

# StartWell+StayWell



A guide for new  
specialty and  
specialist doctors

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## Foreword

The Royal College of Psychiatrists is a charity and membership organisation that exists to improve the lives of people with mental illness. We are also the professional body responsible for leading, representing and supporting psychiatrists throughout their working lives.

We believe that the highest standards of patient care are delivered by highly trained and well-prepared doctors who, when leaving training, are well supported and informed.

During their psychiatric training, doctors can rely on high levels of structure and guidance at work. However, when their training is complete, that certainty disappears. The change is sudden, which makes this transition period one of the most stressful times in a psychiatrist's career.

That is why we initially developed our StartWell programme, to ease this process for new consultants.

The move between training and a permanent post can be even more stressful for Specialty Doctors and Associate Specialists (SAS).

These dedicated doctors provide invaluable care for our patients on the frontline of clinical services, and we depend on them to deliver the good care that our patients deserve.

However, their own career development needs have not always been recognised.

I am therefore delighted to see this guide. I am sure it will become a valued resource, and that it will help SAS doctors adopt good habits and robust coping mechanisms early in their careers, enabling them not only to survive but also to thrive.

Dr Adrian James, President, Royal College of Psychiatrists

## Executive Summary

StartWell+StayWell is a framework for Specialty and Associate Specialist (SAS) psychiatrists, to help them prepare for and address the challenges of starting their first SAS post or locum SAS assignment.

It is widely recognised that this transition can be stressful, and there are issues unique to this heterogeneous group of doctors. SAS doctors also face challenges as they progress in their careers, so we also aim to provide guidance on development while maintaining well-being.

This framework is based on StartWell, which was developed for new consultant psychiatrists.

### Six elements

The six elements of the framework have been devised to create a balance of self-directed support, and to offer helpful guidance for SAS leads or tutors, appraisers and employers. This initiative also promotes excellence in psychiatry and mental healthcare, in line with our mission of supporting psychiatrists to improve outcomes for people with mental illness, and advocating for patients and carers. This role applies across the Devolved Nations and the United Kingdom, at Division and Faculty levels, and internationally.

The six elements of StartWell+StayWell are:

- Connect – network and make connections
- Learn – continuously learn new skills
- Use support –effectively identify and meet your support needs
- Be resilient –build personal resilience
- Lead – become an effective clinical and medical leader
- Develop – continue to develop a meaningful career.

Within the following chapters, there is a description of the rationale, advice and contribution of various roles, and recommended resources for each element.

### Putting the framework into practice

The document can also be used by those in various roles, who work for and with SAS doctors. For example, the SAS lead, tutor or equivalent, the appraiser or employer, and those with responsibilities at the level of a Devolved Nation, Division or Faculty, can use the framework to develop an action plan to increase support for new SAS psychiatrists. The role of the SAS doctor can be considered within peer groups and appraisal, and when creating a personal development plan.

It should be noted that SAS tutors or leads are not available to all SAS doctors.

At the time of writing, each Health Board in Scotland is assigned an educational advisor, who will be an SAS doctor with specific training for the role. This role is designed to support both SAS doctors and employers in making the best use of the SAS development fund. The advisor is also a source of guidance for SAS doctors who may wish to make a funding application. They work with directors of medical education and with service leads, to help them identify and support those SAS doctors who could develop for the benefit of the service (BMA, 2018).

In Northern Ireland, SAS leads representing each of the Health and Social Care Trusts were recruited in mid-2019. This has led to a significant increase in SAS development opportunities in the region.

The appraiser of a new SAS psychiatrist could use the StartWell+StayWell elements to support reflection on progress, and to facilitate prioritisation of support and personal development. There may be an argument for appraisers who specialise in the appraisal of new SAS psychiatrists. Later, the framework could be used to assist with a personal development plan.

### **What employers can do**

There are some key roles for employers after recruitment of new SAS psychiatrists. They can support and encourage the use of supporting professional activities (SPAs) in the job plan for peer groups and mentoring schemes. The employing organisation can also assist by:

- providing a high-quality induction
- ensuring that accountability is explicit within teams
- setting clear objectives
- ensuring that processes for managing and investigating complaints and adverse events are fair, and that doctors are well supported.

Some organisations have introduced training schemes for SAS doctors, to help them prepare for their roles, and to support career development and progression.

### **What the College can offer**

The College has an important role in reviewing and approving new SAS job descriptions. Devolved Nations, English Divisions and Faculties are also well placed to provide networking opportunities for new SAS psychiatrists. They may choose to apply the StartWell+StayWell framework in this context, and they may benefit from enhanced engagement of this group of doctors. In addition to this framework, the College can provide useful strategic documents based on national and international best practice.

### **Advice for the new SAS psychiatrist**

In summary, the new SAS psychiatrist is advised to make time to prioritise their professional development, based on a self-awareness of personal strengths and weaknesses. This ongoing work includes:

- understanding and building formal and informal support networks
- participating in appraisal
- engaging in peer groups
- mentoring, and

- maintaining wellbeing

The new SAS psychiatrist also needs to consider participation in formal and informal clinical and medical leadership roles. They are advised to use feedback, mentoring and appraisal to inform and enable further career development.

### Next steps

This document will be reviewed periodically after publication, with new resources updated on the SAS doctors section of the College website as they arise. It will be promoted through medical leaders to give a framework to employers of new SAS psychiatrists. Where possible, the recommendations will be evaluated to further understand how to optimally support SAS psychiatrists in their early years and as they develop their careers. The StartWell+StayWell framework provides guidance to organisations, Devolved Nations, Divisions and Faculties who may be considering learning events, conferences, workshops and action learning sets to promote the support of new SAS psychiatrists.



## Introduction

*“Doing what you like is freedom, liking what you do is happiness.” - Anonymous*

It is widely recognised and accepted that SAS doctors make a hugely valuable contribution to healthcare services in the United Kingdom. In addition to their crucial clinical roles, many are also successful leaders, managers and educators. Working as an SAS doctor is often a positive choice, providing the opportunity for a fulfilling career that offers great professional satisfaction.

SAS doctors account for roughly 25% of the medical workforce within psychiatry, but they can't be considered a single, homogenous group: they are hugely diverse in ethnicity, knowledge, skills and expertise.

The reasons for choosing to become an SAS doctor also vary, and further reflect the heterogeneity of the grade. Some doctors may choose the role to achieve a healthier work-life balance, while others may feel pressured into taking an SAS role when they have been unsuccessful in applying for a training post.

### Career development

To achieve fulfilment and ultimately happiness in a career as an SAS doctor, from the start it is vital for the individual to understand the role and responsibilities of the grade as well as their own developmental needs. Such needs are likely to change over the course of a career, so it is important to be aware of the varied developmental opportunities that are available.

Throughout the SAS doctor's career, it is also essential to engage in continuous professional development activities, embrace clinical governance, and meet ongoing annual appraisal and revalidation requirements.

In addition to seizing career opportunities as they arise, SAS doctors must sometimes create their own.

The transition from a training post to that a substantive one can feel daunting, in part because the individual becomes aware, possibly for the first time, that they are solely responsible for the decisions that determine the future development and growth of their career.

### **Networking and making connections**

Navigating the working landscape, meeting the expectations of colleagues, and successfully treating patients can feel challenging, even stressful, particularly for a new SAS doctor.

Every day, psychiatrists of all grades and experience work at the interface between mind and body. There is, therefore, a need to develop and maintain psychiatry-specific skills together with specialised subspecialty skills while maintaining competencies in managing physical health problems.

Multi-disciplinary team working is crucial for virtually all psychiatrists, so developing good working relationships with colleagues from a range of professional backgrounds, founded on mutual respect and understanding, is central.

Forming useful local links, accessing helpful resources, and utilising local and national support structures and services, in addition to seeking mentorship, will help SAS psychiatrists sustain fruitful careers.

### **Feeling systemic pressures**

We are seeing the emergence of considerable evidence about the emotional impact of being a doctor. In the General Medical Council (GMC) survey of SAS and Locally Employed Doctors (2019), over a third of SAS doctors said they did not always feel they were treated fairly in the workplace. Well over a quarter of all SAS doctors said they had experienced bullying over the preceding twelve months, in addition to burnout owing to workload. Such results indicate that SAS doctors are widely affected by systemic pressures.

## How to use this guide

The hope is that this guide, which promotes a simple, coherent, achievable framework of support during the early SAS years and beyond, can ensure that good habits are embedded, thereby reducing burnout and promoting career fulfilment and job satisfaction.

The SAS StartWell+StayWell guide can be used by SAS doctors and employers alike. It works well alongside the British Medical Association (BMA) SAS Charters for all four UK countries, to aid medical staff recruitment and retention, thereby improving continuity of care and ultimately, patient safety.

Programmes to develop and support new consultants have already been published, including StartWell for new consultant psychiatrists. However, these do not address the specific challenges faced by many SAS doctors.

As discussed above, SAS doctors are a diverse group. There may be subsets with additional needs, such as doctors working less than full time, those with chronic health conditions or long-term caring responsibilities, and doctors who have predominantly trained outside the UK.

The Royal College of Psychiatrists is well placed to provide advice and support to all doctors as they move into an SAS post: this guide is only one aspect of the help on offer.

A successful start to the career of an SAS doctor will go a long way towards achieving professional fulfilment and happiness, but it is certainly not the complete picture. Medical careers can span decades, so it is equally important to sustain mental and physical wellbeing over time. In essence, “starting well + staying well” is key to being the best that we can be, for the sake of our patients.

**Dr Lily Read**, Chair, Royal College of Psychiatrists SAS Committee and

**Dr Monique Schelhase**, former Chair, Royal College of Psychiatrists SAS Committee

## The six elements of StartWell+StayWell

The StartWell+StayWell framework for SAS psychiatrists is built around six elements, which are outlined here as an overview.

