

SAS doctor development

Summary of resources and further work

February 2017



Contents

Introduction	3
SAS doctor development – actions	8
Actions for boards	9
Actions for medical directors	10
Actions for doctors	12
Actions for medical staffing/human resources	14
Case study 1: Associate dean for SAS doctors	16
Case study 2: Night rota competent (NRC) night safe	17
Case study 3: Health Education England’s training programme	18

Introduction

Sustaining good quality services to patients requires doctors to be up to date and fit to practice. The personal development needs of doctors are a vital part of that.

The British Medical Association (BMA), Health Education England (HEE), the Academy of Medical Royal Colleges (The Academy) and NHS Employers (NHSE) have worked together to produce this guidance on the development of specialty and associate specialist (SAS) doctors in the NHS in England, to help ensure that this important group of doctors are helped to remain fit to practice and develop in their careers.

This guide describes actions that can be taken to ensure that best practice is applied in the development of SAS doctors and dentists, and how different groups can work together to ensure best practice is consistently applied.

It is useful and appropriate to anyone involved in the development of SAS doctors, such as employers, medical royal colleges, HEE's local team and SAS doctors themselves. Specific sections are targeted at:

- NHS boards
- medical directors
- medical staffing teams
- SAS doctors.

The principles set out can also be applied to dentists working in the SAS grades and other doctors who are not in training and whose appointment does not require them to be on the General Medical Council's (GMC) specialist register, eg trust grade doctors. In applying the principles to a broader group of doctors, appropriate funding arrangements will need to be made.

BACKGROUND

SAS doctors and dentists are a diverse group with a wide range of skills, experience, and specialties. They work as staff grade doctors, associate specialists, specialty doctors, hospital practitioners, clinical assistants, senior clinical medical officers and clinical medical officers.

Ensuring that SAS doctors receive effective development will benefit patient safety and employers, as well as the individual doctor. Good patient experience is strongly associated with a motivated and engaged workforce where every individual has the opportunity to work at their full potential. Investing in development is a step to achieving that which will inevitably better equip these doctors to meet the needs of the service and improve patient care.

For SAS doctor development to succeed, it is important that they receive effective annual appraisals, revalidation every five years, study leave, and mutually agreed job plans including agreeing appropriate supporting professional activity (SPA) time.

To assist this, NHS Employers has produced guidance for employers on [Improving SAS appraisal](#).

This includes practical advice based on feedback, ideas and experience from SAS doctors themselves. It also sets out the steps that employers can take to acknowledge and develop SAS doctors' skills.

CHARTERS

To demonstrate a shared commitment to supporting and developing the role of the SAS doctor as a valued and vital part of the medical workforce, each nation has developed [a charter for SAS doctor development](#). The charters, according to nation, set out what SAS doctors can expect from their employer and what the employer can expect from them.

Looking forward, the NHS Five Year Forward View describes a number of new care models for the NHS in England that aim to break down the traditional divides between primary, secondary and community care, mental health and possibly social care. In the context of these changes to the current ways of working, the development of SAS doctors becomes even more pertinent.

SURVEY AND WORKSHOPS

The BMA, HEE, the Academy and NHS Employers worked in partnership in early 2015 to run a survey about SAS doctor development and deliver four regional workshops. The survey and the workshops focused on the professional development aspirations of SAS doctors. Our key aims were:

- identification of SAS doctor development and career progression aspirations
- identification of what SAS doctors need to achieve these aspirations
- full and shared understanding of perceived barriers to development
- to produce a list of suggested facilitators to overcome barriers to development
- to develop top key messages to support improvements in SAS doctor development
- to identify potential local actions that can be implemented to improve development
- to showcase best practice

- publication of SAS doctor development tools to spread good practice
- clarification of the role of SAS tutor
- engagement with medical managers.

A total of 403 SAS doctors completed the survey. The findings show many positive aspects of SAS development, for example:

- 82 per cent said they work at a level appropriate to their competences/ experience
- 67 per cent said they receive due recognition of their competences/ experience
- 93 per cent said they receive a good, regular appraisal
- 74 per cent said they have an agreed job plan.

However, the survey also flagged some challenges:

- 10 per cent said they do not have any SPA time in job plans – and, in some cases, where SPA time had been agreed, it is blocked or cancelled for service reasons and not re-scheduled
- although 94 per cent get funded study leave, only 56 per cent utilise their full allowance
- only 60 per cent said they get appropriate time for revalidation and appraisal evidence gathering.

