SAS development and retention programme

Toolkit for implementation

Contents

Introduction

This toolkit has been developed by Health Education England to help improve the retention of **Specialty and Associate Specialist (SAS)** doctors in emergency departments.

It is designed to be used by hospital consultants, senior clinicians, finance directors and administrative staff who are interested in, or involved with, introducing retention programmes.

Schemes to improve staff retention are underway at several NHS trusts and are seeing impressive results, especially with cost-savings. They allow trusts to show value to their medical workforce, improve recruitment and enhance the skill set of doctors, all of which lead to better patient care.

At a time when the NHS faces so many challenges, these initiatives are leading to lower SAS staff turnover in emergency medicine and significantly less money spent on agency/locum doctors.

SAS doctors in emergency departments

As pressure on emergency departments has increased so too has reliance on SAS doctors. The term 'SAS doctor' includes a number of senior doctor job roles: associate specialist doctor, specialty doctor, staff grade doctor, clinical assistant, general medical practitioner and hospital practitioner among others. Associate specialists, specialty and staff grade doctors often work at consultant-level.

This group has been described as the dependable backbone of the NHS medical workforce providing high quality safe care throughout the 24-hour period seven days a week. But this contribution has not always been valued or supported. The interim report of the Emergency Medicine Taskforce found many of these doctors were working unsocial hours, had job plans with little or no provision for continuous professional development (CPD) and felt unsupported both within their department and in their organisation. As a result, highly experienced doctors were leaving emergency medicine for areas like general practice which was seen to hold more opportunities for higher salaries and improved working hours.

NHS trusts began struggling to populate SAS rotas, particularly overnight and at weekends. This led to a vast expenditure on locum doctors of variable quality and/or very junior doctors being largely unsupervised in emergency departments, particularly overnight and for extended periods at weekends.

The Royal College of Emergency Medicine (RCEM) FASSGEM group identified the following factors leading to attrition:

- Unsustainable rotas with high frequency of out of hours work
- Poor morale within the department or perceived lack of respect
- Poor working environment with high stress levels
- Poor pay and conditions
- A perceived inequality with higher specialty trainees.

In 2012, the General Medical Council (GMC) found there was a lack of information about SAS doctors, that they had less access to support than other doctors and were less likely to have their practice formally assessed (1). Yet they are competent healthcare professionals who deliver clinical services alongside consultants and other medical workers. They take part in the processes of revalidation, appraisal and job planning. The emergency medicine taskforce claimed a clear sense of career pathway and the opportunity to pursue the Certificate of Eligibility to the Specialist Register (CESR) route (see p.7) would enhance the working lives of this important group.

NHS employers are committed to ensuring that the role of the SAS doctor is fully acknowledged and respected by management, colleagues and patients. A number of trusts have introduced retention programmes by way of achieving this and helping improve the long-term viability of work patterns. Health Education England (HEE), NHS England, NHS Improvement and the RCEM are working in partnership to raise awareness of these programmes and how they are attaining such positive outcomes.

This publication draws on the main characteristics of a highly effective scheme at Derby Teaching Hospitals NHS Foundation Trust and adaptations of that programme in order to present a generic model for SAS development that focuses on retention. Only by making working practices safe and sustainable will the NHS will be able to attract and retain the required number and mix of doctors in its emergency departments.

Cost benefits

In 2013 spending on locums by UK emergency departments was more than £150 million, higher than the salary bill for all emergency consultants in Britain (2) and between 2010 and 2013, there was a 60% increase on locum expenditure in England alone (3).

The Derby Hospital retention programme featured as an example of best practice in this toolkit is estimated to be saving around £330,000 each year for every six doctors recruited through the scheme. These savings are made by converting locum expenditure to PAYE and equate to £1.65m per year for every 30 doctors employed. The hospital's emergency care retention rate now stands at 92% set against a national average of 61.98%.

Elsewhere, trusts using the same or adapted models are reporting savings of around £120,000-£150,000 per month, also by focusing efforts on reducing agency costs. And several are noting a range of associated efficiency gains.

How can trusts use this toolkit?

This collection of information and resources is a guide for users to be able to introduce retention programmes into their own NHS trusts as a way of tackling the problems seen in emergency departments across the country.

The toolkit covers the basics that must be in place for such initiatives to succeed and achieve substantial savings, improve the work environment and enhance patient experience.

