Senior Specialist doctor psychiatrist

job description and person specification

The following job description is provided as a resource to the recruiting trust and may be used as a template. It is not designed to be exhaustive and should be amended locally as needed.

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| --- | --- | --- | --- | --- | --- |
| Post and specialty: | | Senior Specialist doctor in XXXX Psychiatry  Post synopsis or summary and a statement as to the rationale for the development of a new post. | | | |
| Royal College of Psychiatrists approval details: | | *Approval details to be completed by RCPsych*  **RCPsych Ref No: XXXXXXXXX**  *RCPSych to insert Approval Stamp* | | | |
| Base: | | XXXX | | | | | |
| Contract: | | Part-time, Permanent, Fixed-Term etc.  Specify Programmed Activities (PAs) or contracted hours for the post  Specify whether Part-time or job share may be considered  Salary (e.g. according to Terms and conditions of service for specialty doctors England, Wales and Northern Ireland (2021) (referred to as TCS throughout the document) further details to be provided in the section for ‘Description of the Post’) | | | |
| Total PAs: | | SPA: | DCC: |
| Accountable professionally to: | | e.g. Medical Director | | | |
| Accountable operationally to: | | e.g. Clinical Director o r Head of Service | | | |
| Key working relationships and lines of responsibility: | | Line Manager :  Team Lead : Locality Manager : Clinical Director :  Associate Clinical Director : Responsible Officer :  Head of Service :  Deputy Medical Director : Director of Operations : Medical Director :  Chief Executive : | | | |

# Introduction

XXXX Trust provides a range of mental health, learning disability and substance misuse services for XXXX people living in XXXX.

Insert map of trust area.

# Trust details

* + Description of trust
  + Staff numbers
  + Income
  + Operational directorates etc.

# Service details

* + Location of service
  + Structure of service
  + Service case load (beds, catchment area population, case load etc.)
  + Vision/philosophy of service etc

# Description of the post

Where will the post be actually based (clarify if multiple sites), hours or Programmed Activities (PAs) per week including PA allocation for predictable and/or unpredictable emergency work arising from on-call duties, on-call commitment (residential or non-residential) and frequency of on-calls including availability supplement, out-of-hours commitment, that there is a requirement to have approval under Section 12 of the Mental Health Act 1983 (2007) or any other applicable mental health acts, and the work it entails i.e. assessments in community, police custody, 136 suites etc (N.B. in Northern Ireland - Knowledge of MHO NI (1986)) That there will be 2 SPA available in the job plan in order to achieve revalidation requirements for the GMC and meet PDP objectives

* + Responsibilities/duties of the post – please specify individually, caseload/beds, flexibility in post, whether less than full time candidates will be able to apply etc:
    - Providing medical treatment within a model of multi-disciplinary care
    - Attending weekly clinical team meetings and performing medical duties that are decisions of that meeting
    - Compiling a patient’s history from a number of sources, and preparing case summaries and discharge summaries
    - Preparing reports for Mental Health Review Tribunals and Managers’ Hearings and giving evidence
    - Liaising with other clinical teams within and outside the trust
    - Liaising with general practitioners and medical specialists with regards the physical health of the patients
    - Specialist assessments relevant to the service e.g. Forensic, Learning Disabilities, CAMHS etc.
    - Assessment of patients out of area
  + Team and management structure of post e.g.):
    - Team: number of consultants, SpR, SASG doctors, trainees etc. Listing each post with WTE (whole time equivalent) values is recommended
    - Specify the person the post will be professionally accountable to e.g. Medical Director, operational accountability e.g. service lead/clinical lead, Clinical Supervisor e.g. Consultant for the post, Team/Service Manager, Service Director, Chief Executive etc
    - Clear reporting arrangements
  + Facilities
    - Description of appropriate access to office accommodation
    - Technology and administrative support (shared or independent secretary),
    - Appropriate on-call facilities etc.
  + Induction process (e.g. trust induction, team induction etc.)
  + Annual appraisal and supervision (e.g. availability of appraisers and supervision within the post, requirements of the trust etc.)
  + Opportunities within/unique to the post, access to pastoral support and occupational health provision
  + Annual leave entitlement (exclusive of statutory and public holidays)
  + Including 27th December and 13 July in Northern Ireland
  + Study leave entitlement and support available)