During the workshops, people spoke about good practice, but also raised the issue of a lack of consistency in how SAS doctors have been developed and supported across the country. Workshop participants, many of whom were SAS doctors, suggested areas where improvements could be made, reflecting the issues from the survey.

AUTONOMY

Many SAS doctors already work as autonomous practitioners. There are a number of benefits to encouraging and enabling autonomous practice, where it is appropriate. These can include:

- recognition of the high level of clinical skills and professionalism in the SAS doctor/dentist grade
- provision of personal and professional development opportunities for SAS doctors/dentists within the trust/organisation
- the opportunity to have greater medical engagement of SAS grades
- support for the recruitment, retention and motivation of highly skilled clinicians
- improved governance and accountability.

In the interest of patient safety, all NHS staff are subject to some form of supervision, but there is no contractual requirement for SAS doctors to be supervised by consultants.

In practice, the level of supervision, if any is required, will depend on a number of factors, including personal competence and agreed accountability arrangements for all aspects of the role. The Academy's [Guidance for taking responsibility](#) points to areas where senior SAS doctors have the expertise and ability to be the responsible clinician for patients. Trusts' clinical governance arrangements should reflect this guidance.

The BMA has produced [a guide on autonomous working](#).

CERTIFICATE OF ELIGIBILITY FOR SPECIALIST REGISTRATION (CESR)

Many SAS doctors are keen to progress their careers by obtaining a certificate of eligibility for specialist registration (CESR) or GP registration (CEGPR) and qualifying for the GMC's specialist register. To do this, SAS doctors will need to demonstrate that they have the same level of skills as a certificate of completion of training (CCT) holder.

E-portfolios are available for SAS doctors applying for CESR/CEGPR, and are a good way to log all evidence of experience, however further work is required to develop these.

Currently the following e-portfolios can be used by SAS doctors:

[Royal College of Emergency Medicine](#)

[The Intercollegiate surgical curriculum portfolio](#)

[Royal College of Obstetrics and Gynaecology](#)

[Royal College of Ophthalmologists](#)

[Royal College of Paediatrics and Child Health](#)

[Joint Royal Colleges of Physicians Training Board](#)

[Royal College of Psychiatrists](#)

[Royal College of Radiologists \(on request\)](#)

Routes to CESR

There are routes by which a SAS doctor can apply for a CESR/CEGPR. Details of these are available on the GMC's website:

🔗 [General information on applications](#)

🔗 [Specialty specific guidance](#)

It is expected that employers will assist SAS doctors in meeting the requirements of a CESR/CEGPR application, whether this be through offering secondment opportunities, support when sitting exams or releasing the applicant from their post for a period of time to undertake top-up training.

Further work to simplify and streamline the CESR/CEGPR route is being carried out by the GMC.

DEVELOPMENT OPPORTUNITY IDEAS

Career advancement and progression is of key importance to SAS doctors and it is often necessary for them to gather evidence of continuing professional development to use as evidence in a CESR/CEGPR application.

There are successful local training programmes that are currently active for SAS doctors commissioned by HEE. Through its local teams, HEE will be considering innovative ways to progress training for SAS doctors. Engagement with associate deans, SAS tutors, SAS doctors and local service providers will be important here. HEE will also aim to address obstacles to training which directly affect SAS doctors.

EXTENDED ROLES

Educational supervision

The GMC's guidance is clear that the educational supervisor has to be an appropriately trained doctor, as only they can supervise other doctors, but they do not need to be on the specialist register to fulfil this role. There are already many SAS doctors successfully working in these roles.

Management roles

It is important to recognise the ability of SAS doctors to work in medical manager roles in the trust, for example as medical director, clinical director, or to attend trust clinical management meetings. SAS doctors should be eligible to apply for these opportunities.

Appraisal roles

SAS doctors should be able to put forward to carry out roles as appraisers of other doctors and be given training to do so.

Coding/tariffs for clinical activity

Accurate patient coding is important for a number of reasons:

- it is good medical practice for patients and their families to know the name of the senior doctor in charge of caring for a patient
- a reliable record of activity is important for revalidation
- for appraisal and pay progression to accurately audit who has undertaken what work
- for staff morale and job satisfaction.

