews from other clinicians. Individual clinicians and other staff providing specific elements of the care of a patient during their stay in hospital (e.g. diagnostics, nursing, therapy, or administration) should retain their full organisational and professional accountability for all their actions. (Ref 2)

- Job planning for SAS Clinicians awarded autonomy shall incorporate relevant guidance from professional bodies (e.g. NHSE, GMC, Royal Colleges, Academy of Medical Royal Colleges).
- Resources allocated to the autonomous working SAS clinician should be adequate to function safely and effectively and be in line with a Consultant in his/her specialty.

4.1 Review

If concerns are raised in relation to a SAS Clinicians autonomous practice, these concerns will be considered and evidence gathered. The Divisional Director will share this information with the Medical Director for a review of the agreement to undertake autonomous practice to be undertaken.

5 PROCEDURE

If a SAS doctor/dentist, including those who already have autonomous practice status in a particular area of service, has aspirations to move towards autonomous practice in an additional area, then this should initially be discussed via formal meeting, at job planning or at their annual appraisal. The Trust will look to support the granting of autonomous practice status if this fits with the provision and direction of travel of the service. If there is no current opportunity, or the doctor/dentist is not ready for autonomous practice, the appraisal discussion or record of meeting should identify how the SAS doctor/dentist can progress towards that aspiration.

Following the above discussion any SAS Doctor or Dentists who wishes to formally request the granting of autonomous practice status will make the request to their Divisional Director/Divisional Manager using the process and templates contained within this policy.

5.1 Assessment for Granting Autonomous Practice

There will be Associate Specialists who have existing longstanding autonomous practice in defined areas. The Trust recognises and values their contribution and, therefore, these Associate Specialists will complete Appendix 1, without the need to complete Section 1 (Evidence to Support Request). However, if in the future an Associate Specialist would like autonomous practice granted in a new/different area of practice, the procedure outlined below must be followed.

All doctors applying for autonomous practice, the following assessments would need to be completed:

- For procedure based practice: a minimum of 4 Procedure Based Assessments (PBAs) or Direct Observation of Procedural Skills (DOPS) at level 4, preferably by at least 2 assessors, AND

- For other types of practice: a minimum of 4 Case Based Discussions (CBDs) assessed as satisfactory or outstanding.
- A satisfactory 360 feedback around the defined area of practice, from appropriate multi-professional colleagues agreed by the SAS clinician and the Divisional Director

These assessments will be reviewed as part of the process outlined in the flow diagram.

5.2 Recommending & Confirmation of Autonomous Practice Status

Following the submission of a request for the granting of autonomous practice status, the Clinical Director and Divisional Manager will consider the request and supporting evidence with the Divisional Director. Following this consideration the Divisional Director will make a recommendation to the Medical Director or their named Deputy, supplying all the necessary evidence to enable a final consideration and approval to be taken.

The Medical Director or their named Deputy will consider the request, evidence provided and recommendation and take a decision as to whether autonomous practice status will be confirmed on an individual SAS Doctor or Dentist. The final decision of the Medical Director will be reported to the Chief Executive and Trust Board of Directors.

A certificate granting autonomous practice will be issued to the SAS Doctor or Dentist by the Medical Directors Office.

5.3 Right of Appeal

If the Clinical Director decides that the SAS doctor/dentist is not ready for autonomous practice, or there is no current requirement from a service delivery perspective for the SAS Clinician to be given Autonomous Practice Status, the Clinical Director will complete the relevant section of the Application for Autonomous Practice and return this to the SAS doctor within 14 calendar days of the date of the meeting.

Where a Clinical Director does not support the SAS Clinician's request for Autonomous Practice Status, the SAS doctor/dentist has 14 calendar days to appeal the decision in writing. Appeals should be made to the relevant Divisional Director clearly setting out the grounds for appeal.

An appeal hearing will be scheduled at which the SAS doctor/dentist can be accompanied by the Trust's SAS Tutor or a trade union representative. Where the doctor is accompanied by their trade union representative they may if they wish ask the Trust's SAS Tutor to appear as a witness.

The Divisional Director and Medical Director (or Deputy) and a nominated SAS Local Negotiating Committee (LNC) member will consider all written and verbal evidence and

advise of the final decision in writing within 14 calendar days of the appeal hearing. There is no further right of appeal.