Salary including availability supplement based on the commitment to the on-call rota, prospective cover allowance based on Schedule 14 of the TCS and in accordance with transitional arrangements. Your basic salary will increase when you receive pay increments in accordance with Schedule 15 of the TCS)

# Sample job plan

The timetable of work should recognise the importance of balance between day time and out of hours work. It should be noted that this is an exemplar job description seeking to maximise development opportunities for specialty doctors.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | **Time** | **Location** | **Type of work/activity** | **Category** | **PAs** |
| **Monday** | AM | ABC Hospital | Ward work | DCC | 1 |
| PM | DEF Clinic | Audits, teaching, CPD, local clinical governance activities, training, formal teaching, research, appraisal, job planning | SPA | 1 |
| **Tuesday** | AM | ABC Hospital | Community Mental Health Team (CMHT) Outpatients Clinic | DCC | 1 |
| PM | DEF Clinic | Supervision, patient-related administration linked to clinical work | DCC | 1 |
| **Wednesday** | AM | ABC Hospital | specialty advice, guidelines, external duties/clinical work | SPA | 1 |
| PM | ABC Hospital | Ward work / emergency duties | DCC | 1 |
| **Thursday** | AM | DEF Clinic | multi-disciplinary meeting about direct patient care | DCC | 1 |
| PM | DEF Clinic | CMHT Outpatients Clinic | DCC | 1 |
| **Friday** | AM | ABC Hospital | Ward work | DCC | 1 |
| PM | DEF Clinic | patient-related administration linked to clinical work | DCC | 1 |
| **Unpredictable / emergency on- call work** |  |  | Non-residential to cover XYZ, middle-tier rota |  | Availability supplement |
| **Total number of PAs** | Direct clinical care | | | | 8 |
| Supporting professional activities | | | | 2 |

1. **Leadership & Professional Values**
   * Accountability arrangements should be commensurate with the seniority of the doctor who is working autonomously with clinical complexity and uncertainty
   * Active involvement with the management of the directorate and various senior medical committees at local level
   * Access to time off for trade union duties in the same way as other colleagues.
   * Involvement in recruitment processes for senior medical and non-medical staff.
   * Demonstrates good working knowledge and clinical skills around the areas of consent, ethical practice, safe medication and medical devices management. Promoting a person-centred approach to patient care, including self-management.
   * Adheres to professional requirements, participating in annual appraisal, job planning and reviews of performance and progression.
   * Practises with the professional values and behaviours expected of all doctors as set out in GMC Good Medical Practice and the Generic Professional Capabilities Framework .
   * Critically reflects on own competence, understands own limits, and seeks help when required.
   * Effective and flexible communication approaches to a range of professionals , carers and patients.
   * Engages in undertaking medical appraisals of SAS Doctors and Consultant colleagues

**7. Patient Safety and Quality Improvement**

* Takes prompt action where there is an issue with the safety or quality of patient care, raises and escalates concerns, through clinical governance systems, where necessary.
* Applies basic human factors principles and practice at individual, team, organisation and system levels.
* Collaborates with multidisciplinary and interprofessional teams to manage risk and issues across organisations and settings, with respect for and recognition of the roles of other health professionals.
* Advocates for, and contributes to, organisational learning.
* Seeks feedback and involvement from patients, families, carers, communities and colleagues in safety and quality service improvements reviews.
* Leads new practice and service redesign in response to feedback, evaluation and need, promoting best practice.
* Evaluates and audits own and others’ clinical practice and acts on the findings.
* Reflects on personal behaviour and practice, responding to learning opportunities.
* Implements quality improvement methods and repeats quality improvement cycles to refine practice; designing projects and evaluating their impact.
* Critically appraises and synthesises the outcomes of audit, inquiries, critical incidents or complaints and implements appropriate changes.
* Engages with relevant stakeholders to develop and implement robust governance systems and systematic documentation processes.