The NHS e-Referral Service has a patient coding functionality which enables the coding of named clinicians, including SAS doctors. In some hospitals, where patients are under the care of a SAS doctor, this is accurately reflected in the local records, however this can be sporadic. Further work is needed to ensure this becomes common practice across the UK.

The BMA has published [guidance on coding and the NHS e-Referral Service](#).

NHS Digital has confirmed that it is possible to [code work to SAS doctors](#).

CONTRACT/PROGRESSION

NHS Employers and the BMA will continue to maintain the terms and conditions arrangements, including the effectiveness of progression through the specialty doctor grade, through the joint negotiating committee (SAS). Any re-negotiation of the terms and conditions arrangements will take place through formal negotiations.

NHS Employers and the BMA are committed to considering the best way to ensure that pay progression thresholds properly reflect progression within the specialty doctor grade.

CREDENTIALING

The GMC's plans for a system of credentialing are about the formal accreditation of attainment of competences in a defined area of practice, while not overlapping or competing with existing specialty or sub-specialty training programmes. This will help SAS doctors to obtain accreditation for specific skills and expertise.

The GMC has produced further [information on credentialing](#).

DEFINING THE SAS GRADE

At workplace level, the capabilities of SAS doctors must not be based on outdated ideas and prejudices or be unnecessarily restricted in hierarchical ways, or there is a risk that there is a detrimental effect on the recognition of SAS doctors and the value of the skills and expertise that they offer.

Outdated ideas and prejudices should be challenged, and a more concerted effort made to recognise SAS doctors, for example, it may be possible to make appropriate consultant roles available to experienced SAS doctors.

The partners are working together to better understand the number and characteristics of SAS doctors nationally, which will further illustrate the extensive important roles of SAS doctors in the NHS.

CONCLUSION

The national partners will continue to promote measures to improve the development of SAS doctors with improved access to development resources and opportunities.

NATIONAL RESOURCES

Information on SAS charters:

[BMA](#) [NHS Employers](#)

Information on job planning:

[BMA](#) [NHS Employers](#)

Guidance for employers on improving SAS appraisal:

[NHS Employers](#)

