Evaluation of the Wales Deanery Support Strategy for SAS Doctors/Dentists/Trust Grades

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List of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABMU</td>
<td>Abertawe Bro Morgannwg University Health Board</td>
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<tr>
<td>ARCP</td>
<td>Annual Review of Competence Progression</td>
</tr>
<tr>
<td>BEST</td>
<td>Best Educational Supervisor, Trainer and Best Staff &amp; Associate Specialist Awards</td>
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<tr>
<td>CBBD</td>
<td>Case Based Discussion</td>
</tr>
<tr>
<td>CCT</td>
<td>Certificate of Completion of Training</td>
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<tr>
<td>CD</td>
<td>Clinical Director</td>
</tr>
<tr>
<td>CESR</td>
<td>Certificate of Eligibility for Specialist Registration</td>
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<td>CEX</td>
<td>Clinical Evaluation Exercise</td>
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<tr>
<td>CPD</td>
<td>Continuing Professional Development</td>
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<td>DOPS</td>
<td>Direct Observation of Procedural Skills</td>
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<tr>
<td>EEC</td>
<td>European Economic Community</td>
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<td>GMC</td>
<td>General Medical Council</td>
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<td>HB</td>
<td>Health Board</td>
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<td>HR</td>
<td>Human Resources</td>
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<td>ISCP</td>
<td>Intercollegiate Surgical Curriculum Programme</td>
</tr>
<tr>
<td>LAT</td>
<td>Local Appointment for Training</td>
</tr>
<tr>
<td>MARS</td>
<td>Medical Appraisal &amp; Revalidation System</td>
</tr>
<tr>
<td>MIAD</td>
<td>Management Information and Development</td>
</tr>
<tr>
<td>MSF</td>
<td>Multi Source Feedback</td>
</tr>
<tr>
<td>NACT</td>
<td>National Association of Clinical Tutors</td>
</tr>
<tr>
<td>PBA</td>
<td>Procedure Based Assessment</td>
</tr>
<tr>
<td>PDP</td>
<td>Personal Development Planning</td>
</tr>
<tr>
<td>PG</td>
<td>Postgraduate</td>
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<tr>
<td>RCS</td>
<td>The Royal College of Surgeons</td>
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<tr>
<td>SAS</td>
<td>Staff &amp; Associate Specialist</td>
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<tr>
<td>SPA</td>
<td>Supporting Professional Activities</td>
</tr>
<tr>
<td>WBA</td>
<td>Work Based Assessment</td>
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</table>

NOTES

Throughout, SAS dentists are included in all reference to SAS doctors.

One tutor left at the end of September 2013. A replacement was appointed but her activities have been excluded from this evaluation.
Executive Summary

Background context
SAS doctors are a heterogeneous group with diverse CPD needs related to their career stage and ambitions. Historically, their continuing education needs have been poorly supported. In recent years, the Wales Deanery has undertaken a number of actions including the establishment of an Associate Dean for SAS doctors, regular generic training courses, periodic surveys of training needs, bi-annual SAS conferences. Where SAS doctors get a chance to meet Deans/Associate Deans and have an opportunity of networking with colleagues. Now in the context of mandatory appraisal and revalidation, the Deanery has further developed its support strategy. There are three main parts to the support strategy:

- The regional tutors (one session per week) to provide educational leadership and facilitate training and career progression.
- Additional funding for training to ensure access to professional development opportunities.
- Free registration to ISCP for a pilot period. ISCP is a quality assurance framework provided by RCS (England) which enables SAS surgeons to evidence and record their competence and experience.

The purpose of the evaluation
The purpose of the evaluation was to review the implementation of the support strategy for SAS doctors in Wales. For each of these three elements, the evaluation determines whether stated actions were carried out, identifies challenges and provides formative feedback.

Principal data sources
The evaluation adopted mixed methods and the main data sources were:

- Initial and follow up interviews with each of the regional tutors and attendance at tutor meetings.
- Records of funding awards and feedback questionnaires following training.
- Attendance at ISCP workshops, interviews and feedback questionnaires.

The Regional Tutors
Summary of generic achievements, challenges and recommendations

| Achievements |
|---------------|-------------------------------------------------|
|   • Establishing a contact list of SAS doctors in the Health Board |
|   • The organisation of generic courses and seminars covering areas including appraisal and revalidation |
|   • A network of engaged SAS doctors |
|   • Helping SAS doctors with issues around appraisal and revalidation (MARS became compulsory in January 2014) |
|   • A seat at the table of various meetings and committees: information sharing, opportunity to raise SAS issues |

<table>
<thead>
<tr>
<th>Challenges</th>
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<tbody>
<tr>
<td>• Getting a comprehensive list of all SAS doctors/dentists within the Health Board and up-to-date email contact</td>
</tr>
<tr>
<td>• Establishing contact with the disengaged SAS doctors (who may be at risk of failing to complete appraisal and revalidation) and shifting their attitude so that they are better enabled to make the most of the opportunities available.</td>
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<tr>
<td>• Lack of uptake of courses; maintaining attendance at courses over time</td>
</tr>
<tr>
<td>• The size and geography of some Health Boards</td>
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</tbody>
</table>
• The interface between job planning issues and education and training

Reflections and Recommendations
• Provide regular updates/news with alerts to opportunities
• Get known around the main sites in the Health Board
• Seek opportunity to collaborate with others (e.g. neighbouring SAS tutors, Chair of the SAS committee, the Revalidation Officer)
• Appreciate and utilise the support of PG Centres
• Establish an on-line forum for the SAS tutors across Wales to share ideas and best practice
• Take part in national meetings (NACT)
• Greater flexibility in the use of SAS tutor funds (e.g. for not just generic training, for admin)
• Develop induction materials for SAS doctors
• Keep a log of emails and record of course attendance
• Longer term, establish a structured training programme with specialty specific options and carrying CPD points
• Establishing the tutor role takes time

Indicators of success
• Being known
• Representation at management and other strategic meetings
• Uptake and participation in courses
• Improved response to surveys
• Improved utilisation of all study leave allowance
• Uptake of additional funding opportunities
• Increase number of appraisers and take-up of Educational Supervisor roles

Key achievements related to making contact with the SAS doctors, organising a series of events, and getting representation on various meetings. An early job entailed compiling a list of SAS doctors. This was a problem for all tutors and one commented: “I couldn’t believe ... that someone like medical staffing or human resources wouldn’t have a list of people in the Trust that is up-to-date and had some form of contract for them”.

Over 90% (n=70) of the respondents were aware that their HB/Trust has a local SAS tutor and 48 were able to identify the tutor by name. However, widespread engagement was a significant issue: “it’s the same faces you see every time”. Reasons for lack of engagement were proffered and included being close to retirement and alternative sources of support (e.g. general practice). However, tutors also noted the high level of “apathy” amongst some SAS groups and one added: “I think some of them are going to struggle to be revalidated”.

We should note that the evaluation took place just half way through the 2-year appointments:

“I think I have made a start and I’m trying to understand what I can do for everyone and how I can sort of be the link between the Health Board, the Deanery and my colleagues. So it’s kind of taken shape, yeah”

Additional Funding for CPD
Since September 2012 the Wales Deanery has granted funding for CPD courses. The total amount granted for the financial year 2013-14 was £68,870 and eighty eight courses were approved. The total claimed to March 2014 was £53,864.40 (representing 78%).
<table>
<thead>
<tr>
<th>Health Board</th>
<th>Total Amount Awarded</th>
<th>Total Amount Claimed (as % of award)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABMU</td>
<td>£1,6071</td>
<td>£1,2047 (75%)</td>
</tr>
<tr>
<td>Aneurin Bevan</td>
<td>£9,378</td>
<td>£7,720 (82%)</td>
</tr>
<tr>
<td>Betsi Cadwaladr</td>
<td>£15,463</td>
<td>£12,343 (80%)</td>
</tr>
<tr>
<td>Cardiff &amp; Vale</td>
<td>£5,725</td>
<td>£4,325 (75%)</td>
</tr>
<tr>
<td>Cwm Taf</td>
<td>£7,500</td>
<td>£5,797 (77%)</td>
</tr>
<tr>
<td>Hywel Dda</td>
<td>£12,018</td>
<td>£8,992.40 (75%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>£2,715</td>
<td>£2,640 (97%)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>£68,870</strong></td>
<td><strong>£53,864.40 (78%)</strong></td>
</tr>
</tbody>
</table>

Questionnaire responses showed that 42% (n=32) did not know about this funding opportunity. However, of those who did know, 40% had applied (n=18) and all bar two were successful in their application.

Based on the feedback, the majority of respondents were very satisfied with the training provided, while only a small number expressed dissatisfaction with the training attended. The main benefits identified related to improved or up-dated knowledge or understanding and, improved skills/performance. In open comments, respondents suggested that the training would make a difference to their practice and patient care:

“I have gained knowledge of up-to-date developments in medicine which will be of benefit to the patients I work with and improve care provided.”

**The ISCP Pilot**

At the outset, it was estimated that about 30 of the 200 or so SAS surgical doctors would be interested in participating. By November 2013, 70 had explored registration. However, 35 of these had made no use of the site (and had not incurred the registration fee) and 12 had engaged but had not recorded any WBAs. Various reasons for this were supplied. The mains ones related to lack of time and lack of sufficient relevance to practice. One interviewee commented: “what’s it going to be useful for, when I’ve got to do revalidation and I’ve got to do MARS... I can’t just put a link into MARS saying please see my ISCP portfolio. I have to upload everything into MARS so why am I having another portfolio?”. But in contrast, another thought that it was imperative that those coming in as junior SAS doctors should use ISCP as “you don’t know how the SAS grade is going to develop in the future” and evidence will be needed in order to progress.

Recognising there are other systems for recording and logging activity, the ISCP tutor emphasised the use of WBAs in ISCP. The small number who had engaged with the assessments valued the feedback and felt that it led to improvements in their practice. Consultant engagement with observations and feedback was a recognised difficulty. One person in the ISCP pilot recommended “making it as easy as possible for them... sort of shepherd them to a computer screen to complete the form”.

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Summary of perceived benefits

Record of evidence
ISCP provides a framework for recording evidence from WBAs: “Use of ISCP shows how engaged one is, provides a record of performance, shows progress and puts one in a better position”. It was described as an “essential tool for getting Article 14”.

Educational gain
The educational value of engaging in ISCP and the associated WBAs was also recognised.

Summary of difficulties encountered

Technical
Technical difficulties and problems with navigation were noted. Some requested more support but providing further support may be difficult to address as the Deanery team put considerable effort into organising workshops and informing registrants of the helpdesk.

Requests for fees
A small minority made reference to requests for fees. This is somewhat puzzling but might be explained by the possibility of them having had earlier experience of ISCP and so using an old log-in.

Designed for trainees not SAS doctors
The language of the site is ‘trainees’. Rather than grade level, SAS doctors need a level related to experience, for example, “less than 5 years’ experience”, “5-10 years’ experience”, “more than 10 years’ experience”.

Specialty coverage
Lack of engagement was in part a consequence of the specialty coverage at the time which did not include obstetrics and gynaecology, for example.

Need for training in WBAs
Not all were familiar with the various WBAs and their purpose.

Getting supervisor input
The difficulty of getting consultants to act as supervisors and complete WBAs was noted on a number of occasions. The Associate Dean and ISCP tutor emphasized that the onus was on the SAS doctor to take the initiative: “If you don’t drive it, it’s not going to happen”.

SAS doctor response
There was a sense that ISCP suited a small, aspirational group who may have an interest in Article 14.

Not essential for revalidation
Some SAS doctors already maintain a logbook and there is nothing in ISCP that is essential for revalidation.

What helps engagement?
A number of things were identified as helping SAS doctors to engage with ISCP. These included:

- The waived annual fee
- Familiarity with system: some had previously used it as a LAT, or if juniors have asked them to undertake a WBA
- Seeing colleagues use it encourages other to take it up
A proactive attitude: taking opportunities and using initiative

Plenty of ISCP training opportunities, the helpdesk and the ISCP tutor.

Conclusions and Recommendations
“The opportunities are there now. You have to work for it but before, the opportunities weren’t there.” This quote from the Associate Dean gives some indication of how support for SAS doctors in Wales has shifted over time. The three elements of the Deanery strategy add considerably to the supportive infrastructure and helps SAS doctors to achieve their ambitions. But naturally, such achievements need to be driven by the individual SAS doctor and there is a notable group who do not wish to engage with further training and development. Although they may have successfully hidden from this in the past, with the introduction of compulsory appraisal and revalidation, this is no longer an option. This is an important issue not only for the individuals concerned but also for the Deanery, and was a driver for the development and implementation of the strategy for SAS doctors in Wales.

