

SAS Medical Autonomous Practice Privileges Procedure

A [supporting toolkit](#) is available for this procedure

Category:	Procedure
Summary:	This procedure describes the roles, responsibilities and process for SAS doctors to request autonomous practice privileges.
Equality Impact Assessment undertaken:	October 2017
Valid From:	23 rd January 2018
Date of Next Review:	1 year
Approval Date/ Via:	Workforce Committee
Distribution:	All employees
Related Documents:	2008 Speciality Doctor and the Associate Specialist Terms and Conditions of Service Appeals Procedure Professional Registration Procedure
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Lead Director: Medical Director

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Introduction

1. Specialty Doctors, Staff Grades and Associate Specialists (SAS) or equivalent (collectively referred to as SAS doctors hereafter) can provide specialist care, often within multidisciplinary teams. This includes but is not limited to the management of complex cases and reviewing patient care to improve quality and safety. SAS doctors can also be involved in teaching, training, research and management.
2. The purpose of this procedure is to enable SAS doctors to be recognised as autonomous practitioners and to have this status reflected on the Electronic Patient Record (EPR).
3. SAS doctors will have acquired a high level of specialist knowledge and expertise which can give them the opportunity to work independently with agreed accountability.
4. Implementation of this procedure will ensure that the Trust has a process for managing autonomous practice, which will be applied fairly across the Trust, and which will maintain public confidence that clinical care is delivered by appropriately qualified and registered employees.

Policy Statement

5. Oxford University Hospitals NHS Foundation Trust (the 'Trust') is committed to protecting patients and the public by ensuring all doctors providing autonomous care are appropriately trained professionals.

Scope

6. This procedure applies to all SAS doctors or equivalent who are directly employed by the Trust. The SAS doctor or equivalent does not have to be on the Specialist Register.

Aim

7. The purpose of this procedure is to establish a process which will ensure that SAS doctors are appropriately qualified for autonomous practice.

Definitions

8. The terms in use in this document are defined as follows:
 - 8.1. **Specialty Doctors, Associate Specialists (SAS) and Staff Grades** are career grade doctors.
 - 8.2. **Equivalent** levels are senior Trust appointed doctors other than Consultant or Specialty Grade e.g. Clinical Fellows.
 - 8.3. **Autonomous practice** is based on an individual's professional competence and can include having a clinical responsibility within a specialism that is similar to that of a Consultant. Accountability for SAS doctors under this procedure is viewed as being the same as that of a Consultant working in that speciality.
9. This procedure will use the term SAS doctor to refer to all doctors defined in section 8.

Responsibilities

10. The **Workforce Committee** has overall responsibility for this procedure.
11. The **Medical Director** is responsible for overall compliance and ensuring the procedure is kept updated.
12. The **Associate Medical Director (Workforce)** is responsible for:

- 12.1. ensuring the procedure is applied fairly across the Trust, including any appeals, and;
- 12.2. ensuring that the standards defined within the procedure are met.
13. The **Divisional Director** has overall responsibility for the application of the procedure within the Division and for ensuring it is only applied to SAS doctors directly employed by the Trust. In some cases the **Divisional Director** may delegate authority for signing off individual applications for autonomous practice privileges to the **Clinical Director**.
14. The **Divisional Director** or **Clinical Director** conducting the job plan review is responsible, in conjunction with the **Clinical Lead**, for:
 - 14.1. deciding on autonomous practice through case-based discussions or similar, reviewing these decisions and maintaining accurate records to support their decisions; (**appendix 1**) and
 - 14.2. providing support to SAS doctors to demonstrate that the criteria specified within the procedure relating to autonomous practice has been met.
15. The **SAS Doctor** is responsible for:
 - 15.1. demonstrating they meet the criteria for autonomous working;
 - 15.2. submitting their request for autonomous practice;
 - 15.3. completing any agreed development plan in a timely manner;
 - 15.4. maintaining a high standard of practice; and
 - 15.5. where approval has been given for working autonomously in specific areas only undertaking autonomous practice in these areas.
16. **Medical Staffing** are responsible for:
 - 16.1. supporting and advising on the procedure;
 - 16.2. confirming the applicant is directly employed by the Trust;
 - 16.3. maintaining records and recording review dates;
 - 16.4. notifying the EPR team of approved applications and any withdrawal of rights to autonomous practice or restrictions on autonomous practice;
 - 16.5. informing the Medical Director, Associate Medical Director (Workforce) and the Divisional Director if there is a lapse of professional registration or if a professional oversight concern has arisen through appraisal, revalidation and/or participation in CPD and governance structures. For more details please refer to the Professional Registration Procedure; and
 - 16.6. providing HR support to the Associate Medical Director (Workforce) if an appeal is received from the SAS doctor.