The documents developed and used by the featured success story in this brochure (Derby Hospital) are available for other trusts to customise and can be downloaded at **www.hee.nhs.uk/our-work/emergency-departments-workforce**

The completed versions can be used as examples of best practice, and blank versions can be tailored for use at an individual level.

It is predicted that if all trusts in England implemented retention programmes it would result in the following benefits:

- At least 100 additional emergency medicine doctors employed nationally on CESR-style rotations within two years
- A more sustainable workforce for some of the most challenged emergency departments
- Total cost savings of approximately £5 million by converting pay from agency to substantive/trust-employed doctors
- Successful completion of the CESR process (4-5 years) will result in increased consultant numbers.

While this initiative is specific for the SAS workforce in emergency medicine there is scope for other medical specialities to adapt and utilise it.

Elements for success: a generic model for SAS workforce development in emergency medicine

Strong clinical leadership is fundamental to any staff retention scheme succeeding. In many cases this is needed to challenge the status quo within an organisation in order to establish new methods of practice.

There are four main areas that must be considered

- Efforts to make staff feel valued
- Support for a CESR training route
- The creation of a flexible, family-friendly rota
- The prioritisation of patient care
- Secondments.

These workforce developments do not operate in a vacuum nor do they come about organically – they are clinically led. A well-planned recruitment strategy ensures the fundamentals can be put in place to provide the right structure.

These include considerations like the training budget, an education and training package, time for professional development, a flexible SAS rota, senior supervision, funding for consultant mentorship and departmental rotations.

A trainee's view:

"I feel empowered by the CESR process; I don't need to be pushed. I am confident that I can identify and acquire the competences I need to complete the CESR and become a specialist."

Dr Aroonkumar Chouhan, CESR Senior Clinical Fellow Trainee, Brighton and Sussex University Hospitals NHS Trust

The CESR training route

Most retention schemes have education and training 'packages' built around the Certificate of Eligibility for Specialist Registration (CESR) programme, a rotational system that allows candidates a mix of training and experience.

This route allows SAS doctors in emergency medicine to work towards specialist status by completing skills gaps while continuing their work as doctors.

The CESR certificate is the equivalent standard of a CCT (Certificate of Completion of Training) which all doctors in the UK must hold to be eligible for entry onto the general practice or specialist register.

Doctors who complete this training are able to apply for consultant posts helping increase consultant numbers.

The CESR process involves a collection of evidence covering

- Knowledge, skills and performance
- Safety and quality
- Communication, partnership and teamwork
- Maintaining trust.

The CESR programme runs for approximately four years with each year being loosely equivalent to traditional higher specialty training years ST3-6. The timeframe is flexible to meet the individual needs of the trainee.

On completion, the evidence is reviewed by the General Medical Council (GMC) and the Royal College of Emergency Medicine (RCEM) to determine whether there is sufficient evidence for entry onto the specialist register.

As well as offering potential for work progression to those who have fallen outside the scope of the medical training career path, the CESR enables doctors from overseas to train to specialist status without having to re-take their postgraduate training.

It also helps increase the number of emergency medicine consultants in the NHS without reducing the quality or standards of the grade.

For a CESR trainee job description, trainee advert and portfolio of evidence requirements please visit **www.hee.nhs.uk/our-work/emergency-departments-workforce**

For more detail about the CESR programme, visit www.gmc-uk.org/doctors/24630.asp

CESR: A consultant's view:

"One major issue with locum staff is that it is sometimes difficult to cover shifts at night and weekends. This places an additional stress and burden on our own staff. We want to break this vicious circle and believe that the CESR approach may help in doing this."

Health Education England research

Tailor-made rotations

CESR trainees gain the required clinical and non-clinical skills they need through tailor-made rotations in emergency medicine. These are three-month secondments in relevant specialties like anaesthesia, intensive therapy units (ITUs), acute medicine and paediatrics.

The secondments are coupled with protected time for an education package matched to the Fellowship of the Royal College of Emergency Medicine (FRCEM) curriculum and a sustainable rota/work-life balance.

Candidates must be registered with the GMC, hold a licence to practice and be expected to participate in the 24-hour emergency care rota for the duration of the CESR training.

In some cases, trainees can benefit from opportunities for learning and skills development in collaboration with CESR trainees in other locations throughout the country.