# 8. Commitment to continuing professional development (CPD)

* + Trust’s commitment to SASG doctors development, specify if SASG charter has been accepted and implemented within the trust
  + Support to meet pay thresholds
  + Appropriate appraisal structures are in place
  + Access to discretionary and optional points, as appropriate
  + Equal access to the benefits and responsibilities of the NHS Constitution or national equivalent in the devolved administrations
  + Access to support and guidance relating to applying for Certificate of Eligibility for Specialist Registration (CESR)
  + Access to appraisee training and appraiser training, and the necessary CPD and study leave requirements which arise from appraisal
  + Access to internal and external CPD activities, time off and funding.
  + Access to SAS Tutor, Clinical Lead and mentor for professional and personal development.
  + Sufficient breadth and depth of clinical work and relevant professional activities to enable
  + the SAS doctors to achieve and maintain relevant competencies and develop as clinicians

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# 9. Teaching and training opportunities

* + Library facilities
  + Access to in-house teaching and training programmes and library/web-based resources and a description of these programmes
  + Associations with academic programmes or Institutes.
  + Within the trust and team (e.g. are there doctors in training placed in the trust, is there a Rotational Training Scheme the trust is part of and do SAS doctors play a role through formal and informal supervision/teaching in their training)
  + Within the Trust & team (e.g. are there Medical Students, Nurses and trainee Physician Associates placed within the Trust, and whether the SAS doctors play a role through formal and informal supervision/teaching in their training)
  + Formal medical educational/training leadership roles within the Trust

**10. Safeguarding of vulnerable people**

* Recognises and takes responsibility for safeguarding children, young people and adults, using appropriate systems for identifying, sharing information, recording and raising concerns, obtaining advice and taking action.
* Applies appropriate equality and diversity legislation, including disability discrimination requirements, in the context of patient care and maintains up to date knowledge regarding Equality and Diversity
* Understanding and utilisation of the relevant legal framework provided e.g. MHA 1983 and the MCA 2005 is essential. A Specialist Grade postholder in psychiatry would need as a minimum to be section 12(2) MHA 1983 approved, if not have Approved Clinician (AC) status/approval and be on the AC register.
* **Northern Ireland Addition:** MCA Training is mandatory in NI and is provided by the Trust under Mental Health (Northern Ireland) Order 1986 and ​2016 Mental Capacity Act.

**11. Education and Training**

* Critically assesses own learning needs and ensures a personal development plan reflects both clinical practice and the relevant generic capabilities to lead and develop services.
* Promotes and participates in individual and team learning.
* Creates safe and supportive working and learning environments.
* Can act as a role model, educator, supervisor, coach or mentor for medical and non-medical practitioners.
* Creates effective learning opportunities and provides developmental feedback, both verbally and in writing, to learners and doctors in training, as required by the role.
* Plans and provides effective teaching and training activities as required by the role.
* Proactively makes use of existing mechanisms for managing concerns about the behaviour or performance of any learner who is under their clinical supervision.
* Leading on educational events for patent groups
* Utilising digital platforms to enhance educational opportunities.

# 12. Research opportunities

* + Statement of trust’s commitment to research
  + Research and development department base, support they can offer e.g. quality improvement projects, audits, research etc.
  + Current projects within the trust and team
  + Application
  + Keeps up-to-date with current research and best practice in the individual’s specific area of practice, through appropriate continuing professional development activities and their own independent study and reflection.
  + Critically appraises and understands the relevance of the literature, conducting literature searches and reviews; disseminates best practice including from quality improvement projects.
  + Locates and uses clinical guidelines appropriately.
  + Communicates and interprets research evidence in a meaningful way for patients to support shared decision-making.
  + Works towards identifying the need for further research to strengthen the evidence base or where there are gaps in knowledge, networking with teams within and outside the organisation.
  + Demonstrating commitment to engage in independent research, audit and QA projects
  + Application of research to clinical settings

