

# TRAINING AND DEVELOPMENT FRAMEWORK FOR SAS DOCTORS WORKING IN SPECIALIST PALLIATIVE CARE

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## CONTENTS

	<b>Page</b>
1. Introduction	3
2. The role of the doctor in Specialist Palliative Care	5
3. Development programme for SAS doctors for the first 4 years of employment	6
4. Suggested courses	13
5. References and further resources	14
6. Useful contact details	15

## 1. INTRODUCTION

This training and development framework is designed to provide guidance for SAS doctors working in Specialist Palliative Care in Greater Manchester and Eastern Cheshire who wish to develop their knowledge and skills. It outlines the competencies they may wish to obtain and the range of experience recommended to achieve these. It can be used to assess current level of skills and competencies, as well as identifying development needs. It aims to support SAS doctors to fulfil their potential and to maximise the contribution they are able to make to the delivery of high quality palliative care.

The term “SAS doctor” is usually used to include specialty doctors, staff grade doctors and associate specialists appointed on national terms and conditions of service. For the purpose of this document, it also includes doctors undertaking similar work but in posts with local terms and conditions. The document may also be useful for those working as GPs with extended roles (GPwERs) in Palliative Medicine.

There is good evidence that education and training plays an important part in recruitment and retention of SAS doctors, ensuring they are recognised as valued members of staff [1]. Hence adoption of this training framework may help organisations and localities to attract and retain these essential members of the medical workforce. The framework may therefore be useful for Consultants in Palliative Medicine, Hospice Senior Leadership teams and commissioners of Specialist Palliative Care services.

It is recognised that the SAS doctor workforce is diverse, with a range of experience prior to becoming a SAS doctor. Some enter the grade from General Practice, potentially having worked for many years as a GP. Others become SAS doctors after completing Core Medical Training, sometimes with the aim of gaining experience to be able to apply for specialty training. Others may move into a SAS doctor role from another specialty.

The learning opportunities available to a SAS doctor will depend on the setting(s) in which they are working, and an individual’s development will need to be aligned with the objectives of their employing organisation.

Hence this framework should not be seen as prescriptive, but as guidance to be adapted for individual doctors according to their previous experience, circumstances and career aspirations. Where the guidance refers to recommended goals for Year 1, 2, 3 etc, this should be seen as years of whole-time equivalent experience. Hence for those working part-time, the recommended experience per year may need to be gained over two or more calendar years.

All doctors are required to undertake annual appraisal and meet the requirements for revalidation. This framework can be used as part of the appraisal process and will help a SAS doctor to provide evidence towards these requirements. However, it does not replace appraisal and revalidation guidance produced by the General Medical Council, Association for Palliative Medicine or other relevant organisations.

The framework has been developed by a working group, consisting of:

Dr Aruna Hodgson	Clinical Lead, Greater Manchester and Eastern Cheshire Strategic Clinical Networks Palliative Care SAS Doctor Development Project
Dr Charlotte Barber	Senior Ward Doctor, Springhill Hospice
Dr Patrick Fitzgerald	Acting Medical Director, Willow Wood Hospice
Dr Matthias Hohmann	Medical Director, Dr Kershaw's Hospice
Dr Anna Murray	Deputy Medical Director, Wigan & Leigh Hospice
Dr Alison Phippen	Associate Specialist, St Ann's Hospice
Dr Paul Selway	Macmillan Locum Consultant in Palliative Medicine, Wrightington, Wigan and Leigh NHS Foundation Trust

### **Acknowledgements**

This framework has been adapted from the Training and Development Programme for SSAS Doctors working in Specialist Palliative Care within Cheshire and Merseyside. GMEC SCNs are extremely grateful to Dr Helen Bonwick and Dr Esraa Sulaivany for permission to use the document and their valuable advice and support with the GMEC SAS Dr Development project.

## 2. THE ROLE OF THE DOCTOR IN SPECIALIST PALLIATIVE CARE

Specialist Palliative Care is provided by multidisciplinary teams consisting of a range of health and social care professionals, each with a unique contribution to make. Every member of the team requires a set of generic qualities, including good communication skills, team working, non-judgemental behaviour, empathy and integrity.