The conclusion of the evaluation is that by and large the strategy has been successfully implemented. There have been a number of difficulties encountered which mostly relate to issues of limited engagement – with tutors, with ISCP, with accessing additional funding for training. For some SAS doctors, the changing landscape brought about by appraisal and revalidation, requires a mind-shift. What the strategy does is provide an infrastructure of support. However, mind-shifts take a long time in development and the three elements in the strategy (tutors, ISCP, additional funding for training) are not designed to provide a quick fix. Rather, together they offer opportunity for support and are themselves evidence of the how the Deanery values this part of the workforce.

To end with a message from the Associate Dean to the SAS doctors: “The opportunities are there now. Go out and get them.”

Recommendations – Regional Tutors
- Get known around the main sites within Health Board/Trust
- Maintain regular contact with the SAS doctors by providing email updates and alters to opportunities
- Organise an on-going programme of events covering generic topics and, longer term, establish specialty specific options which carrying CPD points
- Utilise the support of Postgraduate Centres
- Seek opportunities to collaborate with others, for example other regional SAS Tutors, Revalidation Officer, SAS committee chair, NACT
- Liaise with personnel responsible for job planning and support SAS doctors by directing queries to them
- Keep records of contact with SAS doctors and course attendance
- Establish an on-line forum for SAS Tutors across Wales to share ideas and best practice
- Give further consideration to the development of induction materials for SAS doctors which could be shared across Wales

Recommendations for ISCP
- Revisions to the website to streamline the content, focusing on WBAs
- Pilot the revised site 'ISCP4SAS'
- Emphasise the WBA and explain that it doesn't overlap with MARS requirements
• Clarify the value for SAS surgeons - the provision of a certificate for WBA which can be used in job planning
• Identify local users to champion ISCP locally
• Establish a group of experienced SAS surgeons who can serve as supervisors
• Set up and advertise workshops

Recommendations for the Deanery
• Continue to fund SAS regional tutors
• Consider giving regional SAS tutors greater flexibility in use of their funds
• Continue to fund additional training: attendance updated knowledge or understanding or improved skills or performance
• Ensure requested training needs fit with doctors’ professional development needs.
Background

SAS Doctors
There are in excess of about 1000 SAS grade doctors in Wales and they form a significant hospital workforce in the NHS (approximately 20%). A number of these doctors have postgraduate qualifications and are fellows and members of Royal Colleges. A significant number work at a very senior level independently, with increased responsibility and autonomy. They are a heterogeneous group with diverse continuing professional development (CPD) needs related to their career stage and intentions. Although historically the SAS grades were created for doctors in the hospital service who were not on a consultant track (Decker, 2001; Oikelome & Healy, 2007) some SAS doctors have the Certificate of Eligibility for Specialist Registration (CESR) under article 14 and others are seeking it. For those doctors who have not followed an approved training programme, CESR is a route onto the Specialist Register. The application process is overseen by the General Medical Council (GMC) and successful applicants are awarded a Certificate of Completion of Training (CCT) and entered onto the Specialist Register. However, there are many SAS doctors who wish to remain in their current grade and there are others from overseas who plan to return to their home country.

As a group, historically their continuing education needs have been poorly supported. As SAS doctors are not in a traditional hospital doctor training grade, French et al (2007: p153) describe them as being “disadvantaged by this ambiguous position, compounded by the fact that most SAS doctors are either women or from an ethnic minority.” In response, the Wales Deanery has undertaken a number of actions including the establishment of an Associate Dean for SAS doctors, regular generic training courses and periodic surveys of training needs. The results of the 2012 all-Wales survey of the professional development needs of this group identified that more than half of the respondents had not been able to utilise their full study leave time entitlement in the past three years, for reasons typically related to clinical workload and lack of cover. A majority were interested in time-limited secondments to meet top-up training requirements for CESR. Three-quarters were interested in a studying for a postgraduate qualification. Nearly all were interested in specific clinical training. In part the strategy has been developed to address such needs, especially in the context of revalidation for all doctors.

SAS doctors should have a personal development plan (PDP), undertake job planning and have an appraisal. They are also now subject to revalidation requirements.

The Wales Deanery Support Strategy for SAS Doctors
The intentions of the strategy are to:

- Provide local infrastructure to support SAS doctors within each Health Board/Trust within Wales (regional tutors) (Budget: £50k)
- Provide funding for additional training opportunities for SAS doctors (funding for CPD) (Budget: £150k)
- Pilot a quality assurance framework that will assist SAS surgeons seeking revalidation (the ISCP pilot). (Budget: £15k)

The Regional Tutors
The Aims and Intended Outcomes of Regional Tutors
From the job description (see Appendix 1), the principal duties of the role are to:
- Provide leadership for the education, training and career progression of all career grade doctors and dentists within HB/Trusts.
- Develop and support the implementation of a professional education strategy for all career grade doctors and dentists.
- Facilitate the education, training and career progression of all career grade doctors and dentists within HB/Trusts.

**Table 1: Regional tutors: outcomes and goals**

<table>
<thead>
<tr>
<th>Intended Outcome</th>
<th>Local infrastructure able to provide leadership for and to facilitate the education, training and career progression of all career grade doctors. Additionally, development and implementation of a professional educational strategy and local source of advice on matters relating to SAS doctors and dentists.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goals 2012/13</strong></td>
<td>• Recruitment and induction of Local Support Tutors within each Health Board/Trust.</td>
</tr>
<tr>
<td></td>
<td>• Development and implementation of a communications strategy to promote the appointments.</td>
</tr>
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<td></td>
<td>• Creation of a support network for Local Support Tutors.</td>
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<td></td>
<td>• Development of review and evaluation system to monitor the intended outcomes.</td>
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</table>

The candidates for the tutor roles were interviewed August 2012. The successful candidates started in September (Aneurin Bevan), November (Cwm Taf, Cardiff & Vale) and December (ABMU, Betsi Cadwaladr, Hywel Dda). The appointments are for one session per week (4 hours) for a period of two years. Tutors can either have fixed times in the week or a more flexible approach. Most tend to have a fixed session in the week but also work from home and at other times.

On taking up the post, they all attended an induction session at the deanery. Each tutor has a budget of £5000 to provide training locally.

The geography of the Health Board and the number of hospital sites varies, as does the number of SAS doctors per Health Board.

**Table 2: Distribution of SAS doctors by Health Board**

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Approx n SAS doctors</th>
<th>Approx description of SAS doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABMU</td>
<td>180</td>
<td>4 main hospitals plus several mental health and community hospitals.</td>
</tr>
<tr>
<td>Aneurin Bevan (inc S Powys)</td>
<td>109</td>
<td>SAS doctors evenly spread across the HB</td>
</tr>
<tr>
<td>Betsi Cadwaladr</td>
<td>180</td>
<td>3 main hospitals; large geographical distance between sites.</td>
</tr>
<tr>
<td>Cardiff &amp; Vale</td>
<td>116</td>
<td>Two main sites and few SAS doctors in the community.</td>
</tr>
<tr>
<td>Cwm Taf</td>
<td>142</td>
<td>In two main sites but with four other sites and a few SAS doctors in the community.</td>
</tr>
<tr>
<td>Hywel Dda</td>
<td>180</td>
<td>SAS doctors distributed across four main sites in large geographical area.</td>
</tr>
</tbody>
</table>
Additional Funding for Training
The Aims and Intended Outcomes of Funding for Additional Training

The key aim of this objective is to ensure that SAS doctors have access to training opportunities to further support their personal development, enhance the care provided to patients and to support SAS doctors going through revalidation. [Source: Strategy document]

Table 3: Additional funding for training: outcomes and goals

<table>
<thead>
<tr>
<th>Intended Outcome</th>
<th>Training needs analysis to enable appropriate support that ensure training needs are met, with consideration of value for money.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Better informed and trained SAS doctors. (SAS conference)</td>
</tr>
<tr>
<td></td>
<td>A robust and fair system that supports the consideration of all training applications in a timely manner.</td>
</tr>
<tr>
<td>Goals 2012/13</td>
<td>• Revise and distribute training needs survey.</td>
</tr>
<tr>
<td></td>
<td>• To analyse results and establish action plan.</td>
</tr>
<tr>
<td></td>
<td>• To hold one conference in North Wales in September 2012</td>
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<tr>
<td></td>
<td>• Review and revise the process for handling training applications.</td>
</tr>
<tr>
<td></td>
<td>• To promote the next round of applications for funding.</td>
</tr>
<tr>
<td></td>
<td>• To establish a mechanism to collect and review evaluations on how the training has improved doctors’ practise.</td>
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Quality Assurance Framework: the ISCP Pilot
ISCP (Intercollegiate Surgical Curriculum Project) provides a quality assurance framework and enables SAS surgeons to evidence and record their competence and experience. ISCP was designed as a tool for trainees but given the context of revalidation, was also thought to be well suited to SAS doctors.

There are approximately 200 SAS grade surgical staff. Associate Specialists will be able to undertake independent practice; others will work on an equivalent basis to core and higher specialty trainees. In the pilot, it was expected that ISCP would appeal to the different aspirations of the SAS surgeons. For those who were not seeking career advancement, it facilitates portfolio development which would be helpful for revalidation; for those aiming for a training grade post, the ISCP quality assurance framework would provide evidence for an ARCP (Annual Review of Competence Progression) review, or in the case of those seeking CESR, it would support the development of their application; and for those planning to exit the UK, it would provide evidence of their experience.

For the pilot period, all those registering in the period from January 2013 have the annual ISCP registration fee of £150 per doctor met by the Deanery. As only some specialty areas were initially included, as some already have CESR and as others would not be unlikely to engage, it was estimated that about 30 of the 200 or so SAS surgical doctors would be interested in participating.

Mr Saty Bhatia, consultant oral and maxillofacial surgeon, was appointed as the ISCP Support Tutor.

ISCP and work-based assessments (WBAs)
A key part of the ISCP framework is the recording of WBAs. These provide a means of evidencing competence and experience, including professional skills, and all require dialogue between the SAS doctor and a consultant colleague who provides feedback. Table 4 sets out the WBAs and the main skills assessed.
Support sessions
A number of workshops and induction sessions were run at various points in the pilot period and at various locations.

The Aims and Intended Outcomes of the ISCP Pilot
The key aim of this objective is to explore and pilot access to the competency based framework of training and the quality assurance tools provided by the Royal College of Surgeons Intercollegiate Surgical Curriculum Programme (ISCP). This is currently provided for trainee surgeons in order to assure the quality of work performed and it is seen as the basis by which these doctors will revalidate. The expectation is that it could also support SAS Surgeons. [Source: Strategy document]

Table 4: The work-based assessments

<table>
<thead>
<tr>
<th>WBA</th>
<th>Skills assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>CbD (case based discussion)</td>
<td>Judgement, analysis, reflection</td>
</tr>
<tr>
<td>MSF (multi-source feedback)</td>
<td>Team work, communication, professionalism, insight</td>
</tr>
<tr>
<td>CEX (clinical evaluation exercise)</td>
<td>Communication, judgement, empathy</td>
</tr>
<tr>
<td>DOPS (direct observation of procedural skills)</td>
<td>Procedural and technical skills</td>
</tr>
<tr>
<td>PBA (procedure based assessment)</td>
<td>Dexterity, judgement, team-working</td>
</tr>
</tbody>
</table>

Table 5: ISCP pilot: outcomes and goals

<table>
<thead>
<tr>
<th>Intended Outcome</th>
<th>An established system by which SAS surgeons can access the ISCP and use it to support their appraisal and revalidation. To maximise the use of the ISCP if it is proven to support revalidation and is suitable for other SAS doctors.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals 2012/13</td>
<td>• To establish a Working Group able to consider and implement this pilot with consideration for mechanisms to support it.</td>
</tr>
</tbody>
</table>
The Evaluation

Aims and Objectives
The focus of the evaluation was the support strategy for SAS doctors and its implementation. The evaluation determines the achievement of stated actions, identifies challenges and provides formative feedback.

The specific objectives were:
1. to review the local infrastructure support system, reporting on the appointment, induction and work of the local support tutors in Health Boards;
2. to review SAS doctors’ access and uptake of training opportunities and associated awards; and
3. to review the value of providing access to the Royal College competency-based framework of training and quality assurance tools.

