



## AUTONOMOUS PRACTICE PRIVILEGES FOR SAS DOCTORS POLICY

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**This policy will be reviewed in line with the Document Control Policy, please read the policy in conjunction with any updates provided by National Guidance.**

## DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
May 2023	1.0	11 <sup>th</sup> May 2023	Medical Director	New Policy	Approved at Local Negotiating Committee

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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## Executive Summary

The Isle of Wight NHS Trust (the 'Trust') is committed to protecting patients and the public by ensuring all doctor providing autonomous care are appropriately trained professionals.

## 1 Introduction

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.

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.

The GMC has confirmed that SAS doctors can work autonomously, even though they are not on the specialist register.

Autonomous working is promoted as part of the national SAS Charter agreed by BMA, NHSE and The Academy of Royal colleges and Health Education England.

Implementation of this policy will ensure that the Trust has a process for managing autonomous practice, which will be applied fairly, and which will maintain public confidence that clinical care is delivered by appropriately qualified and registered employees.

The CESR process and autonomous practice policy are separate processes.

## 2 Definitions

The terms used in this document are defined as follows:

- 2.1 **Specialty Doctors, Associate Specialist, Staff Grades and Specialist (SAS)** are career grade doctors.
- 2.2 **Autonomous practice** is based on an individual's professional competence and can include having a clinical responsibility and accountability within a specialism that is similar to that of a Consultant.

This policy will use the term SAS doctor to refer to all doctors defined in section 3.

## 3 Scope

This policy 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.

## 4 Purpose

- 4.1 To establish a process to ensure that SAS doctors are appropriately qualified for autonomous practice.
- 4.2 To eventually recognise autonomous practitioners in electronic patient records (EPR)
- 4.3 To allow development of autonomous practice within SAS grades that will deliver the following benefits to the Trust, clinicians and patients.
  - Recognition of the high level of clinical skills and professionalism of SAS doctors and dentists
  - Enhancement of the Trust's, as well as departmental profiles
  - Development of more sub-specialty roles (eg: breast surgery, hernia surgery etc.)
  - Provision of personal and professional development goals and opportunities for SAS doctors within the Trust
  - Greater medical engagement of SAS doctors
  - Improved recruitment and retention of highly skilled clinicians
  - Improved clinical governance and accountability
  - Increased service capacity for the trust
  - Increased transparency and service delivery

## 5 Roles and Responsibilities

- 5.1 The **Chief Executive** is responsible for:
  - 5.1.1 Ensuring the policy is applied fairly across the Trust, including any appeals, and;
  - 5.1.2 Ensuring that the standards defined within the policy are met.
- 5.2 The **Medical director** is responsible for:
  - 5.2.1 The application of the policy and for ensuring it is only applied to SAS doctors directly employed by the Trust.
  - 5.2.2 The Medical Director may delegate authority for signing off individual applications for autonomous practice privileges to the Care Group Directors.
- 5.3 The **Care Group Directors and Clinical Leads** have responsibility for:
  - 5.3.1 Applying the policy within the Divisions, including processing any applications received under this policy.

- 5.3.2 Deciding on the scope of autonomous practice through case-based discussions or similar, reviewing these decisions and maintaining accurate records to support their decisions (Appendix C) and referring to guidance from relevant professional bodies if available.
  - 5.3.3 Providing support to SAS doctors to demonstrate that the criteria specified within the policy relating to autonomous practice have been met.
  - 5.3.4 Ensuring that autonomously working SAS doctors have an agreed job plan and appropriate coding issued to the individual Practitioner for the area of approved autonomous practice.
- 5.4 The **SAS Doctor** is responsible for:
- 5.4.1 Demonstrating that they meet the criteria for autonomous working.
  - 5.4.2 Submitting their request for autonomous practice.
  - 5.4.3 Completing any agreed development plan in a timely manner.
  - 5.4.4 Maintaining a high standard of practice; and
  - 5.4.5 Where approval has been given for working autonomously in specific areas, to only undertake autonomous work in these areas.
- 5.5 **Medical Workforce Manager** is responsible for:
- 5.5.1 Supporting and advising on the policy;
  - 5.5.2 Confirming the applicant is directly employed by the Trust;
  - 5.5.3 Maintaining records and recording review dates;
  - 5.5.4 Notifying the PAS team of approved application and any withdrawal of rights to autonomous practice or restrictions on autonomous practice;
  - 5.5.5 Informing the Medical Director, SAS doctor and Care Group Director if there is a lapse of professional registration or if a professional oversight concern has arisen through appraisal and revalidation;
  - 5.5.6 Providing HR support to the individual if an appeal is received from the SAS doctor.

## 6 General principles

The following general principles will support the implementation of this policy

The autonomous work must be on the basis of an individual's competence and work is within the professional competence

Agreements about granting autonomous practice are of a continuous nature. The appraisal will form part of the continuous monitoring of the clinician's performance.

Autonomous practice rights will allow the practitioner

- to receive referrals from other clinicians (within their autonomous role) and have individual waiting lists.
- to be identified as the named physician for their patients within the defined service.

