

Employing and supporting specialty doctors

A guide to good practice

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Foreword

The contribution of career grade doctors to our National Health Service is undoubted. These doctors have tirelessly worked to deliver a significant proportion of care to patients.

Employers who support and value these doctors find that they have a flexible, motivated and stable workforce. Many doctors in these roles find them to be more suited to their personal career choices or circumstances than consultant or structured training posts, and actively seek these jobs. However, historically, doctors in these roles have predominantly felt undervalued and lacking in recognition and status. There is a feeling they have been overlooked, particularly in terms of professional development.

In its policy document *Choice and opportunity: modernising medical careers for non-consultant career grade doctors*, the Department of Health (DH) sets clear guidelines to ensure that everyone delivering patient care is assessed and developed in their role. For career grade doctors this provides a route to develop and progress to the specialist register, with a clear pathway for progression and an understood role in the workplace.

The NHS Employers position paper *The future of the medical workforce*, calls for more flexible and better-defined career pathways and roles that are both fulfilling for doctors at every level and meet the needs of the service. The development and support of the specialty doctor role as a meaningful and attractive career option is vital to achieving this aim.

The new contract will facilitate the integration of specialty doctors into medical teams, operating on similar terms and conditions of service to other medical groups and having more involvement in planning their working time. They will have time within their job plan designated to supporting professional activities and an annual appraisal to ensure development needs are identified and planned into their working time.

Through this guide, we hope to share good practice and enable all of our specialty doctors to benefit. We would like to see them all have the opportunity to take ownership of their professional development and to be a valued and fairly recognised part of the NHS.

Steve Barnett
Director
NHS Employers

Key recommendations

- All specialty doctors should be employed in the spirit of the national contract.
- All specialty doctors have appropriate clinical supervision.
- Specialty doctors should have access to a minimum of one programmed activity per week to support professional activity, for example, professional development, audit, teaching and research.
- Specialty doctors have fair and reasonable access to study leave with appropriate funding according to the national contract.
- All employers should apply the minimum requirement of entry to the grade.
- Employers should use the professional development framework for specialty doctors.
- Employers should use the aid for employers when writing a person specification for a specialty doctor post.
- Induction for specialty doctors should meet the requirements of the Healthcare Commission and NHS Litigation Authority (NHSLA) and include induction to the NHS, corporate induction and departmental induction.
- All specialty doctors undergo an effective appraisal that:
 - ensures the specialty doctor is trained in being an appraisee
 - results in a personal development plan (PDP) with clear achievable objectives
 - identifies the appropriate professional development and study leave to support the maintenance of and development of skills in a planned way, identified through the appraisal process
 - is supported by a portfolio of evidence.

- Experienced specialty doctors should be trained as appraisers.
- Employers should make time available in senior medical staff job plans (including senior specialty doctors) to ensure effective career discussions take place with specialty doctors.
- Employers ensure specialty doctors are legitimate participants within their professional group within the employing organisation: supported in developing as managers, leaders, trainers and researchers.
- All specialty doctors should be seen as an integral part of the clinical team.
- All specialty doctors should be aware of support networks including the process for doctors who are underperforming.
- Employers should support specialty doctors in any efforts to meet the requirements of Article 14 applications to the Postgraduate Medical Education and Training Board (PMETB) by supporting progressive development within the post and gathering necessary evidence, particularly when this fits in with local workforce planning requirements.
- Employers should support local collection of data about the specialty doctor workforce.
- Within the NHS, employers and Strategic Health Authorities (SHAs) work to maximise the use of development opportunities for specialty doctors.
- Employers will need to work closely with SHAs to ensure that any allocated funding is used effectively to create the structures and processes necessary to support the development of specialty doctors.

About this guide

Who is the guide for?

NHS Employers has produced this good practice guide, in association with the DH Modernising Medical Careers (MMC) team, for employers of specialty doctors to help us all work towards our common goals of improved standards of patient safety, service delivery and workforce performance. It provides employers with a more structured approach to the employment and professional development of specialty doctors, enabling this section of the medical workforce to develop to their full potential and maximising their contribution to patient care. We believe that this will take us closer to meeting the changing local and national needs of the health service. Ultimately this will take the service delivered by the NHS to new, improved standards in patient care and safety.

Why do we need the guide?

As acknowledged in the DH consultation document *Choice and opportunity*, the career grades have long been regarded as a professional cul-de-sac, lacking in status and recognition, despite the wide and significant contribution that doctors in the grades make to the NHS, working in a variety of settings and with varying degrees of responsibility. There has been a lack of consistency in how these doctors have been developed and supported in their roles. This has an impact on the delivery of quality patient care and, for the employer, results in a workforce that feels undervalued and does not reach its full potential.

The current career grade workforce is responsible for providing a significant proportion of the service delivered by medical staff and is therefore a key part of the medical workforce. We need to maximise the potential of this important group of doctors – who offer the employer a flexible, motivated and stable medical workforce – by ensuring that they are valued and can develop their skills.

We have produced this guide to highlight some good practice for employers of specialty doctors. We hope that it will ensure that the valuable contribution they make to patient care is both maximised and recognised, resulting in the full development of this workforce. Of course the most important priority for any medical professional is patient safety.

The good practice recommendations in this document should be implemented for all doctors working in specialty doctor posts, and be reflected in future job advertisements and person specifications.

What are specialty doctors?

For the purpose of this guide, we use the term 'specialty doctors' to refer to doctors within the MMC career framework who have completed the equivalent of at least four years of postgraduate training and who are neither in deanery-approved training posts nor hold a consultant appointment.

Specialty doctors work in a specialty area with specific skills for the role to which they are appointed. Any specialty doctor should work within their level of competence. However, a specialty doctor should not be expected to have the same full range of skills as a doctor who has undergone specialty training. Not all specialty doctors will be able to provide the full breadth and depth of care, but they should be expected to have specific specialty skills and generic professional skills – which meet the required standard as described by the General Medical Council (GMC) in *Good Medical Practice* and by the relevant Royal Colleges – ensuring they can perform in the job and deliver the highest quality patient care.