Data Sources

Local infrastructure support (obj 1)
- Documentation: job advertisements, job description and person specification, agreements with Health Boards (HBs), recruitment process, induction programme, performance monitoring procedures. (Appendix 1)
- Observation of induction.
- Initial telephone interviews with each tutor and later follow up interview.
- On-line questionnaire (as part of the Welsh Government listening exercise) to provide a perspective from SAS doctors their knowledge and contact with the tutor. (Appendix 2)
- Observation of BEST awards ceremony.

Training access, uptake and awards (obj 2)
- Training needs surveys and evaluation of conference. (see Appendix 3 for most recent conference evaluation report)
- Records of applications for funding to support training and evaluation of events. (Appendix 4)
- Post training questionnaire. (Appendix 5)

The ISCP Pilot
- Records of ISCP working group meeting including data on number of registrants.
- SAS Developmental and Opportunity Conference, Cardiff, 8 July, 2013. This included an optional parallel session (run twice) led by Dr Margaret Murphy the ISCP Educational Officer RCSEng. (Royal College of Surgeons, England). A short paper-based questionnaire was distributed to attendees (Appendix 6) and group discussion was recorded in field notes.
- Field notes from attendance at two ISCP workshops (12/09/13 and 31/10/13).
- Three telephone interviews with ISCP users (two of whom were also SAS tutors).
- Email feedback from two further ISCP users.
- Feedback from 13/35 users who had registered but gone no further and from 5/12 users had engaged but not completed WBAs (letters sent at the end of November 2013) (Appendix 7)
The Results

The Regional Tutors
The tutors from each of the Health Boards (ABMU, Aneurin Bevan, Betsi Cadwaladr, Cardiff & Vale, Hywel Dda and Cwm Taf) were interviewed in February-March 2013, soon after taking up post. They were interviewed again after approximately a year in post (between September-November 2013). The first interview sought information on their aspirations and plans for the role; the later interview sought reflections on the activities undertaken, what had gone well and any difficulties encountered. These interviews were recorded and transcribed. In addition, we attended the tutor meetings which took place approximately every four months. At these meetings, the tutors discussed their achievements and challenges.

The successes and challenges for each tutor are briefly summarised. Following this, common issues across the tutors are highlighted.

Tutor 1

Box 1: Tutor 1 - expectations

<table>
<thead>
<tr>
<th>Plans as described at the start of the post</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To organise meetings of SAS doctors and distribution information about the tutor role in order to get to know them.</td>
</tr>
<tr>
<td>• Set up a tutor discussion board.</td>
</tr>
</tbody>
</table>

**Challenges predicted**

| • Engaging an apathetic minority. |
| • Geographical distance between sites which acted as a barrier to attendance at events. |
| • Separating out job planning help which is not part of the role but is related to SPAs and number of SPAs and the study leave entitlement impacts on the kinds of educational activities that can be undertaken. |

**Indicators of success**

| • Survey response rate. |
| • Increased participation in courses. |
| • Increase in use of study leave (time and budget). |
| • Increase in number of appraisals. |
| • Increase in number of appraisers. |
| • Increase in number of SAS doctors taking up Clinical and Educational Supervisor roles. |

**Activities**

One of the first jobs was to compile a list of email contacts for the SAS doctors. Alongside this, the tutor undertook a paper-based survey distributed via the internal mail system, to make contact, update contact details and find out more about needs.

Once email contact had been established, the tutor provided regular updates on events for SAS doctors. The tutor advised: “Keep emailing your constituents on a regular basis, just to remind them that you are there for them.” (Interview 2)

A small number of courses (including on medical statistics, evidence based medicine), and a study day for educational supervisors were organised. This tutor had had experience of organising events which have had to be cancelled because of lack of interested (e.g. CESR).
Challenges

The first hurdle to overcome was getting a database of all SAS doctors in the Health Board. Neither HR nor Medical Staffing responded to the request for updated email contact addresses. Some Postgraduate Centres were helpful and had email records as they book study leave via Intrepid. An Intrepid administrator provided a list. However, many SAS doctors had given their Trust email address which they don’t often check.

The Health Board occupies a large geographical site and SAS doctors don’t want to travel between sites for courses. The tutor commented: “At the end of the day, not a lot of people attend... Most of the people came back and said ‘we don’t want to travel’.” (Interview 2)

The tutor did not visit all the other main sites during the evaluation period and was uncertain about the value of visiting other sites. On the one hand, s/he commented: “I think if I were doing it again... I would have probably gone and met them personally... ‘If you’ve got any problems, come and meet me’ and you’d probably find three or four people there but I’m not sure if it’s worth it”. (Interview 2). However, suggestions for the future included going out to the other sites to meet people “even if it’s two or three people” who turn up (Interview 2).

The tutor identified different groups of SAS doctors. A significant minority were described as aspirational. However, others were described as “jobbing doctors”, not interested in CPD and a small apathetic minority who may have difficulty with revalidation. These were seen as a target group for the tutor who wanted to ensure that they were up-to-date with appraisal and CPD in preparation for revalidation. However, the tutor experienced difficulty in accessing information about when revalidation and appraisals are due: the Revalidation Officer did not wish to share the information for reasons of confidentiality.

The relative apathy (arising from years of neglect) of some SAS doctors was described by the tutor as a difficulty – “the biggest challenge is the apathy amongst the SAS doctors” (Interview 1) and the challenge for the tutor was to let them know that the Deanery is interested in them and the tutor is there to help them. Cooperation at one PG centre was poor.

After 10 months in post, the tutor summarised the achievements and challenges and reflected on what might have been done differently.

Box 2: Tutor 1 - perceptions of achievements, challenges and reflections

<table>
<thead>
<tr>
<th>Perceived achievements</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Network of active and engaged SAS doctors.</td>
<td>• Getting initial database of SAS doctors – still not 100% correct.</td>
</tr>
<tr>
<td>• Positive feedback from the event.</td>
<td>• Enthusiastic response to organised meeting but actual attendance low.</td>
</tr>
<tr>
<td>• Invited onto various committees and meetings, both formally and informally (e.g. local faculty appraisal and revalidation).</td>
<td>• Reluctance of SAS doctors to travel.</td>
</tr>
<tr>
<td></td>
<td>• Poor cooperation of one PG centre.</td>
</tr>
<tr>
<td></td>
<td>• Problems with speakers at organised event backing out.</td>
</tr>
<tr>
<td></td>
<td>• Limited amount of admin support.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reflections and suggestions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Better response using email but value in getting people together.</td>
<td></td>
</tr>
<tr>
<td>• Should have gone to the other hospital sites on a regular basis.</td>
<td></td>
</tr>
</tbody>
</table>
Importance of getting PG Centre managers on board.
Importance of regular emails to SAS doctors with news and encourage use of Deanery website.
Possibility of building a local team of engaged SAS doctors to mitigate against the isolation of the tutor and to recognise that others can make a valuable contribution.
To focus attention on the least engaged SAS doctors who may be at risk of failing to revalidate.
A forum for the SAS tutors across Wales, to share best practice.
Greater flexibility on use of tutor fund (e.g. to fund additional admin support).
NACT (national association of clinical tutors) membership is useful.
Flexibility about the timing of the role worked better then fixed time.
The tutor role is new, despite a job description, more guidance on what to do and how.

Tutor 2

Box 3: Tutor 2 - expectations

Plans as described at the start of the post
- To visit all sites.
- To organise a programme of courses matched to needs (e.g. evidence-based medicine, critical appraisal of papers).
- To improve course attendance.
- To support revalidation by putting together a generic portfolio or logbook to help SAS doctors demonstrate competencies for appraisal purposes. (Aimed particularly at those who are not planning for CESR).
- To keep a log of emails.
- To attend NACT conferences, workshops, etc.

Challenges predicted
- Lack of uptake and attendance on courses.
- HR and Trusts unable to release doctors because of financial constraints.
- Getting SAS doctors to complete the survey.
- Being able to meet all SAS in HB/Trust.

Indicators of success
- Attendance at courses.
- Response rate to surveys.
- SAS doctors saying that the tutor role has benefited them.

Activities
This tutor dedicated an afternoon SPA session to use for meetings (including with individual SAS doctors). S/he provided regular email contact with the SAS doctors, keeping them updated with events and opportunities and commented “I think the awareness of the bursaries has increased and I’ve also publicised all the study days (leadership skills, conflict management, presentation skills and human factors)... that Raj has put together” (Interview 2). S/he checks if emails have been opened which “gives me an idea that it hasn’t gone into a vacant in-box” (more than 70% “are quite active with their in-box”) but was also aware that s/he needed to physically go out to all the other sites.

The tutor has had contact with the Clinical Director and was invited to meetings. This enables the tutor to represent SAS doctors at meetings and committees and facilitates networking. S/he spoke of going to a range of meetings including the SAS committee meetings, the local education faculty board meeting, the medical education committee meeting: “It’s quite handy and I get to know
what’s happening and I can feed back to them as well. So yes, I’m trying my best to attend most of the ones I’ve been invited to.”

The tutor organised a number of events in the first year including an appraisal course and revalidation and appraisal update sessions on both main hospital sites and has put on MARS training specifically for SAS doctors and set up skills workshop (provided by Maguire Healthcare). S/he invited the BEST SAS winner\(^1\) to give a talk (SAS as leaders and managers) which was attended by 7-8 doctors.

Attention in the first year was given to generic appraisal and revalidation preparation and in future s/he plans to provide training on the education supervisor role. The general approach was not to “duplicate things that have already been funded by the Deanery centrally” (Interview 2). Events are arranged across the Health Board and s/he also contacts tutors in neighbouring Health Boards about courses which might have surplus spaces. In terms of workload, some of the courses are organised by the provider (e.g. RCP) leaving the tutor mainly to be concerned with distributing the flyer and raising awareness.

The tutor also holds one-to-one meetings. Most of the queries were about funding for various activities. A few come with job planning queries which are forwarded to the BMA rep but if they are education-related (for example, clarification on SPA entitlement, how to get study leave) then s/he responds.

Other ventures include the development of an e-portfolio to record mandatory training (infection control, violence and aggression, protection of vulnerable adults and child protection) which will then alert people to when an update is needed. S/he has also conducted a survey for the local negotiation committee that “wanted to know how the SASs are equipped with regards to secretarial support, IT support, office space, computers and things like that. So I did a… survey and sent out and I had about 58 responses, which I was thrilled about… So I’m going to feed that back to the local negotiation committee and then look at individual responses and see if there are any sort of needs in specific departments or areas that can be addressed”.

The tutor commented on the excellent support s/he has received from PG Centre managers who have “been brilliant and all the three managers have sort of co-ordinated with each other”. (Interview 2)

Reflecting on the year, s/he commented:

“I think I have made a start and I’m trying to understand what I can do for everyone and how I can sort of be the link between the Health Board, the Deanery and my colleagues. So it’s kind of taken shape, yeah”

Challenges
A couple of SAS doctors had contacted the tutor with job planning issues rather than educational needs. They were re-directed to relevant sources of help.

Maintaining attendance at events will be a future challenge. The tutor was aware that after running courses for a few years, the pool of people likely to attend will diminish: “So if you run these sort of study days maybe two, three years in consecutive fashion, then the fourth year you will not have that many people taking part because they’ve already done it and they don’t want to do it again”.

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\(^1\) The Associate Dean commented that including a SAS category in the BEST awards served to raise the SAS profile. The winner received a £3000 reward for personal professional development.
This led on to a quest for a more flexible, “less restricted” approach to the use of the funding beyond spend on study days. S/he was exploring using the money to support in-line access to library resources but had encountered technical challenges around needing to be deanery staff.

After 11 months in post, the tutor’s achievements and challenges were summarised along with reflections on the role and what might have been done differently.