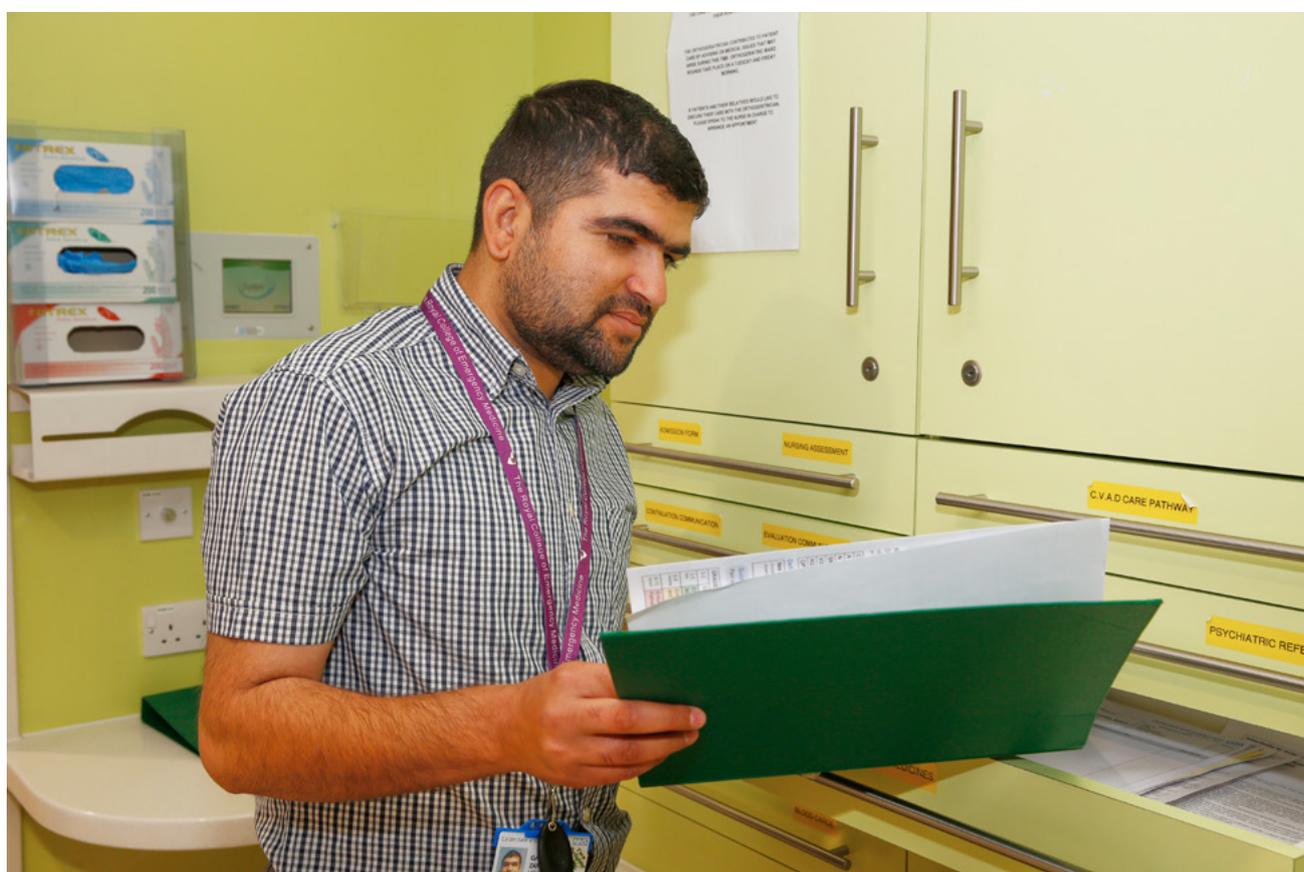
SAS doctor development – actions

ISSUE

SAS doctors are a diverse group with a range of skills and abilities. SAS doctors make up about 20 per cent of the secondary care workforce (there are almost 20,000 doctors in the UK who are not on the GMC's specialist register or in training but fulfill the criteria of being SAS doctors), but there are fewer opportunities for SAS career progression compared with other senior doctors, and the development of SAS doctors is not always afforded the same attention.

WHY IT MATTERS

Effective SAS doctor development leads to a more motivated and engaged workforce where every individual has the opportunity to work to their full potential. This inevitably equips these doctors to better meet the needs of the service and improve patient care. Investment in the development of the SAS workforce should always be considered as a possible route to support local workforce plans and resolve skills shortage issues alongside output from national medical training programmes.



Actions for boards

WHAT BOARDS SHOULD DO

Board members should consult regularly with SAS doctors to understand the work they deliver and any necessary support they need.

Boards can ask their medical directors to report on a range of measures to gain assurance that the trust is optimising the use of the skills and abilities of their SAS doctor workforce. These include the proportion of SAS doctors who:

- receive an annual appraisal
- are trained and acting as appraisers
- have personal development plans which are supported and monitored
- have a mutually agreed job plan
- have a minimum of one supporting professional activity in their job plans
- make use of their agreed study leave
- received an induction on appointment
- were offered mentoring on appointment.

In addition to collecting this data, boards must ensure that the data is analysed to identify any issues of concern. Plans should be developed and implemented to address any issues of concern.

Additionally, as a part of their standard processes, boards should ensure that:

- clinical activity is coded to the individual who performed that work
- there is a system in place to identify SAS doctors
- trust documentation has a tick box for SAS doctors (not just 'other' category).

Beyond this, we recommend that:

- SAS doctors are actively encouraged to apply for management roles and appropriate consultant posts or roles
- derogatory terminology such as 'middle grade' is not used across the trust
- the SAS Charter is implemented across the trust
- where SAS doctors are successful in appointment to management roles and appropriate consultant posts, they are supported to carry out these roles
- there is appropriate representation of SAS doctors on relevant medical committees
- a SAS tutor is appointed
- SAS doctors receive clinical supervision where appropriate
- SAS doctors work autonomously where appropriate, in line with the Academy's [Guidance for taking responsibility](#).
- SAS doctors have agreed supporting professional activities (SPA) time in their job plans appropriate to their needs.

RESOURCES

Information on SAS charters:

- [BMA](#)
- [NHS Employers](#)

Information on job planning:

- [BMA](#)
- [NHS Employers](#)

Actions for medical directors

WHAT MEDICAL DIRECTORS SHOULD DO

Appraisals

Ensure that SAS doctors have up-to-date appraisals each year. This can help provide evidence of a SAS doctor's current level of practice, and is an essential basis for medical revalidation.