Any further applications for autonomous practice status cannot be submitted within one year of the SAS doctor/dentist receiving the written outcome of the appeal hearing.

6 TRAINING/SUPPORT

No specific training is required, however if further support and advice is required you can contact the Medical HR and Recruitment Lead or the Deputy Medical Director. There will be communication circulated to Divisional Directors, Clinical Directors, Divisional Managers and all Medical Staff via JLNC and the SAS Charter Compliance Group to understand how the policy should be applied.

7 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Compliance with the policy for granting autonomous practice	Medical Director's Office and Medical HR	annually	Feedback will be provided to JLNC on compliance with the policy and the number of successful applications

8 DEFINITIONS

Term	Meaning
Autonomous Practice	To work unsupervised within agreed lines of responsibility for a specified component/ all of their clinical practice, taking on clinical and medico-legal responsibility for that practice
SAS	Staff, Associate Specialist and Specialty Doctor/Dentist
LNC	Local Negotiating Committee
CESR	Certificate of Eligibility for Specialist Registration
CBDs	Case Based Discussion
DOPS	Direct Observation of Procedural Skills
Mini-CEXs	Mini – Clinical Evaluation Exercise

9 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 3)

10 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/EMP 4 – Fair Treatment for All Policy
CORP/EMP 27 – Equality Analysis Policy

11 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR).

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: https://www.dbth.nhs.uk/about-us/our-publications/information-governance/

12 REFERENCES

1. Guidance Template for the development of autonomous practice for SAS doctors and dentists – British Medical Association
2. Guidance for taking responsibility: Accountable Clinicians and Informed Practice – Academy of Medical Royal Colleges. https://www.aomrc.org.uk/wp-content/uploads/2016/05/Taking_Responsibility_Accountable_Clinicians_0614.pdf
3. The SAS Charter here

APPENDIX 1 – SAS DOCTORS AND DENTISTS REQUEST FOR GRANTING OF AUTONOMOUS PRACTICE

Name of Doctor/ Dentist		GMC / GDC Number	
Specialty		Division	
Settings(s) for which Autonomous Practice Status is being requested.			
For recognition of existing autonomous practice complete this box and proceed to Section 2.			

Section 1 - Evidence to Support Request			
Reported Patient Outcomes			
Date of Last Agreed Job Plan			
Date of Last Appraisal			
Dates of Last Three Appraisal Summaries	Date: Date: Date:	Attached Yes /No Attached Yes /No Attached Yes /No	
Last 360 Feedback	Date:	Reflections Attached Yes /No	
Details of any complaints made against you in last three years*		Datix report attached Yes/No	Other evidence attached Yes/No
Details of any Serious Incidents/Incidents you have been involved in within last three years*		Datix report attached Yes/No	Other evidence attached Yes/No
Details of any negligence claims against you *		*Narrative or attach documentation*	
Details of any GMC/GDC referrals made in your regard in the last three years*		*Narrative or attach documentation*	

Details of any MHPS investigations in your regard in last three years*	*Narrative or attach documentation*
*Have you reflected on these as part of the Appraisal process?	Yes/No
Competency Evidenced by one of the following (not essential for SAS doctors currently undertaking agreed autonomous practice who are applying to formalise this aspect of their practice) : 1) 4 Procedure Based Assessments or 4 Direct Observation of Procedural Skills at level 4, by 2 assessors (if relevant) 2) 4 Case Based Discussions assessed as satisfactory or outstanding 3) Satisfactory 360 degree feedback around the defined area of practice, from appropriate colleagues as agreed by the SAS Doctor/Dentist and the Divisional Director	

Section 2 – Applicant Confirmation

Applicant signature……

Date……..

Section 3 - Clinical Director Approval

*I confirm that I am recommending this application for Autonomous Practice Status to the Divisional Director

Or

*I confirm that I am unable to recommend this application for Autonomous Practice Status to the Divisional Director at this time for the following reason(s) *(including any areas of personal development required)*:

Name…… **Signature**…….
Clinical Director ……**Department**
Date…….

**delete as appropriate*

Section 4 - Appeal - to be completed by Divisional Director

Appeal against above decision received…….(date)

Appeal hearing held on …….(date) and the decision is as below.