Box 4: Tutor 2 - perceptions of achievements, challenges and reflections

<table>
<thead>
<tr>
<th>Perceived achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Awareness raising of opportunities for SAS doctors.</td>
</tr>
<tr>
<td>• A programme of courses and events.</td>
</tr>
<tr>
<td>• As tutor, invitations to committees and meetings.</td>
</tr>
<tr>
<td>• Survey of SAS equipment and admin support.</td>
</tr>
<tr>
<td>• Emails opened by more than 70% of SAS doctors.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The restrictions on the use of funding for generic courses and events only.</td>
</tr>
<tr>
<td>• Maintaining level of attendance at events.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reflections and suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• After a year, the role is taking shape.</td>
</tr>
<tr>
<td>• Excellent admin support received.</td>
</tr>
<tr>
<td>• More effort in physically going out to other sites.</td>
</tr>
<tr>
<td>• Collaboration with other SAS tutors locally.</td>
</tr>
</tbody>
</table>

Tutor 3

Box 5: Tutor 3 - expectations

<table>
<thead>
<tr>
<th>Plans as described at the start of the post</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To link in with a local education centre and visit other sites more regularly – to be seen and for doctors to get to know the tutor.</td>
</tr>
<tr>
<td>• To encourage more SAS doctors to be involved in committees (and then feedback the tutor who then can feedback to the Deanery).</td>
</tr>
<tr>
<td>• To facilitate training for SAS doctors.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Challenges predicted</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The initial challenge of compiling an up-to-date contact list of SAS doctors.</td>
</tr>
<tr>
<td>• Getting SAS doctors to respond to email and engage in events.</td>
</tr>
<tr>
<td>• SAS doctors engagement with the process of revalidation.</td>
</tr>
<tr>
<td>• Planning events well ahead to allow SAS doctors to have sufficient time to organise study leave/time off.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicators of success</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increased attendance at courses/training events.</td>
</tr>
<tr>
<td>• Representation on appropriate management committees.</td>
</tr>
</tbody>
</table>

Activities

Rather than stick to a fixed session in the week, this tutor adopted a flexible approach, responding to things that came up during the week. Rather than ‘clinics’ in different sites, this tutor instead tells
people “if anybody wants to meet up, I will gladly come to your workplace and meet... rather than turn up and have nobody there.” (Interview 2) However, by the end of the first year, the tutor had just met with two SAS doctors one-to-one, face-to-face. The others were content with email contact.

An early job entailed compiling a list of SAS doctors: “my main task at the moment... is just trying to find out who the SAS doctors are... which is turning out to be a job in itself... I couldn’t believe at the very beginning that someone like medical staffing or human resources wouldn’t have a list of people in the Trust, that is up-to-date and had some form of contract for them.” (Interview 1) This meant amalgamating a number of lists and trawling though the internal email system. The tutor also asked SAS doctors themselves to check the lists to confirm names and how they can be contacted. After a year in post the tutor had successfully made contact with 70% of the SAS doctors, usually via email.

The tutor organises events and alternates between the two main hospital sites. For events, the tutor asks for a small contribution (e.g. £20-30) to show commitment or a deposit which is returned on attendance.

The approaches to the SAS tutor (generally via email) tend to concern queries about “job planning and SPA sessions, study leave, those kinds of things. I’ve had lots of queries about how much study leave we’re entitled to, where the budget comes from... a lot of contractual things”. In response, the tutor found s/he was “sending back copies of the terms and conditions”. S/he was critical of some SAS doctors who go to their “bosses saying ‘I’m entitled to two SPA sessions”. S/he argued that “you’ve got to go and say, ‘contractually I’m supposed to have two SPAs, this is what I propose to use the, for and this is how it benefits the service as well as me” (Interview 2).

The tutor met with the Chair of SAS Committee in the Health Board to discuss how they can link together. This proved to be a useful arrangement with the tutor looking after the educational side of things and the other advising on professional and legal matters. The tutor was invited to sit on various committees including the Faculty committee as the Welsh Royal College committee and the job planning committee at one of the hospitals.

The tutor felt well supported by the PG centres: “they’ve been absolutely fantastic”.

Challenges
The failure of some of the SAS doctors to engage or even to acknowledge emails. A year in and the tutor commented on still having “40 doctors who apparently exist in the hospital/LHB who I’ve tried various ways of contracting and have not got back to me”. S/he proffered reasons which included a group close to retirement, a group who have special interest but get their support from general practice, but also that “there’s a lot of apathy” (Interview 1). The difficulty of trying to engage some groups of doctors was described as “an eye opener” (Interview 2). The tutor complained that the SAS doctors moan about events not being on their site but then when they are, they don’t show up. And they request events on certain topics – e.g. CESR – but only three signed up so the course had to be cancelled, although the event was free, plenty of advance notice was given and there was “lots of enthusiasm before we set it up and then we had three people put their names forward so we had to cancel it... I was extremely embarrassed on the behalf of my SAS colleagues” (Interview 2). “There is a lot of support out there in Wales for SAS doctors, but unfortunately my experience has been that the majority of SAS doctors are reluctant to take that up for some reason” (Interview 2). Although s/he recognised that SAS doctors in particular need plenty of advanced notice of events because they can find it “difficult to get released from their commitments”, the tutor was somewhat frustrated. In future plans to run a MIAD course covering “all the things that SAS doctors seem to want – their career progression, cv and portfolio writing, a bit about revalidation, a bit about CESR, a
bit about job planning, all those kind of things”, the tutor plans to demand a cheque deposit of £50 which is returned when they attend on the day. (Interview 2)

The tutor predicted that a number of the doctors will struggle if they’re coming up to revalidation next year: they need to start collecting relevant information now. “In terms of revalidation…I think it’s going to be an issue tracking these people down” (Interview 1), and “I think some of them are going to struggle to be revalidated” (Interview 2).

Perhaps surprisingly, one of the challenges mentioned by this tutor was spending the funding: “I’ve tried very hard, I’m amazed at how difficult it is to spend money… the GMC things and all the local stuff is free” (Interview 2).

From the SAS development day in London, the tutor learned that in most areas in England, SAS tutors look after about 30 doctors. S/he commented that although “I think we are very well supported in Wales… out tutors are dealing with much higher numbers” and working across specialities.

After 13 months in post, the tutor summarised the achievements and challenges and reflected on what might have been done differently.

Box 6: Tutor 3 - perceptions of achievements, challenges and reflections

<table>
<thead>
<tr>
<th>Perceived achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing back via email from about 70% of SAS doctors. Contact picked up after a slow start, with regular flow of emails on various training matters.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reaching the disengaged doctors (who may be close to retirement, or just apathy). There may also be a group with special interest who get their support from general practice. SAS doctors are a “very varied bunch”.</td>
</tr>
<tr>
<td>The frustration of arranging events in response to interest but having to cancel because not enough takers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reflections and suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is plenty of support and opportunities in Wales for SAS doctors.</td>
</tr>
<tr>
<td>More SAS doctor will “pop out of the woodwork” as revalidation dates approach. Gradually attitudes will change and hopefully once engaged, they will stay engaged.</td>
</tr>
<tr>
<td>The SAS tutor development day in London was “very useful”.</td>
</tr>
<tr>
<td>“The first year has just been spent setting the role up rather than actually doing the role to any great extent”.</td>
</tr>
</tbody>
</table>

Tutor 4:

Box 7: Tutor 4 - expectations

<table>
<thead>
<tr>
<th>Plans as described at the start of the post</th>
</tr>
</thead>
<tbody>
<tr>
<td>To set up a training framework for SAS doctors, covering relevant topics.</td>
</tr>
<tr>
<td>To compile an induction pack for SAS doctors.</td>
</tr>
<tr>
<td>To support SAS doctors in appraisal.</td>
</tr>
<tr>
<td>Respond to specialty-specific patterns of problems/issu, if these are found.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Challenges predicted</th>
</tr>
</thead>
<tbody>
<tr>
<td>The tutor role is for two years and it has taken a few months to take stock of existing activity.</td>
</tr>
</tbody>
</table>
• Getting a comprehensive idea of the roles that SAS doctors play in the Trust.
• Finding a reliable way of contacting and accessing SAS doctors to raise the awareness of the opportunities available to them.
• Engaging those who are disenfranchised and feel neglected.
• Increasing the number of SAS doctors who are appraisers (just two at the start of the tutor role).

Indicators of success
• The establishment of the induction pack which is used and receives good feedback.
• Uptake of available courses/training.
• A baseline of numbers of SAS doctors who have/do not have problems with appraisal and revalidation which can be measured against later.
• Number of SAS doctors who are appraisers.
• Completion of the training needs surveys.

Activities
The tutor has visited all the hospitals in the area to meet SAS doctors.

In the short term, the tutor’s role is to help SAS doctors with appraisal and revalidation. To prepare for being able to help with appraisal and revalidation, the tutor undertook a number of days appraisal training. The tutor commented: “At the moment it’s about going onto these appraisal training courses myself to learn about it and then I think it’s ... information going to all SAS doctors and then taking any questions, concerns, issues sort of one-to-one” (Interview 1). The tutor has collated the contact details of the SAS doctors and whether they have been appraised and their revalidation date. S/he then makes contact with those who are due for revalidation and offers support. Email seems to be the preferred mode of contact. Some then opt for one-to-one appointments. S/he noted that some people “are really happy with their job... And they said, ‘Look, we really don’t have any issues. This is why we don’t bother you.” (Interview 1) This tutor has had very few enquiries about SPA, study leave or job planning and feels that “If asked, we can advise and guide. We are not in a position to negotiation any of this and I think people understand” (Interview 2).

The tutor makes contact with Personnel about once a month to find out about new members of staff. S/he organised monthly meetings from June to December and a future session on job planning is being arranged. These meetings have not been well attended, although many SAS doctors sent their apologies, with the ratio between apologies and people attending being, on average, about 12:1. The tutor interpreted this as numbers being “…actually really keen to come but it doesn’t work out” (Interview 2). S/he sent out short opinion shot asking if they were interested in the monthly meetings, what times/dates would suit and what stopped attendance. The overwhelming message was to keep them going, but revealed that SAS doctors struggle with taking time off at lunchtime and dislike out of hours meetings. However, different SAS doctors turn up at meetings, which is valuable and lively brainstorming sessions have ensued regarding generic topics from which they would all benefit. The tutor was in the process of organising five sessions in 2014, addressing some of the topics which came out of brainstorming sessions. S/he commented “…I couldn’t give up after just two poorly attended fora” (Interview 2). S/he felt well supported by the postgraduate centres.

The tutor is working on an SAS website with forum space. The site will include induction information for new SAS doctors with links relevant to SAS doctors – structures, courses, useful contacts. This was one of the tutor’s early plans to establish an induction pack “so they don’t carry on having questions about how much study leave, who is going to pay for tha.” (Interview 1). Technical problems had hindered the launching of the SAS website.
Challenges
The SAS doctors wanted a regular face-to-face event and so the monthly lunchtime meetings were set up but attendance was poor as few people could make it. Fixing the time and date was a challenge. The tutor has explored reasons why and has responded to preferences. The SAS doctors prefer courses (with CPD points) rather than lunchtime meetings and they have suggested topics.

The tutor has also discussed with the PG Centre possibility of charging a refundable booking fee for courses. Other tutors have raised this issue, but nothing has been agreed formally. This tutor was still trying to understand why some SAS are super-engaged whilst others rarely, if ever, engage. S/he recognised a “need to be a bit cautious to call it ‘non-engagement’ because I have no data to say they are not engaged in appraisal, specialty CPD... Some in late 50s are really happy with work/life balance and not interested in doing further qualifications. They may be far from being disengaged doctors” (Interview 2).

There has been little interest in the Educational Supervisor agreement. SAS doctors who are already clinical supervisors are advised to broach the subject at appraisal to ensure that it remains in their job plans. Supervision of trainees was the topic of one of the autumn lunchtime meetings. Despite the topic being run on two sites to enable those interested to attend one or the other, they were not well attended.

After 10 months (from Nov 2012) in post, the tutor summarised the achievements and challenges and reflected on what might have been done differently.

Box 8: Tutor 4 - perceptions of achievements, challenges and reflections

<table>
<thead>
<tr>
<th>Perceived achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Good record of contact details of SAS doctors and whether they have been appraised and date of revalidation.</td>
</tr>
<tr>
<td>• Visits to all main sites.</td>
</tr>
<tr>
<td>• Despite poor attendance at meeting, different doctors have turned up. This has enabled ‘brainstorming’ sessions which in turn have informed topics for five sessions over the forthcoming year.</td>
</tr>
<tr>
<td>• MIAD putting together a tailor-made session and other sessions being provided in-house.</td>
</tr>
<tr>
<td>• Induction pack expanded into a dedicated website with links for information for SAS doctors.</td>
</tr>
<tr>
<td>• Attendance at a variety of education group meetings across Trust.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Poor attendance at meetings and events by SAS doctors.</td>
</tr>
<tr>
<td>• Ongoing challenge to find out what works best for SAS doctors, why some SAS are super-engaged and others rarely, if ever, engage.</td>
</tr>
<tr>
<td>• Technical issues with moving the dedicated website forward.</td>
</tr>
<tr>
<td>• Encouraging SAS doctors to take up Educational Supervisor role and increase uptake of appraisal training</td>
</tr>
<tr>
<td>• Numbers: impossible to contact each SAS individually due to length of tenure of tutor role (two years) and number of SAS involved</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reflections and suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• SAS doctors prefer courses which carry CPD points rather than lunchtime meetings.</td>
</tr>
<tr>
<td>• Personally undertake training in tutoring and mentoring to enhance his/her skills.</td>
</tr>
<tr>
<td>• Overall experience has been rewarding and s/he feels SAS tutor role is beginning to make a difference in encouraging SAS engagement.</td>
</tr>
</tbody>
</table>
Box 9: Tutor 5 - expectations

<table>
<thead>
<tr>
<th>Plans as described at the start of the post</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Complete comprehensive list of SAS doctors on spreadsheet – current appraisal, next appraisal, and revalidation.</td>
</tr>
<tr>
<td>• Identify learning needs and issues.</td>
</tr>
<tr>
<td>• Plan a structured education programme which can be rolled out to departments, who in turn can organise their own study days.</td>
</tr>
<tr>
<td>• Encourage SAS doctors to take up management roles and be part of groups (like patient safety) Encourage younger SAS to do everything required for the job, career progression and CESR, if they want to go down that route.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Challenges predicted</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To encourage SAS to attend educational meetings (especially medical SAS).</td>
</tr>
<tr>
<td>• Change the culture and expectations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicators of success</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Engagement of SAS attending local/Deanery events.</td>
</tr>
<tr>
<td>• Improved appraisal rate among SAS.</td>
</tr>
<tr>
<td>• Increase in engagement of medical SAS.</td>
</tr>
</tbody>
</table>

Activities

As soon as appointed, the tutor met with Medical Director and with local assistant medical director of education and a number of others. The tutor was briefed about SAS issues including appraisals and revalidation. The tutor wrote formally to all clinical directors informing them of the tutor role and asked them to pass the information to their SAS doctors. The response from the CDs was positive.