Process for Requesting Autonomous Working

17. Where an SAS doctor moves to another post or employer they would not usually take any previously authorised autonomous practice privileges with them. Similarly, where an SAS doctor or equivalent joins the Trust from another employer they would be expected to submit an Application for Autonomous Practice Form.
18. Requests for autonomous practice privileges and the review of previously agreed autonomous practice privileges will be undertaken during the job planning meeting.

19. All applications for autonomous practice privileges should be submitted to the Divisional Director and/or Clinical Director using the Application for Autonomous Practice Form contained in **Appendix 2**.
20. At a job planning meeting, the Divisional Director and/or Clinical Director will discuss the application with the applicant using **Appendix 1** to assist.
21. The Divisional Director and/or Clinical Director will assess the application, job plan and obtain a reference from the Clinical Lead or nominated deputy using **Appendix 3**.
22. Having reviewed the application and reference the Divisional Director and/or Clinical Director will classify it as one of the following:
 - 22.1. Already working autonomously and in job plan; application approved.
 - 22.2. Capable of working autonomously, but not already doing so; application approved.
 - 22.3. Capable of working autonomously in some of the areas requested, application approved for specific areas.
 - 22.4. Needs support and development plan for autonomous working to be considered; application not approved.
 - 22.5. Not approved.
23. If the SAS doctor needs further development before autonomous practice privileges can be granted or if autonomous practice privileges are granted in specific areas, the Divisional Director and/or Clinical Director will ask the Clinical Lead to create a development plan in conjunction with the SAS doctor and oversee its implementation. Once the plan has been successfully achieved the SAS doctor can re-apply for autonomous practice privileges or for a review of the specific areas of autonomous practice privileges previously agreed.
24. Once approved the applicant, Clinical Lead, Clinical Director, OSM and Medical Staffing will be notified in writing by the Divisional Director.
25. When an application has been approved, the application along with the reference(s) obtained and any completed development plan must be submitted to Medical Staffing for recording on the SAS doctors' personal file. The Medical Staffing team will then notify the Medical Directors Office and the EPR team so the SAS doctor's EPR profile can be updated with their approved areas.

Review of Autonomous Practice Privileges

26. The approval of autonomous practice privileges is subject to annual review at the job plan review meeting.
27. The SAS doctor, during the first 12 months of autonomous practice, will meet with a mentor, allocated by the Divisional or Clinical Director every 3 months (i.e. 4 meetings). The outcome of these discussions should be reviewed during the annual appraisal.
28. During their annual appraisal, and the quarterly review meetings for SAS doctors in their first 12 months of autonomous practice, the SAS doctor will be required to provide evidence via SARD which demonstrates quality assurance along with the provision and continuous improvement of a high quality specialist service. If an appraiser has any concerns, this must be escalated to the Divisional Director.
29. At the job plan review meeting the Divisional Director and/or Clinical Director will consider the evidence provided via SARD. If there are concerns regarding autonomous practice the Divisional Director and/or Clinical Director may seek to vary

the terms of autonomous practice within the job plan. This may include removal of autonomous practice privileges, removal of autonomous practice privileges in specific areas and/or the introduction of a development plan.

30. Should significant concerns arise regarding the autonomous practice of an SAS doctor or equivalent at any time, the Divisional Director and/or Clinical Director may review and withdraw any rights to autonomous practice and/or implement developmental or monitoring requirements.
31. If the decision is made to vary or withdraw previously authorised autonomous practice privileges, notification should be provided as soon as possible to Medical Staffing, who in turn will notify the Medical Directors Officer and the EPR team, where appropriate.

Development Plans

32. The development plan timescales will be individually identified and an assessment will continue for twelve months from the date of the development plan. Failure to obtain the skills required for autonomous practice within this time period will result in any further applications being declined until the development plan has been successfully achieved.
33. If an SAS doctor or equivalent has made three applications to one specialism which have been declined, or has failed to achieve the development plan on three separate occasions, the SAS doctor may not make any further applications for this specialism.

Appeal

34. An SAS doctor has a right to appeal against the outcome of an application for autonomous practice privileges or a decision to remove or restrict previously agreed autonomous practice privileges. All appeals will be dealt with under the Trust's Appeals Procedure.

Training

35. There is no mandatory training associated with this policy. Ad hoc training sessions based on an individual's training needs will be defined within their annual appraisal or job plan.

Monitoring Compliance

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Application of the procedure (including across protected characteristics).	Audit	Head of HR Corporate Services	Yearly	Workforce Committee

Review

36. This procedure will be reviewed in 1 year. The procedure may need to be revised before this date, particularly if national guidance or local arrangements change.

References

37. 2008 Speciality Doctor and the Associate Specialist Terms and Conditions of Service.
38. SAS Doctor Development – Summary of Resources and Further Work, February 2017.
39. A Charter for Staff, Specialty Doctors and Associate Specialists, 2014.