Connect	<ul style="list-style-type: none"><li>• Network and make connections</li><li>• Understand the SAS psychiatrist's place within organisational structures: employer, Faculty, Devolved Nation, Division</li></ul>
Learn	<ul style="list-style-type: none"><li>• Continuously learn new skills</li><li>• Engage in appraisal and revalidation</li><li>• Learn from peer groups</li><li>• Undertake continuous professional development (CPD)</li></ul>
Use support	<ul style="list-style-type: none"><li>• Identify support needs and ensure these are met</li><li>• Benefit from supervision, mentoring and coaching</li><li>• Use a buddy system</li></ul>
Be resilient	<ul style="list-style-type: none"><li>• Develop personal resilience</li><li>• Cultivate self-awareness</li><li>• Seek a healthy work–life balance</li><li>• Undertake personal therapy</li><li>• Maintain boundaries</li></ul>
Lead	<ul style="list-style-type: none"><li>• Develop effective clinical and medical leadership</li><li>• Work as part of a team</li><li>• Commit to quality improvement</li><li>• Raise concerns</li><li>• Work with external agencies, including commissioners</li><li>• Develop services</li><li>• Supervise others</li></ul>

Develop	<ul style="list-style-type: none"> <li>• Continue to develop a meaningful career</li> <li>• Become an educator</li> <li>• Conduct research</li> <li>• Take on management responsibilities</li> <li>• Build specialist knowledge and skills</li> </ul>
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Further details – and ideas that can be put into practice – are given within each chapter that follows. These are also gathered in a single matrix, which appears as an appendix on page 68.

### Built around values

StartWell+StayWell for SAS psychiatrists is built around the College’s framework of core values for psychiatrists at work. These core values include:

- **Communication:** successful conveying or sharing of information, ideas and feelings
- **Dignity:** being worthy of respect
- **Empathy:** showing the ability to understand and share the feelings of another
- **Fairness:** treating people equally without favouritism or discrimination
- **Honesty:** truthful and sincere
- **Humility:** having a modest view of one’s importance
- **Respect:** due regard for the feelings, wishes or rights of others
- **Trust:** firm belief in the reliability, truth or ability of someone.

You can learn more about the core values framework, and find other resources, on the College website at [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

- Duties of a doctor
- Efficacy and effectiveness
- Evidence and values-based practice
- Highest ethical and professional standards
- Long-term engagement
- Prudent healthcare
- Resilience
- Unique professional blend
- Whole system

- Accountability
- Boundaries
- Challenging stigma
- Confidentiality
- Equal access to services
- Equality and diversity
- Governance
- Safe practice



- Commitment
- Continuous professional development
- Excellence
- Integrity
- Labour
- Management
- Mentoring
- Multidiscipline
- Public mental health
- Research, innovation and training
- Sustainability

- Advocacy
- Attentive listening
- Care pathway continuity
- Choice and consent
- Compassion
- Empowerment and hope
- Explanation
- Holistic
- Maximise potential for recovery
- Partnership
- Responsibility
- Timeliness

## Connect: networking and making connections

Dr Carol Mullan and Dr Kathryn Naylor

In any profession, communicating and networking with other colleagues is an important factor in optimising work-life balance. This resonates particularly for doctors, given the often high-pressure, demanding nature of the job. Having effective support and contacts as an SAS doctor enhances resource sharing, and affords opportunities for exchanging information, advice and experiences.

Compared to the more structured format of a training scheme, for the SAS doctor there is greater emphasis on the individual's personal responsibility to engage with the available networks. This may sound daunting, but support and guidance are available at many levels.

### Starting to make connections

Trainee doctors have support from other trainees, clinical supervisors, educational supervisors and wider members of the team. They also have guidance from their NHS organisations, and additional help and support from the training scheme, deanery and the College. Training is organised and structured, and trainees are used to gathering evidence for their annual review of competence progression (ARCP).

On being appointed as an SAS doctor, some aspects of this support network are automatically replaced – but others may be lost.

For example, following their move to the new role, some SAS doctors have reported difficulties in maintaining relationships with other trainees.

New connections may be part of professional requirements such as having an appraiser or participating in a peer group. Some are formal, such as a mentoring scheme; others are

informal, such as chatting with a colleague over lunch. All these networks and connections are potentially a great source of support, help and advice.

A survey of SAS and Locally Employed Doctors, completed by the General Medical Council (GMC) in 2019, highlighted some of the reasons SAS doctors may find it difficult to establish connections.

The survey represented about 25% of the UK-wide SAS population. Taking SAS and Locally Employed Doctors together:

- 48% of respondents were from BAME (Black and Ethnic Minority) backgrounds, compared with 34.4% of UK licensed doctors
- 70% obtained their primary medical qualification outside the UK, and most of those were international medical graduates.

Among SAS doctors, 30% reported being bullied, undermined or harassed in the previous year.

Encouragingly, more than half of SAS doctors across the UK said they had access to a tutor, advisor or equivalent in their place of work, with a similar number saying they had access to the guidance, support and opportunities available to them.



### Networking advice for SAS doctors

If there is an SAS lead, tutor or equivalent in your workplace, they may be able to help you start developing networks. You should be linked in with a peer group. There may also be local support groups for SAS doctors. While you may remain in networks with other trainees, making sure that you have connections with SAS doctors will always be helpful. Try to attend SAS and other medical meetings where they are available. Even if your plan is to return to training posts, getting support from doctors who work in SAS jobs within your area will give you insight into workload, working arrangements and other practical issues.

Try to make connections with other people working in your department and organisation. Creating networks can lead to surprising opportunities such as projects, quality improvement activities and continuing professional development (CPD). Attending local training events will broaden your connections, as will attending regional or national events. You will be making connections with people at various levels. If you have moved areas, you may want to establish links with relevant groups in the community, either within or outside medical networks.

The College is a huge organisation with many different departments and experts who can help and support you (see below). You may wish to become a member of the College, so that you can use the resources, contribute to the work of the College and establish networks with other SAS doctors. If you are considering a role on a committee, job descriptions and applications can also be found on the College website at

[www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

Starting a new SAS doctor post can be intimidating initially, but engaging with others helps ease the transition, and is of integral importance in optimising your work-life balance. From getting advice on a clinical situation to recommendations on where to buy lunch, making true connections with colleagues improves the quality not only of your work, but also your daily life.

## SAS representation in the College

Including SAS representatives on various committees and councils ensures their voices are heard in the College – and that a wide range of support and advice is available.

There are SAS representatives on the College's:

- Executive Committees for the eight English Divisions
- Devolved Councils (DCs) for Scotland, Wales and Northern Ireland
- Executive Committees for each Faculty.

These local and Faculty representatives should be part of every SAS psychiatrist's network, and they can provide help, support and signposting.

There is also an SAS committee, and its pages on the College website provide a list of the committee members, key contact details, committee minutes, and other useful information.

The SAS committee is active on social media (on Twitter, see @RCPsychSASDocs), providing an opportunity to connect with psychiatrists and SAS doctors in other specialties.

## Roles and action points - connect

Everyone involved has a part to play in ensuring a successful transition for new SAS psychiatrists. Here, we have outlined some suggested actions for professionals in various roles. A matrix of recommendations for all six elements of the StartWell+StayWell framework for SAS psychiatrists also appears in the appendix on page 68.

### SAS doctor

- Participate in the induction process, which should be effective for your new role and location.
- Make sure you have updated your contact details, especially if you have moved.
- If there is one, contact the SAS lead, tutor or equivalent within your organisation.
- Find out if there are other SAS psychiatrists in your area and join a peer group.
- Seek out information on the structures and key people in the organisation.
- Make sure you are on the right mailing lists.
- Try to attend at least one local or national College event per year, or one of the events organised specifically for SAS doctors by, for example, deaneries.

### Appraiser

- Help the new SAS doctor identify any development needs in this area.
- Support reflection on needs related to connecting with others, such as attending events, using social media, joining groups, communication.
- Assist with relevant development plans.
- Ensure the job plan includes details of support when reviewed as part of appraisal.

### SAS lead or tutor

The SAS lead or tutor is central to making connections with multiple disciplines and levels of management within the organisation. They should:

- Provide an induction and ensure the new SAS doctor is linked to SAS networks within and outside the organisation (SAS Division, Devolved Nation or Faculty representative, and social media networks).
- Help the SAS doctor find a peer group and a mentor or a 'buddy' (someone who can provide informal support locally).
- Ensure job plans include support mechanisms, and are reviewed by College assessors.

## **Employer**

- Provide an induction for the role and organisation, including governance systems, reporting lines and policies for whistleblowing or raising concerns.
- Ensure adequate SPA time to engage in StartWell+StayWell activities and related developmental needs.
- Provide an experienced appraiser, perhaps with an interest in SAS doctor development.
- Ensure availability of an SAS lead or tutor (or equivalent) where applicable.
- Address any harassment or bullying and promote a respectful and positive culture.

## **Division, Devolved Council or Faculty**

- Identify StartWell+StayWell SAS doctors and, where possible, link them together.
- Ensure new SAS doctors are actively represented on key committees.
- Identify a StartWell+StayWell lead.
- Specify courses suitable for StartWell+StayWell SAS psychiatrists.
- Possibly link SAS doctors in their first 5 years with SAS doctors having 6-10 years' experience.

### **College**

- Identify StartWell+StayWell SAS members.
- Include a resource area on the website, including resources recommended by other new SAS psychiatrists.

### **Other national organisations**

- Medical defence unions and trade unions can be a crucial source of advice and support, especially if the SAS doctor is in a particularly challenging position. They have numerous helpful publications but are also there for personal advice as required.

## Learn: continuous learning

Dr Jahnavi Acharya

*Learning means to “gain or acquire knowledge of, or skill in, (something) by study, experience, or being taught.”*

Psychiatrists are often, by nature, curious and keen to learn. Keeping up to date with emerging new evidence and models of care in psychiatry can be challenging, especially if we have busy jobs. We may also forget knowledge already gained and skills that we have not practised for some time.

As doctors, we are expected to maintain skills and acquire new learning. For the SAS doctor, there are no formal training requirements, and access to local teaching may be difficult if cover must be provided for trainees who are attending events.

The new SAS psychiatrist will need to identify their learning needs and personal development plan (PDP). This may require new skills in itself. The new SAS psychiatrist must also be assertive in ensuring time for supporting professional activities (SPA) is available to meet the needs of revalidation and personal development.