A key task on commencement of post was to make list of SAS emails as no comprehensive list was available. The tutor created a spreadsheet with SAS doctor’s name, email, address, GMC number, and telephone numbers. This process required some chasing; those who did not respond were sent letters. If still no response, the tutor sent a further email with the CD copied in. The tutor also asked anyone s/he met around the hospital to contact Postgraduate Centre who helped in collating the list.

By the end of the first year in post, the tutor had contacts for all the SAS doctors in the Health Board and communicates with them by phone or email and has spoken to about 40 of them. The tutor provides monthly updates about what’s happening for SAS doctors.

The tutor reviews information on revalidation and MARS registration and noted that by September 2013, more than 75% have registered with MARS and 25% has had an appraisal in last 3-6 months.

The tutor runs a ‘surgery’ for MARS on both of the main hospital sites. S/he has closer links to the SAS doctors in the hospital in which s/he is based but goes to the other main hospital for meetings once a month. The tutor “bumps into more people” in the hospital site where s/he works. S/he makes effort to hold at least a monthly meeting in another site.

The tutor adopts a flexible approach, often a fixed session for the role but also responsive to needs, plus “I do a lot of work at home at we... people have got my personal emails and my mobile numbers. I do have phone calls at 7 or 8 in the evening.” (Interview 1)
The tutor set up local, generic teaching days – one every three months – which are attended by 25 to 30 people. S/he has also organised MARS training for all the doctors. A radiology study day (with CPD points) was attended by 30-40 in May 2013. Other events (again with CPD points) include infection control mandatory training, and complaints and incident reporting. The tutor gives the SAS doctors plenty of time to organise study leave so that they can attend these events.

Challenges
SAS doctors in some specialties are not so good at attending meetings (e.g. medicine): in contrast, anaesthetics and psychiatry are very proactive and have good structured training. Although attendance at meetings is relatively high, “it’s the same faces you see every time” (Interview 2). The tutor is looking to focus energy on the specialities of most need.

This tutor wanted to have more admin support.

After 11 months in post, the tutor summarised the achievements and challenges and reflected on what might have been done differently.

Box 10: Tutor 5 - perceptions of achievements, challenges and reflections

<table>
<thead>
<tr>
<th>Perceived achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good communication and backing from senior level.</td>
</tr>
<tr>
<td>Compiling the up-to-date list of SAS contacts and active response from 40.</td>
</tr>
<tr>
<td>Regular meetings on different sites.</td>
</tr>
<tr>
<td>A programme of generic sessions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing the list of SAS doctors.</td>
</tr>
<tr>
<td>SAS doctors in some specialties failure to engage.</td>
</tr>
<tr>
<td>Getting known in other hospitals outside your main place of work is a challenge.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reflections and suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAS doctors are a diverse group and it is important to focus energies in areas (specialties) of greatest need.</td>
</tr>
</tbody>
</table>

Tutor 6

Box 11: Tutor 6 - expectations

<table>
<thead>
<tr>
<th>Plans as described at the start of the post</th>
</tr>
</thead>
<tbody>
<tr>
<td>To make more face-to-face contact with SAS doctors.</td>
</tr>
<tr>
<td>To organise a generic programme of events.</td>
</tr>
<tr>
<td>To increase the engagement of SAS doctors.</td>
</tr>
<tr>
<td>To increase the number of SAS doctors who take part in clinical audit or research.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Challenges predicted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting a comprehensive list of up-to-date email contact addresses.</td>
</tr>
<tr>
<td>The level of engagement of some SAS doctors in educational activities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicators of success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to email communication.</td>
</tr>
<tr>
<td>Organisation of and participation in events.</td>
</tr>
<tr>
<td>Establishment of networks and providing an SAS voice on various committees and bodies across the Health Board.</td>
</tr>
</tbody>
</table>
Activities
The tutor spent time obtaining a correct list of email contacts for the SAS doctors in the Health Board: “I mean the doctors’ contact details were not available even with HR... and people had changed their emails and they had not informed the HR etc. and also there were doctors who did receive my email but they had left the health authority.” (Interview 1) The tutor had help from secretaries in compiling the list and commented on being well supported through the postgraduate centres. S/he made contact with the team leaders and asked “them if they kindly could pass on emails to their team leader” (Interview 1).

The tutor met with the Health Board workforce director to discuss the role and clarify expectations: “...what the Deanery wants from us... They did not have a clear cut idea say, for example, about the funding availability and the courses, intercollegiate surgical programme, they did not know.” The tutor is a member of the Postgraduate Educational and Medical Board, attends regular meetings and has a slot on the agenda to raise SAS matters. Typically four or five people come to these sessions. Their queries are varied but often relate to problems with appraisal, revalidation and career progression.

The tutor organised generic courses (e.g. on revalidation, career progressions etc.) in 2013, making use of the different hospital sites: “every evening I had three speakers... talking about revalidation... GMC and role of doctors... and complaints.... That went very, very well.” (Interview 2) In 2014, the tutor plans to organise specialty days as well as courses on CESR, MARS and Human Factors (this latter might be arranged centrally by the Deanery). Also an evening session on Grand Rounds. S/he is updated by the revalidation officer so knows if there are any delays, issues or concerns.

Challenges
The geography of the Health Board is a challenge; distance between hospital sites is considerable and so the tutor usually communicates via email: “communication is alright, it’s not bad, but to meet them on a one-to-one basis is difficult” (Interview 2). S/he suggested that the geographical area would be better served by two tutors rather than one.

Getting a comprehensive list of SAS doctors and their contact details was a real challenge and s/he also experienced some difficulty in fixing dates for events: “Most of the centres I think they’ve got their programme already done for the rest of the year” (Interview 1). S/he looked into the option of Saturday seminars but ran into logistical difficulties around security, parking etc.

SAS doctors are a diverse group and perhaps need different types of activity. Some doctors feel a bit disenfranchised and although there are positive moves from the Deanery to address their education and career pathways, there are frustrations related to the nature of the role” (Interview 1).

At the second interview, the tutor noted problems with communications: “SAS doctors are still a bit confused about whether my role or a tutor’s role is to interfere with their job planning or not.” The tutor claimed that about 60% of their emails/calls were from people complaining that they hadn’t got any job plan in place” (Interview 2). From the NACT meeting, the tutor understood that “job planning is not something that the tutors should be involved in... It’s a very complicated issue and is more a departmental rather than generalised issue” (2nd interview). The tutor’s view was that SAS doctors need to have basic needs satisfied first which here includes resolving job planning issues. And this is something that the tutor does assist with in his/her own hospital as they know the managers but elsewhere “I just direct them to the appropriate people.” (Interview 2) However, in conclusion s/he did think that “some role should be given to these tutors to interfere in the job planning process” (Interview 2).
After 11 months in post, the tutor summarised the achievements and challenges and reflected on what might have been done differently.

**Box 12: Tutor 6 - perceptions of achievements, challenges and reflections**

**Perceived achievements**
- Series of meetings organised.
- Member of PG Education and Medical Board where SAS issues can be raised.
- Revalidation officer provides updates.
- Connection to team leaders.
- Part of the educational supervisors group now.

**Challenges**
- Developing a contacts list for the doctors.
- Size of geographical area.
- Fitting in the new programme of events.
- Engaging the disenfranchised.
- Advising (or not) on job planning.

**Reflections and suggestions**
- A second tutor would help address the needs of such a large geographical area.
- Some job planning advice should be part of the role.

**Generic achievements, challenges and recommendations**

**Box 13: Summary of generic achievements, challenges and recommendations**

**Achievements**
- Establishing a contact list of SAS doctors in the Health Board.
- The organisation of generic courses and seminars covering areas including appraisal, revalidation
- A network of engaged SAS doctors.
- Helping SAS doctors with issues around appraisal and revalidation (MARS became compulsory in January 2014).
- A seat at the table of various meetings and committees: information sharing, opportunity to raise SAS issues.

**Challenges**
- Getting a comprehensive list of all SAS doctors/dentists within the Health Board and up-to-date email contact
- Establishing contact with the disengaged SAS doctors (who may be at risk of failing to complete appraisal and revalidation) and shifting their attitude so that they are better enabled to make the most of the opportunities available.
- Lack of uptake of courses; maintaining attendance at courses over time
- The size and geography of some Health Boards
- The interface between job planning issues and education and training

**Reflections and Recommendations**
- Provide regular updates/news with alerts to opportunities.
- Get known around the main sites in the Health Board.
- Seek opportunity to collaborate with others (e.g. neighbouring SAS tutors, Chair of the SAS committee, the Revalidation Officer).
- Appreciate and utilise the support for PG Centres.
- Establish an on-line forum for the SAS tutors across Wales to share ideas and best practice.
- Take part in national meetings (NACT).
- Greater flexibility in the use of SAS tutor funds (e.g. for not just generic training, for admin).
- Develop induction materials for SAS doctors.
- Keep a log of emails and record of course attendance.
- Longer term, establish a structured training programme with specialty specific options and carrying CPD points.
- Establishing the tutor role takes time.

**Indicators of success**
- Being known.
- Representation at management and other strategic meetings.
- Uptake and participation in courses.
- Improved response to surveys.
- Improved utilisation of all study leave allowance.
- Uptake of additional funding opportunities.
- Increase number of appraisers and take-up of Educational Supervisor roles.

Looking ahead, the Associate Dean was keen to encourage tutors to provide specialty specific courses.

It is worth noting that prior to the appointment of regional SAS tutors, the Associate Dean described himself as a “one-man-band.” He sees his role as supporting and encouraging them and is very familiar with the challenges they have faced.

**Awareness of the local tutor: feedback from the Welsh Government Listening Exercise**

A questionnaire was distribute to SAS doctors across Wales in December 2013 and by 15 February 2014, 77 replied has been received. The questionnaire included questions about the SAS local tutors and we report the data briefly here. First we present a brief overview of the respondents

**Table 6: Responses to Welsh Government listening exercise**

<table>
<thead>
<tr>
<th>Health Board</th>
<th>n replies</th>
<th>Approx n SAS doctors</th>
<th>Response rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABMU</td>
<td>18</td>
<td>180</td>
<td>10%</td>
</tr>
<tr>
<td>Aneurin Bevan (inc S Powys)</td>
<td>6</td>
<td>109</td>
<td>6%</td>
</tr>
<tr>
<td>Betsi Cadwaladr</td>
<td>13</td>
<td>180</td>
<td>7%</td>
</tr>
<tr>
<td>Cardiff &amp; Vale</td>
<td>10</td>
<td>116</td>
<td>9%</td>
</tr>
<tr>
<td>Cwm Taf</td>
<td>22</td>
<td>142</td>
<td>15%</td>
</tr>
<tr>
<td>Hywel Dda</td>
<td>8</td>
<td>180</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>77</strong></td>
<td><strong>907</strong></td>
<td><strong>8%</strong></td>
</tr>
</tbody>
</table>

The respondents were roughly equally split by gender (53% female) and the majority worked in medicine (51%). The majority of respondents obtained their primary medical qualification from overseas – non EEA (53%).