Equality Impact Assessment

40. An equality impact assessment has been undertaken for this procedure. The completed assessment is located in **Appendix 5**.

Document History

Date of revision	Version number	Reason for review or update
October 2017	0.2	New procedure
December 2017	0.4	Updated following feedback received during consultation
January 2018	0.5	

Appendix 1: Checklist for Divisional Directors

Evidence	Insert Yes or No and comment
Completed “ Appendix 2 - Autonomous Practice Application Form” has been reviewed	
Confirmation received that applicant is directly employed by the Trust	If NO , application cannot proceed
Attendance at Governance, M&M, Audit and/or Discrepancy Meetings (or equivalent)	
Current conduct, capability, never events, complaints or other investigations	
Statutory and mandatory training up to date	
Engaged with appraisal and revalidation	
GMC registration without restrictions	
Mentor identified for the first 12 months of autonomous practice	
CPD up to date and a member of a relevant specialist society (if applicable)	
Advice and agreement of Clinical Lead and Clinical Director	
References from the Clinical Lead support this application	
All paperwork passed to the Medical Staffing team for attaching to the applicants personal file and for EPR to action.	
Checklist Completion Date:	
Checklist Completed By:	

Statutory & Mandatory Training (attach certificates):

Describe and summarise your previous experience, number of procedures etc. and why you believe this would allow autonomous practice. Include relevant audit, research, teaching or existing recognition of your expertise. State if your current practice is de-facto autonomous. Address specifically the areas you have identified above where you are seeking autonomous practice.

Application signed by applicant

Name:

Grade:

Signature:

Date:

Outcome to be completed by the Divisional Director and/or Clinical Director
(select one outcome)

Outcome	Select One
Already working autonomously in job plan, application approved.	
Capable of working autonomously, but not already doing so, application approved.	
Capable of working autonomously in some of the areas requested, application approved for specific areas <ul style="list-style-type: none"> • • • 	
Needs support and development plan for autonomous working, application not approved and development plan to be implemented.	
Not approved	

Reason for Decision

Application signed by Divisional/Clinical Director

Signature:

Name:

Grade:

Date:

Please send completed form to Medical Staffing for logging and notifying the MDO Office and EPR where required.

Appendix 3: SAS Autonomous Practice Reference Request

Name of Applicant	
Division	
Directorate	
Department	

Autonomous practice privileges requested:	
1	
2	
3	

Name of Clinical Lead/Job Planning Lead	
Grade	

To be completed by Clinical Lead or nominated deputy

Date applicant commenced in post:	
Do you have any concerns about their practice in the procedures stated above?	
Are you aware of any development and or support needs in the procedures stated above?	

Are you aware of any on-going complaints, conduct, capability or other investigations?

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Provide a Statement

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Do you support the application for autonomous practice in the procedures above?

YES NO

If no, which procedures do you not support? **please ensure you have given your reason above**

Procedure(s)	
1	
2	
3	

Signed:

Name:

Date:

Please return to the Divisional Director.

Appendix 4: SAS Autonomous Practice Review Form

Name of Doctor	
Division	
Directorate	
Department	

Autonomous practice privileges approved:	
1	
2	
3	

Date of Appraisal	
Date of Job Planning Meeting	
Name of Job Planning Consultant	

Outcome of Review *(select one outcome)*

Recommendation	Select One
Continue to work autonomously	
Restrict the areas of autonomous working to the following specific areas: <ul style="list-style-type: none"> • • • 	
Withdraw autonomous practice privileges	
Other <i>(please specify)</i>	

Appendix 5: Equality Impact Assessment

1. Information about the policy, service or function

What is being assessed?	
New Policy/Procedure <input checked="" type="checkbox"/>	New Service/Function <input type="checkbox"/>
Existing Policy/Procedure <input type="checkbox"/>	Existing Service/Function <input type="checkbox"/>
Staff member completing assessment: Laura Bick, Head of HR Corporate Services	
Name of policy/service/function: SAS Autonomous Practice Privileges Procedure	
Details about the policy/service/function:	
To implement and standardise the process for SAS doctors to obtain autonomous practicing privileges.	
Review Date: 6 October 2018	Date assessment completed: 6 October 2017
Signature of staff member completing assessment:	Signature of staff member approving assessment:
Laura Bick	

2. Screening Stage

Who benefits from this policy, service or function? Who is the target audience? (tick all that apply)		
Patients <input type="checkbox"/>	Family/Carers <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Staff <input checked="" type="checkbox"/>	Other (<i>specify</i>): prospective employees	
Does the policy, service or function involve direct engagement with the target audience?		
Yes <input checked="" type="checkbox"/>	Continue with full equality impact assessment	
No <input type="checkbox"/>	Full equality impact assessment not required	

3. Research Stage

Notes:

If there is no impact for a particular group or characteristic, mention this in the Reasoning column and refer to evidence where applicable.