# 13. General terms and conditions of service

* + (e.g. appointments are covered by the National Health Service Terms and Conditions of Service for Hospital Medical and Dental Staff AND/OR Terms and conditions of service for specialty doctors – England (2008))
  + (e.g. The appointment is superannuable under the National Health Service Superannuation Scheme. Remuneration will be subject to deduction of pension contributions in accordance with the Department of Health and Social Security regulations)
  + (e.g. London Weighting Allowance, The provisions in Schedule 14 of the TCS shall apply)
  + (e.g. Flexible Working: The Trust is committed to assisting employees to achieve a healthy work/life balance and will consider sympathetically requests for flexible working arrangements, taking into account the impact on colleagues and the service)
  + (e.g. Maternity/Paternity and Special Leave: The Trust offers statutory maternity/paternity leave, after qualifying service as per National Terms and Conditions. Special Leave is available as determined by Trust policy when staffs are experiencing difficulties for domestic, personal or family reasons)
  + (e.g. Training and Development/ Study and Education: The Trust is committed to training and development as it is recognized that trained and motivated staff is crucial to our success. Whether we are inducting new employees to the Trust or meeting new challenges we recognise the importance of training and continuous professional development (e.g. The job description may be varied in the light of service changes/needs and in consultation with the post holder and his/her colleagues)
  + (e.g. private residence must be maintained in contact with the public telephone service. Assistance can be provided with the cost of installation)
  + (e.g. The successful candidate will be required to live less than thirty minutes by road from their principal work base, unless the Trust agrees that residence at a greater distance is acceptable)
  + (e.g. Reimbursement of removal and associated expenses will be subject to the criteria laid down in the relocation policy OR Where house relocation is necessary to comply with the Trust’s requirements on place of residence, reasonable expenses may be met by the Trust if agreed by the Director of Human Resources)
  + (e.g. Travel expenses are paid in line with Trust procedures, Home to base mileage will/will not be paid, Doctors will/will not be expected to provide their own travel arrangements)
  + (e.g. Registration requirements i.e. to hold and maintain full professional registration and hold a Licence to Practise with the General Medical Council, as set out in individual person specifications)
  + (e.g. Fee Paying Services and NHS Programmed Activities- Examples of Fee Paying Services are set out in Schedule 11 of the TCS. Post holder will/will not carry out Fee Paying Services during your Programmed Activities except where you and your clinical manager have agreed otherwise. Where your clinical manager has agreed that you may carry out Fee Paying Services during your Programmed Activities, you will/will not remit to the Trust the fees for such services except where you and your clinical manager have agreed that providing these services involves minimal disruption to your NHS duties. Schedule 12 of the TCS sets out the principles governing the receipt of additional fees)
  + (e.g. Subject to the provisions in Schedule 10 of the TCS, you may not carry out Private Professional Services during your Programmed Activities. Schedule 12 of the Specialty Doctors Terms and Conditions (England 2008) applies to this post, covering private practice. It is the post- holder’s responsibility to ensure that they are fully aware of the contents of this schedule before undertaking any private practice)
  + (e.g. In keeping with the requirements of the Equality Act 2010, the trust would be pleased to make any 'reasonable adjustments' required by disabled applicants in relation to the application and interview process)
  + (e.g. Rehabilitation of Offenders Act i.e. because of the nature of the work of this post, it is exempt from the provisions of Section 4(2) by virtue of the Rehabilitation of Offenders Act 1974

(Exemption) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions, including those which, for other purposes, are ‘spent’ under the provision of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust)

* + (e.g. All appointments are subject to disclosure of clearance from the Disclosure & Barring of Service Checks (DBS) (previously Criminal Records Bureau))
  + (e.g. An occupational health assessment may be required following appointment, prior to any doctor taking up a post in the organisation, following completion of a confidential questionnaire)
  + (e.g. All staff are responsible for Data Quality in accordance with the Trust's information governance Policy. It is the responsibility of all staff to ensure that information captured on paper; on electronic patient administration systems or any other media is correctly recorded in the first place; is regularly updated and is easily accessible when needed)
  + (e.g. No Smoking/Smoke-free policy - This Trust acknowledges its responsibility to provide a safe, smoke free environment, and to ensure that it makes provision for its employees, service users and visitors. The Trust therefore operates a No Smoking/Smoke free policy on Trust property)
  + (e.g. Other Conditions of Service in the provisions in Schedule 13 of the TCS will apply to the post)
  + (e.g. Period of Notice: To terminate employment a period of 3 months’ notice on either side will be required).
  + (e.g. The Job Description is neither exclusive nor exhaustive and the duties and responsibilities may vary from time to time in the light of the changing circumstances in consultation with the post holder).