The BMA charter for SAS doctors states there should be a mutually agreed job plan that includes appropriate SPA time (with a minimum of one session for full-time doctors in the specialty doctor or new associate specialist grade). The recommended standard for study leave for SAS doctors is a maximum of 30 days, with pay and expenses, within any period of three years. It is important to utilise this leave to attend external training events relevant to your learning needs. [BMA,2014]

In a 2019 General Medical Council (GMC) survey, more than 40% of SAS and locally employed doctors reported difficulties accessing continuing professional development (CPD) activities. Not being able to find prospective cover, lack of funding, and leave being declined

were the common reasons. This is really concerning, as without adequate support for CPD activities it will be difficult to fulfil appraisal and revalidation requirements.

The BMA's SAS charter (BMA, 2014) and SAS doctor development guide highlight the need for SPA time to enable SAS doctors to undertake development activities such as audit, clinical governance, training, and research. SAS doctors should also have adequate time and support to fully participate in the annual appraisal process, including having sufficient breadth and depth of clinical work and professional activities to achieve and maintain relevant competencies, and to develop as clinicians.

### **Appraisal and revalidation**

All doctors who are registered with a licence to practise are required by the GMC to undergo the process of revalidation, usually every five years. Revalidation is essentially a process of demonstrating continuous development and up-to-date knowledge, safe practice and a good level of care.

Annual appraisals form the cornerstone of revalidation. Appraisal can be thought of as a formal, structured opportunity to reflect on our work and to consider how effectiveness might be improved. It seeks to provide a forum to explore personal development needs, personal and service performance, and reflection on clinical skills. Appraisers need to be fair and supportive but also challenging and explorative. Appraisees must feel comfortable in being reflective and be confident they are providing appropriate and adequate evidence of learning, safety and competency to practise.

Newly appointed SAS psychiatrists are likely to be familiar with the processes for the annual review of competency progression (ARCP) and will have developed similar relationships with the educational supervisor and the Postgraduate Dean. Both processes require honest reflection on clinical activity and objective evidence of progress. Indeed, new SAS psychiatrists may have a fair amount of experience in these areas, including work-based assessments such as case-based discussions. However, the new SAS psychiatrist may be less familiar with the differences between the two processes.



The SAS doctor must take responsibility for their own learning and developmental needs rather than having these imposed externally to cover the set learning objectives in the curriculum (which is fixed).

The SAS doctor is also expected to agree objectives with their appraiser and the CPD peer group.

Competencies must be demonstrated across the full scope of practice. These will be tailored to the SAS doctor's needs and may evolve as their skills advance, roles change, or new standards are developed. Individual interests and career goals may change over time, and professional development goals will be reviewed and established annually.

### **Continuing professional development (CPD)**

The GMC website has comprehensive guidance on CPD, and describes it as 'any learning outside of undergraduate education or postgraduate training that helps you maintain and improve your performance. It covers the development of your knowledge, skills, attitudes and behaviours across all areas of your professional practice. It includes both formal and informal learning activities.' (GMC 2012a) Its purpose is to improve the safety and quality of care provided for patients and the public.

CPD keeps us up to date so we can practise safely and effectively. There are times when we will need to have specific learning goals, but CPD also provides an opportunity to broaden our skills and competencies, meet new service needs and maintain interests in associated areas such as therapies, physical health or public health and culture.

As the new SAS psychiatrist's role develops, they may be asked to undertake different responsibilities. In this case, CPD can be used to reflect on any new needs and to acquire new competencies. For example, a more established SAS psychiatrist may be asked to apply for section 12 approval, enabling them to undertake Mental Health Act work.

Some new SAS doctors take up post after a period of (possibly protracted) absence. The Academy of Medical Royal Colleges (AoMRC, 2012) provides guidance for returning to work. However, even after shorter absences, CPD may be required to update knowledge.

Our workplaces provide many opportunities for learning, ranging from reinforcing knowledge while teaching, through learning new skills by modelling, to learning from incidents and feedback.

All doctors are expected to reflect on any complaints or serious incidents that have occurred within the year and collect multisource feedback at least once in every revalidation cycle. Reflection is a key element of appraisal as it helps doctors determine their developmental needs. When providing evidence of CPD for an appraisal, quality is important. SAS psychiatrists who are members of the College, including affiliates, can submit details of their CPD, add reflective notes, and receive a certificate of good standing. This provides evidence of completion of the required hours. Other SAS psychiatrists will need to keep a log or diary of their learning; it is recommended that this is kept up-to-date. All doctors are required to provide reflective pieces on significant learning.

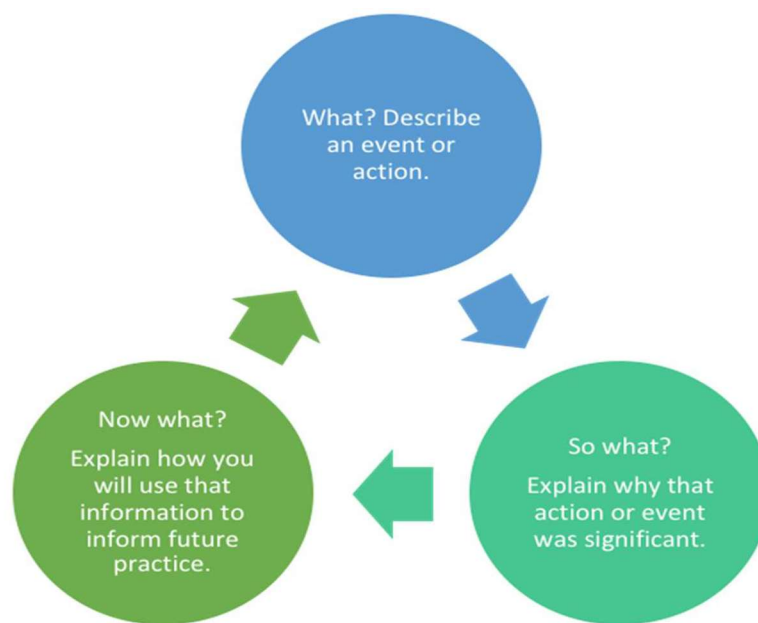
Useful advice about being a reflective doctor is available in a GMC guidance document, *The reflective practitioner* (GMC, 2018). A guide from the College, *Supporting information for appraisal and revalidation: Guidance for psychiatrists (CR194)*, is also useful. (RCPsych, 2014).

### **Reflective learning**

Reflection is a core requirement of revalidation. There is growing research evidence that reflective learning helps in professional development. The Academy of Medical Royal Colleges (AoMRC) and Conference of Postgraduate Medical Deans (COPMeD) define reflective practice as ‘the process whereby an individual thinks analytically about anything relating to their professional practice with the intention of gaining insight and using the lessons learned to maintain good practice or make improvements where possible’.

As illustrated in the Borton Framework (Borton 1970), it is a continuous process of learning from experience.

For many of us, the process of writing a reflective piece is cumbersome. There is no set template to use. If not done regularly and soon after the learning opportunity, it can become a daunting task at the time of appraisal and will defeat the purpose of reflective learning. Technology can be useful in the process. There is a reflection toolkit on the GMC website to help doctors get into habit of writing reflections to suit their learning style.



### CPD peer groups

The College recommends that SAS psychiatrists participate in a CPD peer group. The group should offer support to develop a CPD plan, monitor progress, agree the CPD log and suggest new learning needs. The CPD plan should be used to inform the PDP at the appraisal. The group determines the number of learning points (hours) for any activity and whether the goals have been met.

Again, the College guidance is helpful in determining the areas into which the learning activity falls, and the number of hours of a single activity (for example, e-learning, long courses and audit) that can be counted towards the total.

The CPD peer group should be supportive while encouraging honest reflection and constructive exploration. It should be a place where a doctor feels safe and encouraged to discuss the challenges they face. This requirement could present a challenge to the SAS psychiatrist – how to find a CPD peer group? New SAS psychiatrists, especially those still intending to take examinations or return to training, may join a support group with doctors in a similar position. While this can be helpful in some respect, the group may not understand the complexities of appraisal and have adequate knowledge of the process. The new SAS psychiatrist may feel uncomfortable in a group of consultants, which could inhibit discussion. During the start of a SAS post, some may seek a peer group with similar doctors, but this may also be problematic if all the group members are newly appointed to SAS roles. Mixed, consultant and SAS peer groups are desirable once established in a SAS career.

The peer group should be able to help the SAS doctor gather the evidence required for appraisal, including a statement of the goals achieved and confirmation of the hours of completed learning.

Psychiatrists are required to be active members of a CPD peer group and achieve at least 50 CPD points each year to be considered as being in good standing for CPD by the College. More information on the role of the CPD peer group can be found in guidance produced by the College, at <https://www.rcpsych.ac.uk/members/submitting-your-cpd>

## Roles and action points - learn

Everyone involved has a part to play in ensuring a successful transition for new SAS psychiatrists. Here, we have outlined some suggested actions for professionals in various roles. A matrix of recommendations for all six elements of the StartWell+StayWell framework for SAS psychiatrists also appears in the appendix on page 68.

### SAS doctor

- Prioritise peer group attendance and engage effectively.
- Be a reflective practitioner.
- Take your study leave and talk to the SAS lead, tutor or equivalent, or your supervisor, if there are difficulties in taking study leave.
- Increase your awareness of Good Medical Practice (GMC, 2013), which forms the basis of appraisal.
- Collect relevant supporting information in a timely manner; having a folder for documents and emails or uploading them promptly into computer appraisal systems is helpful.

### Appraiser

- Understand the challenges a new SAS psychiatrist may face.
- If needed, offer additional support in the first few appraisals: for example, explain how to gather evidence, reflect on learning, and develop goals.
- Appraisers with specific skills could be useful.

### **SAS lead, tutor or equivalent**

- Act as the first port of call for any advice or guidance.
- Be involved (along with the educational supervisor, in Scotland) in the administration and utilisation of SAS funds, where available.
- Serve as a link between the SAS doctor and the Director of Medical Education.  
Each regional Health Education England website should have a list of SAS tutors within different organisations in the region.
- Assist in identifying peer groups.
- Support SAS doctors in acquiring supporting evidence.
- Support study leave.
- Ensure local SAS development needs are being met.