Autonomy

Recognise that, where appropriate, SAS doctors can work autonomously in line with the Academy's [Guidance for taking responsibility](#) and ensure that local policies take account of this guidance.

Charter

Pro-actively support implementation of the principles set out in the SAS charter.

Certificate of Eligibility for Specialist Registration (CESR)

Support SAS doctors in CESR applications where there is a service need that can only be met through increasing the consultant workforce. This could be by supporting progressive development within the post, by considering job swaps or opportunities in other departments, or by helping doctors to gather the necessary evidence to apply.

Other development opportunities

Identify new ways of working that can help to bridge workforce and skills gaps without the need to grow the consultant workforce. Medical directors may wish to consider how their existing SAS workforce may be able to fulfil that need alongside any development needs that may be required to enable them to fulfil new or enhanced roles, including educational supervisor and appraiser.

Coding/tariffs for clinical activity

Ensure that clinical activity is coded accurately to the individual who performed the clinical activity. This is important for patient safety and clinical governance. Revalidation systems should include the ability to view a doctor's full scope of work, as per the revalidation support team's Information management for medical revalidation in England.

Hierarchy

Challenge ideas about the capability and characteristics of SAS doctors that are based on outdated prejudices. Make appropriate consultant posts open to applications from experienced SAS doctors. This could be substantive consultant posts for SAS doctors on the specialist register, or locum consultant posts which do not require post-holders to be on the specialist register.

Management opportunities

Ensure that eligible SAS doctors are encouraged to apply for management, leadership, training and research roles such as: appraiser, educational supervisor, SAS tutor, clinical director, medical director, and governance lead. Doctors will benefit from taking advantage of these opportunities and employers will benefit from a greater proportion of the workforce supporting wider organisational objectives. It is good practice to support eligible SAS doctors to apply for such roles.

Ensure effective representation of SAS doctors on committees, for example: clinical advisory, clinical governance, audit, morbidity & mortality, serious untoward incident panels, interview panels, directorate meetings, and the local negotiating committee (LNC).

Support

Encourage the appointment of a SAS tutor who acts as a voice for SAS doctors and promotes their professional development.

Ensure that SAS doctors are supported by mechanisms for adequate clinical supervision where appropriate and required. This is especially important for SAS doctors below threshold one of the specialty doctor pay scales to support their ongoing development needs. Examples would be case-based discussions and supervisor sessions.

RESOURCES

Information on SAS charters:

[BMA](#)

[NHS Employers](#)

Information on job planning:

[BMA](#)

[NHS Employers](#)



Actions for doctors

WHAT DOCTORS SHOULD DO

Charter

Pro-actively support implementation of the SAS charter and to formally present it to the appropriate committee, eg the local negotiating committee (LNC) or clinical advisory committee.

Appraisal

Take personal responsibility for their annual appraisal, supported by a portfolio of evidence, including patient and colleague feedback, and resulting in clear achievable objectives and a personal development plan (PDP).

Contribute to an effective appraisal process across their organisation and consider how they can be supported to become trained medical appraisers.

Encourage appraisals and motivate other SAS doctors to take part in appraisal.

Autonomy

Be confident in expressing their ability for autonomous working, or for requesting clinical supervision if required. The Academy's [Guidance on taking responsibility](#), asserts that senior SAS doctors have the expertise and ability to take responsibility for patients without consultant supervision.

Characteristics of SAS doctors

Be assertive in taking advantage of the opportunities that are available and challenging colleagues when opportunities are not open to them.

Take personal responsibility to take the initiative, for example attending their trust induction, finding out about new service developments and offering their services, being informed about their contracts and the SAS Charter and holding managers accountable. They should take every opportunity to get on email distribution lists for job vacancies and opportunities for additional responsibilities and make the most of their SAS tutor.

Certificate of eligibility for specialist registration (CESR)

Make use of specialty training curricula when applying for CESR, as these processes are based on the knowledge and competences covered by the specialty curricula.

Development funding

Make use of available development funding to stay up-to-date with skills and expertise.

Engagement with seniors

Engage with senior colleagues, for example the medical director, chief executive and manager. They might find it helpful to copy in the medical director on organised SAS activities and invite him/her to attend SAS meetings. SAS doctors will also benefit from forging relationships with tomorrow's consultants.

Extended roles

Seek to take advantage of extended roles such as management opportunities, educational supervisor and appraiser roles, and challenge colleagues where these are not available.