# Wellbeing

* Effective local occupational health support (confidential, includes modalities of self-referral, promoted regularly at induction and when in post)

*e.g. The post holder will have access to the Occupational Health (OH) Department, (full address, telephone and email). The OH team has access to a physiotherapist and psychologist, and the post holder may self refer or be referred through their manager. The post holder will have access to the 24 hour Health Assured service, which provides free counselling, including face-to-face, and well as legal and financial support, online CBT and wellbeing resources. Information about Occupational Health and Health Assured will be disseminated at the induction and regularly when in post to ensure the post holder has timely access to the details if help seeking is necessary.*

* + Proactive local organisational systems to support doctors’ wellbeing following serious incidents

*e.g. Supporting the wellbeing of the post holder after serious incidents that involve patients in their care (e.g. homicide or suicide) is paramount, and a dedicated senior clinician will provide support and advice as needed after the incident. Details of the senior clinician able to offer this support will be provided via the Medical Directorate at the time of initial induction.*

* + Timely job planning reviews when there are changes in regard to the pre-agreed workload

*e.g. If there are changes to the pre-agreed workload (e.g. unexpected cover of a different unit/service outside the casual cross-cover arrangement) a timely meeting with the line manager before cover starts will enable discussion of the feasibility of the change within the constraints of needing to manage a safe workload. Additional support will be sourced if required. A timely job plan adjustment will be arranged if a new working arrangement is to proceed.*

* + Availability of local initiatives/resources that promote workforce wellbeing (example: self-care, work-life balance, stress management, coaching/mentoring, peer group support, Balint groups for consultants/SAS)

*e.g. The trust has several initiatives to support wellbeing that the post holder is encouraged to participate in. These currently include flexible working, flexible retirement, season ticket scheme, lease vehicle scheme, cycle scheme, retail and restaurant discounts, eye test scheme, free health checks, menopause support, gym discounts, wellbeing events, mindfulness courses, wellbeing walks and jogs, and parenting workshops. The post holder will form part of a consultant peer group who meet regularly.*