### **Role of the employer**

- Support peer groups and SAS meetings.
- Support CPD events locally.
- Ensure study leave is supported with appropriate cover arrangements, and with funding for travel and course fees.
- Ensure the Responsible Officer manages the system of appraisal clearly.

## Role of the College

- Provide revalidation and CPD guidance:  
<https://www.rcpsych.ac.uk/members/supportingyou/> revalidation).
- Develop CPD tailored for StartWell+StayWell SAS psychiatrists.
- Design congress sessions for new SAS psychiatrists.
- Through the College Centre for Quality Improvement, support clinical audit, provide multisource feedback and accredit services.
- Link with the Academy of Medical Royal Colleges.

## Use support: identify and meet support needs

Dr Lily Read, Dr Alison Shaw, Dr Jaqueline Palmer and Dr Amina Rawat

We all need and use support in our lives; our careers are no exception. The type of support we need, the length of time we need it for and what is available to us will vary over time.

Both formal and informal modalities of support are important, and it is useful to find, secure and make use of available support opportunities even at times where there is no pressing need. In this section, we will focus on mentoring and how it can enhance our professional lives.

### What is mentoring?

Mentoring aims to help individuals develop and enhance their goals, skills and competencies in the workplace.

The term 'mentor' originates from a 3000-year-old myth recorded in Homer's *Odyssey*. In this tale, Odysseus entrusts the education of his son Telemachus to his close friend Mentor, while he goes to fight the Trojan war.

The term's present use refers to a more experienced professional, usually from the same field as the mentee, who provides a supportive relationship and one-to-one discussions. The mentor uses their knowledge and experience to offer specific guidance on career development and on ways to deal with any difficulties that the mentee may encounter.

Sometimes mentoring is used synonymously with the term coaching, which is a rather distinct form of support. Coaching is a more formal and time-constrained process which focusses on enhancing performance at work by addressing specific goals and difficulties, rather than a general form of support.



The coach does not need to come from the same field of work as the individual being coached and coaching is usually a paid role. In contrast, the mentor should come from the same professional field as the mentee, as sharing their experience is a core part of the mentoring relationship. Mentoring is a voluntary role, and the supportive mentoring relationship often benefits both the mentor and mentee. In addition, it is important to note that mentoring is not a form of performance management.

The mentoring relationship does not last a prescribed length of time. The intervals between meetings can also vary, usually being more frequent or regular at the beginning of the relationship, while later they may be less frequent and driven by the needs of the mentee.

Mentoring is encouraged by both the General Medical Council and the Royal College of Psychiatrists, for doctors at all stages in their careers. The College supports the view that it is central to developing and supporting doctors, and in dealing with the ever-changing National Health Service.

Mentoring can be particularly useful:

- For doctors working outside the NHS, in non-standard, fast-changing or isolated roles
- For building personal resilience
- At times of transition to a new or enhanced role
- In the first few years of working in the UK.

For the SAS doctor group, it is a useful tool to prevent career stagnation. Indeed, the SAS Charter suggests that SAS doctors should have access to a mentor for professional and personal development.

### **Benefits of being mentored**

The general emphasis of mentoring is to encourage autonomy and self-development while helping to identify opportunities for professional development. This can lead to improvements in an individual's motivation, confidence in their role, wellbeing and

competencies. A positive impact on care benefits the patient: this is also good for the organisation, as is increased job satisfaction.

The specific benefits to the mentee are numerous and long-term, and there is often a significant positive impact on the individual's personal life. Mentoring can:

- Allow the mentee space and time, coupled with guidance, to reflect on their professional needs and develop solutions to career obstacles
- Provide assistance in setting and focussing on goals to achieve professional aspirations
- Increase self-awareness, motivation and confidence
- Increase resilience and reduce burnout
- Provide encouragement and guidance in areas unfamiliar to the mentee
- Provide a welcome point of stability during a time of change
- Increase organisational knowledge and know-how
- Create an enduring, fulfilling relationship.

### Finding a mentor

There are several ways to identify a mentor. Personally approaching a recommended mentor or a senior colleague can be an easy and effective way to start a mentoring relationship.

Some organisations have in-house mentoring schemes, and the medical or clinical director can supply a list of mentors.

It may be difficult to obtain an in-house mentor, or the mentee may prefer to have a mentor outside of their organisation. The College has mentoring schemes at the level of the English Divisions and the Devolved Nations, and these include a network of SAS mentors. To contact these mentoring leads, send an email to [mentoring@rcpsych.ac.uk](mailto:mentoring@rcpsych.ac.uk).

### The role of mentees

Mentoring is not only important during stable periods (where it can help with issues such as workload pressures, career stagnation, or where there is lack of development opportunities) but also in the context of adverse events (for example, complaints or conflicts at work).

It is usually the role of the mentee to seek out a mentor rather than a mentor offering to support an individual. Though the mentor's role is to provide advice and support, it is the mentee's responsibility to take the time to reflect, formulate a plan of action and implement the agreed plan. The agenda and achievable goals are usually set by the mentee with guidance from the mentor.

Mentoring is most likely to be effective when the mentee:

- Takes responsibility for their own learning
- Actively participates in the mentoring dialogue
- Accepts challenge and is willing to take risks
- Is open and honest about themselves to facilitate trust in the mentor-mentee relationship
- Has realistic expectations that are shared and agreed with the mentor.

### The role of the mentor

A mentor, through their knowledge and experience, can offer support, and guidance to on career development. The mentor could also play a key role in supporting the social development of the mentee within the organisation, by facilitating expansion of their professional network of contacts.

Although a mentor's wealth of experience may be sufficient to offer mentorship, mentors should ideally be trained for the role and have ongoing support with peer supervision.

Although it is a voluntary role, mentors should have professional time allocated to fulfil this responsibility, particularly given that it is a long-term commitment.

## Benefits of being a mentor and how to become one

Mentoring individuals to achieve their career aspirations and make wider contributions to the NHS as a whole can lead to very rewarding experiences and personal satisfaction. More specific benefits to mentors include enhancement of their development and learning, which is achieved by:

- Developing new perspectives.
- Learning or gaining knowledge directly from the mentees
- Keeping in touch with the realities and challenges facing less experienced staff
- Developing inter-personal skills, including leadership and communication skills
- Contributing to wider departmental, organisational and NHS goals.

There are many organisations, public and private, offering training in mentorship. The College currently provides mentor training to individuals who would like to take part in its mentor scheme. Any individuals interested in such training or in becoming a College mentor should contact the manager for their Division of Devolved Nation, or email [mentoring@rcpsych.ac.uk](mailto:mentoring@rcpsych.ac.uk)

The Faculty of Medical Leadership and Management also has a mentorship scheme, which offers training and a service that matches mentors with mentees. Interested individuals can contact [mentoring@fmlm.ac.uk](mailto:mentoring@fmlm.ac.uk) for further details. Some organisations have mentoring schemes which offer training and a mentor-mentee matching service for their employees.

SAS doctors have a wide range and depth of expertise, which makes them ideal candidates to become mentors to trainees, newly appointed SAS doctors and other doctors, such as those in the Medical Training Initiative scheme.

### **Practical Support for SAS Doctors**

The BMA SAS Charter(BMA,2014) makes recommendations about the provision of, and access to, necessary resources to undertake SAS duties effectively and with relative ease.

Such provisions include:

- Administrative support
- Necessary technology and IT support
- Working/office space

SAS doctors should be provided with specialist occupational health provision and pastoral support.

### **Roles and action points – use support**

Everyone involved has a part to play in ensuring a successful transition for new SAS psychiatrists. Here, we have outlined some suggested actions for professionals in various roles. A matrix of recommendations for all six elements of the StartWell+StayWell framework for SAS psychiatrists also appears in the appendix on page 68.

#### **SAS doctor**

- Recognise the need for enhanced support, especially given the change in role and responsibility.
- Actively seek out a mentor.
- Set achievable goals and discuss steps to work towards them with your mentor.

### **Appraiser**

- Ensure the SAS doctor is aware of their needs, and of potential solutions to common problems for new SAS doctors.

### **SAS lead, tutor or equivalent**

- Offer support in a timely manner, as requested by the individual SAS doctor.
- Direct SAS doctors to mentoring schemes (including through the College).
- Assist in identifying potential mentors.
- Support mentor training.
- Develop local mentoring and buddying schemes.

### **Role of the employer**

- Recognise the organisational benefits of high-quality mentoring: better equipped, resilient and confident SAS doctors; high job satisfaction; attraction and retention of SAS doctors; high quality patient care, with increased achievement of clinical targets and a reduction in morbidity and clinical incidents; improved efficiency.
- Provide robust mentoring schemes, which also encourage SAS doctors to take on the role of mentors.
- Make available sufficient time for supporting professional activities (SPA), so that SAS doctors can attend mentor training and mentoring sessions.
- Implement the BMA SAS Charter, which states that SAS doctors should have the support they require for career development.

## College

- Play a central role in supporting mentoring and encouraging doctors to seek out or become mentors.
- Promote mentoring for psychiatrists at all stages and levels of their careers.
- Provide timely support to members, including affiliates, who seek to be involved in mentoring.
- Ensure the service delivered is non-judgmental and seeks to assist members in providing support and advice that is appropriate.
- Develop and maintain a network of mentoring services in each Division and Devolved Nation.
- Help doctors and managers build up knowledge of external services that are available to support members and associates in accessing mentoring.
- Work with the Mentoring Network Committee to promote mentoring across the UK.
- Ensure there is a training programme for interested doctors.
- Provide advice to other doctors who might need assistance with queries about mentoring.
- Ensure best practice on mentoring is shared across the Divisions and Devolved Nations.
- Develop clear standards and guidance for mentor training.
- Create a directory of useful resources for mentoring and enhanced support.

For a range of resources on mentoring, see the further reading section on page 73.

## Be resilient – develop personal resilience

Dr Kathryn Naylor, Dr Kate Aldersey and Dr Deepak Swamy

Resilience is defined as the ability of an object to return quickly to its original shape, after being pressed, stretched or bent. In other words, a person with resilience can overcome bad, unpleasant or difficult events. This could include stressful events at home, in relationships or in the workplace.