In addition to possessing these attributes doctors must be able to:

- assess patients' healthcare needs taking into account their personal and social circumstances
- apply their knowledge and skills to synthesise information from a variety of sources in order to reach the best available diagnosis and understanding of the patient's problem, or to know what steps need to be taken to secure such an outcome
- support patients in understanding their condition and what they might expect, including in those circumstances when patients present with symptoms that could have several causes
- identify and advise on appropriate treatment options or preventive measures
- explain and discuss the risks and benefits of various tests and treatments and where possible support patients to make decisions about their own care.

Although other professionals may also be capable of undertaking some of these tasks, the particular contribution of doctors comes from the breadth of their training and their ability to assess and manage risk. This requires high level decision-making skills and the ability to work outside defined protocols when circumstances demand.

In addition, more senior doctors must be capable of taking ultimate responsibility for difficult decisions in situations of clinical complexity, ambiguity and uncertainty, drawing on their scientific knowledge and well-developed clinical judgement. They must have the capacity to work out solutions from first principles when the pattern does not fit [2].

### Tiers of Clinical Decision-Makers

The Royal College of Physicians (RCP) has defined three tiers of clinicians, according to their levels of competence in decision-making [3].

- **Tier 1: Competent clinical decision makers** – clinicians who are capable of making an initial assessment of a patient e.g. Foundation trainees, Core medical trainees, Physician associates, Advanced nurse practitioners
- **Tier 2: Senior clinical decision makers** – clinicians who are capable of making a prompt clinical diagnosis and deciding the need for specific investigations and treatment e.g. Trainees at the end of core medical training, specialty registrars in higher medical training programmes, specialty and associate specialist doctors
- **Tier 3: Expert clinical decision makers** – clinicians who have overall responsibility for patient care e.g. consultants, specialty and associate specialists with higher levels of competencies, qualifications and experience.

This training and development framework may be used to help SAS doctors to progress from Tier 2 (senior clinical decision maker) to Tier 3 (expert clinical decision maker).

### 3. DEVELOPMENT PROGRAMME FOR SAS DOCTORS FOR THE FIRST FOUR YEARS OF EMPLOYMENT

This development programme is based on the current specialty training programme which Specialty Registrars in Palliative Medicine undertake in order to gain a Certificate of Completion of Training. It is designed to be used as part of the appraisal process and should therefore be used alongside the Appraisal Metrics for Consultants and SSAS doctors in Specialist Palliative Care [4].

The recommended experience is described over a four year period, but this should be seen as an indicative time scale to be adapted according to the individual SAS doctor's previous experience, circumstances and career aspirations. The priority should be to set goals which are realistic for the doctor to achieve, rather than sticking rigidly to the time scales outlined.

Where the guidance refers to recommended goals for Year 1, 2, 3 etc, this should be seen as years of whole-time equivalent experience. Hence for those working part-time, the recommended experience per year may need to be gained over two or more calendar years. If a doctor decides to study for a higher qualification such as a Diploma or Masters degree, the time commitment required for this will also need to be taken into consideration when setting other goals for that period, and other experience may need to be deferred until after completion of the degree.

The range of competencies which it may be useful for a SAS doctor to achieve is outlined in the Palliative Medicine Specialty Curriculum, which is available at <https://www.jrcptb.org.uk/specialties/palliative-medicine>. Competencies are described for the following domains:

1. Introduction to Palliative Care
2. Physical Care
3. Communication
4. Psychosocial Care
5. Attitudes and Responses of Doctors and Other Professionals
6. Culture, Language, Religion and Spirituality
7. Ethics
8. Legal Frameworks
9. Teamwork
10. Learning and Teaching
11. Research
12. Management
13. Clinical Governance

#### **Recording progress**

The SAS doctor may wish to use the JRCPTB e-portfolio process to log their progress in achieving these competencies, including any workplace-based assessments undertaken. The e-portfolio may be accessed by paying a yearly fee of £169 to the JRCPTB.

See <https://www.jrcptb.org.uk/non-training-application-forms>.

## Sources of advice and support

The development programme will be optimised if the SAS doctor has an educational supervisor to support them (contact Dr Alison Roberts, Training Programme Director for Palliative Medicine, [aroberts@sah.org.uk](mailto:aroberts@sah.org.uk) for a list of available supervisors). The nominated educational supervisor should meet regularly with the SAS doctor, assessing their development needs and ensuring that learning needs are being met.

The SAS doctor will also benefit from linking in with the SAS Lead in their trust, where applicable, or the regional SAS Lead for Palliative Medicine (see <https://www.nwpgmd.nhs.uk/sas-doctors/introduction> for SAS Lead contact details).