On entry to a specialty doctor post, a doctor will have broad generic skills and specialty skills commensurate with their level of training. Over time these doctors will grow to have specialty-specific skills, possibly in a narrow field, and will develop more generic professional skills. Specialty doctors should be enabled to use their full range of knowledge and skills for the benefit of patients.

When a doctor enters a specialty doctor post with more extensive experience, knowledge and skills, employers should recognise this and encourage and assist the doctor to use and develop their skills further, to the benefit of patient care, the service and the doctor.

All doctors must comply with the GMC's *Good Medical Practice*. In addition the specialty-specific skills of a specialty doctor should also meet the standards described by the Royal Colleges in their implementation guidance for *Good Medical Practice*.

Background: why changes are necessary

Policy implementation

In 2000, the DH consultation *A health service of all the talents: developing the NHS workforce – consultation document on the review of workforce planning* initially identified the need to reform the senior house officer (SHO) grade and, alongside this, the need to reform the non-consultant career grade (NCCG).

The report uncovered a fundamental need for all future workforce planning arrangements to:

- emphasise the importance of:
 - team working
 - flexibility
 - patient-centred care
- maximise the contribution of all NHS staff by:
 - ensuring that they are equipped with the skills they need to work in a complex and changing NHS
 - offering a more flexible career for them.

The report also highlighted the need for improved careers counselling for all.

Choice and opportunity

The DH consultation document *Choice and opportunity: modernising medical careers for non-consultant career grade doctors* followed in 2003. This identified the need for a national, standardised approach to employing career grade doctors and maximising the potential of this group. The aim was to create a more satisfied workforce with the important benefits to the employer of safer service delivery, improved patient care and improved workforce planning.

Choice and opportunity made 14 recommendations relevant to good practice for employers of specialty doctors. The good practice recommendations would:

- maximise the potential of doctors within the career grade
- enable their competences to count as they progress in their careers
- support career grade doctors in their continuing professional development (CPD) as they progress within the grade
- ensure that career grade doctors have opportunities to develop new skills
- ensure national standards are met
- ensure equity across the grade irrespective of geography
- enable access to career management support for career grade doctors.

Benefits for employers

By implementing the good practice recommendations in this guide, employers can expect to see some significant benefits to the service, including:

- motivating the specialty doctor workforce by supporting their development in clinical and non clinical areas (such as leadership, management and training). This will inevitably promote safer high-quality patient care by ensuring that specialty doctors maintain their competence and acquire new competences to meet their professional obligations
- developing these employees to the best of their ability and therefore better equipping them to meet the needs of service delivery within the organisation
- evidence of good practice, which will support employers in meeting the requirements of the Healthcare Commission and the NHSLA risk management standards for acute trusts and the Clinical Negligence Scheme for Trusts' (CNST) clinical risk management standards for maternity, mental health and learning disability
- ensuring that specialty doctors can continue to meet the essential requirements of their licensing authority – the GMC – in order to continue practising as a doctor, including the professional requirements for doctors as defined in *Good Medical Practice* to:
 - 'maintain a folder of information and evidence, drawn from [their] medical practice'
 - 'reflect regularly on [their] standards of medical practice in accordance with GMC guidance on licensing and revalidation'.

Good practice in employment

Good practice for employment in the NHS

The Improving Working Lives (IWL) standard aims to support organisations to embed good human resources (HR) practices, but it is also about ensuring that all NHS staff are supported and developed. The standard recognises that investment in staff is investment in patient care. Along with the 2001 framework: *Working together, learning together: a framework for lifelong learning for the NHS*, there is comprehensive guidance that outlines the standards for good HR practice, including comprehensive induction and annual NHS appraisal.

These recommend ensuring that employees:

- have a voice within the organisation
- have the opportunity to study
- are supported in maintaining their fitness to practise
- develop new skills to ensure patient safety at all times
- are supported in their clinical work.

A specialty doctor's primary professional responsibility is to make the care of the patient their first concern and to meet the requirements of their contract with their employer. By implementing the good practice recommendations in this guide, employers can expect a far more motivated and fulfilled specialty doctor workforce, providing a better, safer service for patients.

Employers should consider the value of supporting the specialty doctor workforce through:

- maximising their potential with support for continuing professional development
- ensuring their contribution to the management and strategic development of the organisation, such as contributing to service developments, leadership roles, education and training
- ensuring they are appropriately supported in their clinical work.

Good practice recommendations for the employment of specialty doctors:

- all specialty doctors are employed in the spirit of the national contract
- employers identify a lead for specialty doctors, either a consultant or experienced specialty doctor, to offer pastoral support for specific specialty doctor issues
- employers ensure specialty doctors are legitimate participants within their professional group of doctors within the employing organisation: supported in taking on management, leadership, training and research roles
- all specialty doctors are seen as an integral part of the clinical team
- systems are in place to enable specialty doctors to record and audit their clinical activity
- a senior clinical lead oversees the clinical workload of specialty doctors and supports their professional development planning through the appraisal process
- specialty doctors should have access to a minimum of one programmed activity per week to support professional activity, for example, professional development, audit, teaching and research
- specialty doctors have fair and reasonable access to study leave with appropriate funding according to terms of service.

A framework for specialty doctor posts

The need for a framework

A lack of clear national guidance resulted in widely varying conditions and opportunities for career grade doctors. *Choice and opportunity* recognised that although doctors can spend many years in these posts, there was no consistent approach to professional development, progression and standardisation of competences within these posts.

This section describes a framework that:

- offers employers a national standardised approach to specialty doctor posts
- outlines national benchmarks and safeguards for the employer
- supports local flexibility for job planning to meet service needs
- recognises that every specialty doctor post is different and has different service commitments.