Over 90% (n=70) of the respondents were aware that their HB/Trust has a local SAS tutor and 48 were able to identify the tutor by name (Table 7)
Table 7: Ability to name local tutor

<table>
<thead>
<tr>
<th>Health Board Tutor</th>
<th>n able to identify by name (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABMU</td>
<td>10 (56%) (out of 18)</td>
</tr>
<tr>
<td>Aneurin Bevan (inc S Powys)</td>
<td>5 (83%) (out of 6)</td>
</tr>
<tr>
<td>Betsi Cadwaladr (‘new’ tutor)</td>
<td>5 (38%) (out of 13)</td>
</tr>
<tr>
<td>Cardiff &amp; Vale</td>
<td>7 (70%) (out of 10)</td>
</tr>
<tr>
<td>Cwm Taf</td>
<td>18 (82%) (out of 22)</td>
</tr>
<tr>
<td>Hywel Dda</td>
<td>3 (37%) (out of 8)</td>
</tr>
</tbody>
</table>

Total 48

82% (n=59) recognised that they had had email contact with their local SAS tutor and 54% (n=40) said they had attended a meeting or event organised by the tutor. Only a minority had had a one-to-one meeting with the tutor (8%, n=6) although more had sought their advice (23%, n=17).

Additional Funding for CPD

Since September 2012 the Wales Deanery has granted funding for 153 CPD courses, at an anticipated cost of £102,494. For the 12-month period from 1 April 2013 a total of £68,870 was awarded. Table 8 shows the amount the Deanery granted to each Health Board and the amount that was subsequently claimed.

Table 8: Additional funding for CPD by Health Board 2013/14

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Total Amount Awarded</th>
<th>Total Amount Claimed (as % of award)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABMU</td>
<td>£16,071</td>
<td>£12,047 (75%)</td>
</tr>
<tr>
<td>Aneurin Bevan</td>
<td>£9,378</td>
<td>£7,720 (82%)</td>
</tr>
<tr>
<td>Betsi Cadwaladr</td>
<td>£15,463</td>
<td>£12,343 (80%)</td>
</tr>
<tr>
<td>Cardiff &amp; Vale</td>
<td>£5,725</td>
<td>£4,325 (75%)</td>
</tr>
<tr>
<td>Cwm Taf</td>
<td>£7,500</td>
<td>£5,797 (77%)</td>
</tr>
<tr>
<td>Hywel Dda</td>
<td>£12,018</td>
<td>£8,992.40 (75%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>£2,715</td>
<td>£2,640 (97%)</td>
</tr>
</tbody>
</table>

TOTAL £68,870 £53,864 (78%)

Not all applications for funding are approved: the requested training needs to fit with the professional development needs. In the most recent round of CPD funding (to March 2014), more requests were made than funding available. The Deanery implemented a cap of £1,000 and where a
doctor had made multiple requests for funding the Deanery awarded one request (generally the most costly).

The questionnaire which was distributed to SAS doctors across Wales in December 2013 as part of the Welsh Government’s listening exercise, included questions about the top-up funding for CPD. Of the 77 responses, 42% (n=32) did not know about this. However, of those who did know, 40% had applied (n=18) and all but two were successful in their application.

**Summary of evaluations**
For the purpose of this evaluation report, we reviewed all the evaluation forms that were returned by SAS doctors/dentists following attendance at a course for which they had received top-up funding. This covers the period September 2012 to 31st January 2014. Eighty six evaluation forms (Appendix 4) were submitted by 64 four SAS doctors or dentists in this period. Fourteen SAS had attended two courses and five SAS had attended three courses. Appendix 3 lists the wide variety of training/meetings/higher education undertaken during the period.

Table 9 shows the distribution of events (for which evaluation forms were received) in quarterly intervals. If comparison is made between the Sep-Dec quarters in 2012 with the same quarter a year later, a marked increase in the number of events funded can be seen. However, we note that these are based on those submitting evaluations and some will have been funded but failed to complete the evaluation form.

<table>
<thead>
<tr>
<th>Date range</th>
<th>n of events attended (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep – Dec 2012</td>
<td>13 (15%)</td>
</tr>
<tr>
<td>Jan – Apr 2013</td>
<td>22 (26%)</td>
</tr>
<tr>
<td>May – Aug 2013</td>
<td>4 (5%)</td>
</tr>
<tr>
<td>Sep – Dec 2013</td>
<td>37 (43%)</td>
</tr>
<tr>
<td>Jan – Feb 2014</td>
<td>2 (2%)</td>
</tr>
<tr>
<td>Ongoing/Course taking place over a number of years</td>
<td>6 (7%)</td>
</tr>
<tr>
<td>No date provided</td>
<td>2 (2%)</td>
</tr>
</tbody>
</table>

The majority of respondents (n = 28, 44%) were Associate Specialists, whilst Specialty Doctors accounted for 40% (n = 26). All grades are listed in Table 10.
Table 10: Grade of doctor

<table>
<thead>
<tr>
<th>Grade</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Specialist</td>
<td>28</td>
<td>44%</td>
</tr>
<tr>
<td>Specialty Doctor</td>
<td>26</td>
<td>40%</td>
</tr>
<tr>
<td>SAS</td>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>Clinical Fellow</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Staff Grade</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>SHO*</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>No grade given</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>64</td>
<td></td>
</tr>
</tbody>
</table>

*SHO is a training grade, not SAS

Sixteen specialties were represented in the responses.

Table 11: Specialty of respondents

<table>
<thead>
<tr>
<th>Specialty</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatry</td>
<td>12</td>
</tr>
<tr>
<td>Trauma &amp; Orthopaedics</td>
<td>10</td>
</tr>
<tr>
<td>Anaesthetics</td>
<td>6</td>
</tr>
<tr>
<td>General Surgery</td>
<td>6</td>
</tr>
<tr>
<td>ENT</td>
<td>5</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>6</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>5</td>
</tr>
<tr>
<td>Medicine</td>
<td>3</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialty</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual health</td>
<td>2</td>
</tr>
<tr>
<td>Stroke</td>
<td>1</td>
</tr>
<tr>
<td>Care of the elderly</td>
<td>1</td>
</tr>
<tr>
<td>Cardiothoracic surgery</td>
<td>1</td>
</tr>
<tr>
<td>GUM</td>
<td>1</td>
</tr>
<tr>
<td>Maxillofacial surgery</td>
<td>1</td>
</tr>
<tr>
<td>Forensic</td>
<td>1</td>
</tr>
<tr>
<td>No Specialty given</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>64</td>
</tr>
</tbody>
</table>

The respondents were based in the following Health Boards.

Table 12: Health Board of Recipient

<table>
<thead>
<tr>
<th>Health Board</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABMU</td>
<td>14</td>
<td>22%</td>
</tr>
<tr>
<td>Cwm Taf</td>
<td>12</td>
<td>19%</td>
</tr>
<tr>
<td>Betsi Cadwaladr</td>
<td>12</td>
<td>19%</td>
</tr>
<tr>
<td>Hywel Dda</td>
<td>12</td>
<td>19%</td>
</tr>
<tr>
<td>Aneurin Bevan</td>
<td>11</td>
<td>17%</td>
</tr>
<tr>
<td>Cardiff and Vale</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>No Health Board given</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>64</td>
<td></td>
</tr>
</tbody>
</table>
Respondents were asked how satisfied they had been with the course they attended, using the scale: very satisfied, satisfied, neutral, dissatisfied, very dissatisfied. Table 14 presents the amalgamated results from all respondents. In almost all elements (except for material received prior to the event), the majority of respondents were very satisfied with the training provided, while only a small number expressed dissatisfaction with the training attended. It is worth noting that only one participant marked dissatisfaction for all aspects of the training and this respondent had attended the AWAKE Fibreoptic Intubation course. Despite being very dissatisfied, they would recommend the training to others. No other respondent attended this course to give another opinion.

Table 13: Satisfaction ratings

<table>
<thead>
<tr>
<th>How satisfied were you:</th>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Dissatisfied</th>
<th>Very dissatisfied</th>
<th>Valid n (missing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>With the appropriateness of events to your needs</td>
<td>67 (78%)</td>
<td>17 (20%)</td>
<td>1 (1%)</td>
<td>1 (1%)</td>
<td>86 (0)</td>
</tr>
<tr>
<td>With event content</td>
<td>58 (67%)</td>
<td>26 (30%)</td>
<td>1 (1%)</td>
<td>1 (1%)</td>
<td>86 (0)</td>
</tr>
<tr>
<td>With event delivery</td>
<td>46 (54%)</td>
<td>38 (44%)</td>
<td>1 (1%)</td>
<td>1 (1%)</td>
<td>86 (0)</td>
</tr>
<tr>
<td>Training personnel were sufficiently knowledgeable and professional</td>
<td>62 (73%)</td>
<td>21 (25%)</td>
<td>1 (1%)</td>
<td>1 (1%)</td>
<td>85 (1)</td>
</tr>
<tr>
<td>Location and quality of training facility</td>
<td>51 (61%)</td>
<td>30 (36%)</td>
<td>0</td>
<td>2 (2%)</td>
<td>83 (3)</td>
</tr>
<tr>
<td>With the communication from the event provider and event material received</td>
<td>53 (62%)</td>
<td>30 (35%)</td>
<td>1 (1%)</td>
<td>1 (1%)</td>
<td>85 (1)</td>
</tr>
<tr>
<td>With the material received prior to attending and during the event</td>
<td>37 (45%)</td>
<td>42 (51%)</td>
<td>2 (2%)</td>
<td>1 (1%)</td>
<td>82 (4)</td>
</tr>
<tr>
<td>How pleased were you with this training even</td>
<td>56 (67%)</td>
<td>25 (30%)</td>
<td>1 (1%)</td>
<td>1 (1%)</td>
<td>83 (3)</td>
</tr>
</tbody>
</table>

There were 83 three (out of a possible 86) affirmative responses to the question “Would you recommend this training to others?”

Respondents were asked to explain what they had taken away from the training they had undertaken and the benefit that it had given or expected to give to their Health Board. These responses have been summarised and presented in table 14.

Table 14: Benefits from the CPD

<table>
<thead>
<tr>
<th>Benefit Gained</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved/updated knowledge, understanding</td>
<td>43</td>
</tr>
<tr>
<td>Improve skills, performance</td>
<td>36</td>
</tr>
<tr>
<td>Exam preparation</td>
<td>6</td>
</tr>
<tr>
<td>For CESR, career progression</td>
<td>6</td>
</tr>
<tr>
<td>Other, non-specific about improving care</td>
<td>5</td>
</tr>
<tr>
<td>Mandatory</td>
<td>1</td>
</tr>
</tbody>
</table>
Most commonly, respondents referred to improved or updated knowledge or understanding or improved skills or performance.

Many of the respondents anticipated that the training would improve their practice. Illustrative comments include:

Broadened my knowledge. Will help me to deal with rare problems, improving outcomes for patient health. Brilliant!

Good hands on experience on major operation in controlled environment with good supervision. More confident in dealing with different surgical procedures.

The course covered many aspects of medicine all of which are relevant to my job. I have gained knowledge of up-to-date developments in medicine which will be of benefit to the patients I work with and improve care provided.

This subject is directly related to my daily clinical work. Both a refresher course and an update on new developments. The patients and service will hopefully have the benefit now of my improved clinical knowledge.

A few made a response to the final open comments question. Most comments received were very positive. For example:

I am grateful to Wales deanery to provide the support and opportunity to me to attend this workshop.

Very informative and well organised course Excellent hands on experience.

The ISCP Pilot

Numbers
By 8 April 2013, 62 doctors had expressed an interest in registering but only 11 completed registration (as indicated by choosing Mr Bhatia as their Training Programme Director). Much effort was made by Mr Bhatia to follow up those who failed to complete registration. By November 2013, 70 had shown interest in registering in total. However, 35 of these had made no use of the site (and were not charged a registration fee) and 12 had engaged but had not recorded any WBAs.

The questionnaire distributed to SAS doctors as part of the Welsh Government listening exercise included questions about the ISCP pilot. From that data, 61% (n=17 SAS surgeons) indicated that they knew about the pilot and nine of these said they had registered.

Summary of Questionnaire data collected at ISCP workshop at SAS conference (08/07/13)
Completed questionnaires were received from 27 SAS doctors attending one of the ISCP workshops. They represented nine surgical specialties, with the largest group being ‘general’ surgeons (n=9).

Further detail on the questionnaire results is presented in Appendix 5. The attendees were evenly split between having registered (n=13) or not (n=13). Of those who had registered, only a minority (n=4) had engaged with the process (see Chart 1). Of those who had not yet registered, all bar one planned to.
Those who had registered but had not engaged with the process provided various reasons for this. The main ones related to lack of time and lack of sufficient relevance to practice.

