

# Supervision of SAS and other non-Consultant Anaesthetists in NHS Hospitals

All doctors are required to recognise and work within the limits of their clinical competence, and to seek help from colleagues or others where this is appropriate.<sup>1</sup>

The NHS employs a significant number of doctors who are neither consultants nor trainees. These are collectively known as SAS (Staff Grade, Associate Specialist and Specialty Doctors) grades, and they make up approximately 22% of the non-trainee anaesthetic workforce. SAS doctors are employed on several different types of contract. Some (e.g. Staff Grade, Associate Specialist and Specialty Doctors) are based on nationally-negotiated terms and conditions, with minimum entry qualifications and defined salary scales. Other contracts (such as Trust grades) are non-standard and are locally agreed. This document is intended to apply to all non-consultant non-trainee anaesthetists, including those that are technically not in SAS Grades.

The amorphous and diverse nature of these posts means that the standards of education, training and experience that can be expected from postholders can vary quite widely.

Holding any particular contract of employment does not, in itself, determine the clinical competence of an individual.

The Specialist Register is a list of doctors who are eligible to be appointed to a Consultant post. A doctor who is on the Specialist Register can be considered as having achieved the level of training that is necessary to become a Consultant in the UK.

Some SAS doctors are relatively junior and inexperienced. They may be unfamiliar with the particular case mix that they are required to treat, or the way in which the hospital operates, especially if they have not previously worked in the UK. These doctors need to be closely supervised by a Consultant, often on a case-by-case basis. This supervision may be direct or indirect, depending on the clinical situation.

Other more experienced SAS doctors have the expertise and ability to take responsibility for patients themselves, without consultant supervision, under certain circumstances.<sup>2</sup> These circumstances need to be considered and agreed at on an individual basis. The ability to work autonomously depends upon the training and experience of the doctor, the range and scope of their clinical practice, and evidence of satisfactory practice reviewed at annual appraisal. Autonomous working can also be discussed within job planning meetings.<sup>3</sup> Doctors who are on the Specialist Register will find it easier to demonstrate their level of training, although evidence from annual appraisals becomes more relevant after several years.

Accountability arrangements should be commensurate with the seniority of the practitioner. Locally-applied governance should ensure that appropriate help and supervision is available, as with all grades of anaesthetists, when it is necessary. Where close levels of supervision are required then the departmental rota should make clear who the supervisor is, and what his or her other duties are (including supervising multiple SAS doctors or trainees). It is not possible to deliver close supervision if the supervisor is constrained by other commitments.

Where SAS doctors are working autonomously and without supervision the scope of their practice must be clearly defined, mutually agreed and understood by both the doctor themselves and other members of the department. It should be understood that SAS doctors capable of working autonomously in one particular sphere of clinical practice may not be able to do so in all others.

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Doctors should ensure that they have appropriate indemnity through their Trust, or make alternative arrangements when necessary.

The College recommends that SAS Doctors have access to an SAS Tutor, clinical supervisor or mentor. They must fully engage with appraisal and revalidation, job planning, audit and CPD. Adequate time and resources must be available within their timetable to incorporate these professional activities.<sup>4</sup>

SAS doctors are able to become educational or clinical supervisors<sup>5</sup> or examiners if they hold the relevant skills, competence and experience.

## References

- 1 Good Medical Practice. GMC, London 2013 (<http://bit.ly/2qbU8Jd>).
- 2 A new charter for specialty and associate specialty (SAS) doctors in England. AoMRC, London 2014 (<http://bit.ly/2qbHkmh>).
- 3 A UK Guide to job planning for specialty doctors and associate specialists. NHS Employers, London 2012 (<http://bit.ly/2qbTKKL>).
- 4 SAS Doctor Development. Summary of resources and further work. Academy of Medical Royal Colleges, British Medical Association, Health Education England and NHS Employers. NHS Employers, London 2017 (<http://bit.ly/2oPEiQv>).
- 5 SAS Doctors, Educational Supervisors and Clinical Supervisors. GMC, London 2012 (<http://bit.ly/23ZWSEe>).

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