This term is used widely in health care settings to describe some of the skills needed to manage the emotional impact that clinicians face. However, it is not without criticism. Some argue that we should be promoting a resilient *system* rather than expecting doctors to absorb difficult or adverse conditions (Oliver, 2017). Here, we use resilience in the context of promoting SAS doctor wellbeing and ensuring adequate support is available.

There is considerable evidence to show that many people working in health care have high levels of stress and burnout. In 2019, the World Health Organization recognised burnout as a medical condition, defined as, 'a syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed.' (WHO 2019) Symptoms include insomnia, fatigue, self-criticism, pessimism, feelings of unworthiness, detachment, feeling out of control, low mood and anxiety.

Compassion fatigue is an associated term, which describes a lessening of compassion over time, with hopelessness, stress and anxiety, sleeplessness or nightmares, and a pervasive negative attitude.

Doctors are at considerable risk of work-related stress, burnout and mental health problems such as depression and anxiety. The most common causes are high perceived workload, the growing intensity and complexity of the work, rapid change within healthcare, low control and support, and personal experiences of bullying and harassment (Kinman & Teoh, 2018).



### SAS doctors and burnout risk

SAS doctors may find the transition from training posts difficult. SAS doctors have also reported feeling uncomfortable talking about their reasons for entering the grade and feeling stigmatised by colleagues. While some doctors choose SAS posts to improve work-life balance or for other personal reasons, some have been unable to continue in training because they have not passed the necessary examinations. This can lead to stress.

New SAS doctors may feel unsupported, compared to their experience in training posts. They may also feel obliged to work beyond their experience or take on more responsibility. Workload may increase considerably, and SAS doctors may be expected to cover both trainees and consultants at times.

In 2015, the British Medical Association SAS Committee undertook a workplace survey of SAS doctors. Many of the findings would suggest SAS doctors may be at risk from developing burnout:

- More than 32% did not have time to prepare for their appraisals
- 74% were working autonomously, and similar numbers reported having to work more hours than in their job plan in the preceding year, and having to give up time for supporting professional activities (SPA) in order to fulfil clinical duties
- 35% said that they had been victims of bullying, harassment or victimisation in the workplace at least once in the previous 12 months.

In a General Medical Council survey of SAS doctors, 25% reported burnout and 43% said their work was emotionally exhausting (GMC 2019).

## Building, developing and maintaining resilience

Everyone has resilience – but everyone reacts differently to adversity, with some coping more effectively or more quickly than others. Resilience can be developed and strengthened.

There are several studies which investigate the role of culture and community in resilience. Having positive relationships, confidence in your strengths and abilities, being a good problem solver and communicator and coping with your emotions effectively will all help you cope with adversity.

While we will all have some inherent resilience, we can also develop new skills and increase our resilience.

The American Psychological Association has numerous helpful resources as part of *The road to resilience* (APA, 2013) Ten tips for building resilience are highlighted:

- Make connections
- Avoid seeing crises as insurmountable problems
- Accept that change is a part of living
- Move towards your goals
- Take decisive actions
- Look for opportunities for self-discovery
- Nurture a positive view of yourself
- Keep things in perspective
- Maintain a hopeful outlook
- Take care of yourself.

Think about activities and techniques that will help you relax and promote wellbeing, such as mindfulness, relaxation techniques, yoga or exercise. Everyone is different. What works best for others may not work for you. The key is to give yourself a break from workplace stress and find some balance. There are many courses and apps you can use: see [www.practitionerhealth.nhs.uk/wellbeing-app](http://www.practitionerhealth.nhs.uk/wellbeing-app) for a range of suggestions.

## Self-care

As doctors, we often talk to people about improving their diet and increasing exercise levels. SAS doctors may work additional hours and you may be tempted to skip meals to save time. However, eating regularly and finding space away from work promotes health and builds resilience.

Having interests outside work is also important, as are taking rest days and annual leave. We need to make sure we look after ourselves so that we can continue to look after others.

In the Good Medical Practice guide, the GMC advises doctors to register with a General Practitioner who can support them in maintaining physical and mental health.

## Seeking support

The SAS peer group, tutor or lead will be a valuable source of support. SAS doctors should also have a named supervisor and regular supervision sessions. We have highlighted the importance of discussions and the role of the mentor or coach in more detail, earlier in this framework.

Psychological supervision and Balint groups may also be helpful to SAS psychiatrists at all levels of experience. Some organisations may provide confidential support through occupational health. SAS doctors may need to be proactive in seeking such support within their organisations – other SAS colleagues may be able to advise on what is available.

The Psychiatrists' Support Service is also offered by the College. This is a confidential service with trained peer support psychiatrists. In 2017, 24% of callers were from SAS grades. There is a dedicated telephone helpline on 020 7245 0412, or psychiatrists can email in confidence: [pss@rcpsych.ac.uk](mailto:pss@rcpsych.ac.uk). They can request to speak to an SAS doctor if that's their preference. Information guides are also available from the Psychiatrists' Support Service on the College website.

### **Advice for SAS doctors**

Before applying for an SAS post, think about the nature of the job. You may wish to research how the organisation supports SAS doctors, or you could explore this at the interview.

Determine whether the job is manageable. You may need to think about moving to another area – will there be support to help you make the move? Taking up an SAS post may have financial implications especially if you are no longer involved in on-call rotas.

There may be opportunities for additional work, but you may be on a trainee rota and there may be restrictions because of working time allowances.

Nearly all studies show that high perceived workload is strongly related to burnout, psychiatric morbidity and symptoms of depression. College assessors who are SAS doctors are increasingly available for appointment panels and can help address these issues. If the workload is too high, you need to seek help from your line manager: the SAS lead or tutor may be able to support you in expressing concerns.

Appraisals can be stressful, especially in your early years as an SAS doctor. It is different to the Annual Review of Competency Progression (ARCP) and your employer is likely to have a several mandatory requirements. As there are no set criteria for completing assessments over the whole year, it is too easy to leave preparation until the last minute.

Keeping track of CPD events and your learning, as well as having electronic files with supporting evidence, will help your time management. Again, ask your peers, who will often have tips.

### **Preparing for setbacks and stressors**

Complaints, reviews of care, serious untoward incidents, deaths and investigations are very stressful. Most are unpredictable, so you need to prepare by understanding local procedures and protocols, and thinking about any developmental needs at your appraisal. Such areas might include courtroom skills and report writing, for example.

The GMC requires you to have an appropriate level of indemnity cover. If you are involved in an investigation, seek support and advice. The British Medical Association (BMA), medical defence organisations and the College's Psychiatrists' Support Service can offer such support. Don't face these difficult situations on your own and if you are feeling isolated, ask for help.

### **Know yourself**

By the time you accept an SAS post, you have spent many years following set paths through school, college, university and foundation and training posts. There is now an opportunity to take stock and think about what you would like to achieve.

You may need to create opportunities yourself and develop new skills to make things happen. You may also need to be assertive. There are many courses designed to help SAS doctors develop skills such as time management, negotiation, managing difficult relationships and improving wellbeing.

Learn to recognise signs of stress and seek help. Develop a range of strategies to cope with difficult situations, and make sure you practise these skills regularly, so you are prepared when they are most needed.

Networks are vital, and this means having the right connections and knowing how to seek help. SAS doctors often experience bullying and harassment, and you can prepare for such challenges. Become familiar with whistleblowing policies. If you are asked to work beyond your skills, or your workload is too heavy, being able to talk about these issues will help you feel more comfortable in the role.

We have focussed on some of the potential problems, but becoming an SAS doctor offers many new opportunities. You can have a better work-life balance, and develop your career in a variety of ways. All in all, this role can be seen as a chance to create a fulfilling and rewarding life.

## Roles and action points – use support

Everyone involved has a part to play in ensuring a successful transition for new SAS psychiatrists. Here, we have outlined some suggested actions for professionals in various roles. A matrix of recommendations for all six elements of the StartWell+StayWell framework for SAS psychiatrists also appears in the appendix on page 68.

### SAS doctor

- Take steps to stay healthy and follow GMC advice on health.
- Consider whether you have any developmental needs in relation to work life balance, building resilience or managing future potential stressors.
- Prepare for your appraisal ahead of time.
- Use resources available to seek support when you need it.

### Appraiser

- Help the appraisee recognise any developmental needs.
- Support discussions around workload, and availability of study leave, budget and SPA time.
- Reflect on work-life balance and wellbeing.

### Employer

- Ensure job plans are equitable and manageable, and posts are reviewed by College assessors.
- Implement the SAS Charter.
- Support a positive culture of respect and civility.
- Promote parity of esteem between SAS doctors, trainees and consultants.

## College

- Develop StartWell+StayWell events focussing on health and wellbeing and building resilience.
- Promote parity of esteem between SAS doctors, trainees and consultants at College level.

For a range of resources on building resilience, see the further reading section on page 73.

## Lead – develop effective clinical and medical leadership

Dr Venkatesh Malipatil

The term 'leadership' can be used in a variety of different ways, but it could be defined as the 'ability and capacity to lead and influence others, by means of personal attributes and/or behaviours, to achieve a common goal.'

While the primary focus for doctors is their professional practice, all doctors, including SAS doctors, work in systems and within organisations. It is vitally important that doctors have a direct and far-reaching impact on patient experience and outcomes. Doctors have a legal duty broader than any other health professional and, therefore, have an intrinsic leadership role within healthcare services.

They have a responsibility to contribute to the effective running of the organisation in which they work and to its future direction. Therefore, the development of competencies in leadership must be an integral part of a doctor's professional and personal development. (Medical Leadership Competence Framework, AoMRC 2010).

SAS doctors make an important contribution to the management and leadership of health services and the delivery of healthcare across the UK. Whatever their role, they must demonstrate effective team working and leadership.

Most SAS psychiatrists work in multidisciplinary teams. In their day-to-day role, SAS doctors can provide leadership to their colleagues, contributing to the vision of the profession and the organisations in which they work.