Hierarchy

Challenge ideas about the capability of SAS doctors where these are based on outdated prejudices

Networking with other SAS doctors

Create a strong network of SAS doctors which shares information, raises awareness of opportunities and offers peer support.

Service provider role/time

Challenge the belief that SAS equals no more than service provision through the pursuit of responsibilities that support wider organisational objectives such as clinical management, appraiser, educational supervisor etc.

RESOURCES

Information on SAS charters:

[BMA](#)

[NHS Employers](#)

Information on job planning:

[BMA](#)

[NHS Employers](#)



Actions for medical staffing/ human resources

WHAT MEDICAL STAFFING COLLEAGUES SHOULD DO

Charter

- Encouraged to support implementation of the SAS charter.

Appraisal

- Ensure all SAS doctors have an effective annual appraisal, supported by a portfolio of evidence, including patient and colleague feedback, and resulting in clear achievable objectives and a personal development plan (PDP).
- In line with the medical appraisal guide, appraisals should be carried out by trained medical appraisers rather than by the doctor's immediate line manager. After three successive appraisals by a single appraiser, a new appraiser should be allocated to that doctor.
- Consider how SAS doctors can contribute to the effective appraisal process across their organisation and how they can be supported to become trained medical appraisers themselves.

Definition of grade/terminology/ identification

- Recognise the SAS grades as grades in their own right and as positive career choices. Ensure that derogatory terminology such as middle grade, non-training grade, non-training doctor, non-consultant career grade (NCCG), are not used on rotas and other communication.

- Trust documentation such as drug charts, X-ray forms and operation booking cards should have tick boxes for SAS doctors and not include SAS doctors in an 'other' category.
- Put in place a system to identify new and existing SAS doctors so medical staffing departments are aware who their SAS doctors are.

Development opportunities

- Everyone benefits from SAS doctors receiving appropriate supporting professional activity time and study leave for revalidation preparation and continuing professional development (CPD).
- Work closely with local education and training boards (LETBs) to address training needs locally and to offer formal training pathways where appropriate. Employers might consider organising cross cover or rotating attendance at training days to ensure that all SAS doctors have the opportunity to attend.
- It is good practice to support and monitor progression against personal development plans.

Facilities

- It is helpful to provide appropriate facilities and supporting resources as per the SAS job planning guide.

Hierarchy

- Challenge ideas about the capability of SAS doctors that are based on outdated prejudices. Open up appropriate consultant posts to experienced SAS doctors. This could be substantive consultant posts for SAS doctors on the specialist register, or locum consultant posts which do not require post-holders to be on the specialist register.

Induction

- It is good practice to ensure that all new doctors, including SAS doctors, take part in an induction programme and are offered mentoring.

Job planning

- As per the terms and conditions, SAS doctors should have a mutually agreed, adhered to, job plan which is logged with HR. Those doctors who do not have a job plan will benefit from support to achieve this. Boundaries around supporting professional activities (SPAs) need to be recognised. It is good practice to use the time available in job plan reviews to ensure effective career discussions take place.

Recruitment

- SAS doctors should be involved in the recruitment of other SAS doctors.

Service provider role/time

- Employers and doctors are encouraged to challenge the belief that SAS equals no more than service provision. It is good practice to support SAS doctors to take their agreed study leave. In addition, SAS doctors should have one SPA minimum in their job plan and should be able to use their SPA time for the activities set out in the terms and conditions.
[🔗 See the SAS job planning guide](#) for more information.

Support

- SAS doctors should be included on trust email lists for job vacancies and opportunities for additional responsibilities that have traditionally been shared only with the consultant workforce in some trusts.
- The job plan review should identify and agree the supporting resources that are necessary if the objectives are to be met. For more information on supporting resources see Chapter 4 of the SAS job planning guide.

RESOURCES

Information on SAS charters:

- [🔗 BMA](#) [🔗 NHS Employers](#)

Information on job planning:

- [🔗 BMA](#) [🔗 NHS Employers](#)

Case Study 1: Associate dean for SAS doctors

BACKGROUND

Dr Peter Khin Tun, associate postgraduate dean for SAS doctors, Health Education England, is responsible for SAS tutors and doctors across the Thames Valley region.