The small number who had engaged with the assessments valued the feedback and felt that it led to improvements in their practice.

**Summary of feedback from interviews**

There was some discussion about which SAS doctors ISCP most suited. It was clear that it was valuable for those seeking CESR. However, for others there was some uncertainty. One interviewee commented: “Quite a few have said, ‘look, that doesn’t suit our needs’ and the use their own way of recording. For example… the British Association of Dermatology template….” In similar vein, another commented that he had heard some question “what’s it going to be useful for, when I’ve got to do revalidation and I’ve got to do MARS… I can’t just put a link into MARS saying please see my ISCP portfolio. I have to upload everything into MARS so why am I having another portfolio?” But in contrast, another recommended that those coming in as junior SAS doctors should use ISCP as “you don’t know how the SAS grade is going to develop in the future” and he thought that it was imperative that individuals had all the necessary paperwork to enable progress.

Recognising there are other systems for recording and logging activity, emphasis was given to the use of WBAs in ISCP. One of those we interviewed who had made use of the WBA recommended using the min-CEX, DOPS, CbD and PBA but did not recommend the MSF in ISCP. He recognised that it could be difficult to get consultants to do the observations and feedback and estimated that about one or two out of six consultants would be enthusiastic since it is extra work for them. As a senior and experienced SAS doctor he had had relatively little difficulty but he thought that junior SAS doctors might find it more difficult, not least as the consultant were busy with the WBAs of trainees. He recommended “making it as easy as possible for them… sort of shepherd them to a computer screen to complete the form.”

Generally the SAS tutors, including those who were not surgeons and so not involved, try to encourage participation in the pilot locally. However, one observed “I think the interest has not been
that massive if you ask me but for people who have registered, I’m kind of coaxing them to engage... encouraging them to use it... a couple of people I’ve forwarded to Saty.”

**Summary of feedback from users who had only registered or who had engaged but not completed WBAs**

Feedback was sought from those (n=35) who had shown an interest in registering on the ISCP but made no use of it. Thirteen responded (see Table 15). Twelve reasons were listed and the most commonly selected main reason was ‘needing help but unable to attend a workshop’ (n=7). Linked to three who selected ‘difficulty navigating the site’ and two who ‘needed help but didn’t know who to contact’, the results give an indication of additional support requirements. Comments included:

*I need some help to fill as there a lot of points that I am not sure how to respond.*

*Need some form of training to fill in the details in appropriate manner.*

Another common reason for not using ISCP related to lack of time (n=5). For example:

*Did start reading about ISCP but then the amount of information that kept on coming was too much to keep up with and was busy with the departmental/educational/appraisal work and lost track of what was happening.*

**Table 15: Feedback from 13 ISCP users who had registered but gone no further**

<table>
<thead>
<tr>
<th>Main reason for not making use of the ISCP website</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>I needed help but wasn’t able to attend a workshop</td>
<td>7</td>
</tr>
<tr>
<td>I don’t have enough time</td>
<td>5</td>
</tr>
<tr>
<td>I found it difficult to navigate the site</td>
<td>3</td>
</tr>
<tr>
<td>I needed help and didn’t know who to contact</td>
<td>2</td>
</tr>
<tr>
<td>Lack of sufficient relevance to my learning needs</td>
<td>2</td>
</tr>
<tr>
<td>My specialty isn’t included</td>
<td>1</td>
</tr>
<tr>
<td>It is not mandatory</td>
<td>1</td>
</tr>
<tr>
<td>I don’t understand the value of ISCP</td>
<td>1</td>
</tr>
<tr>
<td>ISCP is not essential for revalidation</td>
<td>1</td>
</tr>
<tr>
<td>The real value of this is the WBAs but I don’t want to do those</td>
<td>0</td>
</tr>
<tr>
<td>I am not pursuing CESR</td>
<td>0</td>
</tr>
<tr>
<td>I am near retirement</td>
<td>0</td>
</tr>
</tbody>
</table>

Ten of the 13 who responded provided a comment about things that might enhance engagement with ISCP. These comments provided some further elaboration and examples have been included above. Appendix 6 lists all comments.

Feedback was also sought from 12 users who had registered and engaged but who had not recorded any WBAs. Five responded (see Appendix 6). The most common reason selected was ‘I found it difficult to navigate the site’. For example, one commented:

*It would be very helpful if you can send us a file or documents explaining how to use ISCP website.*

The challenge of finding time with consultants also featured in the open comments:

*Finding the appropriate time to sit with the consultant to complete the WBA.*
Work based assessments done in clinical settings or theatre setting. In clinic I am almost working independently. For an assessment I need to find a consultant to observe me examining a patient. It is difficult to do that as the consultants have fully booked clinic alongside. I may be able to do some procedures done in theatre observed in the future.

Table 16: Feedback from 5 ISCP users who had registered and engaged but not completed WBAs

<table>
<thead>
<tr>
<th>Main reason for not making use of the ISCP website</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>I found it difficult to navigate the site</td>
<td>3</td>
</tr>
<tr>
<td>I don’t have enough time</td>
<td>2</td>
</tr>
<tr>
<td>Lack of sufficient relevance to my learning needs</td>
<td>2</td>
</tr>
<tr>
<td>I am not pursuing CESR</td>
<td>2</td>
</tr>
<tr>
<td>I needed help but wasn’t able to attend a workshop</td>
<td>1</td>
</tr>
<tr>
<td>I needed help and didn’t know who to contact</td>
<td>0</td>
</tr>
<tr>
<td>My specialty isn’t included</td>
<td>0</td>
</tr>
<tr>
<td>It is not mandatory</td>
<td>0</td>
</tr>
<tr>
<td>The real value of this is the WBAs but I don’t want to do those</td>
<td>0</td>
</tr>
<tr>
<td>ISCP is not essential for revalidation</td>
<td>0</td>
</tr>
<tr>
<td>I don’t understand the value of ISCP</td>
<td>0</td>
</tr>
<tr>
<td>I am near retirement</td>
<td>0</td>
</tr>
</tbody>
</table>

Perceived benefits
Looking across all the data, a number of benefits were identified. These are summarised briefly here.

Record of evidence
ISCP provides a framework for recording evidence from WBAs and was described as an “essential tool for getting Article 14.” The value of a record of evidence was summarised by one user who commented:

Use of ISCP shows how engaged one is, provides a record of performance, shows progress and puts one in a better position.

At workshops and in communications with users, both the Associate Dean and the ISCP tutor emphasized the importance of the WBAs as a means of recording experience and quality assuring practice.

Educational gain
The educational value of engaging in ISCP and the associated WBAs was also recognised. Feedback from assessments aided learning.

Problems encountered
Difficulties and challenges were also noted.

Technical
One SAS doctor at the SAS Conference ISCP workshop reported a problem with progressing on the site:
I am quite computer literate. I find the site not user friendly. Moreover, despite all efforts it will not let me alter my details.

Technical difficulties and problems with navigation were also noted in the feedback from registrants who had not engaged with the site.

Technical difficulties led to a call from some for more opportunities to learn how to use the site. Comments on the feedback questionnaire issued at the conference included:

- Need more practical tips in accessing and completing it effectively.
- Need more workshops with computer stations.

At one of the training workshops (12/09/13) one doctor reported difficulty logging in and navigating the site but he was sufficiently inspired to come along to the workshop and find out how to overcome these difficulties. At the same workshop, another was experiencing problems because he had previously used the system as a trainee. He was advised to contact College to see if previous records can be transferred over.

Providing further support may be difficult to address as the Deanery team put considerable effort into organising workshops and informing registrants of the helpdesk. One of the registrants who had not used the WBAs explained that s/he had had difficulties but had accessed the support s/he needed. This demonstrated that help was available:

- Unfortunately I was not able to use the site because of technical issues. After lots of discussion in the deanery and ISCP helpdesk it has finally been sorted and I have done my learning agreement. Now I will be enjoying the site regularly.

Requests for fees
Looking across the feedback from registrants who had not engaged fully with the site, a couple made reference to the need to pay fees.

- I tried to use the website in December 2013 to log in few WBA, I found that I need to pay the fees to engage with the website.

- The website also requests for fee which I thought was free as part of initial drive to enrol SAS doctors.

In other feedback, one commented:

- And every time I will log in and it will ask me have you paid for 2012, 2013, 2014 and I just think ‘whoa, I don’t know what’s happening, it’s supposed to be free now’.

This is somewhat puzzling but might be explained by the possibility of them having had earlier experience of ISCP and so using an old log-in.

Designed for trainees not SAS doctors
The language of the site is ‘trainees’. Rather than grade level, SAS doctors need a level related to experience, for example, “less than 5 years’ experience”, “5-10 years’ experience”, “more than 10 years’ experience”.
Specialty coverage
From the questionnaire distributed at the ISCP workshops at the SAS conference in July 2013, we heard that lack of engagement was in part of consequence of the specialty coverage at the time which did not include obstetrics and gynaecology, for example.

On another occasion, it was noted that most oral surgery core competencies were not on the maxillofacial lists.

Need for training in WBAs
Not all were familiar with the various WBAs and their purpose. One commented:

*A fundamental question is how to actually do a WBA, CEX, DOPS etc.*

Getting supervisor input
The difficulty of getting consultants to act as supervisors and complete WBAs was noted on a number of occasions. Negotiating consultants’ agreement to do WBAs was seen as a hurdle by some. There were also practical and logistical challenges. For example at the workshop held on 12/09/13, one commented:

*I’m in a different room, so will he have time to come and observe me seeing a patient? That’s one thing. And the other thing, will they have time set within their job plan where they can give us time to do assessments?*

For a senior and experienced SAS doctor working independently in theatre, a consultant may have to scrub up to do assessment. It was also seen as problematic for the doctor working for only one or two consultants, repeatedly having to ask them to do assessments. Some felt that the commitment the consultants must have towards trainees is different to the non-trainee SAS doctors; the trainees are part of a training and assessment system.

The Associate Dean and ISCP tutor emphasized that the onus was on the SAS doctor to take the initiative as ask the consultants to do the WBAs and provide feedback: “If you don’t drive it, it’s not going to happen.” But they were confident that if asked, the consultants would oblige:

*I’m sure not one would say ‘No, I’m not going to do it’. Yes, you have to catch them at the right time and obviously it has to all be agreed, but they will agree, I know that for sure.*

From those who had been assessed we heard that the assessing consultant could need reminding to do the ‘validation’. They might be “too busy sometimes to log on to do the validation.” One found it:

*Easier to have paper/hard copy when with consultant who needs to sign it rather than wait for him to do it electronically. Find it harder to say no if it’s in their face.*

SAS doctor response
For jobbing surgeons who do not need a record of WBAs for revalidation, it would be an extra effort to chase consultant surgeons to undertake and validate assessments. There was a sense that ISCP suited a small, aspirational group who may have an interest in Article 14. The Associate Dean thought that although doors may be closed for non-trainees to go into training grades at present, that may change at any time and having the evidence of quality assured practice would be an advantage.
Not essential for revalidation
Some SAS doctors already maintain a logbook and there is nothing in ISCP that is essential for revalidation.

Other
Although a big supporter of ISCP website, one doctor felt that although it was a step forward, it was “simply too little too late”:

>I am one of the biggest supporters of the ISCP website, and in fact I think it should have been made available to the “SAS” doctors a long time ago. .... One of the tools I have been trying to use for years is the ISCP website and I am sure you won’t be surprised that I have always been denied access because I was not a “trainee”. Therefore, it is counter-intuitive to say at this stage that I dislike it or I wouldn’t recommend it to others. It is a good step forward and Wales Deanery is to be praised for it. But it is simply too little too late, and I think a lot is yet to be done to help “SAS doctors” or “non-trainees” have a better chance of obtaining specialist registration in a predictable and less heart-breaking way.”
(Data source: email response to questions)

What helps engagement
A number of things were identified as helping SAS doctors to engage with ISCP. These included:

- The waived annual fee.
- Familiarity with system: some had previously used it as a LAT, or if juniors have asked them to undertake a WBA.
- Seeing colleagues use it encourages other to take it up.
- A proactive attitude: taking opportunities and using initiative.
- Plenty of ISCP training opportunities, the helpdesk and the ISCP tutor.