Minimum standard for entry

For a doctor to be eligible to apply for a specialty doctor post they must demonstrate that they have a **minimum** of four years (FTE or equivalent) postgraduate training in the UK (or equivalent EEA training) of which at least two years training must be in the relevant specialty or a recognised equivalent training. This is defined as the successful completion of the Foundation Programme, followed by either successful completion of specialty or core training levels one and two or recognised equivalent, or being able to demonstrate achievement of the necessary equivalent competences.

Specialties can vary and employers are advised to check with the senior medical clinician (usually the clinical director) to ensure that the doctor's training and experience has enabled them to acquire a safe level of competence for the post. It is the employer's responsibility to determine the competences required in the post and to ensure that any doctor appointed to the post can fulfil them. The doctor will have a professional obligation to perform these competences in accordance with the principles set out in the GMC's standard *Good Medical Practice*.

The employer should also consider the need to specify additional competences specific to a post such as the need to be trained in advanced life support (ALS).

Specialty doctors with the skills to do the job

Specialty doctors must meet the requirements of the job as agreed in the job plan. It is recognised that doctors in these posts need to have both generic and specialty-specific skills. A guide is available for employers on writing a person specification (see Appendix 1 on p. 27).

The employer will need to identify the appropriate generic skills required for the job in the person specification. The generic skills of any healthcare professional are essential to the delivery of quality patient care. Specialty doctors will need to demonstrate appropriate generic skills as identified by the employer and to develop and maintain these once in the grade.

Specialty doctors will require specialty-specific skills to do the job effectively. The doctor and the employer will need to ensure that specialty standards are met and that the specialty specific guidance in *Good Medical Practice* is followed (the Royal Colleges each have their own specialty implementation guide based on *Good Medical Practice*). This will ensure patients receive the best standard of care.

Good practice recommendations for a framework for specialty doctor posts:

- employers should apply the minimum requirement of entry to specialty doctor posts as defined in the national contract
- employers should use the aid for employers when writing a person specification for a specialty doctor post
- employers should ensure that doctors appointed to the post have the required specialty specific skills to be effective in the role.

Meeting the professional development needs of specialty doctors

Commitment to national policy

As part of the government's commitment to delivering the quality agenda, annual appraisal for career grade doctors was introduced in October 2002. *Good Medical Practice* states that doctors 'must take part in systems of quality assurance and quality improvement and respond constructively to the outcome of audit, appraisals and performance reviews, undertaking further training where necessary'.

All specialty doctors should discuss their practice with someone within their trust who is trained to undertake appraisals. Part of this appraisal process is a review of the evidence used to support the standards set in *Good Medical Practice*. These measures address quality at the organisational and service level in the NHS. Appraisal is an important means to ensure that individual practice is quality assured and fitness to practise is maintained.

The agreed national appraisal documentation includes a personal development plan (see Appendix 2 on page 34) based on the needs of the individual and the needs of the employer.

Benefits for employers

The 2005 Healthcare Commission national survey of NHS staff noted the overwhelming benefits to the employer of supporting employee development, mostly in improved performance at the organisational and individual level. Improved governance and safety practices are inevitable outcomes of a workforce that has been nurtured and developed to meet nationally recognised standards.

When a doctor leaves training to begin work as a specialty doctor, they are in the early stages of their development as a professional and they have a long career ahead of them. A robust and effective appraisal process should help identify individual development needs, as well as the key attributes and skills of specialty doctors, and both good and poor practices. This is important for employers in helping keep service priorities on track and in steering the organisation to a more fulfilled and reliable workforce.

Specialty doctors can offer employers a stable, flexible and motivated medical workforce. For this to work well they need to be valued and have real opportunities to develop to their maximum ability.

Induction to the NHS

Any doctor appointed to a specialty post, or who moves to a new post within the same organisation, must take part in a timely local induction process. This is vital to ensure that, as soon as possible, they are familiar with any procedural and departmental issues they need to be aware of. This will make them a more effective member of staff. An example of induction is the e-induction training pack for NHS employees, available on the NHS Core Learning Unit (CLU) website: www.corelearningunit.com

Good practice in induction

Induction to the NHS provides employees with the knowledge and understanding they need to be effective within the NHS. Induction should meet the employers' requirements according to the appropriate CNST and Healthcare Commission standards and meet the needs of specialty doctors.

The NHS Litigation Authority (NHSLA) standards

Corporate induction should include:

- information on key issues facing the organisation
- the organisation's mission, values and standards
- information governance
 - information on IT access and rules
 - confidentiality and role of the Caldicott guardian
- HR policies
 - policies including bullying and harassment, equality and diversity, annual leave and study leave
 - the role of occupational health including policy on sick leave
 - the organisation's whistle-blowing policy
 - information on support networks for specialty doctors including details of what to do should the doctor get into difficulties, career management support and pastoral care arrangements
- health and safety policies: including hand washing
- fire and emergency procedures
- clinical governance
 - consent policy and procedures
 - handling complaints
 - effective risk management training
- valuing patients' views
- arrangements for appraisal, PDP and CPD.

Departmental induction should be carried out with a senior member of the medical team; we recommend the consultant to whom the doctor will be working. This induction should include:

- induction to the immediate environment
 - introduction to team members and preferred ways of working
 - departmental protocols
 - clarification of role and expectations
 - agreement of first PDP
 - confirmation of job plan
 - teaching meetings within the department
 - governance and audit meetings within the department
 - development opportunities within the department
- familiarity with equipment that the doctor will use in the post.

Effective appraisal

Appraisal is an ongoing process that will provide objective and robust assurance that health professionals remain fit to practise both generically and, where appropriate, in their specific area of specialist practice. Doctors are assessed against the standards in *Good Medical Practice*. This process will include an appraisal meeting with a trained appraiser that reflects on performance during the previous year and identifies scope for personal development.