His duty is to act as a champion for the SAS doctors in the region and lead on developing a strategy for educational development and provision of support and encouragement for SAS doctors to achieve their desired professional goals to become:

- highly skilled senior clinicians
- leaders
- specialists
- educators
- researchers for improved quality and safety of patient care.

ACHIEVEMENTS IN THE ROLE

- Annual budget planning in liaison with the HEE finance and business manager over the last three years, with new challenges in the last six months due to NHS/HEE financial restraints and a review of cost effectiveness of the SAS doctors development project, which started in 2008/9 with an annual budget of £250,000.
- Understanding the needs of the SAS doctors and tutors in the region.
- Annual appraisals of SAS tutors (eight in the region).
- Quarterly SAS tutors and SAS representatives meetings.

- Communications and sharing information among SAS tutors and on to all SAS doctors in each trust.
- Organisation of biannual Oxford deanery SAS doctors development days.
- Production of guidelines on the use of SAS doctors' development funds and agreement with the career development/professional support unit for coaching of SAS doctors in difficulty.
- Attending and actively participating in national meetings for SAS doctors.
- Safety and quality – undertaken educational and clinical supervisor training and equality and diversity training.

SUPPORT AND OBSTACLES TO THE ROLE

Advice from the dean and associate deans, directors of medical education, trauma and emergency care managers, and head of schools as well as coaching was of great help in the role.

A lack of combined study/professional leave (to 10 days a year) limit deanery activities and special leave was negotiated.

A frequent change of management and financial restraints, lack of meaningful engagement of HEE leads and continuing professional development opportunities of SAS doctors remain challenges in finding new ways to develop the 493 SAS doctors in the Thames Valley region.

Case Study 2: Night rota competent (NRC) night safe

BACKGROUND

In order to address challenges that hospitals in the Wessex deanery area faced around achieving safe staffing levels and implementing safe rotas, the Wessex deanery provided extra training for SAS doctors to enable them to become senior decision makers during the night ie become night competent.

AIMS

- Focused training to develop skills required on a night rota.
- Improve patient safety.
- Provide training without depleting departments of their staff.

PROGRAMME DETAILS

- Funded by Wessex deanery.
- 12 SAS doctors per programme.
- Content focused on Royal College of Emergency Medicine curriculum.
- Two programmed activities per fortnight over four months.

- Training covered pathways for the treatment of the top 10 medical presentations.
- Eight sessions in total:
 - interactive session 1
 - sim session 1
 - interactive session 2
 - sim session 2
 - sim session 3
 - patient safety
 - interactive session 3
 - leadership day.

OUTCOME OF PROGRAMME

- Hospitals in the area function with safe rotas during out of hours.
- Provided effective professional and personal development for SAS doctors.
- Currently in its third cohort.

Case Study 3: Health Education England training programme

BACKGROUND

Health Education England working across the Thames Valley has gained a national reputation for its support programme for SAS doctors and dentists. The system in place is well organised and transparent. There is a strong tradition of providing practical pastoral care for SAS doctors: mentoring schemes, career guidance, help for doctors in difficulty, through professional support unit (PSU).

Delivering emergency care (EC) in the UK is challenging on many fronts, particularly with regards to recruitment and retention. A multi professional, interdisciplinary emergency care task force was formed to develop educational solutions to support the sustainable delivery of quality emergency medicine care.

THE TRAINING PROGRAMME

The aim is to provide a programme of protected training to support completion of fellowship of the college of emergency medicine (FCEM) and certificate of eligibility for specialist registration CESR. The programme started in October 2014 and 16 doctors have been recruited so far.

- Funding: one professional activity per week paid, in recognition that the doctor will attend 12 training days per year, and an additional 14 days to consolidate their learning and undertake various management, research and training opportunities.
- Duration: three to five years, depending on needs to obtain competency in uncovered area like intensive therapy unit (ITU), anaesthetics.
- The formal training programme will consist of 12 days a year.
- Cover important aspects of the FCEM and the management portfolio.
- Develop the doctor's skills in clinical topic review (CTR), management projects, appraisal skills, leadership and service improvement methodology.
- A formal annual review of progress and quarterly informal progress reviews with educational supervisor and project lead.
- This training includes the equivalent of £2,000 study leave budget.

Produced by the NHS Confederation publications team. Published 2017.
© NHS Confederation 2017. This document may not be reproduced in whole
or in part without permission. The NHS Confederation Company Ltd.

Registered in England. Company limited by guarantee: number 5252407