



Part of the NHS Confederation

SAS contract reform **2021**

Tuesday 2 March 2021

Speakers

- Chair – Jeremy Orr, Head of Medical Pay and Contracts, NHS Employers
- Beth Mason – Programme Manager, NHS Employers
- Graham Shortland, Management Side, Consultant Paediatrician, Cardiff and Vale University Health Board

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Webinar overview

- Use of Specialist grade contract
- Defining the Specialist grade
- Benefits of Specialist grade
- Pay and pay progression
- Entry criteria and appointment into the grade
- Q&A

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New Specialist grade

- Available for use from 1 April 2021.
- Only doctors on national terms and conditions in Associate Specialist grade will be given the opportunity to move to this new contract.
- Creation of these roles will be driven by local employer need and will be advertised through local recruitment processes. It is **NOT** a regrading process for existing Specialty Doctors.
- Doctors must evidence that they meet the new entry criteria in order to be appointed into the grade.

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New Specialist grade

A Specialist will:

- Work autonomously to a level of defined competencies set out by mutual agreement within local clinical governance frameworks.
- Primarily focus on providing direct clinical care and meeting service delivery and improvement requirements. However, the role will be supported by the availability of suitable development opportunities (such as management, additional responsibilities, academia and research) for both service need and for the individual doctors.



Specialist vs other grades

The Specialist grade sits between the Specialty Doctor and Consultant grades within the medical workforce.

- Doctors in the Specialist grade will be responsible for the patients under their care.
- A Specialist is an expert in a narrower field and will have autonomy to work in their defined area of practice (as agreed locally).
- Consultants are expected to carry out wider roles (e.g. managerial and leadership roles that incorporate teaching, training, audit etc). Specialists are not expected to, however will be encouraged and given then opportunity to do so where appropriate.

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Why should employers create these roles?

- Increased numbers of expert decision makers and potentially free up capacity for consultants to deliver a wider range of duties (or focus on a specific part of their work).
- Bring greater diversity, productivity and skill mix to the multidisciplinary team.
- Support recruitment and retention of SAS doctors.

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New Specialist grade pay scale

Pay Point	Years of experience	21/22	22/23	23/24
1	0	£79,894	£80,693	£81,500
	1	£79,894	£80,693	£81,500
	2	£79,894	£80,693	£81,500
2	3	£85,286	£86,139	£87,000
	4	£85,286	£86,139	£87,000
	5	£85,286	£86,139	£87,000
3 - Top	6	£90,677	£91,584	£92,500

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New Specialist grade pay and pay progression

- The new pay structure is made up of 3 pay points.
- It will enable Specialists to access the top of the pay scale more quickly than the existing grades.
- A new pay progression system that will link progression to the development of skills, competencies and experience through the processes of job planning, appraisal and mandatory training. Pay progression will no longer be automatic and will only be achieved where the required standards have been met.



Entry criteria

The entry criteria for a doctor/dentist requires:

- full registration and a licence to practice with the General Medical/Dental Council.
- completed a minimum of 12 years medical/dental work (either continuous period or in aggregate) since obtaining a primary medical/dental qualification, of which a minimum of six years should have been in a relevant specialty in the specialty doctor and/or closed SAS grades. Equivalent years' experience in a relevant specialty from other medical/dental grades including from overseas will also be accepted.
- To meet the criteria set out in the specialist generic capabilities framework.

Generic capabilities framework

- Outlines the capabilities that a doctor will need to evidence in order to enter the grade.
- Supports employers to create individual person specifications, which will be tailored to the specific requirements of the role.
- As the overarching framework is generic in content, any specialty-specific, practical or surgical skills that are required will need to be defined in the person specification.





Generic capabilities framework

The generic capabilities framework has been developed to reflect the Generic Professional capabilities framework that doctors already use and is split into the following themes:

- Professional Values and Behaviours, Skills and Knowledge
- Leadership and Teamworking
- Patient Safety and Quality Improvement
- Safeguarding Vulnerable Groups
- Education and Training
- Research and Scholarship

Generic capabilities framework

The generic capabilities framework has been developed to reflect the Generic Professional capabilities framework that doctors already use and is split into the following themes:

- Professional Values and Behaviours, Skills and Knowledge
 - Practises with the professional values and behaviours expected of all doctors as set out in GMC Good Medical Practice and the Generic Professional Capabilities Framework (or equivalent for dentists).
 - Clinically evaluates and manages a patient, formulating a prioritised differential diagnosis, initiating an appropriate management plan, and reviewing and adjusting this depending on the outcomes of treatment.



Generic capabilities framework

The generic capabilities framework has been developed to reflect the Generic Professional capabilities framework that doctors already use and is split into the following themes:

o Leadership and Teamworking

- Demonstrates understanding of a range of leadership principles, approaches and techniques so can adapt leadership behaviours to improve engagement and outcomes – appreciates own leadership style and its impact on others.
- Develops effective relationships across teams and contributes to work and success of these teams – promotes and participates in both multidisciplinary and interprofessional team working.



Template person specification

- The majority of capabilities listed are expected to be ‘key’ for all roles. Some may be less relevant for a particular role because it does not entail active or formal involvement in that aspect.
- It’s the employer’s responsibility to ensure that the depth of knowledge and expertise required is appropriately reflected in the person specification, which will be based on the specific requirements of the post being created.
- Some capabilities will be fully required at the time of appointment, while others may be developed by the postholder while in the role.

Template person specification

Domain	Capabilities	Key for this post	Required but not key	Examples of appropriate evidence	To be evidenced at interview
Professional Values and Behaviours, Skills and Knowledge	1.1 Practises with the professional values and behaviours expected of all doctors as set out in GMC Good Medical Practice and the Generic Professional Capabilities Framework (or equivalent for dentists).			<ul style="list-style-type: none"> Participation in annual appraisal Multi-source feedback Patient feedback Mandatory training as set out in UK Core Skills Training Framework Interview 	X
	1.3 Clinically evaluates and manages a patient, formulating a prioritised differential diagnosis, initiating an appropriate management plan, and reviewing and adjusting this depending on the outcomes of treatment.			<ul style="list-style-type: none"> Multi-source feedback Patient feedback Reflective pieces References from colleagues Personal clinical audit Evidence collected for annual appraisal and job planning 	X

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Concordat between the parties

- The appointments process should include external input from the relevant Royal College.
- A formal concordat jointly agreed between the parties will confirm the process for developing Specialist person specifications and the recruitment and involvement of Royal College/Faculty evaluators in the appointment process.





Royal College contribution

- To ensure that the highest standards of professional medical practice are maintained in the interests of patients and the quality of care provided NHS employing organisations.
- The Royal Colleges will act in an advisory capacity to assess if candidates meet the required capabilities.
- Responsibility to initiate the creation of a post lies with the employer and would not require College input.
- Guidelines in development to clarify the responsibilities of employers and what the Royal Colleges/Faculties are able to offer at each stage during the recruitment process

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Q&A

Contact us: doctorsanddentists@nhsemployers.org

Website: www.nhsemployers.org