## Other considerations

It is optimal if the SAS doctor can undertake some form of rotation during the 4 year programme if possible. This will allow them to gain experience across hospice, hospital and community settings. This could potentially be achieved through a collaboration between different units and localities.

## Useful courses

A list of useful courses is included in Section 3. The list is not exhaustive and other courses may also be helpful. Each SAS doctor should have a study leave budget from their employer to support their professional development. If additional funding is required, an application to the Health Education England North West SAS Development Fund could be considered (see <https://www.nwpgmd.nhs.uk/sas-doctors/applying-sas-development-fund>).

Hospice-employed doctors may also be able to apply to Hospice UK for a professional development grant (see <https://www.hospiceuk.org/what-we-offer/grants>).

## e-learning

The e-ELCA (End of Life Care for All) e-learning programme contains over 160 sessions grouped into nine modules:

Advance Care Planning	Symptom Management	Spirituality
Assessment	Social Care	Integrating learning
Communication Skills	Bereavement	Specialist content

Many of these modules will be helpful for SAS doctors to undertake to support their development. See <https://www.e-lfh.org.uk/programmes/end-of-life-care/>.

BMJ Learning and Doctors.net also offer a range of useful e-learning modules.

## CESR

For those SAS doctors who wish to work towards submitting a CESR (Certificate of Equivalence of Specialty Recognition) application, this development programme will help them to develop the necessary experience and competencies. It is not the only part of the process and anyone who is considering making a CESR application should read the relevant guidance on the General Medical Council website, including the specialty-specific guidance ([https://www.gmc-uk.org/-/media/documents/sat---sag---palliative-medicine---dc2275\\_pdf-48454816.pdf](https://www.gmc-uk.org/-/media/documents/sat---sag---palliative-medicine---dc2275_pdf-48454816.pdf)). They should also take advice from the Training Programme Director for Palliative Medicine or a senior doctor who has experience of supporting a doctor making a CESR submission.

### Autonomous working

Experienced SAS doctors have a high level of specialist knowledge and expertise and many already work autonomously for all or some of their practice. This development framework can be used to support SAS doctors who wish to either work towards autonomous practice or extend the scope of their autonomous practice, providing guidance as to how they can develop and demonstrate the necessary competencies. Although the framework suggests a SAS doctor can start to work autonomously in years 3 and 4 of the programme, this will need to be assessed on an individual basis according to their previous experience and level of competency. Further information can be found in the BMA's Guidance template for the development of autonomous practice for SAS doctors and dentists [5].

### Summary of suggested experience by year

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
<b>Clinical</b>	Inpatients Day therapy	As Year 1 + outpatients/ domiciliary visits	As Year 2 with increasing level of responsibility	Work more autonomously Lead MDT meetings
<b>Education</b>	Regional teaching Advanced communication skills Opening the Spiritual Gate	Advanced Symptom Control course or similar Consider starting Diploma or Masters Training the Teachers course	Palliative Medicine Conference Consider Clinical/ Educational Supervision course	Clinical/ Educational Supervision course Leadership/ management course
<b>Audit/ Quality Improvement</b>	Participate in audit or QI project	Complete an audit or QI project	Supervise an audit or QI project	Continue to participate in audit/ QI
<b>Teaching</b>	-	Participate in teaching medical students, more junior Drs & other professionals	As Year 2 + organise teaching sessions + mentor medical students	As Year 3
<b>Leadership/ management</b>	-	-	Participate in service innovation project	Participate in or lead service innovation projects
<b>Research</b>	-	-	-	Participate in research if possible



# Year One

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## **Clinical**

1. Manage inpatients with senior supervision.
2. Review of day therapy patients with senior supervision.
3. Attend and participate in inpatient MDT meetings.

## **Education**

1. Attend North West Palliative Care Physicians Group (NWPCPG) meetings.
2. Attend bimonthly regional Palliative Medicine teaching where possible.
3. Undertake an Advanced Communication Skills course.
4. Undertake Opening the Spiritual Gate either as face to face or e-learning course.

## **Audit/ Quality Improvement**

1. Take part in an audit or quality improvement project within own working environment.
2. If possible, attend regional audit meetings and participate in a regional audit.