- to conduct clinics and have their work coded under their own names
  - to have named responsibility for patients in their area of autonomous practice.
  - to seek advice, investigations, treatment or patient review from other clinicians. They should retain their full organizational and professional accountability for all their actions.
- 6.1 At a job planning meeting, the Care Group Director will discuss the application with the applicant using **Appendix C** to assist.
  - 6.2 The Care Group Director or Medical director will assess the application, job plan and obtain a reference from the Clinical Lead or nominated Deputy using **Appendix E**.
  - 6.3 Having reviewed the application and reference the Care Group Director or Medical director will classify it as one of the four following outcomes:
    - 6.3.1 Already working autonomously in the job plan; application approved.
    - 6.3.2 Capable of working autonomously, but not already doing so; application approved.
    - 6.3.3 Capable of working autonomously in some of the areas requested, application approved for specific areas.
    - 6.3.4 Needs support and development plan for autonomous working to be considered; application not approved.
    - 6.3.5 Not approved.
  - 6.4 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 Care Group Director will ask the Clinical Lead to create a development plan in conjunction with the SAS doctor and its implementation. Once this plan has been successfully completed the SAS doctor can re-apply for autonomous practice privileges or for a review of the specific areas of autonomous practice privileges previously agreed.
  - 6.5 Once the autonomous practice privileges are approved, the applicant, Clinical Lead, Care Group Director, Service/operations Manager and Medical Workforce Manager will be notified in writing by the Medical director.
  - 6.6 When an application has been approved, the application along with any reference(s) obtained as well as any completed development plan must be submitted to Medical Workforce Manager for recording on the SAS doctors' personal file.

## **7 Review of Autonomous Practice Privileges (Accountability is the same as that of a Consultant)**

- 7.1 The autonomous practice privileges should not be reviewed as a job plan meeting. Any issues of competence should be managed using the appropriate trust policy.
- 7.2 If there is evidence of significant concerns regarding autonomous practice the Care Group Director may then seek appropriate advice to vary the terms of autonomous practice within the job plan. This may include modification of autonomous practice privileges in specific areas and introduction of a development plan as needed.

- 7.3 If a considered decision is made to vary previously authorised autonomous practice privileges, notification should be provided as soon as possible to the Medical Director.

## 8 Development Plans

- 8.1 The development plan timescales will be individually identified, and an assessment will continue for 12 months from the date of the development plan. Failure to obtain the skills required for autonomous practice within this time period will result in further applications being declined until the development plan has been successfully completed.
- 8.2 If an SAS doctor or equivalent has made applications to one specialism or area of practice 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.

## 9 Appeal

- 9.1 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.
- 9.2 An appeal panel hearing will be scheduled at which the SAS doctor can be accompanied by the SAS Chair or Tutor and a trade representative. There will be a Care Group Director from a different care group. The Panel, chaired by the Medical director, will consider all written and verbal evidence and advise of the final decision in writing within 10 days of the appeal process. There is no further right of appeal.

## 10 Consultation

*All documents including major revisions of existing policies will require consultation; policies should describe the level of consultation undertaken in relation to new, or revised, documentation and will be dependent upon: NB the document should include the most recent consultation not consultation on previous versions*

- *the type of document.*
- *the impact that its introduction will have.*

*Any significant dissent against a Policy that is flagged during the Consultation process should be highlighted to the Lead Director and documented in the meeting's minutes.*

## 11 Training

This policy does not have a mandatory training requirement or any other training needs.

## 12 Monitoring Compliance and Effectiveness

Compliance and effectiveness of this policy will be measured by yearly audit of application of the policy (including application across protected characteristics) and reporting to People and OD Committee.



This policy will be reviewed in three years. The policy may need to be revised before this date, particularly if national guidance or local arrangements change.

### **13 Links to other Organisational Documents**

*Include all relevant documents that should be read in conjunction with the document e.g., legal, guidelines etc.*

### **14 References**

- 14.1 Terms and Conditions of Service - Specialty Doctor (England) - 2008
- 14.2 Terms and Conditions of Service – Associate Specialist (England) - 2008
- 14.3 Terms and Conditions of Service – Specialty Doctor (England) – 2021
- 14.4 The SAS Charter
- 14.5 Guidance template for the development of autonomous practice for SAS doctors and dentists – British Medical Association
- 14.6 Future NHS long term plan , DHS 2019.