Key features of an **effective appraisal** meeting are that it:

- is underpinned by the requirements in *Good Medical Practice*
- occurs at least once a year
- focuses on the individual's effectiveness in their role, and considers professional and personal development
- is supported by evidence of performance, eg from clinical governance and other data. *Good Medical Practice* requires that a doctor maintains a folder or 'portfolio' of information and evidence, drawn from their medical practice
- results in a **PDP** and each year a review of achievements against the goals set within this plan should inform future personal development plans (see Appendix 2). The PDP should refer to the development needs relating to the job and to the personal development needs of the doctor to ensure an appropriate balance is reached for the individual and the employer
- ensures the appraiser has the authority and influence to support the appraisee in achieving the outcomes agreed in their PDP
- identifies professional development time, study leave opportunities and resources to support

the doctor in meeting the outcomes agreed in the PDP

- has documentation which should be aligned with other requirements. For specialty doctors, this will work best when aligned with any GMC revalidation documentation standards and format for applications for entry to the specialist register under Article 14.

Portfolio of evidence

We recommend a single approach is taken that will satisfy the requirement of the employer/employee appraisal process, the needs of the individual for revalidation and any need to gather evidence towards an Article 14 application. A single portfolio can address this.

A portfolio of evidence should comprise:

- patient feedback using patient questionnaires
- 360° feedback: from the clinical team and other colleagues
- a record of active participation in CPD.

Other evidence to consider including in the portfolio focusing on the doctor's own contribution to service:

- evidence of achievement of the standards described in *Good Medical Practice*
- audit data, qualitative and quantitative, relating to their service delivery
- comparative data, using national data where available
- record of direct patient care activity
- record of other activities such as courses or clinical experience outside of the job
- direct evidence of competence: specialty doctors can approach their relevant Medical Royal College for guidance on specialty specific evidence
- skills assessments (using approved assessment tools)
- informal feedback such as letters, comments on work etc.
- reflections on practice
- critical event analysis: demonstrating learning from experience, including near misses and complaints.

The portfolio will also provide the supporting evidence for pay progression within the grade.

Appraisal resources

The NHS appraisal toolkit

An electronic toolkit for NHS doctors is available, offering a number of levels of support for appraisers and appraisees, and bringing together advice, guidance, best practice, practical tools and access to a community of peers in the appraisal domain. The toolkit is available at www.appraisals.nhs.uk

Assessment tools

The GMC and the Medical Royal Colleges are working to produce supportive learning tools including assessment tools for specialty use.

The **Medical Assessment Compendium** provides a guide and resources on the roles of assessment, with samples and relevant research: www.mac.nhs.uk

Healthcare Assessment Training (HCAT) offers a number of assessments which can be used to support specialty doctor appraisal: www.hcat.nhs.uk

- **SPRAT** is an electronic multi-source feedback tool originally developed to support consultant appraisal. It has subsequently been used in a range of settings for career grade doctors
- **SHEFFPAT** is a patient assessment tool that allows patients to make an assessment of an individual consultation between a patient and a doctor. Feedback from 15-25 consultations is collected and then collated to provide an overview of areas of strength and weakness
- **Sheffield assessment instrument for letters (SAIL)**: where medical record review is felt to be an important component of appraisal evidence. This is a structured rating scale for the assessment of letters from secondary care to GPs and has been shown to improve the quality of letters in a small pilot study.

DISQ (Doctors interpersonal skills questionnaire) is another patient feedback survey which is managed through a company called CFEP-UK (Client- Focused Evaluations Programme). CFEP has worked with the GMC, the National Clinical Assessment Authority (NCAA) and the Clinical Governance Support Team (CGST): www.cfep.co.uk

Continuing professional development (CPD)

Continuing professional development (CPD) enables an employee to maintain their competence and achieve new development needs identified through the appraisal process. We recommend that job plans for specialty doctors should include at least one programmed activity per week to support CPD. The activity undertaken should support the developments agreed as part of the PDP resulting from the appraisal process.

Guidance on continuing professional development is available from Academy of Medical Royal

Colleges (AoMRC).

At different times in a doctor's career more time may be needed to meet the development requirements agreed through the appraisal process. This should be recognised in the job plan.

Good practice recommendations for induction and appraisal:

- all specialty doctors
 - undergo induction to the NHS, corporate and departmental induction
 - have an effective annual appraisal
 - undergo training in being an appraisee
 - have a personal development plan informed by the appraisal with clear objective setting
 - should have at least one programmed activity per week to support continuing professional development
 - access appropriate professional development and study leave to support the maintenance of and development of skills in a planned way
 - should keep a portfolio of evidence
- employers should train experienced specialty doctors to be appraisers
- systems are in place to support specialty doctors gather evidence for their appraisal, including relevant clinical data
- employers use the guidance supplied by the CGST for NHS appraisal
- employers support specialty doctors' appraisals by ensuring they are aware of the resources available to support portfolio development and appraisal such as the NHS appraisal toolkit and assessment tools
- job plans should recognise the time needed to meet the development requirements agreed through the appraisal process.

Career management for specialty doctors

MMC and career support

Choice and opportunity recognised the importance of career management for career grade doctors. In 2005, MMC produced a report *Career management: an approach for medical schools, deaneries, royal colleges and trusts*, which provides a framework for the delivery of career management for medical students and doctors.

Career management initiatives for medical students and doctors

This report set out a model for the delivery of career management initiatives for medical students and doctors. Key aims of this model include having a more supportive infrastructure to aid doctors making career choices, and to create an environment that offers all medical students and doctors access to consistent and appropriate career information and career management support.

The report highlighted the importance to employers in understanding:

- the potential value career management can have on the recruitment and retention of doctors
- how effective career management, particularly in the earlier years of a medical career, can contribute to the further recruitment and retention of doctors later on in their careers
- the value of promoting a more focused and systematic career management culture, which meets the diversity of the medical workforce.

The job planning process

Specialty doctors should take part in job planning annually, with the opportunity to agree an appropriate job plan with reasonable time negotiated to do what is required. Job planning should be carried out with the clinical director or appropriate person with managerial responsibilities. Evidence of performance against the agreed job plan should feed into the appraisal process. Where there is a departmental or team job planning process specialty doctors should be included.

