

## **RCOphth Guide to autonomous working for SAS ophthalmologists**

Patient care in the NHS is delivered by a team, traditionally led by consultants. SAS doctors provide care within the multi-professional team and, depending on their skills and experience, may manage complex cases, perform intraocular surgery and laser treatments, and contribute to quality improvement activities, teaching and training, research, management and leadership roles.

### **What is autonomous working?**

Autonomous working is where an SAS doctor works independently, without routine supervision by or referral to a consultant. This is usually within specific areas of work, based on the individual's level of competence, within agreed lines of responsibility, and agreed within the job plan.

### **Who states that this is allowed and encouraged?**

Ophthalmologists do not always realise that there is no actual contractual requirement for consultant supervision for SAS grade doctors, although there is a need for individual accountability arrangements and supervision to be agreed as part of the job plan.

NHS Employers outline this in their job planning guidance 2012 and say:

*'At the top of the grade, SAS doctors will have acquired a high level of specialist knowledge and expertise and have the capacity and opportunity to work independently within agreed lines of responsibility and will also take a broader role in the organisation through other activities such as teaching and audit.'*

The Academy of Medical Royal Colleges acknowledge it is not always a consultant who is the responsible clinician for a patient but "*in some cases may be another senior doctor (eg a Specialty Doctor) with the right level of competence*".

### **What does autonomous working look like?**

SAS grades can work with a greater degree of autonomy in areas where they have proven particular expertise. Examples may be a SAS doctor being a service delivery unit lead, developing or being in charge of a particular clinic, theatre list, or leading a subspecialty service. There are many other examples. SAS doctors working autonomously will usually receive direct referrals, with the patients being under their named care, and the clinical activity coded against their name. Specific arrangements must still be in place to provide appropriate peer advice and ongoing support and development.

### **What are the benefits of autonomous working?**

The benefits of autonomous working are:

- Recognition of the high level of clinical skills and professionalism of SAS doctors
- Provides personal and professional development opportunity for SAS doctors
- Greater medical engagement of SAS grades
- Supports recruitment and retention of highly skilled SAS clinicians
- Improved governance and accountability

## **Who is ultimately responsible for the patient care for autonomous SAS working?**

In a healthcare organisation, the Chief Executive carries ultimate responsibility for patients but delegates this responsibility to appropriate clinicians, overseen by the Medical Director through appropriate clinical governance systems. These “appropriate clinicians” can be consultants or SAS doctors, and they are accountable to the medical director and the chief executive.

It is crucial that SAS doctors working autonomously must abide by the GMC requirements to not only provide good standards of care, but also recognise, be accountable for, and work within the limits of their competencies.

SAS doctors working autonomously should be covered by a trust policy on autonomous working in which the following responsibilities should be defined:

1. The Medical Director or a nominated deputy provides advice and guidance to clinical directors and clinical leads on autonomous working.
2. The clinical director/clinical lead is responsible for the application of the autonomous working policy within their directorate/service. They should support SAS doctors to demonstrate that the criteria on autonomous practice have been met and keep records of formal sign-off and annual review.
3. The SAS doctor will need to demonstrate that the criteria for autonomous practice have been met.

## **How should an SAS doctor try to gain approval for autonomous working?**

The SAS doctor should raise their aim to pursue autonomous working at their appraisal. After the discussion, the SAS doctor can:

- a) Submit a written request to their clinical lead, outlining the proposal for autonomous working in their specific area of expertise, with evidence to support the application.
- b) The clinical lead will discuss the request with the SAS doctor, addressing areas for discussion or potential issues.
- c) The clinical lead will discuss the request with the clinical directorate or divisional lead and the CEO (or a delegate of the CEO e.g. Chief Operating Officer) and provide a written response to the SAS doctor on whether and how autonomous working will go ahead.
- d) The SAS doctor will send the agreement of the clinical and directorate/divisional leads to the Medical Director for sign-off and the job plan will be amended
- e) The clinical lead will ensure appropriate coding of workload activity and outcomes to the SAS doctor who would normally be the named clinician for this work.
- f) The lines of responsibility for peer support, supervision and accountability must be clear.
- g) The lead and the SAS doctor need to keep records of the agreement details and supporting evidence.

If there is agreement that the SAS doctor is not ready for autonomous working, a development plan should be put in place to try and address any gaps. Any dispute

about how the published national guidance has been applied or the decision made would need to follow the trust HR processes and in some cases the grievance process.

### **What sort of evidence should an SAS doctor provide to support autonomous working?**

1. Evidence of competence including:
  - Evidence of appropriate training
  - Ongoing audit and outcomes in line with best practice, as compared to peers' results and national data.
  - Patient and colleague feedback
  - Clinical governance reports
  
2. Evidence of how the autonomous working meets service needs.

### **How should trusts support progression to autonomous working?**

SAS doctors who aspire to autonomous working practice in a particular area should be encouraged to do so by their trust, and this aspiration should be incorporated into the job planning and appraisal processes, where it fits with trust and service needs.

### **Transferring responsibilities to another employer**

Remember that agreements reached for autonomous working are local arrangements related to that local practice. A doctor moving to another post or employer would not take this privilege with them automatically, but the skill and experience are transferable and could lead to a local arrangement with the new employer.

### **References:**

BMA Guidance template for the development of autonomous practice for SAS doctors and dentists (does not apply in Scotland)

UK job planning guidance for SAS doctors published by NHS Employers, November 2012

Terms and conditions of service Specialty doctor (England) 2008

<http://www.nhsemployers.org/your-workforce/pay-and-reward/medical-staff/sas-doctors>

AoRMC Guidance for taking responsibility: accountable clinicians and informed patients, June 2014

SAS doctor development: summary of resources and further work, February 2017

BMA: a charter for staff and associate specialist and specialty doctors, 2014