## **Supervision**

1. Have regular meetings with an educational supervisor.
2. If possible maintain an e-portfolio using the curriculum as a guide to gain appropriately supervised clinical skills and knowledge.

# Year Two

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## **Clinical**

1. Continue to gain clinical experience in managing inpatients, taking on increasing responsibility.
2. Gain experience of working in other settings, for example day therapy, outpatients, domiciliary visits where possible.
3. Support more junior members of the medical team when appropriate.

## **Education**

1. Attend an Advanced Symptom Control Course or equivalent course.
2. Consider commencing Diploma or Masters in Palliative Medicine.
3. Consider attending Training the Teachers course.
4. Continue to attend NWPCPG and regional teaching sessions if possible.

## **Audit/ Quality Improvement**

1. Complete an audit or quality improvement project within own working environment or as part of regional programme.

## **Teaching**

1. Participate in teaching of medical students, more junior members of the medical team and other healthcare professionals according to opportunities available.

# Year Three

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## **Clinical**

As previous years:-

1. To work with less supervision, moving towards autonomous working.
2. To support, supervise and mentor trainees or less experienced SAS doctors.
3. To work in other healthcare settings if possible, such as the community or hospital if usually based in a hospice, or a hospice if usually based in a hospital.

## **Education**

1. Consider attending Training the Teachers course if not already attended one in Year 2.
2. Consider attending a Palliative Medicine conference.
3. Continue to attend other teaching/ courses as in Year 2.
4. Consider undertaking Specialty Certificate Exam (SCE) Revision Course and sitting the SCE, especially if working towards CESR application.

## **Audit/ Quality Improvement**

1. Supervise an audit or quality improvement project.

## **Teaching**

1. Organise teaching sessions within own unit or other settings.
2. Provide teaching and mentorship to medical students as appropriate.

## **Leadership/ Management**

1. Participate in service innovation projects within the workplace.
2. Attend appropriate management meetings.

# Year Four

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## **Clinical**

1. As previous years.
2. To work more autonomously, including leading some clinical meetings (for example MDT meetings).

## **Education**

1. Attend a clinical and/or educational supervision course (RCP or local equivalent).
2. Attend leadership/management course.
3. Consider sitting SCE if not undertaken in Year 3.
4. Continue to attend other teaching/ courses as in Year 3.

## **Teaching**

1. Continue to organise and participate in teaching medical students and other healthcare professionals as appropriate.

## **Audit/ Quality Improvement**

1. As previous years.

## **Management**

1. Participate in or lead innovation or service improvement projects.
2. Continue to attend appropriate management meetings.

## **Research**

1. Participate in research if possible.

## 4. SUGGESTED COURSES

This list outlines some of the courses which SAS doctors may find useful. It is not an exhaustive list, and other courses may also be helpful.

<p><b>Clinical</b></p>	<p>Health Education England North West Palliative Medicine Regional Teaching (bimonthly)</p> <p>Advanced Communication Skills Training (e.g. Maguire Unit, Christie, or Palliative Care Institute, Liverpool)</p> <p>Opening the Spiritual Gate</p> <p>Oxford or Guildford Advanced Pain and Symptom Management Courses</p> <p>Strathcarron Hospice Annual Conference</p> <p>APM Supportive and Palliative Care Conference/ Palliative Care Congress</p> <p>APM Ethics Study Day</p>
<p><b>Teaching</b></p>	<p>RCP Educational Supervisor workshop</p> <p>Edge Hill Postgraduate Certificate in Workplace-Based Medical Education</p> <p>Liverpool Palliative Care Institute Training for Teachers in Palliative Care Foundation and Masterclass Course</p>
<p><b>Leadership and Management</b></p>	<p>RCP Individual as Leader/ Organisational Leadership courses</p> <p>Keele Advanced Leadership Course for SAS Doctors</p> <p>St Christopher's Hospice Management Course for StRs and SAS Doctors in Palliative Medicine</p>
<p><b>Specialty Certificate Exam</b></p>	<p>St Gemma's Hospice SCE Revision Course</p>
<p><b>Diplomas and Masters degrees</b></p>	<p>Diploma and MSc in Palliative Medicine, Cardiff University</p> <p>Diploma and MSc in Palliative Care, Newcastle University</p> <p>Diploma and MSc in Palliative Care, St Christopher's Hospice/ Kings College, London</p> <p>Diploma and MA in Medical Ethics and Palliative Care, Keele University</p>