Section 5 - Divisional Director Decision on receipt of application / following appeal hearing *

I confirm that I have discussed this application/appeal with the Medical Director and am granting Autonomous Practice Status to the above named SAS Doctor.

Or

* I confirm that following discussion with the Medical Director I am unable to recommend this application for Autonomous Practice Status/grant this appeal* at this time for the following reason(s) *(including any areas of personal development required)*:

Name …… **Signature**……
Divisional Director - …….. **Date**……..

**delete as appropriate*

Section 6 - Review

A 6 month review of the granting of autonomous practice will take place by the Clinical and Divisional Director. If there are any concerns, consideration will need to be given to undertaking another assessment in line with section 5.1. If autonomous practice status is revoked the SAS Doctors has the right to appeal as outlined in section 5.3

* I confirm the granting of Autonomous Practice Status has been reviewed will continue as previously agreed

Or

*I confirm the granting of Autonomous Practice Status shall be revoked for the following reason (s)

Clinical Director …… **Signature**……..
Date……...

Divisional Director ……**Signature**……
Date……...

**delete as appropriate*

APPENDIX 2 - 360 FEEDBACK TEMPLATE

SAS Autonomous Practice

360 Feedback Template – To be used in support of application for Autonomous Practice

Autonomous Practice refers to the doctor working unsupervised and managing the complete patient pathway, or the procedure/operation without necessarily having a senior colleague present. Doctors wishing to undertake autonomous practice need to demonstrate appropriate knowledge and skills and the ability to safely undertake the area of practice, and develop relationships of trust with patients and staff.

Dr/ Mr/ Miss _____has applied to undertake autonomous practice in the following clinical area _____(specify Clinic/ Theatre/ Endoscopy) on the following sites _____ (specify).

Please consider your experience when working with this doctor and consider how you would rate this doctor's ability when compared to other doctors working at consultant level, with 1 being very poor and 8 being excellent and UE is unable to comment.

Domain 1 – Knowledge, Skills and Performance

PLEASE NOTE THAT FOR DOMAIN 1 YOU SHOULD MAINLY CONSIDER YOUR ANSWERS FOR THE AREA OF PRACTICE OUTLINE ABOVE

Maintain and develop clinical skills	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**
Maintain sufficient breadth of clinical knowledge	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**
Assess and diagnose	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**
Provide effective treatments	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**
Make timely decisions	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**
Teach effectively	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**
Keep clear, accurate and legible records	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**

DOMAIN 2 – Safety and Quality

Take part in systems of quality assurance and quality improvement	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**
Manage risks within their own skills and competence	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**
Perform unimpaired by health	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**

Domain 3 – Communication, Partnership and Teamwork

Communicate effectively with colleagues	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**
Work effectively in teams	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**
Demonstrate appropriate leadership	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**
Manage time effectively	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**
Communicate effectively with patients and their relatives	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**

Domain 4 – Maintain Trust

Protect the dignity and privacy of patients	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**
Demonstrate respect for confidentiality	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**
Demonstrate honesty	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**
Accept personal responsibility for their own decisions	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**
Demonstrate trustworthiness	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**UE**

Please use this space to detail any other comments you wish to make

APPENDIX 3 - EXAMPLE TIMETABLE WITH AUTONOMOUS PRACTICE

Day	AM	PM	
Monday	virtual fracture clinic for consultant on call weekend before	autonomous fracture clinic	
Tuesday	Assisting consultant upper limb surgeon trauma surgery	Assisting consultant upper limb surgeon trauma surgery	
Wednesday	autonomous Trauma theatre	Admin/SPA	
Thursday	AM autonomous upper limb elective clinic	admin/SPA	
Friday	autonomous Elective upper limb theatre	Trauma list(general)	

APPENDIX 4 - FREQUENTLY ASKED QUESTIONS

1) What does Autonomous Practice mean?

SAS Doctors who are given autonomous practice will have approval to work autonomously in a specific element of their work. They will not work as a Consultant across the speciality but have specific areas where they are autonomous such as specific procedures. There may be other areas of their practice where they may continue to work under a named consultant

2) If a SAS Doctor is awarded autonomous practice status does that mean?

In addition, the issue around legitimacy and responsibilities of autonomous practitioners were noted, and the intention is to amend the policy to include extracts from the Academy of Medical Royal Colleges document (referenced in GMC guidance) that confer support and clarify the responsibilities of a clinician (who could be non-medical) who has autonomous practice.