Employer support

Many specialty doctors may have aspirations to develop new skills 'on the job' and to progress to the specialist register. Guidance and support can help these doctors make the right decisions and this will in turn benefit the employer by improving recruitment and retention, and in developing an appropriately skilled workforce.

Employers will be aware that opportunities arise for specialty doctors to compete for entry to specialist training and to compete for other specialty doctor posts that will offer them new opportunities for career development.

Employers should support their specialty doctors by ensuring they know how to access career information and advice within the organisation. This may work best alongside appraisal. Good practice would ensure that every specialty doctor is made aware of what is available to them to

support their career management.

Employers will benefit by being informed about the career aspirations of their specialty doctors and will therefore be able to maximise the potential of this workforce within the organisation.

Good practice recommendations for supporting specialty doctors' career management:

- employers make time available in senior medical staff job plans for effective career discussions to take place with the specialty doctors
- experienced specialty doctors should be trained to act as advisers on career development for less experienced specialty doctors within the organisation
- employers should aim to provide prospective and detailed workforce forecasts that will be pivotal to the provision of basic career information for doctors.
- employers should contribute to the availability and accessibility of online career development initiatives for specialty doctors
- employers should support a career development focus to the specialty doctor appraisal process.

Pastoral care

Support networks

It will be important for new employees to have an early discussion about their career aspirations, particularly if they feel disappointed by their career progression to date. This discussion should take place with their supervising consultant as early as possible.

As with all employees, specialty doctors should be made aware of support networks available within the employing organisation. The ideal time for this is at induction, where the following should be covered:

- the role of occupational health
- the organisation's policies on bullying and harassment
- the organisation's policies on equality and diversity
- the organisation's whistle-blowing policy
- a contact point for specialty doctors should they have a grievance or run into difficulties.

All specialty doctors should be made aware of how the employer manages doctors in the grade who are underperforming and of the relevant policies that come into play in the event of illness.

Specialty doctors should be fully integrated into clinical teams and into the clinical directorate structure. This will facilitate the development of support networks, ensure specialty doctors are not isolated, and encourage team working.

Specialty doctors should be invited to join meetings or groupings of senior clinical staff, eg medical staff committees.

Good practice recommendations for pastoral care:

- all specialty doctors should be made aware of:
 - trust support networks
 - trust HR policies
 - the process for doctors who are underperforming
- all specialty doctors are fully integrated into clinical teams with appropriate clinical supervision
- specialty doctors are legitimate participants within their professional group within the employing organisation.

Developing a specialty doctor workforce to meet service needs

Employers will need to work closely with their strategic health authority (SHA) to ensure that any funding provided to support the development of specialty doctors is used effectively to create the structures and processes necessary to provide this support.

This section explores ways in which employers can access development opportunities for specialty doctors to meet service needs. It explores potentially innovative ways in which employers and local workforce planners may work together to enhance development opportunities to meet local service needs.

Workforce planning

The current understanding at national or SHA level of the career grade doctor workforce is not good.

For example, we do not have detailed information on career grade doctors’:

- status and intentions with respect to Article 14/11 applications
- personal aspirations including specialty interest(s)
- level of skills
- role in service delivery.

If employers and workforce planners are to improve workforce planning to support designing the most effective service to meet local needs, then we need to improve understanding of this group, along with the wider medical workforce.

Specific skills development

There will be circumstances where specific development needs for a specialty doctor have been identified. Employers should consider development opportunities within the employing organisation, external courses or secondment opportunities that will address the specific need.

Access to e-learning resources

New developments in electronic learning resources are underway and provide flexibility and accessibility for employers and specialty doctors.

An example is the e-learning initiative: The Radiology Integrated Training Initiative (R-ITI): www.riti.org.uk. This provides the knowledge required for the first three years of core postgraduate radiology training up to FRCR, online. It is available to all UK radiologists, both trainees and specialty doctors.

This work is being further developed to provide e-learning solutions for many specialties and disciplines, with the potential to support CPD and revalidation, and enable accreditation of prior learning.

Secondment opportunities

Through a secondment arrangement the doctor could spend an agreed period of time achieving specific objectives in another unit, which may be within the organisation or in another organisation.

Opportunities may include:

- a time-limited post
- a clinic or theatre placement
- commitment to a specific unit for a defined number of programmed activities.

This could be facilitated in the following ways:

- working with the SHA to maximise the use of development opportunities, using capacity within the system
- brokering between employers, with each offering opportunities resulting in a swap agreement
- using CPD and study leave time to facilitate learning 'on the job' in a specific service delivery unit. This could be with the host organisation or another
- considering opportunities in the independent sector.

Supporting progression to the specialist register - where this meets local workforce planning needs

There are two routes to the GMC's specialist register for a specialty doctor.

- **Certificate of Completion of Training (CCT):** successful completion of training programmes leading to the award of a CCT (or CESR if the doctor has undertaken part of their training abroad). A specialty doctor can apply for appropriate specialty training vacancies that are advertised if they meet the person specification to do so. Should a specialty doctor choose to apply for a training grade post and be successful in gaining entry to a training programme, they will, of course, need to resign from their specialty doctor post to pursue specialty training.
- **Certificate of Eligibility for the Specialist Register (CESR):** doctors may choose to pursue the Article 14 route to the specialist register while working in a specialty doctor post.

It is the responsibility of a specialty doctor to decide if and when they are ready to apply under Article 14 for entry to the specialist register. Any doctor wishing to apply will benefit from having a supportive employer.

The standard set by PMETB for all doctors to enter the specialist register is the same whatever the route: CCT or CESR. Specialty doctors are more likely to apply through the Article 14 route for a CESR and will need to demonstrate to PMETB that they have the same broad ranging skills as a doctor who holds a CCT.