<p><b>Organisations which offer a range of training</b></p>	<p>North West Palliative Care Physicians Group (contact Sue Kenworthy <a href="mailto:Sue.Kenworthy@boltonhospice.org">Sue.Kenworthy@boltonhospice.org</a>)</p> <p>Association for Palliative Medicine <a href="https://apmonline.org/">https://apmonline.org/</a></p> <p>Health Education England North West <a href="https://www.nwpgmd.nhs.uk/sas_calendar">https://www.nwpgmd.nhs.uk/sas_calendar</a></p> <p>St Ann’s Hospice, Manchester <a href="https://www.sah.org.uk/training-and-education/">https://www.sah.org.uk/training-and-education/</a></p> <p>St Catherine’s Hospice, Chorley <a href="https://www.stcatherines.co.uk/education-conferencing/study-sessions/">https://www.stcatherines.co.uk/education-conferencing/study-sessions/</a></p> <p>Palliative Care Institute, Liverpool <a href="http://www.pcil.org.uk">http://www.pcil.org.uk</a></p>
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## 5. REFERENCES AND FURTHER RESOURCES

1. SAS development and retention programme: Toolkit for implementation. Health Education England (March 2018). <https://www.hee.nhs.uk/sites/default/files/documents/SAS%20re%20tention%20toolkit%20WEB.pdf>
2. The Consensus Statement on the Role of the Doctor. Chief Medical Officers of England, Scotland, Wales and Northern Ireland, Academy of Medical Royal Colleges, Association of UK University Hospitals, British Medical Association, Conference of Postgraduate Medical Deans, General Medical Council, King’s Fund, Medical Schools Council, NHS Employers and NHS Health Education England (2014). <https://www.medschools.ac.uk/media/1922/role-of-the-doctor-consensus-statement.pdf>
3. Guidance on safe medical staffing. Royal College of Physicians (July 2018). <https://www.rcplondon.ac.uk/projects/outputs/safe-medical-staffing>
4. Appraisal metrics for Consultants and SSAS doctors in Specialist Palliative Care. Association for Palliative Medicine (March 2017). <https://apmonline.org/wp-content/uploads/2017/08/Appraisal-Metrics-for-Consultants-and-SSAS-Doctors-in-Specialist-Palliative-Care-March-2017.pdf>
5. Guidance template for the development of autonomous practice for SAS doctors and dentists. British Medical Association (2015). <https://www.bma.org.uk/advice/employment/contracts/sas-contracts/autonomy-for-sas-grade-doctors/introduction>

6. Maximising the Potential: Essential Measures to support SAS Doctors. Health Education England and NHS Improvement (February 2019).  
[https://www.hee.nhs.uk/sites/default/files/documents/SAS\\_Report\\_Web.pdf](https://www.hee.nhs.uk/sites/default/files/documents/SAS_Report_Web.pdf)
7. A charter for staff and associate specialist and specialty doctors. British Medical Association (2014).  
<https://www.bma.org.uk/advice/employment/contracts/sas-contracts/sas-charters>
8. SAS Doctor Development: Summary of Resources and Further Work. British Medical Association (February 2017).  
<https://www.bma.org.uk/advice/career/progress-your-career/sas-doctor-development>
9. SAS Charter Evaluation and Monitoring resources. NHS Employers (November 2018)  
<https://www.nhsemployers.org/news/2018/11/sas-charter-evaluation-and-monitoring>

## 6. USEFUL CONTACT DETAILS

- Association for Palliative Medicine SAS Committee [www.apmonline.org](http://www.apmonline.org)
- Health Education England North West Palliative Medicine Regional Teaching [henwpalliativemedicine@gmail.com](mailto:henwpalliativemedicine@gmail.com)
- Training Programme Director for Palliative Medicine (North West)  
[https://www.nwpgmd.nhs.uk/Specialty\\_Schools/Medicine/Palliative\\_Medicine/North\\_Western](https://www.nwpgmd.nhs.uk/Specialty_Schools/Medicine/Palliative_Medicine/North_Western)
- Pallaborative North West (formerly Cheshire and Merseyside Palliative and End of Life Care Network Audit Group) <https://pallaborative.org.uk/>
- Health Education England North West SAS Team [sasdoctors.NW@hee.nhs.uk](mailto:sasdoctors.NW@hee.nhs.uk)

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