¹Race categories follow those used in the National Census by the Office for National Statistics. Consideration should be given to the specific communities within broad categories such as Bangladeshi people.

²Please select age groups which may be impacted by the policy, service or function and complete as appropriate.

³Religion or Belief covers a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus; it also covers people who do not have a faith. Consider these individually and collectively when determining impacts.

NOTE: FOR IMPACTS REGARDING RECRUITMENT FOR FIXED TERM POSTS, PLEASE REFER TO THE RECRUITMENT AND SELECTION POLICY

Characteristic		Positive Impact	Negative Impact	Not Enough Information	Reasoning
Sex and Gender Reassignment	Men (incl. trans men)	x			Autonomous practice privileges have primarily been for locum and substantive consultants. This procedure applies consistency for SAS doctors who have the essential skillset for autonomous practice.
	Women (incl. trans women)	x			
	Non-binary people	x			
Race¹	Asian or Asian British	x			The procedure will be monitored by Medical Staffing to ensure a consistent approach is applied across all SAS doctors irrespective of protected characteristics.
	Black or Black British	x			
	Mixed Race	x			
	White British	x			
	White Other	x			
	Other:	x			
Disability	Disabled people	x			The procedure will be monitored by Medical Staffing to ensure a consistent approach is applied across all SAS doctors irrespective of protected characteristics.
	Carers	x			

Characteristic		Positive Impact	Negative Impact	Not Enough Information	Reasoning
Age²	Under 35	x			The procedure will be monitored by Medical Staffing to ensure a consistent approach is applied across all SAS doctors irrespective of protected characteristics.
	Over 55	x			
Sexual Orientation		x			The procedure will be monitored by Medical Staffing to ensure a consistent approach is applied across all SAS doctors irrespective of protected characteristics.
Religion or Belief³		x			The procedure will be monitored by Medical Staffing to ensure a consistent approach is applied across all SAS doctors irrespective of protected characteristics.
Pregnancy and Maternity		x			The procedure will be monitored by Medical Staffing to ensure a consistent approach is applied across all SAS doctors irrespective of protected characteristics.
Marriage or Civil Partnership		x			The procedure will be monitored by Medical Staffing to ensure a consistent approach is applied across all SAS doctors irrespective of protected characteristics.
Other Groups /Characteristics		x			The procedure will be monitored by Medical Staffing to ensure a consistent approach is applied across all SAS doctors irrespective of protected characteristics.

List the sources of information used in the table below	
www.oxford.gov.uk : in Oxford (the trust's main recruitment area), 32% of the population are aged 18-29, 50.4% are female and 22% are from Black or minority ethnic groups. Of 760 on fixed term contracts (excluding medical and dental staff), below shows protected characteristics compared to trust-wide demographics.	
Using the table below, list any protected groups you will target during the consultation process, and give a summary of those consultations.	
Group	Summary of consultation
None	
List any other individuals/groups that have been or will be consulted on this policy, service or function.	
All staff have the opportunity to comment on Trust procedures; union representatives will be consulted through Local Negotiations Committee.	

4. Summary Stage

Outcome Measures
List the key outcomes or measures of success for the policy service of function and state whether or not you are assured that these will be equitably and fairly achieved for all protected groups. If not, state actions that will be taken to ensure this.
Fair application of the procedure across the protected characteristics. Opening opportunities to all SAS doctors. Ability for SAS doctors to accurately record their individual clinical performance.
Positive Impact
List any positive impacts that this policy, service or function may have on protected groups as well as any actions to be taken that would increase positive impact.
By having this procedure in place, it allows the Trust to more accurately monitor members of staff who have, or have not, been successful in their applications for autonomous practice. This information will be able to be split by protected characteristic, allowing for identification of disparities. As such, the use of this procedure will be monitored throughout the first year allowing for any highlighted issues to be actioned in a timely manner; the EIA will be updated accordingly.
Unjustifiable Adverse Effects
List any identified unjustifiable adverse effects on protected groups along with actions that will be taken to rectify or mitigate them.
None identified, as this is a new procedure, impact will be monitored through-out the first year and the EIA will be updated accordingly.
Justifiable Adverse Effects
List any identified unjustifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.
None identified, as this is a new procedure, impact will be monitored through-out the first year and the EIA will be updated accordingly

5. Equality Impact Assessment Action Plan

Complete this action plan template with actions identified during the Research and Summary Stages

Identified Risk	Recommended Actions	Lead	Resource Implications	Review Date	Completion Date
Potential disparities in application of procedure	Monitor application of procedure across protected characteristics and update EIA as necessary.	Head of Corporate Services	Time	06/10/18	