### **15 Appendices**

## Appendix A

### Financial and Resourcing Impact Assessment on Policy Implementation

*NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore, this form should not be completed where the resources are already deployed, and the introduction of this policy will have no further resourcing impact.*

Document title	Autonomous Practice Privileges for SAS Doctors Policy
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Totals	WTE	Recurring £	Non-Recurring £
Manpower Costs			
Training Staff			
Equipment & Provision of resources			

**Summary of Impact:**

**Risk Management Issues:**

**Benefits / Savings to the organisation:**

**Equality Impact Assessment**

- |  |        |
|--|--------|
| ▪ Has this been appropriately carried out? | YES/NO |
| ▪ Are there any reported equality issues?  | YES/NO |

If "YES" please specify:

**Use additional sheets if necessary.**

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training, and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs			
<b>Totals:</b>			

Staff Training Impact	Recurring £	Non-Recurring £

<b>Totals:</b>		
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<b>Equipment and Provision of Resources</b>	<b>Recurring £ *</b>	<b>Non-Recurring £ *</b>
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g., telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
<b>Totals:</b>		

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

## Equality Impact Assessment

This Equality Analysis is a written record that demonstrates that you have shown *due regard* to the need to **eliminate unlawful discrimination, advance equality of opportunity** and **foster good relations** with respect to the characteristics protected by the Equality Act 2010.

<b>Name of policy/procedure</b>	Autonomous Practice Privileges for SAS Doctors
<b>Date of assessment:</b>	18 <sup>th</sup> September 2022
<b>Responsible department:</b>	People Services
<b>EIA Author:</b>	Rebecca Palmer, Medical Workforce Manager
<b>Intended equality outcomes:</b>	

### Who was involved in the consultation of this document?

Date	Forum
22 <sup>nd</sup> September 2022	Joint Local Negotiating Committee

Please describe the positive and any potential negative impact of the policy on service users or staff.

In the case of negative impact, please indicate any actions to mitigate against this by completing stage 2. Supporting Information can be found by following the link: [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

Protected Characteristic	Equality Analysis	EIA Impact (Positive/Negative)
Age		Positive
Disability		Positive
Gender reassignment		Positive
Marriage & civil partnership		Positive
Pregnancy & maternity		Positive
Race		Positive
Religion/Belief		Positive
Sex		Positive
Sexual orientation		Positive

### Stage 2: Full impact assessment

What is the impact?	Mitigating actions	Monitoring of actions

## Appendix C

### Checklist for Divisional Directors of Operation

Evidence	Insert Yes of No and comment
Completed “ <b>Appendix D</b> – Autonomous Practice Application Form” has been received	
Confirmation received that applicant is directly employed by the Trust	If <b>NO</b> , application cannot be processed.
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 the Clinical Lead and Care Group Director	
Reference from the Clinical Lead to support this application	
All paperwork passed to the Medical Workforce Manager for attaching to the applications personal file and for the EPR to action	
Checklist completion date:	
Checklist completed by:	

## Appendix D

### **Autonomous Practice Application Form (Doctor to complete)**

Name			
Division			
Directorate			
Department(s)			
Date employment commenced with the Trust			
GMC Number			
Revalidation Date			
Date of last 3 appraisals			
Date of Application			
Date Application Received			

Areas of autonomous clinical practice applied for:		
No.	Area(s) of clinical practice	<i>(Divisional Director of Operations to enter approved or not approved)</i>
1		
2		
3		

<b><u>Supporting Information (Eg: log of activity)</u></b>
Curriculum Vitae (attach):
Specialist Society Membership (attach membership certificate):

**CPD Evidence (past 3 years, list below and attach certificates):  
(Will be in e appraisal on 'HealthMedic')**

**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 Care Group Director**

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"><li>• xxx</li><li>• xxx</li><li>• xxx</li></ul>	
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 Care Group Director***

Signature: .....

Name: .....

Grade: .....

Date: .....

*Please send completed form to Medical Workforce Manager for logging and notifying the Medical Director*



## Appendix E

### **SAS Autonomous Practice Reference Request from Lead or nominee**

<b>Name of Applicant</b>	
<b>Division</b>	
<b>Directorate</b>	
<b>Department</b>	

<b>Autonomous practice privileges requested:</b>	
<b>1</b>	
<b>2</b>	
<b>3</b>	

<b>Name of Clinical Lead</b>	
<b>Grade</b>	

*To be completed by Clinical Lead or nominated deputy*

<b>Date applicant commenced in post:</b>	
<b>Do you have any concerns about their practice in the procedures stated above?</b>	
<b>Are you aware of any development and/or support needs in the procedures stated above?</b>	
<b>Are you aware of any ongoing complaints, conduct, capability, or other investigations?</b>	

<b>Please provide a Statement</b>

**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	
2	

Signed: .....

Name: .....

Date: .....

**Please return to the Care group Director**

## Appendix F

### SAS Autonomous Practice Review Form

<b>Name of Doctor</b>	
<b>Division</b>	
<b>Directorate</b>	
<b>Department</b>	

<b>Autonomous practice privileges approved:</b>	
<b>1</b>	
<b>2</b>	
<b>3</b>	

<b>Date of Appraisal</b>	
<b>Date of Job Planning Meeting</b>	
<b>Name of Job Planning Consultant</b>	

#### **Outcome of Review** (*select one outcome*)

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

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*Review signed by Care Group Director*

Signature: .....

Name: .....

Job Title: .....

Date: .....

*Please send completed form to Medical Workforce Manager for logging and notifying the Medical Director and EPR where required.*