# Person specification:

* + Essential and desirable criteria. When/how they will be assessed
  + Categories e.g. qualifications, eligibility, transport, personal skills, clinical experience, skills and knowledge, academic skills, commitment to CPD/ lifelong learning, professional and personal attributes, accommodation, travel etc.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Domain** | **Capabilities** | **Key for this post** | **Required but not key** | **Examples of appropriate evidence** | **To be evidenced at interview** |
| **Professional Values and Behaviours, Skills and Knowledge** | 1.1 Practises with the professional values and behaviours expected of all doctors as set out in GMC Good Medical Practice and the Generic Professional Capabilities Framework (or equivalent for dentists). |  |  | * Participation in annual appraisal * Multi-source feedback * Patient feedback * Mandatory training as set out in UK Core Skills Training Framework * Interview | X |
| 1.2 Demonstrates the underpinning subject-specific competences i.e. knowledge, skills and behaviours relevant to the role setting and scope. |  |  | * Work-based evidence using appropriate existing tools e.g., scope of practice & workload as evidenced in job plan, log books, audit of personal practice, references from colleagues, evidence collected for annual appraisal and job planning * Knowledge-based evidence e.g., accredited courses, CPD diary, professional or higher qualifications | X |
| 1.3 Clinically evaluates and manages a patient, formulating a prioritised differential diagnosis, initiating an appropriate management plan, and reviewing and adjusting this depending on the outcomes of treatment. |  |  | * Multi-source feedback * Patient feedback * Reflective pieces * References from colleagues * Personal clinical audit * Evidence collected for annual appraisal and job planning | X |
| 1.4 Manages the difficulties of dealing with complexity and uncertainty in the care of patients; employing expertise and clinical decision-making skills of a senior and independent/ autonomous practitioner. *(All senior doctors/dentists (including consultants and GPs) work independently/autonomously to a level of defined competencies, as agreed within local clinical governance frameworks.)* |  |  | * See 1.3 for examples | X |
| 1.5 Critically reflects on own competence, understands own limits, and seeks help when required. |  |  | * See 1.3 for examples | X |
| 1.6 Communicates effectively and is able to share decision-making with patients, relatives and carers; treats patients as individuals, promoting a person-centred approach to their care, including self-management. |  |  | * See 1.3 for examples | X |
| 1.7 Respects patients’ dignity, ensures confidentiality and appropriate communication where potentially difficult or where barriers exist, e.g. using interpreters and making adjustments for patients with communication difficulties. |  |  | * See 1.3 for examples * EDI training * Unconscious bias training * Interview | X |
| 1.8 Demonstrates key generic clinical skills around the areas of consent; ensuring humane interventions, prescribing medicines safely and using medical devices safely. |  |  | * See 1.3 for examples * Relevant courses * Interview |  |
| 1.9 Adheres to professional requirements, participating in annual appraisal, job planning and reviews of performance and progression. |  |  | * Evidence of appraisal and addressing objectives | X |
| 1.10 Awareness of legal responsibilities relevant to the role, such as around mental capacity and deprivation of liberty; data protection; equality and diversity.  The understanding and utilisation of the legal framework provided by both the MHA 1983 and the MCA 2005 is essential. A Specialist Grade postholder in psychiatry would need as a minimum to be section 12(2) MHA 1983 approved, if not have Approved Clinician (AC) status/approval and be on the AC register. (NB: MHA 1983 only pertains to England and Wales. Equivalent in Northern Ireland would be the Mental Health (Northern Ireland) Order 1986 and ​2016 Mental Capacity Act.) |  |  | * Interview * Evidence of learning/courses/ qualifications in specific specialties |  |
| 1.11 Applies basic principles of public health; including population health, promoting health and wellbeing, work, nutrition, exercise, vaccination and illness prevention, as relevant to their specialty. |  |  | * Job plan * Interview |  |
| **Leadership and Teamworking** | 2.1 Awareness of their leadership responsibilities as a clinician and demonstrates appropriate leadership behaviour; managing situations that are unfamiliar, complex or unpredictable and seeking to build collaboration with, and confidence in, others. |  |  | * Examples of initiatives taken that have effected change * Examples of involvement in collaborative leadership work * Interview | X |
| 2.2 Demonstrates understanding of a range of leadership principles, approaches and techniques so can adapt leadership behaviours to improve engagement and outcomes – appreciates own leadership style and its impact on others. |  |  | * Leadership courses * Evidence of effective leadership |  |
| 2.3 Develops effective relationships across teams and contributes to work and success of these teams – promotes and participates in both multidisciplinary and interprofessional team working. |  |  | * Evidence of participation in or leading MDT * Evidence of teamwork * Interview | X |
| 2.4 Critically reflects on decision-making processes and explains those decisions to others in an honest and transparent way. |  |  | * Evidence of reflective practice * Interview |  |
| 2.5 Critically appraises performance of self, colleagues or peers and systems to enhance performance and support development. |  |  | * Examples of successful situations |  |
| 2.6 Demonstrates ability to challenge others, escalating concerns when necessary. |  |  | * Interview |  |