Doctors who have not followed a PMETB approved GP training programme can apply to join the GP Register under Article 11 for a Certificate confirming eligibility for General Practice Registration (CEGPR).

Why should employers support specialty doctors to gain the necessary evidence and experience for a successful application under Article 14?

Employers and the wider NHS need an effective workforce to deliver a high-quality service. Working with their employees, employers can support their development to ensure staff potential is maximised and the quality of service delivery is improved. For employers this will work best when they can see a particular local workforce need being met, but equally can benefit the trust's reputation as a supportive employer, thus improving future recruitment and retention and increasing the level of skill of their specialty doctors.

Most employers will wish to support a specialty doctor who aspires to progress to the specialist register. This can be done by assisting the specialty doctor to access the necessary experience and gather the necessary evidence to help them meet the requirements of an Article 14 application.

It may not be possible to do this 'on the job', where the opportunities to develop the necessary skills are not available. Employers may therefore seek other opportunities to support their employee.

This approach is likely to be successful where there is an identified workforce need that fits with the doctor's aspirations, timescale, skill and specialty.

Employer's options include:

- agreeing a secondment to a personalised training/development opportunity for a period of time
- support for formalised assessment to support their submission for an Article 14 application
- supporting the requirements following a PMETB assessment which indicates additional training and/or assessment.

Good practice recommendations in developing a specialty doctor workforce to meet service needs:

- Improved data on the specialty doctor workforce is needed for the benefit of all parties:
 - employers should keep an up-to-date database of their specialty doctors and their development plans (this is supported by the NHS appraisal toolkit)
 - SHAs and employers work to create a database of local specialty doctors' skills, aspirations and Article 14 status, with employers' development needs to support local workforce planning.
- Employers and SHAs should work to maximise development and training opportunities for specialty doctors, particularly where this fits with the local service need.
- Employers should support speciality doctors in their efforts to meet the requirements of Article 14 applications to PMETB through support of progressive development within the post and gathering of necessary evidence, particularly when this fits in with local workforce planning requirements.
- Employers will need to work closely with their SHAs to ensure that any funding allocated to support the development of specialty doctors is used effectively to create the structures and processes necessary to support the development of specialty doctors.

Appendix 1: standard person specification for a specialty doctor post

Entry criteria	Essential	Desirable	Assess by
Qualifications	MBBS or equivalent medical qualification		A
Eligibility	<p>Eligible for full registration with the GMC at time of appointment.</p> <p>Evidence of achievement of Foundation competencies by time of appointment in line with GMC standards in <i>Good Medical Practice</i> including:</p> <ul style="list-style-type: none"> • good clinical care • maintaining good medical practice • good relationships and communication with patients • good working relationships with colleagues • good teaching and training • professional behaviour and probity • delivery of good acute clinical care. <p>Evidence of achievement of ST1/CT1 competences in a relevant specialty at time of application and likelihood of achieving ST2/CT2 competences in a relevant specialty by the start date of the post (see notes on page 31).</p> <p>Eligibility to work in the UK.</p>		A, HS
Fitness to practise	Applicant's knowledge is up to date and is fit to practise safely		A (see notes on page 31), R, HS
Language skills	<p>All applicants to have demonstrable skills in written and spoken English that are adequate to enable effective communication about medical topics with patients and colleagues, which could be demonstrated by one of the following:</p> <ul style="list-style-type: none"> • applicants have undertaken undergraduate medical training in English 		A

Entry criteria	Essential	Desirable	Assess by
Language skills (continued)	<ul style="list-style-type: none"> applicants have scores in the academic International English Language Testing System (IELTS) or equivalent equal to those required for recruitment to MMC specialty training programmes. <p>If applicants believe that they have adequate communication skills but do not fit into one of the examples they need to provide evidence (see notes on page 31).</p>		
Health	Meets professional health requirements (in line with GMC standards in <i>Good Medical Practice</i>).		A, P, HS
Application completion	ALL sections of application form FULLY completed		A
Clinical skills (see notes on page 31)	<p>Acute care safe: <i>up-to-date ALS. Hospital at night team working/experience.</i> Out of hours experience relevant to the job.</p> <p>Relevant specialty clinical knowledge: capacity to apply sound clinical knowledge relevant to the job, <i>specialty knowledge exam.</i></p> <p>Clinical judgement: experience in making clinical decisions and managing risk. Knows when to seek help, able to prioritise clinical need.</p> <p>Practical skills: shows aptitude for practical skills, required in the job.</p> <p>Proven ability to work effectively in different clinical settings required in the job.</p>	<p><i>ALS instructors certificate</i></p> <p><i>Specialty knowledge exam</i></p>	A, P, C, I, R
Specialty specific skills related to the post	<p>Essential specialty specific competences for the post should be listed here (see notes on page 32) along with required evidence.</p> <p>Help can be found at relevant specialty websites and at www.pmetb.org.uk</p>	NB: Some skills may not be essential but would enhance the appeal of the candidate and these can be listed here.	A, P, C, I, R

Entry criteria	Essential	Desirable	Assess by
Specialty specific skills related to the post (continued)	Input should be sought from the clinical and/or medical director.		
Commitment to clinical governance/ improving quality of patient care	<p>Clinical governance: Capacity to be alert to dangers or problems. Demonstrates awareness of good decision making. Aware of own limitations. Track record of engaging in clinical governance: reporting errors, learning from errors.</p> <p>Audit: evidence of active participation in audit.</p> <p>Teaching: evidence of interest and experience in teaching where required in the job (see notes on page 32).</p>	<p>Research skills: demonstrates understanding of the principles of research, evidence of relevant academic and research achievements (see note on page 32).</p> <p>Teaching: evidence of experience in teaching where required in the job.</p>	A, I
Communication skills	<p>Effective communication skills: demonstrates clarity in written/spoken communication and capacity to adapt language as appropriate to the situation.</p> <p>Empathy and sensitivity: capacity to listen and take in others' perspectives.</p> <p>Works in partnership with patients: always considers patients preferences when discussing treatment options.</p> <p>Always considers the full impact of clinical decisions on the patients. Practice shared decision making.</p> <p>Directs and supports patients to access the information they need to support decision making.</p>	<p>360° feedback</p> <p>Patient survey feedback and reflections (see notes on page 32)</p>	
Personal skills	Team working: demonstrated experience working in a team, values the input of other professionals in the team.	Leadership skills: experience in leadership	A, I, R