Obtaining recognition for autonomous practice and applying for CESR are two separate processes. Working autonomously is not an alternative to gaining entry to the specialist register of the GMC. It allows an SAS doctor to have recognition of their skill and expertise in a specific element of their practice, not necessarily the entirety of their practice. There will be SAS doctors who are not interested in going through the CESR process that have or wish to apply for autonomous practice. Conversely, there may be SAS doctors pursuing the CESR route, who may also wish to apply for autonomous practice; the two processes are independent and not mutually exclusive.

3) Can a SAS Doctor opt out of delivering emergency care, as an autonomous practitioner?

The approval of an application to undertake autonomous practice does not imply any agreement for the individual to opt out of delivering emergency care.

4) If a SAS Doctor is awarded autonomous practice rights will the Trust still support them through CESR process?

The policy is in relation to autonomous practice and not about gaining entry to the specialist register of the GMC. The Trust continues to support those SAS doctors who wish to pursue CESR but not all SAS doctors will wish to do this but they may want recognition in an element of their work that is autonomous. The CESR process and the Autonomous Practice policy are two separate processes.

5) Will gaining autonomous practice status impact on an application through the CESR route to gain entry to the GMC Specialist Register?

Should the doctor want to take the CESR route in future, they will need to have evidence of all the competencies and becoming highly specialised in their SAS role may make this

difficult. However autonomous practice and CESR are not mutually exclusive and are very separate processes.

6) If awarded autonomous practice, is a SAS Doctor equivalent to a Consultant and what happens to the out of hours requirements of their SAS role?

Once awarded autonomous practice, SAS Doctors do not become equivalent to a Consultant. They will be autonomous in that specific element of their practice. If there is out of hours work linked to this, they would be expected to participate in that service delivery. If there is pre-existing out of hours work in their current role, they would be expected to continue to participate in that service delivery. The remainder of their practice may not be autonomous and could be worked under the responsibility of a consultant.

7) What if there are concerns about an SAS Doctors Practice?

The application process is considered by the Clinical Lead/Divisional Director. The SAS doctor will be required to undertake 360 feedback from individuals, mutually agreed by both the Doctor and the Clinical Director. In addition, workplace-based assessments (including CBDs and DOPs) are required and consultant colleagues will be responsible for completing these assessments, providing direct opportunities for consultant input. Should there be any concerns about a person's practice this should be dealt with as the issue/concerns arise, through the existing processes within the Trust, and not linked to the autonomous practice policy.

8) What medicolegal responsibilities does the SAS doctor have?

SAS Doctors with autonomous practice will have named medicolegal responsibility for patients in the area, within which autonomous practice has been awarded, and continue to have medicolegal responsibility for all of their practice, as is currently the case for all doctors/ clinicians. The Academy of Medical Royal Colleges have produced a helpful document that covers issues around who, and the corresponding responsibilities, a named clinician for a patient could be (including a consultant, SAS doctor or Nurse Specialist). It also discusses medicolegal responsibility for that patients https://www.aomrc.org.uk/wp-content/uploads/2016/05/Taking_Responsibility_Accountable_Clinicians_0614.pdf

9) Will the award of autonomous practice be reviewed annually?

All SAS Doctors (and Consultants) should have an annual job plan at which their practice would be reviewed, based on service delivery requirements. SAS doctors and consultant colleagues should be involved in regular specialty business meetings, where issues around service growth, retraction, and reconfiguration are discussed.

APPENDIX 5 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Development and Approval of Autonomous Practice – CORP/EMP 55 v.1	Medical Director's Office	Mr W Pillay	New	November 2020

1) Who is responsible for this policy? All Divisions

2) Describe the purpose of the service / function / policy / project/ strategy? This policy describes the process for SAS Doctors and Dentists to gain approval for autonomous practice

3) Are there any associated objectives? Legislation, targets national expectation, standards: SAS Charter Compliance

4) What factors contribute or detract from achieving intended outcomes? n/a

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation] –

6) Is there any scope for new measures which would promote equality? [any actions to be taken]

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form – see CORP/EMP 27.

Date for next review: 2023

Checked by: Kelly Fairhurst Date: November 2020