| 2.7 Develops practice in response to changing population health need, engaging in horizon scanning for future developments. |  |  | * Log book * Outcome data/audit * Interview |  |
| **Patient Safety and Quality Improvement** | 3.1 Takes prompt action where there is an issue with the safety or quality of patient care, raises and escalates concerns, through clinical governance systems, where necessary. |  |  | * Reflective practice with examples * Interview | X |
| 3.2 Applies basic human factors principles and practice at individual, team, organisation and system levels. |  |  | * Multi-source feedback * Interview * Evidence of attendance at Human Factors course |  |
| 3.3 Collaborates with multidisciplinary and interprofessional teams to manage risk and issues across organisations and settings, with respect for and recognition of the roles of other health professionals. |  |  | * Examples of involvement * Multi-source feedback * Interview | X |
| 3.4 Advocates for, and contributes to, organisational learning. |  |  | * Interview |  |
| 3.5 Seeks feedback and involvement from individuals, families, carers, communities and colleagues in safety and quality service improvements reviews. |  |  | * Multi-source feedback * Patient feedback |  |
| 3.6 Leads new practice and service redesign in response to feedback, evaluation and need, promoting best practice. |  |  | * Examples of success |  |
| 3.7 Evaluates and audits own and others’ clinical practice and acts on the findings. |  |  | * Examples of successful change * Interview | X |
| 3.8 Reflects on personal behaviour and practice, responding to learning opportunities. |  |  | * Examples of reflective practice * Interview |  |
| 3.9 Implements quality improvement methods and repeats quality improvement cycles to refine practice; designing projects and evaluating their impact. |  |  | * Audits * QI projects * Attendance at QI training |  |
| 3.10 Critically appraises and synthesises the outcomes of audit, inquiries, critical incidents or complaints and implements appropriate changes. |  |  | * Examples of involvement * Interview |  |
| 3.11 Engages with relevant stakeholders to develop and implement robust governance systems and systematic documentation processes. |  |  | * Examples of involvement * Multi-source feedback |  |
| **Safeguarding Vulnerable Groups** | 4.1 Recognises and takes responsibility for safeguarding children, young people and adults, using appropriate systems for identifying, sharing information, recording and raising concerns, obtaining advice and taking action. |  |  | * Safeguarding courses * Interview |  |
|  | 4.2 Applies appropriate equality and diversity legislation, including disability discrimination requirements, in the context of patient care. |  |  | * EDI training * Interview |  |
| **Education and Training** | 5.1 Critically assesses own learning needs and ensures a personal development plan reflects both clinical practice and the relevant generic capabilities to lead and develop services. |  |  | * Audit * Examples of success * Interview | X |
|  | 5.2 Promotes and participates in individual and team learning; supporting the educational needs of individuals and teams for uni-professional, multidisciplinary and interprofessional learning. |  |  | * Evidence of teaching and training of medical/dental students or trainees or allied health professionals. * Examples of involvement * Outcomes / audit |  |
|  | 5.3 Identifies and creates safe and supportive working and learning environments. |  |  | * Guideline awareness and successful examples |  |
|  | 5.4 Can act as a role model, educator, supervisor, coach or mentor for medical and non-medical practitioners. |  |  | * Examples of role |  |
|  | 5.5 Creates effective learning opportunities and provides developmental feedback, both verbally and in writing, to learners and doctors/dentists in training, as required by the role. |  |  | * Examples of teaching successes * Interview |  |
|  | 5.6 Plans and provides effective teaching and training activities as required by the role. |  |  | * Teaching experience examples |  |
|  | 5.7 Understands how to raise concerns about the behaviour or performance of any learner who is under their clinical supervision (leadership). |  |  | * Examples of successful interventions * Interview |  |
|  | 5.8 Takes part in patient education. |  |  | * Examples * Patient feedback |  |
| **Research and Scholarship** | 6.1 Keeps up-to-date with current research and best practice in the individual’s specific area of practice, through appropriate continuing professional development activities and their own independent study and reflection. |  |  | * Examples of CPD – diary with reflection |  |
|  | 6.2 Critically appraises and understands the relevance of the literature, conducting literature searches and reviews; disseminates best practice including from quality improvement projects. |  |  | * Participation in research training courses or recruitment for NIHR research studies * Presentation/publication of conference abstract * Reviewer of papers/ conference abstracts * Publications, including guideline development * Interview |  |
|  | 6.3 Locates and uses clinical guidelines appropriately. |  |  | * Examples in clinical practice * Interview knowledge of relevant guidelines |  |
|  | 6.4 Communicates and interprets research evidence in a meaningful way for patients to support shared decision-making. |  |  | * Examples of implementation of evidence-based change |  |
|  | 6.5 Works towards identifying the need for further research to strengthen the evidence base or where there are gaps in knowledge, networking with teams within and outside the organisation. |  |  | * Evidence of research activities and knowledge of current limitations in evidence * Interview |  |

BMA’s *Guidance template for the development of autonomous practice for SAS doctors and dentists* (2015): <https://www.bma.org.uk/media/1640/bma-guide-to-autonomous-practice-sas-updated-2015.pdf>