New SAS doctors may find themselves in positions in which they are expected to show leadership, lead a multidisciplinary team, support and possibly supervise other members of the team and participate in quality improvement and service development.



## Preparing for SAS leadership roles

New SAS psychiatrists will have had some training in leadership skills, but may have had limited opportunities to put them into practice. They may not have gained relevant competencies or had experience in leading a team.

New SAS psychiatrists may find they are expected to both lead and manage a team at times, for example when covering consultant colleagues. To meet his responsibility, they will need to consider areas for development. Here, their peer group, SAS tutor or lead, colleagues and appraiser can assist.

There are also various models that can help.

The Healthcare Leadership Model is one example. It is useful for anyone, whether or not they have a formal leadership role. It promotes and understanding of how leadership behaviours impact on culture, the patient experience, quality of care, and team working. The model can also be used to identify competencies and development needs.

The Faculty of Medical Leadership and Management has also identified the core values and principles expected of doctors as leaders, and has developed various standards (West 2015). The standards are helpful in identifying core competencies and development needs. They include:

- Self-awareness and self-development
- Personal resilience
- Drive and energy
- Effective team working
- Cross-team collaboration
- Corporate responsibility.

Additionally, there is the Medical Leadership Competency Framework (MLCF), which was jointly developed by the Academy of Medical Royal Colleges and the NHS Institute for

Innovation and Improvement in conjunction with a wide range of stakeholders. The MLCF describes the leadership competencies that all doctors, including SAS doctors, require to become more actively involved in the planning, delivery and transformation of health services.

### Leadership competencies for SAS doctors

#### Demonstrating personal qualities

- Developing self-awareness
- Managing self
- Continuing personal development
- Acting with integrity

#### Improving services

- Ensuring patient safety
- Critically evaluating
- Encouraging innovation and improvement
- Facilitating transformation

#### Managing services

- Planning
- Managing resources
- Managing people
- Managing performance

Setting direction

- Identifying the contexts for change
- Applying knowledge and evidence
- Making decisions
- Evaluating impact

Working with others

- Building networks
- Building and maintaining relationships
- Encouraging contribution
- Working with teams

Delivering the service

- Develop and maintain clinical skill and expertise
- Advanced communication skill
- Reflective practice
- Building therapeutic relationships with patients, carers and other professionals

### Developing skills as a leader

There should be opportunities for interested SAS doctors to get involved in leadership activities. The skills and competencies required, and methods of developing them should form part of the doctor's personal development plan (PDP).

Skills can be enhanced in many ways – for instance, by increasing awareness of the individual's strengths and weaknesses, and seeking specific ways to improve areas that need to be built upon and reinforced.

Training is useful, of course. In addition, opportunities to practise managing the team while being observed, and then receiving feedback, can be constructive. Likewise, it is helpful to attend a range of meetings that allow the SAS doctor to observe other people's practice.

Leading the multidisciplinary team meeting or chairing case conferences are also good ways to develop leadership skills.

SAS doctors should be members of their organisation's Medical Staff Committee, the hospital Medical Board, or their equivalents. They should also be invited to attend directorate meetings, and actively encouraged to do so. This could lead to involvement in the management of directorates and wider corporate duties. There might be additional opportunities to take on projects to develop services or improve quality, starting small initially and then building on experience.

### **Roles and action points – leadership**

Everyone involved has a part to play in ensuring a successful transition for new SAS psychiatrists. Here, we have outlined some suggested actions for professionals in various roles. A matrix of recommendations for all six elements of the StartWell+StayWell framework for SAS psychiatrists also appears in the appendix on page 68.

#### **SAS doctors**

- Identify any training and development needs, possibly using one of the models described above.
- Seek opportunities to develop leadership skills.
- Speak to others to find suitable leadership roles.

### Appraiser

- Assist SAS doctors in developing a PDP that includes relevant leadership skills and competencies.
- Determine areas for further development, reflecting on colleague feedback and other sources of evidence.
- Help the SAS doctor think about ways to gain experience and take on more leadership roles as their career progresses.

### SAS lead, tutor or equivalent

- Ensure that SAS doctors are invited to attend relevant committees.
- Work with managers and other leaders to ensure SAS doctors have opportunities to engage in leadership roles.
- Support the development of leadership skills.
- Support opportunities to develop interviewing skills
- Encouraged doctors to become involved in committee and representational roles within and outside their organisation

### Employer

- Implement the SAS charter
- Ensure all SAS doctors who meet the essential person specification for management posts are eligible for consideration.
- Facilitate opportunities for interested SAS doctors to get involved in leadership and management roles.
- Ensure that induction includes meeting the relevant people in the organisation, to enable the SAS psychiatrist to work effectively in their new environment.
- SAS doctors should be supported in developing roles in the recruitment of other doctors

### College

- Provide leadership opportunities, such as membership of the SAS and other Committees
- Develop schemes such as fellowships or mentoring, which help SAS doctors gain leadership competencies.
- Recognise the needs of SAS doctors within the Leadership and Management Committee.

For a range of resources on leadership, see the further reading section on page 73.

## Develop – continue to develop a meaningful career

Dr Elizabeth Dawson

SAS doctors make up about 20% of the secondary care workforce (there are almost 20,000 doctors in the UK who are not on the GMC's specialist register or in training but fulfil the criteria of being SAS doctors), but there are fewer opportunities for SAS career progression compared with other senior doctors, and the development of SAS doctors is not always afforded the same attention (NHS Confederation, 2017).

Investing in development is a step that will inevitably better equip SAS doctors to meet the needs of the service and improve patient care. Good patient experience is strongly associated with a motivated and engaged workforce, where every individual has the opportunity to work at their full potential (NHS Employers, 2013; SAS doctor Development Guide, 2017).

### **Advice to new SAS doctors**

As a new SAS doctor, you may still be thinking about what a meaningful career will look like for you.

You have time to think about your personal and career goals. Whether you decide to return to training, progress through the Certificate of Eligibility for Specialist Registration (CESR) route, or become an SAS doctor by choice, you will want to develop a fulfilling career.

You may be starting in a job that you keep for many years. Your needs and goals will change. As an SAS doctor, you will be able to develop in a number of ways and there are opportunities to take on new roles as you become more experienced.

To demonstrate a shared commitment to supporting and developing the role of the SAS doctor as a valued and vital part of the medical workforce, each nation has developed a charter for SAS doctor development. The charters set out what SAS doctors can expect from their employer and what the employer can expect from them (NHS Confederation, 2017).

Personal values, personality, opportunities and recognition of one's own strengths are likely to influence career development within the SAS doctor grade. Recognising and overcoming internal, as well as external barriers to career development are important for all (Sandberg, 2015).

## Extended roles for SAS doctors

### Autonomy

Many SAS doctors already work as autonomous practitioners. There are many benefits to encouraging and enabling autonomous practice, where it is appropriate. These can include recognition of the high level of clinical skills and professionalism of SAS doctors, improved provision of personal and professional development opportunities for SAS doctors within the organisation, and the opportunity to have greater medical engagement. Recognition of autonomous working also supports the recruitment, retention and motivation of highly skilled clinicians, and improves governance and accountability.

In the interest of patient safety, all NHS staff are subject to some form of supervision, but there is no contractual requirement for SAS doctors to be supervised by consultants. In practice, the level of supervision, if any is required, will depend on various factors, including personal competence and agreed accountability arrangements for all aspects of the role.

The Academy of Medical Royal Colleges (AoMRC) guidance for taking responsibility points to areas where senior SAS doctors have the expertise and ability to be the responsible clinician for patients. The organisation's clinical governance arrangements should reflect this guidance (NHS Confederation, 2017).



### Coding and tariffs for clinical activity

Accurate patient coding is important for SAS doctors for numerous reasons. First, it is good medical practice for patients and their families to know the name of the senior doctor in charge of a patient's care. It also provides a reliable record of activity, which is important for job planning and can inform a doctors' appraisal. Recognition of workload and expertise also greatly influences morale and job satisfaction for SAS doctors, and enables accurate appraisal and pay progression.

### Credentialing

While interests and expertise in various fields will often have developed during the early stages of a career, the reality for the modern SAS doctor is that many opportunities lie ahead for developing skills and expertise in clinical areas and beyond.

The General Medical Council's (GMC) plans for a system of credentialing will refine the formal accreditation of attainment of competences in a defined area of practice, while not overlapping or competing with existing specialty or subspecialty training programmes (GMC, 2013). This should facilitate more widespread adoption of flexible working patterns that allow for the development of interests and expertise outside the day job. Ultimately this change should also help SAS doctors to obtain accreditation for specific skills and expertise.

The College is also supporting credentials, and already has pilot projects in place.

Credentials may give the SAS doctor a way to demonstrate competence and experience in a specialty or subspecialty. Both the College and the GMC are highly supportive of credentials being available to SAS doctors.

## Approved clinician

In England and Wales, SAS psychiatrists have the opportunity to become Approved Clinicians (AC). ACs have many statutory roles and responsibilities under the Mental Health Act, including acting as the Responsible Clinician (RC) for detained patients and those subject to Community Treatment Orders.

It can take several years to achieve the level of expertise required. For SAS doctors, obtaining this competency in applying mental health law can be viewed as an opportunity to demonstrate seniority and career progression within the grade.

Guidance on the required competencies is available. As a first step, the SAS psychiatrist can become a Section 12(2) approved doctor. This may be a requirement for their post. The SAS doctor can develop competencies by participating in assessments, shadowing RCs, taking the role of RC under supervision, using a mentor and attending relevant training courses.

## Becoming an educator

All doctors are expected to be prepared to contribute to teaching, training and mentoring of doctors, students and other healthcare professionals (GMC, 2013). There are many SAS doctors successfully working in these roles (NHS Confederation, 2017).

## Supervision

GMC standards for the recognition of trainers state that "...senior SAS doctors (including those holding Specialty Doctor posts) could well be appropriate supervisors for Foundation Programme trainees or even for trainees in earlier stages of specialty training" (GMC, 2013).

College guidance for supervision in postgraduate psychiatry training encompasses three types of supervision:

- Clinical
- Educational
- Psychiatric

Guidance regarding supervision is contained within the psychiatry curriculum, which is currently undergoing review.