Entry criteria	Essential	Desirable	Assess by
Personal skills (continued)	<p>Managing others and team involvement: capacity to work co-operatively with others and demonstrate leadership when appropriate. Capacity to work effectively in multi-professional teams.</p> <p>Coping with pressure: capacity to operate under pressure. Demonstrates initiative and resilience to cope with setbacks and adapt to rapidly changing circumstances.</p> <p>Problem solving and decision making: capacity to use logical/lateral thinking to solve problems and make decisions.</p> <p>Organisation and planning: capacity to organise oneself and prioritise own work. Demonstrates punctuality, preparation and self-discipline. Understands importance of information technology.</p> <p>Flexible approach to work: able to adapt and work with employers to deliver improved patient care.</p> <p>Equality and diversity: promotes equality and values diversity.</p>	<p><i>Demonstrates skills needed for effective delegation within the team: 360° feedback</i></p> <p><i>Driver with a valid license (see notes on page 32)</i></p>	
Probity	<p>Professional integrity and respect for others: capacity to take responsibility for own actions and demonstrate a non-judgmental approach towards others. Displays honesty, integrity, awareness of confidentiality and ethical issues.</p>		A, I, R
Commitment to ongoing professional development	<p>Learning and personal development: demonstrates interest in the specialty required for the job. Demonstrates a commitment to maintaining professional skills and knowledge relevant to the job (see notes on page 32).</p> <p>Demonstrates a willingness to fully engage in appraisal. Self-awareness and ability to accept and learn from feedback.</p>	<p><i>Extracurricular activities/achievements relevant to the job</i></p> <p><i>Specialty exams (see notes on page 32)</i></p>	A, I, P

Entry criteria	Notes
Eligibility	<p>ST1/CT1 and ST2/CT2 training is delivered either through specialty training or through completion of two FTSTA fixed term specialty training appointment (FTSTA) years delivering equivalent of levels one and two of ST/CT.</p> <p>Please check with the clinical director because in some specialties successful completion of two years of specialty or core training at levels one and two may not provide the employer with a doctor with the right skills to perform effectively in a specialty doctor post.</p>
Fitness to practise	<p>A record of the GMC number and a declaration of no conditions on the license to practice or referrals to the GMC can be included on the application form.</p>
Language skills	<p>The GMC requires all candidates for PLAB to satisfy their proficiency in English. By law, the GMC are not allowed to test the language proficiency of EEA nationals (other than the UK), Swiss nationals and a couple of other groups exercising their rights of free movement within the EEA.</p> <p>Most people are required to take the academic version of IELTS. A pass in IELTS is valid for two years. This standard is recommended for all doctors working within the NHS and is particularly important when recruiting doctors who have not previously worked in the UK.</p>
Clinical skills	<p>It is expected that all doctors working out of hours and in an acute care setting should be acute care safe; demonstrated through an up-to-date ALS certificate or equivalent. This standard may not be essential for doctors working in community settings. However, all doctors should be able to demonstrate that they are acute care safe and up to date in resuscitation training.</p> <p>An appropriate level of knowledge and application of this knowledge is essential for all doctors to be safe practitioners. It may not be essential for a specialty doctor to have passed a college exam but providing evidence of their knowledge and application of this knowledge should be required as part of the recruitment process</p> <p>Some jobs require specific clinical skills and personal attributes. These can be demonstrated through previous assessments such as manual dexterity and binocular vision required in some specialties: the clinical director will advise you.</p> <p>This can be adapted depending on the job: an employer can specify outpatients, community, theatre outreach etc.</p> <p>We recommend that all doctors work to the same standard. When a particular skill is required in a particular specialty doctor post then the employer can refer to the relevant college guidance and set a minimum standard of competence for the post thus maintaining the standard of patient care.</p>

Entry criteria	Notes
Specialty specific skills related to the post	We recommend that all doctors work to the same standard. When a particular skill is required in a particular specialty doctor post then the employer can refer to the relevant college guidance and set a minimum standard of competence for the post thus maintaining the standard of patient care.
Commitment to clinical governance/ improving quality of patient care	<p>This section provides the employer with an opportunity to describe additional features of the post that may make it attractive to candidates or to support the trust in delivering other requirement such as teaching and training.</p> <p>Research skills are only likely to be relevant where there is a research component to the post, although a candidate may use their research experience to demonstrate their commitment to the specialty.</p>
Communication skills	As patient feedback is not yet an essential part of a doctor's assessment in training, hard evidence may not be available. However, attitudes can be assessed at interview and the portfolio may be submitted if it provides evidence of this. In the future we can expect to see the development of patient feedback tools to support this work, which is a key part of any doctors' practice in the modern NHS.
Personal skills	If driving is a necessary part of the job this should be specified.
Commitment to ongoing professional development	<p>Demonstrated commitment through appraisal. Personal development evident in application form and through work and training experience, courses attended, engagement with teaching during training.</p> <p>College exams demonstrate a commitment and that a standard has been reached. However, we recommend they are desirable rather than essential for these posts because not all ST1/CT1 and ST2/CT2 doctors will have the training to achieve the college exams in some specialties. Where a college exam is a pre-requisite of completion of ST1/CT1 and ST2/CT2 then an employer can consider this essential.</p>

Key

A = application form,

HS = pre-employment check and health screening

I = interview,

P = portfolio

C = other documented evidence eg certificate, exam

R = references

Italics = recommended but not essential

Appendix 2: template for personal development plan

The complete set of DH appraisal documentation is available at:
www.dh.gov.uk/en/managingyourorganisation/Humanresourcesandtraining/EducationTrainingandDevelopment/Appraisals/index.htm

The appraiser and appraisee should identify key development objectives for the year ahead, which relate to the appraisee's personal and/or professional development.