STEP-BY-STEP: How to introduce a staff retention programme

STEP 1: Identify need – do we need a retention programme for our SAS workforce?	Yes	No
Are existing work patterns effective in dealing with current and future demand?		
Is staff morale low and turnover high?		
Is the trust struggling to recruit middle-grade staff?		
Is locum spend too high?		

STEP 2: Who should be involved?	Yes	No
Consultants/clinical leads – is there enough consultant supervision in place to ensure trainees are allocated the right amount of mentorship time?		
Medical teams – is there the right support among the medical teams in the clinical areas where rotations will take place? e.g. anaesthetics, paediatrics		
Non-clinical executive team – does the plan have the backing of senior management? e.g. chief executive, medical director, finance director and human resources		
SAS doctor trainees - are the candidates suitable for the CESR programme?		
Do CESR applicants have the right skills mix required by the department? (identified during the interview process as part of the clinical assessment.)		
Is the clinical assessment at interview stage rigorous enough to select the right people?		

STEP 3: Business/finance	Yes	No
Is the trust's senior management supportive?		
Will the trust fund consultant time?		
Can a flexible, family-friendly rota be designed that allows trainees protected study leave?		
Can electronic self-rostering be introduced?		
Can rotations be facilitated?		
Who will prepare the financial and business plans to support SAS workforce development?		

STEP 4: How to introduce CESR training	Yes	No
Who will lead the CESR programme?		
Are there enough consultants to provide the required supervision/mentorship?		
Who will oversee timelines, documentation, administration?		

STEP 5: Managing/monitoring trainees	Yes / No
Supervision - how often and for how long will consultants and trainees meet?	
Process for review - setting actions for differing outcomes (e.g. next steps if trainee is not meeting required standards), risk assessing	
What sort of meetings will be required?	

Rotations: A trainee's view

"SAS doctors are better skilled with improved leadership abilities as well. Trauma calls are better run and multi-disciplinary simulation forges better working relationship."

CESR trainee surveyed by Health Education England

A success story: Derby Teaching Hospitals NHS Foundation Trust

In 2013, Derby Hospital's emergency department was in difficulty.

There were problems with staff retention and recruitment and its SAS doctors were working too many night shifts. Its rota had become unsustainable and there was a heavy reliance on locums which the trust could not afford.

To help avoid a staffing crisis, consultant Dan Boden took on the role of 'workforce lead'. Working with colleagues throughout the hospital, he led the introduction of a retention programme that has seen remarkable results.

The emphasis is on staff feeling valued and respected, and that their career aspirations are taken seriously.

The trust now employs staff who want to stay in their posts.

Doctors are familiar with patients and the way the emergency department runs. There is a far higher standard of healthcare provision than would otherwise have been possible had the department continued employing locums and operating in the way it was.

"Our SAS workforce is in a much better place. There are staff members I work with every day who I know would have left medicine were it not for this programme. I can't imagine where we would be had we not introduced it."

"Our SAS workforce is in a much better place. There are staff members I work with every day who I know would have left medicine were it not for this programme. I can't imagine where we would be had we not introduced it."

Dan Boden, Consultant, Emergency Department, Derby Teaching Hospitals NHS Foundation Trust

"I think most consultants, especially those in the most challenged trusts, would prefer to commit the time to supporting trainees than not, in order to achieve a sustainable middle tier of doctor," he says.

Many SAS doctors have not been in a structured training programme for a number of years. This can present challenges with organisational skills.

Considerations like this must be taken into account during time allocated to consultants for supervisory/mentorship work. Dr Boden estimates one hour per week for each trainee is the approximate amount of supervision time consultants must commit to.

"Consultants know that commitment from them in the short-term means better quality care and more efficient departments in the long-term once they're no longer dealing with new staff all the time."

Once candidates have successfully completed their evidence portfolios and passed the FRCEM exam, their supervisor supports their application to the GMC and RCEM in respect to entry onto the specialist register.

Business and financial modelling

The financial plan at Derby is based on the sound design, presentation and promotion of an evidence-based business modelling approach.

The common characteristics included in this approach are strategic aims and objectives, leadership capability, rota, education, consultant cover, trajectory against performance targets, process and workforce design, finance and affordability.