The three types of supervision are designed to ensure safe and effective patient care, establish an appropriate environment for learning and educational progression, and provide a reflective space to process dynamic aspects of therapeutic relationships, maintain professional boundaries and support development of resilience, wellbeing and leadership.

***Clinical supervision.*** The clinical work of all trainees must be supervised by an appropriately qualified senior psychiatrist. Each trainee must know who their nominated supervising psychiatrist is. While this will usually be the substantive consultant whose team they are attached to, in some circumstances this may be delegated to other consultants, an appropriately experienced SAS doctor or senior trainee, for example during periods of leave or out-of-hours. When this responsibility is delegated, it is important to clearly understand the supervisory role and ensure the trainee is aware of the arrangement.

***Educational supervision.*** Educational supervisors oversee the educational progress of trainees within a training programme. They need specific training to undertake the role. All trainees have a named educational supervisor. While these supervisors are usually substantive consultants, sometimes it will be appropriate for experienced SAS doctors to undertake the role. This may be particularly pertinent for those working towards CESR, or for doctors who have developed a special interest in medical education. SAS doctors who are interested in developing their educational portfolio are encouraged to discuss opportunities with their local Director of Medical Education.

***Psychiatric supervision.*** This form of supervision is unique to our speciality and is defined in the curriculum as regular, reflective one-to-one supervision with a nominated substantive consultant who is on the specialist register, for one hour a week. It plays a critical role in the development of psychiatrists in training, in learning strategies for resilience, wellbeing, maintaining appropriate professional boundaries and understanding the dynamic issues of therapeutic relationships. It is also an opportunity to reflect on and develop leadership

skills. Psychiatric supervision is required for all trainees throughout core and higher training, and is informed by psychodynamic, cognitive coaching models.

In summary, SAS doctors who meet the requirements set out in the GMC evidence framework can provide clinical supervision and become educational supervisors for foundation doctors or core trainees. Psychiatric supervision cannot be delegated to SAS doctors and must be undertaken by substantive consultants.

An SAS doctor can achieve recognition as a postgraduate medical trainer by completing the proscribed training programme as arranged by local postgraduate deaneries or their equivalent. Requirements vary between localities, but advice about the process and requirements can usually be found on local Health Education England websites.

### **Developing educational experience**

There are many opportunities to develop educational expertise through university courses, including distance learning. Educational continuing professional development (CPD) is available in many different formats, including online learning.

Colleagues who provide MRCPsych teaching, examination practice or supervision, including Balint groups, are likely to value support from SAS psychiatrists. SAS doctors can contribute to the leadership of evidence-based journal clubs. SAS doctors are often in a good position to teach and mentor medical students. This is an opportunity to pass on skills and knowledge and, hopefully, encourage others to Choose Psychiatry. The SAS lead, tutor or Director of Medical Education should be able to assist SAS doctors in finding appropriate roles, such as supporting examinations, summer schools and elective placements.

SAS psychiatrists are well-placed to offer teaching and training to other colleagues from different healthcare backgrounds. There are multiple opportunities to teach nursing or physician associate colleagues, deliver training on induction programmes, support assessments, supervised non medical prescribers and help colleagues develop practical skills.

## Leadership and management

In their day-to-day roles, SAS doctors can provide leadership to colleagues, sharing their vision for the organisations in which they work and for the profession as a whole. Some SAS psychiatrists may wish to gain further management experience and expertise by taking on additional formal management roles, from associate clinical director through to Medical Director and even Chief Executive of an NHS organisation.

There is no single right time to start developing these skills. While many SAS doctors may wish to consolidate their clinical skills at the beginning of their post, some will be ready to take on additional management responsibilities earlier on. It is important to recognise the ability of SAS doctors to work in medical management roles within their organisations, for example as Medical Director or Clinical Director. SAS doctors should be eligible to apply for these opportunities (NHS Confederation, 2017). They should also be invited to attend clinical management meetings.

## Becoming an SAS tutor

The appointment of SAS tutors is variable throughout the UK, and descriptive terms for the role often vary. Other titles can include SAS educational advisor, SAS lead for professional development, or professional development manager. Other titles are sometimes used such as SAS lead and some posts have extended roles e.g. additionally supporting locally employed doctors. Within the 2021 specialty doctor there is an additional role of SAS advocate to promote and support the wellbeing of SAS doctors. These different names can lead to some role confusion (BMA, 2021). More experienced SAS doctors may want to think about undertaking this role.

Experience could be gained through chairing of various committees, representing the SAS groups at regional level, and developing skills in mentoring and coaching.

## Becoming an appraiser

As careers develop, SAS doctors should also be offered opportunities to train as appraisers and subsequently undertake appraisal of other doctors (NHS Confederation, 2017). SAS

doctors can appraise doctors of any grade and may be well placed to develop skills in appraising new SAS psychiatrists.

### **Roles in induction**

The SAS Development Guide (NHS Employers, 2020) stresses that SAS doctors should be involved in the recruitment and induction process of other SAS doctors where appropriate. This could include being the point of contact at various stages: advertisement, shortlisting and sitting on the interview panel. SAS doctors can become College assessors and sit in this role on Advisory Appointment Committees in various trusts. They can also be involved in the induction of new SAS doctors, providing information about the organisation, the department, and SAS development and support systems.

### **Research**

There are often local research opportunities for SAS doctor, from participating in a quality improvement activity, a local piece of research, or a larger research project. There may be opportunities to recruit to trials or participate in national audits. The SAS lead or tutor, or other colleagues, should be able to facilitate contact with the relevant people, or there may be a local Director of Research and Development. Ideas for research, or audit and service evaluation, often come from the workplace. The SAS doctor may need assistance in developing the idea and seeking ethical approval. They will need to think about how it will fit into the job plan. Shadowing or collaborating with more experienced clinicians is helpful.

### **Pursuing a career as a consultant**

Many SAS doctors perceive their role as a positive career and lifestyle choice, and do not wish to pursue a career as a consultant. However, BMA data (BMA, 2018) suggests that 33% of SAS doctors wish to pursue a consultant career. For those who want to formally progress to eligibility for a consultant post, there are two possible avenues: entering a higher training scheme, or applying for a Certificate of Eligibility for Specialist Registration (CESR).

### Entry onto a higher training scheme

Applying for a higher training post in psychiatry at ST4 level remains a viable option for SAS doctors, particularly those in the earlier stages of their careers. Deaneries throughout the UK use a standardised interview process. The process tends to be rather generalist in nature, and assessment is geared towards the experience and competencies which a core trainee in year 3 would be expected to attain. There is also a strong emphasis on Intended Learning Outcomes (ILOs) for trainees, and up-to-date workplace-based assessments are expected. This can prove challenging for SAS doctors, who tend to naturally develop sub-specialty skills through experience, and are less likely to have protected supervision periods.

Staying in a post for a protracted period can also prove disadvantageous for SAS doctors, as it becomes more difficult to keep up-to-date with the nuances developing in other organisations. In this respect, active involvement in regional and national College proceedings can prove invaluable.

Re-entering a training scheme can prove challenging for SAS doctors. Training numbers are highly variable across regions, and a preferential location may not be possible. This situation can constitute a considerable upheaval for an SAS doctor who may have held permanent employment in one area for many years. It can also be argued that SAS doctors are perhaps more likely to have family and other commitments, as they may be at a different life stage than other trainees. Lifestyle can, therefore, be greatly impacted by returning to a rotational post with on-call commitments.

It requires considerable support, commitment and effort for an SAS doctor wishing to pursue the higher training route. As a result, many experienced SAS doctors choose to pursue the CESR option as an alternative route to specialist registration.

### **Combined programme (CESR CP)**

This option largely applies to doctors who have acquired skills and knowledge in a non-UK approved training programme, prior to applying to enter a UK training programme (GMC, 2017). As they may already have acquired some of the curriculum competencies, these doctors may require less time to complete the relevant curriculum. This allows them to commence the training programme at a higher tier than usual. The option must be approved by the local deanery. When these doctors complete the remainder of the curriculum, a CESR CP is issued, which entitles specialist registration.

### **Certificate of Eligibility for Specialist Registration (CESR)**

Another avenue towards an application for the specialist register is CESR. For an experienced SAS doctor, it can be the most viable way of gaining formal recognition of competencies.

The CESR process involves submitting a portfolio of evidence to the GMC and the College for approval. Once accepted, a Certificate of Specialist Registration is issued, and the applicant can subsequently apply for a substantive consultant post.

In order to collate evidence for a CESR application, a time period of at least one to two years is recommended (GMC, 2018). At least six months' training experience in the specialty of choice is required, although in reality, an application is unlikely to be successful without significantly more enhanced experience. (GMC, 2018)

Evidence is structured according to the curriculum for the given specialty, and is designed to equate with the Intended Learning Outcomes (ILOs) for a higher trainee in that specialty. Specialty Specific Guidance (SSG) is also issued by the GMC, and is based on a generic framework applicable to all specialties. Evidence is time-limited, and will only be accepted as relevant if it applies to the previous five years immediately prior to the CESR application submission.

For an SAS doctor considering a CESR application, it is important to emphasise the benefits of active involvement with the College and networking with colleagues in other NHS



organisations. There is often widespread knowledge when trainees are due to complete training, whereas more self-publicity is often necessary for SAS doctors. A lack of recent rotational experience can also be detrimental when applying for consultant posts, hence the importance of networking and having supportive referees.

The SAS doctor considering this option should ensure they are collating evidence that will help their application. They may wish to look for posts that have been designed to assist SAS psychiatrists in achieving a CESR, often called CESR Fellowship Schemes; College guidance on such posts is available and the SAS doctor must be sure they understand what the post entails, and the support being offered. The SAS doctor following this route must also be aware of the required competencies for their specialty. Finding a mentor and attending courses designed specifically for SAS psychiatrists are also advisable steps.

### **New SAS roles 2021**

A new SAS doctor role, named a Specialist, opened in 2021, recognising the seniority and autonomy of experienced SAS doctors and offering a career progression path within the grade. This is a new role in the early stages of implementation (BMA,2021).