The important areas to cover are:

- action to maintain skills and the level of service to patients
- action to develop or acquire new skills
- action to change or improve existing practice.

What development needs do I have?	How will I address them?	Date by which I plan to achieve the development goal	Outcome	Completed
Explain the need.	Explain how you will take action and what resources you will need?	The date agreed with your appraiser for achieving the development goal.	How will your practice change as a result of the development activity?	Agreement from your appraiser that the development need has been met.
1				
2				
3				
4.etc				

Appendix 3: resources and further reading

Bibliography

Academy of Medical Royal Colleges AoMRC). 2005. *The ten principles: a framework for continuing professional development*.

DH. 2003. *Choice and opportunity: modernising medical careers for non consultant career grade doctors*: www.dh.gov.uk

DH. 2001. *Working together, learning together: a framework for lifelong learning for the NHS*

DH. 2004. *Standards for better health*.

DH. 2000. *Equipped to care: the safe use of medical devices in the 21st century*.

DH. 2005. *Saving lives: a delivery programme to reduce Healthcare associated infection including MRSA*.

DH. 2005/6. *NHS Institute for Innovation and Improvement: priorities 2005/6*.

Health Professions Council. 2004. *Standards of education and training*.

National Audit Office, DH. 2005. *A safer place for patients: learning to improve patient safety*.

National Patient Safety Agency (NPSA). 2004. *Clean your hands campaign*: www.npsa.nhs.uk

NHS Litigation Authority. 2006. *Risk management standards for acute trusts: pilot version*.

Weblinks

Academy of the Medical Royal Colleges (AoMRC).2005. *The ten principles: a framework for continuing professional development*.
www.aomrc.org.uk/news.aspx

AoMRC. Links to the Royal Colleges: www.aomrc.org.uk/pages/links.htm

British Medical Association (BMA) report on Staff and Associate Specialist grade appraisal:
www.bma.org.uk/ap.nsf/Content/SASappraisalsurvey~process?OpenDocument&Highlight=2,appraisal

Career Grade Doctor Appraisal Forum:
www.appraisalsupport.nhs.uk/files2/CGDAF%20Background%20paper.pdf

DH. 2000. *A health service of all the talents: developing the NHS workforce. Consultation document on the review of workforce planning*.
www.dh.gov.uk/assetRoot/04/08/02/58/04080258.pdf

DH. 2001. *A health service of all the talents: developing the NHS workforce. Response to the consultation*.
www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4003182&chk=dv6U7n

DH. 2001. *Investment and reform for NHS staff: taking forward the NHS plan.*
www.dh.gov.uk/assetRoot/04/05/82/21/04058221.pdf

DH. 2001. *Working together, learning together: a framework for lifelong learning for the NHS.*
[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/
PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4009558&chk=tCWmaW](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4009558&chk=tCWmaW)

DH. 2004. *National standards, local action: health and social care standards and planning framework 2005/06-2007/08*
[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/
PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4086057&chk=ypFWoL](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4086057&chk=ypFWoL)

DH Appraisal for doctors:
[www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/
LearningAndPersonalDevelopment/Appraisals/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/LearningAndPersonalDevelopment/Appraisals/fs/en)

DH appraisal toolkit: www.appraisals.nhs.uk

DH. Improving Working Lives Standard (IWL):
[www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModelEmployer/
ImprovingWorkingLives/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModelEmployer/ImprovingWorkingLives/fs/en)

General Medical Council (GMC): www.gmc-uk.org

Good Medical Practice: www.gmc-uk.org/guidance/good_medical_practice/index.asp

Healthcare Assessment and Training (HcAT)web site: www.hcat.nhs.uk

Healthcare Commission. 2006. *National Survey of NHS staff 2005.*
[www.healthcarecommission.org.uk/nationalfindings/surveys/
staffsurveys/2005nhsstaffsurvey.cfm](http://www.healthcarecommission.org.uk/nationalfindings/surveys/staffsurveys/2005nhsstaffsurvey.cfm)

Healthcare Commission. *Standards for better health:*
www.healthcarecommission.org.uk/serviceproviderinformation/annualhealthcheck.cfm

NHS appraiser guidance and support:
[www.appraisalsupport.nhs.uk/files2/12092004164356training_the_appraisers_with_
video.pdf](http://www.appraisalsupport.nhs.uk/files2/12092004164356training_the_appraisers_with_video.pdf)

NHS Careers – Appraisal for doctors working in the NHS:
www.nhscareers.nhs.uk/nhs-knowledge_base/data/5352.html

NHS Core Learning Unit (CLU): www.corelearningunit.com

NHS Employers information on Improving Working Lives Standard (IWL):
www.nhsemployers.org/iwl

NHS Employers – national terms and conditions:
www.nhsemployers.org/pay-conditions/pay-conditions-349.cfm

NHS Litigation Authority (NHSLA) Risk Management Standards:
www.nhsla.com/RiskManagement/CnstStandards

NHS Modernising Medical Careers. 2005. *Career management: an approach for medical schools, deaneries, royal colleges and trusts.*

www.mmc.nhs.uk/download_files/Career-Management.pdf

NHS Employers guide to employment checks: www.nhsemployers.org/employmentchecks

(PMETB):

www.pmetb.org.uk

PMETB Article 14 application guidance:

www.pmetb.org.uk/index.php?id=317 Postgraduate Medical Education and Training Board

Radiology Integrated Training Initiative (R-ITI):

www.riti.org.uk

Sir Liam Donaldson. 2006. *Good doctors, safer patients: proposals to strengthen the system to assure and improve the performance of doctors and to protect the safety of patients.* DH.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4137232

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