A fundamental distinction which exemplifies the approach taken by trusts like Derby Hospital is one of financial modelling, rather than financial planning, as the basis for decision-making in designing a sustainable workforce.

The approach focuses on detailing a small number of scenarios of likely outcomes, to changes to 24/7 consultant cover and 12/7 consultant cover while continuing to maintain the national performance 4-hour standard.

The model has an underlying 'philosophy' of valuing all staff in the emergency department team. This would include embedding a degree of flexibility in their role description and a strong commitment to supporting their educational development.

The model also incorporates information about the risks to implementation and the likely management actions that would help such risks.

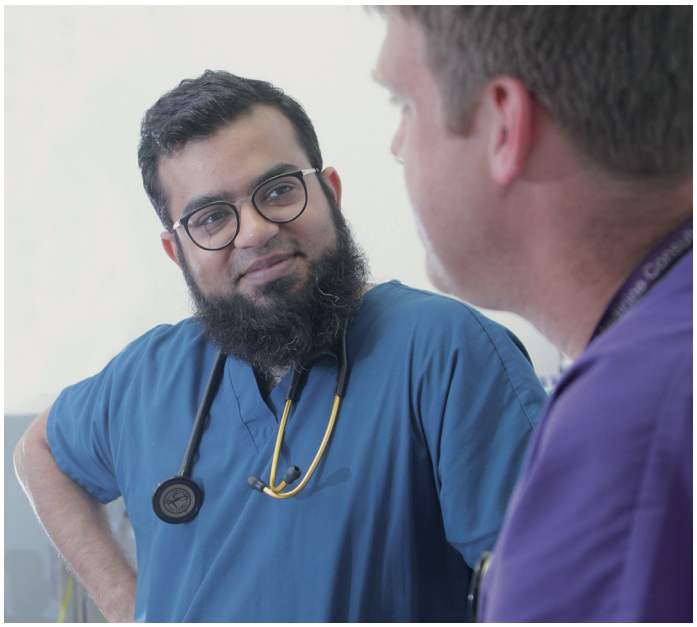
Introducing flexible, family-friendly rotas

At the core of the Derby programme is the goal to create a workplace ethos that values all clinical staff.

This is shown in large part through efforts to enable a good work-life balance for SAS staff, an important element underpinning the scheme's success.

The trust put careful thought to the development of a rota that would be flexible enough to accommodate staff leave, protected study time and all the CESR requirements while providing adequate cover throughout.

It is designed to be responsive to the needs of trainees. For instance, new methods of electronic self-rostering are being introduced after staff listed the benefits.



DERBY RETENTION PROGRAMME TIMELINE	
June 2013	Dr Dan Boden takes on workforce lead role
June/July 2013	Discussions with colleagues and documentation written
August 2013	Advert placed recruiting SAS doctors to the CESR programme
September 2013	CESR interviews take place
January 2014	Nine SAS doctors start the four-year CESR training programme
January 2018	33 SAS doctor trainees about to achieve specialist status. Three doctors already working as specialists.

References

(1) The State of Medical Education and Practice in the UK, General Medical Council, 2012
(2) Mann C. CEM News, Emergency Medical Journal. BMJ Supplement 2014 Oct, cited in HEE SAS retention project evaluation report
(3) Source: BBC, cited in HEE SAS retention project evaluation report

Useful links

Health Education England's support for staff grade doctors, 2017-18

Applying for specialty training - The Royal College of Emergency Medicine's

Specialty specific guidance for CESR and CEGPR applicants

British Medical Association's SAS Charters: published according to nation - sets out what SAS doctors can expect from employers and what employers can expect of them

The British Medical Association's job planning for SAS doctors

The British Medical Association's SAS doctor development guide

NHS Employers' - SAS doctor development guide

Derby documentation/templates

This toolkit is based on the support materials that were developed and used by Derby Teaching Hospitals NHS Foundation Trust to launch their retention project.

While the publication is in hard copy, it also exists online at **www.hee.nhs.uk/our-work/emergency-departments-workforce** where the forms and documents can be downloaded in full or as blank templates to be completed by individual trusts.

The following resources are available online at www.hee.nhs.uk/our-work/emergency-departments-workforce

- SAS development and retention programme toolkit
- CESR SAS rotation job advert
- CESR rotation job description
- CESR portfolio documentation