### **Other roles**

The SAS doctor may want to consider other roles which would contribute to a meaningful career. There are positions for SAS doctors in the British Medical Association (BMA) and the College. There may be new roles within their NHS organisation, or opportunities to become involved in-service development. The SAS Charter also highlights the importance of representation for SAS doctors on Local Negotiating Committees. Many other organisations, such as the National Institute for Health and Care Excellence (NICE), the Care Quality Commission (CQC), and parole boards also offer interesting opportunities for SAS psychiatrists.

### **Roles and action points – developing**

Everyone involved has a part to play in ensuring a successful transition for new SAS psychiatrists. Here, we have outlined some suggested actions for professionals in various

roles. A matrix of recommendations for all six elements of the StartWell+StayWell framework for SAS psychiatrists also appears in the appendix on page 68.

#### **SAS doctor**

- Reflect on your strengths, areas for development and interests, to see how these could be used to add interest to your job
- Make connections with people and organisations that can help and provide inspiration: for example, what do your SAS colleagues do?
- Seek advice from the SAS lead or tutor.
- If you have an idea or want to do something, ask – opportunities are often available but not widely advertised.
- Consider applying to become an Affiliate of the College.

#### **Appraiser**

- Ensure goals and PDP actions agreed are appropriate to the stage of a doctors' career and aspirations.
- Challenge SAS doctors to broaden their competencies and responsibilities as their careers progress

#### **SAS lead, tutor or equivalent**

- Consider developing programmes designed to assist doctors in achieving CESR.
- Provide support and guidance when SAS doctors are making applications.
- Support applications for additional funding for personal and professional development activities, where available.
- Help SAS doctors find new opportunities.

### Employer

- Support job planning and use of SPA time to allow SAS doctors to develop meaningful careers.
- Recognise the SAS grade in its own right, as a positive career choice for many doctors.
- Do not use derogatory terminology such as middle grade, non-training grade, non-training doctor, non-consultant career grade (NCCG) rotas and other communication. (NHS Confederation, 2017)
- Support parity of esteem to ensure opportunities for career development are available to all doctors.
- Use College guidance if creating CESR fellowship or similar posts.

### College

- Include SAS doctors when developing credentialing, and ensure SAS doctors with relevant competencies can participate and gain credentials.
- Provide courses and support for CESR applications.
- Provide guidance on CESR fellowships or similar posts
- Support development of the Associate Specialist grade (or similar, more senior grades) to promote career advancement.
- Continue to explore autonomous working and extended roles, including in education, for SAS doctors.

For a range of resources on career development, see the further reading section on page 73.

## Conclusions

The Pulitzer Prize winning writer, Annie Dillard, famously said, “How we spend our days is, of course, how we spend our lives.” Our working lives have a direct impact on our personal lives, and physical and mental wellbeing. Therefore, it may be helpful to view a medical career as a marathon and not a sprint.

The process of forming, maintaining, and re-forming connections and networks is vital in any medical career. Colleagues can promote self-reflection, encourage continuous curiosity regarding ourselves and others, and help us sustain and enjoy our medical careers.

SAS psychiatrists deserve to be respected, to be valued by colleagues, and to have fulfilling careers. It is essential that every SAS doctor recognises their need for support and prioritises their own wellbeing, to remain resilient in the face of constant change and increasing clinical demand.

Regardless of whether a doctor is on a formal training programme or has completed part or all of specialty training, all doctors are required to maintain the knowledge and skills they need to practise safely. Good Medical Practice guidance states that doctors must take part in activities to maintain and develop their competence and performance. (GMC, 2019). Patient safety could be at risk if every doctor is not supported to access the developmental knowledge that they require. Therefore, throughout our careers, we must all prioritise learning and understand the importance of being a life-long scholar.

We all aspire to thrive within our lives, both personally and professionally, and the StartWell+StayWell framework provides a flexible approach to personal development and career sustainability for SAS psychiatrists. It draws largely from the experience of seasoned SAS psychiatrists who have successfully navigated the transition from trainee to SAS doctor, and achieved sustainability in their careers. The hope is that this guide will support all SAS doctors, regardless of the career path that they choose, and whether the grade is a temporary or permanent one for them.

A final message to our new SAS colleagues: good luck in your careers, seize opportunities as they present, and continue to remain mindful of your own wellbeing needs.

## Appendix – StartWell+StayWell action matrix

Components	Individual StartWell+StayWell roles and actions					
	SAS doctor	Appraiser	SAS lead /tutor	Employer	Division, Council or Faculty	College
<b>Connect</b> Understanding place within organisational structures	Orient self to structures, engage with induction. Every year, attend at least one College or educational event, e.g. HEE, HEIW, NES	Support SAS doctor to engage and ensure this has happened	Provide induction and support. Ensure new SAS doctors are aware of this role and are linked to SAS networks	Induction, buddying, mentoring and culture. Ensure SPA time and appraisal	Identify SAS representative (appointed through SAS Doctors' Committee). Ensure committee representation for new SAS doctors. Hold StartWell+StayWell events	Support new SAS doctors, targeted communications, social media;
<b>Learn</b> Appraisal and revalidation, peer groups, CPD	Engage with peer group. Develop portfolio of supporting information and reflection. Follow GMP	Offer constructive, formative appraisal. Ensure peer groups are working well	Ensure SAS doctors have peer groups. Guide SAS doctors in acquiring supporting evidence. Support study leave. Ensure local SAS	Support peer groups, study leave and mandatory training. Provide good clinical and appraisal systems	Target CPD for StartWell+StayWell SAS doctors	Offer revalidation and CPD guidance, CCQI support, Congress and the AoMRC

			development needs are being met			
<b>Use support</b> Supervision, buddying, mentoring, coaching	Recognise support needs, especially in context of adverse events: complaints, SUIs, conflict, excessive workload	Ensure SAS doctor is aware of own needs and potential solutions to issues	Develop local mentoring and buddying systems. Arrange training in line with identified needs	Enable sufficient SPA time and Balint groups. Proactively manage causes of stress	Offer mentor training and matching scheme. Link with new professional support units	Offer guide and training for mentors, directory of resources

<b>Be resilient</b> Self-awareness, work– life balance, personal therapy, maintaining boundaries	Be self-aware, receptive to feedback. Recognise needs. Plan leave. Prioritise health and wellbeing. Consider need for personal therapy	Ensure SAS is aware of own needs and potential solutions to issues	Offer pastoral support. Address resilience needs of SAS group	Provide clear processes and policies on leave and cover. Foster supportive organisational culture and awareness of triggers such as adverse events	Outline job plan approval process, including leave and cover. Offer relevant courses on skills such as time management	Offer Psychiatrists' Support Service. Provide guidance on resources such as the Safe Patients report
<b>Lead</b>	Engage in training and	Encourage significant focus on	Support the development	Communicate clear expectations	Provide relevant courses and clarity	Provide guidance on SAS role,

Team working, QI, raising concerns, working with external agencies, demand and capacity mapping, supervising others	preparation, encourage QI, raise concerns where appropriate, understand training structures	appraisal and need for skilful reflection. Colleague feedback can highlight strengths and weaknesses	of leadership skills. Promote opportunities for SAS involvement in leadership roles	of team leadership. Ensure policies align with GMP/GPP. Offer high quality induction. Provide safe environment to raise concerns. Consider role for HEE	on local structures e.g., SCNs, Divisions/Devolved Nations. Develop links with schools of psychiatry	Promote leadership strategy. Provide JCP guidance
<b>Develop</b> Becoming an educator, researching, managing, specialising	Engage in self-assessment. Link with relevant organisations, e.g., universities, FMLM, HEE, NES, HEIW, College SIGs and Faculties	Support SAS doctors in their development, in line with aspirations and skills	Facilitate CESR application process. Offer talent management. Develop new services	Host regional meetings. Develop links with other regional organisations, e.g., HEE, HEIW, NES, AHSNs, SCNs	Provide role models. Support SIGs. Provide congress, publications	

Abbreviations: AoMRC, Academy of Medical Royal Colleges; AHSNs, Academic Health Science Networks; CCQI, College Centre for Quality Improvement; CEA, clinical excellence awards; CPD, continuing professional development; FMLM, Faculty of Medical Leadership and Management; GMP, good medical practice; GPP, good psychiatric practice; HEE, Health Education England; HEIW, Health Education and Improvement Wales; NES, NHS Education for Scotland; NIMDTA, Northern Ireland Medical and Dental Training Agency; JCP, Joint Commissioning Panel; QI, quality improvement; SCN, strategic clinical network; SIG, special interest group; SPA, supporting professional activities; SUIs, serious and untoward incidents.



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## Further reading and resources

Academy of Royal Medical Colleges (AoMRC). June 2014. Guidance for taking responsibility: Accountable clinicians and informed patients. [www.aomrc.org.uk](http://www.aomrc.org.uk)

BMA guidance for SAS doctors: [www.bma.org.uk](http://www.bma.org.uk)

The BMA provides advice on a number of SAS issues and provides links to the SAS Committee. Advice includes:

- Autonomy of SAS grade
- Job planning
- Terms and conditions of service

Doctors in Distress. (A range of resources and support). [www.doctors-in-distress.org.uk](http://www.doctors-in-distress.org.uk)

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Moodzone at the Forum Health Centre provides resources for coping with anxiety, stress and depression. It is available at:

<https://www.forumhealthcentre.nhs.uk/your-health/moodzone-stress-anxiety-and-depression>

NHS Leadership Academy. Healthcare leadership model. [www.leadershipacademy.nhs.uk](http://www.leadershipacademy.nhs.uk)

Royal College of Psychiatrists (RCPsych) resources: you will find a wealth of information on the College website at [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk) Some of the key areas covered include:

- Guidance for CESR
- Leadership and management
- SAS career development
- Supporting psychiatrists

We would encourage all SAS psychiatrists, and those who work with and support them, to take advantage of the many resources, activities and services on offer from the College.

## Contributors

Many people have given their time, effort and expertise in the writing of this guidance. Particular gratitude for their generosity and wisdom is due to the authors of the different chapters of this guide and those who authored the original StartWell document.

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