Introduction and historical background

The Associate Specialist (AS) grade was previously called Medical Assistant and was introduced as a permanent career grade of limited responsibility in 1964, on the recommendation of the Platt Report (Medical Staffing Structure in the Hospital Service, 1961). The title Associate Specialist was introduced in 1981. An amended model contract and job description was laid down and maximum part-time contracts introduced. Prolonged negotiations between the BMA and Department of Health led to the agreement of national terms and conditions of service for the AS grade (1991), although NHS Trusts are free to adhere to these or modify them as they think fit. From December 1991, Associate Specialists have an inclusive professional contract, similar to that of Consultants and appropriate to the seniority of their grade. In April 1996, performance supplements intended to reward those providing a service beyond what would be normally expected, were replaced by discretionary points.

Nature of the AS grade

Associate Specialists are senior Doctors. To be eligible for appointment, a Doctor should:

- have completed ten years’ medical work (continuous or in total) since obtaining a primary medical qualification which is (or would at the time have been) acceptable by the General Medical Council for full, limited or temporary (but not provisional) registration.
- have served a minimum of four years in the Registrar, Specialist Registrar or Staff Grade, at least two of which should have been in the appropriate specialty (equivalent service being acceptable with the agreement of the College, Regional Advisor and Regional Postgraduate Dean).
- normally have passed the MRCPsych Examinations or equivalent.

If made under national agreements, the appointment is for an initial one-year probationary period unless terminated by three months’ notice on either side. At the end of a year, the contract may be renewed without any time limitation up to retirement.

AS posts are normally acquired by personal promotion of Doctors committed to a career in the specialty, who are unable to complete higher professional training or who, having completed it, are unable or do not wish to accept the full responsibility of a Consultant appointment and who make a personal application for re-grading.

Holders of AS posts are responsible to named Consultants for the patients in their care, and under their background supervision. They are senior Doctors who should
normally be included in senior on-call duty rotas, but they should not take on such duties without Consultant cover. Where an AS agrees to take part in a junior Doctor rota, there are detailed BMA recommendations to protect them.

**The ability of Associate Specialists to carry Responsible Medical Officer Status is viewed differently throughout the UK and Ireland. Reference should be made to the appropriate legislation.**

In certain circumstances, Trusts may now advertise for and recruit Associate Specialists directly. This would be appropriate only where:

- an AS had left a post and a continuing need for it to be filled is established by the Trust or
- it was established that a new AS post was required to fill a clear service need, and that it could not be met more appropriately by the creation of a Consultant post.

Formerly, the Regional Health Authority was required to authorise the post following advice from the Regional Manpower Committee. Following the abolition of Regional Health Authorities, the employing authority should consult the College Regional Advisor and the Local Medical Workforce Advisory Group (LMWAG). The employers are asked to take the following factors into account:

- the need to develop a Consultant-based service
- overall Consultant responsibility for patient care
- Consultant cover, both in and out of hours, in the relevant specialty (and in related specialties where necessary)
- provision for the teaching of junior Doctors and for the supervision of both junior Doctors and career grade medical staff.

As the balance between Consultants, Doctors in training grades, and other Doctors might influence the quality of training and care, the Regional Postgraduate Dean will ask Regional Advisors to keep records of these appointments.

**The AS Contract**

The basis of an AS contract is similar to that of a Consultant i.e. being described in terms of notional half days (NHDs), defined as 3 ½ hours each, worked flexibly. It is a ‘professional’ contract in that it should not specify particular hours of work. The contract may be undertaken and earnings limited in an identical manner to Consultants, dependent on the type of contract held

- whole-time
- maximum part-time
- part-time.

All Associate Specialists should have a job plan, agreed between the AS, the General Manager, Clinical Director and the named Consultant to whom the AS is clinically responsible. The job plan should contain a detailed description of the duties and responsibilities of the post and of the facilities available to carry them out. It should incorporate a work programme showing the nature, location and timing of the Associate Specialist’s fixed commitments (part (a)) and the average number of hours
spent each week on NHS duties (part (b)). Details of fixed commitments, definition and assessment are included in the BMA’s ‘Model Workload’ document.

For details of the terms and conditions of service appropriate to the AS grade appointment (including the limits to permissible private practice, pay scales, discretionary points, temporary additional notional half days, pensions, leave, removal expenses and domiciliary consultations), please see the BMA membership guidance booklet.

It is important the job description for an AS appointment should be subject to the same College Regional Advisor approval as that for any Consultant post. The Regional Advisor (or appropriate representative) should approve the CV of any applicant for an AS post.

**Appointments Committees**

The Advisory Appointments Committee should include, as a minimum:

- a senior manager of director level
- a Consultant from the Trust, and preferably in the relevant specialty
- a further external senior doctor nominated by the College (the Regional Adviser or his/her nominee)

NB: The document EL (97) 25 covering this is ‘good practice guidance’ and is not legally binding.

- extra members may be appointed as the Trust deems necessary.

**Continuous Professional Development (CPD) and Affiliateship**

The recommended standard for professional and study leave for Associate Specialists is the same as for Consultants, and should be protected by being written into the job description. However, a 1994 survey by the Standing Committee on Postgraduate Medical Education (SCOPME) of the uptake and costs of study leave in fifteen health districts in England showed that Associate Specialists of all specialties had the lowest uptake of all grades (2.1 days per year!). Associate Specialists should be encouraged to join the College as Affiliates, which encourages all doctors in the Staff Grades to (among other things) actively participate in educational and CPD activities.

**References**

Current relevant documents include:

- BMA Membership Guidance booklet: “The Associate Specialist Grade”
- BMA green paper: “Model Workload Document for Associate Specialists in all Specialties” (CCSC 202 1996–97)
- “Appointments to the Associate Specialist Grade in the Medical and Dental Specialties” (Annex 2 to the Executive Letter introducing the Quality Framework EL97) 25, April 1997
- The Royal College of Psychiatrists: “The Royal College of Psychiatrists Guidance on Advisory Appointment Committees and the Appointment of Staff Grades in the NHS” (revised April 2002)