Specific recommendations for ISCP have been provided separately by the ISCP tutor.
Conclusions and Recommendations

“The opportunities are there now. You have to work for it but before, the opportunities weren’t there.” This quote from the Associate Dean gives some indication of how support for SAS doctors in Wales has shifted over time. The three elements of the Deanery strategy add considerably to the supportive infrastructure and helps SAS doctors to achieve their ambitions. But naturally, such achievements need to be driven by the individual SAS doctor and there is a notable group who do not wish to engage with further training and development. Although they may have successfully hidden from this in the past, with the introduction of compulsory appraisal and revalidation, this is no longer an option. This is an important issue not only for the individuals concerned but also for the Deanery, and was a driver for the development and implementation of the strategy for SAS doctors in Wales.

The conclusion of the evaluation is that by and large the strategy has been successfully implemented. There have been a number of difficulties encountered which mostly relate to issues of limited engagement – with tutors, with ISCP, with accessing additional funding for training. For some SAS doctors, the changing landscape brought about by appraisal and revalidation, requires a mind-shift. What the strategy does is provide an infrastructure of support. However, mind-shifts take a long time in development and the three elements in the strategy (tutors, ISCP, additional funding for training) are not designed to provide a quick fix. Rather, together they offer opportunity for support and are themselves evidence of the how the Deanery values this part of the workforce.

To end with a message form the Associate Dean to the SAS doctors: “The opportunities are there now. Go out and get them.”

Recommendations – Regional Tutors

- Get known around the main sites within Health Board/Trust
- Maintain regular contact with the SAS doctors by providing email updates and alters to opportunities
- Organise an on-going programme of events covering generic topics and, longer term, establish specialty specific options which carrying CPD points
- Utilise the support of Postgraduate Centres
- Seek opportunities to collaborate with others, for example other regional SAS Tutors, Revalidation Officer, SAS committee chair, NACT
- Liaise with personnel responsible for job planning and support SAS doctors by directing queries to them
- Keep records of contact with SAS doctors and course attendance
- Establish an on-line forum for SAS Tutors across Wales to share ideas and best practice
- Give further consideration to the development of induction materials for SAS doctors which could be shared across Wales

Recommendations for ISCP

- Revisions to the website to streamline the content, focusing on WBAs
- Pilot the revised site 'ISCP4SAS'
- Emphasise the WBA and explain that it doesn't overlap with MARS requirements
- Clarify the value for SAS surgeons - the provision of a certificate for WBA which can be used in job planning
- Identify local users to champion ISCP locally
• Establish a group of experienced SAS surgeons who can serve as supervisors
• Set up and advertise workshops

Recommendations for the Deanery
• Continue to fund SAS regional tutors
• Consider giving regional SAS tutors greater flexibility in use of their funds
• Continue to fund additional training: attendance updated knowledge or understanding or improved skills or performance
• Ensure requested training needs fit with doctors’ professional development needs
References


Standing Committee on Postgraduate Medical Education (SCOPME) (1994) *Meeting the Educational Needs of Staff Grade Doctors and Dentists*, London: SCOPME.

**JOB DESCRIPTION**

Please ensure that your application specifically covers the criteria listed on the Person Specification. You will need to demonstrate evidence that you meet each of the criteria listed. If your application does not contain evidence against each of the essential criteria, your application will not be shortlisted.

<table>
<thead>
<tr>
<th>Job Title:</th>
<th>STAFF AND ASSOCIATE SPECIALIST TUTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports to:</td>
<td>ASSOCIATE DEAN, SAS DOCTORS</td>
</tr>
<tr>
<td></td>
<td>WALES DEANERY</td>
</tr>
<tr>
<td>Location:</td>
<td>Health Board/Trust Based</td>
</tr>
</tbody>
</table>

**Main Purpose of Post:**
- Provide leadership for the education, training and career progression of all career grade doctors and dentists within the HB/Trust
- Develop and support the implementation of a professional educational strategy for all career grade doctors and dentists
- Facilitate the education, training and career progression of all career grade doctors and dentists within HB/Trust e.g. Associate Specialists, Staff Grade Doctors and Dentists, Specialty Doctors and Dentists, CMOs, Hospital Practitioners
- Provide advice on matters relating to SAS doctors and dentists to:
  - SAS doctors and dentists
  - Consultants
  - Managers
  - HB and Trust Board
  - Director of Education

**Job Description:**

**Principal Duties**

Provide leadership for the education, training and career progression of all career grade doctors and dentists within HB/Trusts.

Develop and support the implementation of a professional education strategy for all career grade doctors and dentists.

Facilitate the education, training and career progression of all career grade doctors and dentists within HB/Trusts
- Contribute to further establishing and maintaining an environment within the HB/Trust conducive to the education, training and career progression of SAS doctors and dentists, helping to resolve conflict between personal development and service needs
- Inform, encourage and support the development of all SAS doctors and
dentists
- Assist with the development needs mapped to CESR progression
- Assist with portfolio development to demonstrate the meeting of personal objectives for progression through Threshold 1/Specialty Doctor/Associate Specialist
- Assist with portfolio development to demonstrate contributions to a wider role for Threshold 2 Specialty Doctor/Associate Specialist
- Provide training for processes involved in recertification/revalidation
- Advise on how trainees can move between service and training posts
- Encourage opportunities to develop new skills and innovative initiatives, including for e.g. regular meetings with SAS doctors and dentists to update them on current issues, identifying and promoting opportunities for teaching and audit
- Assist with possible secondment opportunities in liaison with Associate Dean for SAS Doctors
- Develop specific clinical management or other educational skills courses that would benefit the SAS group
- Provide practical guidance advice to SAS doctors and dentists
- Develop educational programmes that support and arise out of the appraisal process and revalidation

Provide advice to SAS Doctors and Dentists
- Provide professional advice or refer the doctor and dentists to the appropriate person

Provide advice to the Medical Director, Management and the Board
- Provide professional advice to the Medical Director on issues relating to SAS doctors and dentists, particularly regarding the statutory regulations
- Support clinical managers to ensure continuing professional development is included in the job plans for SAS doctors and dentists

Liaise with other parties
- Liaise, and if necessary negotiate, with the chair of the LNC, Medical Director and Director of medical Education on issues pertaining to SAS doctors and dentists

Records
- Maintain contemporaneous record of his/her actions in the role
- Evaluation of the projects with regular reports to Associate Dean

Communication and Working Relationships

The post holder will:
- Be in regular and direct contact with the Associate Dean (SAS Doctors)
- Contribute at SAS conference events for the Deanery
## PERSON SPECIFICATION

**Job Title:** SAS Tutor  
**Grade:** Medical and Dental

<table>
<thead>
<tr>
<th>Essential Criteria</th>
<th>Desirable Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Qualifications and Training:</strong></td>
<td><strong>Report writing skills</strong></td>
</tr>
<tr>
<td>- Fully registered with GMC or GDC</td>
<td>- Reasonable working knowledge of the training structure for doctors and dentists</td>
</tr>
<tr>
<td>- Hold a substantive SAS <em>appointment</em> at HB/Trust</td>
<td>within the NHS</td>
</tr>
<tr>
<td>- Equality and Diversity Training</td>
<td></td>
</tr>
<tr>
<td><strong>Specific knowledge and Skills:</strong></td>
<td></td>
</tr>
<tr>
<td>- Able to demonstrate knowledge and understanding of the role of the Trusts SAS Tutor</td>
<td></td>
</tr>
<tr>
<td>- Good working knowledge of the:</td>
<td></td>
</tr>
<tr>
<td>- HB/Trust’s management structures</td>
<td></td>
</tr>
<tr>
<td>- HR protocols and guidelines as they relate to SAS doctors and dentists</td>
<td></td>
</tr>
<tr>
<td>- Working knowledge of NHS and GMC/GDC rules and regulations as they relate to SAS doctors and dentists, and GMC CESR knowledge</td>
<td></td>
</tr>
<tr>
<td>- Commitment to postgraduate education and on-going engagement with current developments in education</td>
<td></td>
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<tr>
<td>- Commitment to continued professional development</td>
<td></td>
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<tr>
<td>- Demonstrates breadth of awareness and experience outside specialty</td>
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<tr>
<td>- Leadership skills</td>
<td></td>
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<tr>
<td>- Teaching skills</td>
<td></td>
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<tr>
<td>- Experience of assessment methods</td>
<td></td>
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<tr>
<td>- Ability to manage change</td>
<td></td>
</tr>
<tr>
<td><strong>Interpersonal and Communication Skills:</strong></td>
<td></td>
</tr>
<tr>
<td>- Good interpersonal and communication skills</td>
<td></td>
</tr>
<tr>
<td>- Team skills</td>
<td></td>
</tr>
<tr>
<td>- Approachability</td>
<td></td>
</tr>
<tr>
<td>- Persuasion and influencing skills</td>
<td></td>
</tr>
<tr>
<td>- Ability to act with tact and diplomacy</td>
<td></td>
</tr>
<tr>
<td>- Ability to build rapport and listen</td>
<td></td>
</tr>
<tr>
<td>- Proven track record of negotiating skills</td>
<td></td>
</tr>
<tr>
<td>- Ability to work co-operatively and empathically</td>
<td></td>
</tr>
<tr>
<td>- Use of a non-judgemental approach to colleagues regardless of their sexuality, ethnicity, disability, religious beliefs or financial status</td>
<td></td>
</tr>
</tbody>
</table>
ADVERT

Staff, Associate Specialist and Specialty Doctor (SAS) Tutor

Fixed Term for 2 Years
Wales Deanery/******Health Board

The Deanery is looking to appoint an ambitious and enthusiastic individual who will be responsible for providing leadership for, and to facilitate the education, training and career progression of all career grade doctors and dentists within the Health Board. Additionally, part of the role will include the development and implementation of a professional educational strategy and to provide advice on matters relating to SAS doctors and dentists to key stakeholders.

Eligibility

The post is suitable for candidates holding a substantive Specialty Doctor/Staff Grade/Associate Specialist or dentist role within the Health Board with a good working knowledge of the Health Board’s management structures and HR systems. The candidate will also need to possess excellent leadership and teaching skills along with a commitment to postgraduate education and continuing professional development. However, more importantly, we are looking for enthusiasm and a willingness to develop the skills and expertise to undertake this role effectively. The role holder will be expected to undertake this role in addition to current clinical commitments and SPA. The remuneration for the role will be via honorarium of £7,000 per annum.

Please ensure that your application covers the criteria listed on the Person Specification. You will need to demonstrate evidence that you meet each of the criteria listed. If your application does not contain evidence against each of the essential criteria, your application will not be shortlisted.

Interested applicants may contact Mr. Raj Nirula, Associate Dean for SAS Doctors/Dentists, at nirular@cardiff.ac.uk or Dr. Anthony James, AMD Med Ed, on 01792 516606 for a discussion about the post.

To request a Job Description and Person Specification please email Carolyn Evans at evanscm5@cardiff.ac.uk

Please send your application in the form of a CV and covering letter indicating your suitability for the post, along with two referees.

To:
Mrs. Carolyn Evans
Project Officer for SAS Doctors/Dentists
Wales Deanery,
9th Floor, Neuadd Meirionnydd,
Heath Park, Cardiff, CF14 4YS
email: evanscm5@cardiff.ac.uk

Closing date for applications is Friday 28 September 2012
Welsh Government Listening Exercise - Staff, Associate Specialist and Specialty Doctors

Welcome

At the SAS conference held on 8th July 2013, the Welsh Government indicated their plans to undertake a listening exercise with SAS Doctors. The intention of this is to hear directly from you, in particular about what is good and importantly, what is not so good about being an SAS doctor.

The NHS is supported by a range of gifted and knowledgeable groups of staff and it is only by combining the efforts of all that available resources are maximised. This may result in others doing some routine tasks which you would normally undertake to ensure you spend your time doing what you, as a doctor, can deliver. It is anticipated that given your unique position within the organisation, you are able to lead on this aspect of identifying areas that can be modernised to improve the way we operate.

This survey is one of a number of ways that you can contribute to this Welsh Government led exercise. You may wish to attend one of the four events taking place across Wales or alternatively, you may wish to write directly to the Welsh Government.

The survey should take about 15 minutes to complete.

The survey will close on 27th February 2014

Data Protection

For the purposes of this survey Cardiff University is the data controller. All data collected in this survey will be held securely by the survey software provider (University of Bristol) under contract and then retained by the Wales Deanery, Cardiff University in accordance with the Data Protection Act (1998). Data from the survey, including answers to questions where personal details are requested, will only be used by the Deanery for reporting purposes.

Cookies, personal data stored by your Web browser, are not used in this survey.

DEMOGRAPHICS AND JOB DESCRIPTION

1. Are you:

   ☐ Male
   ☐ Female

2. What is your age?

   ☐ 25-35
3. In which LHB/Trust do you **primarily** work?

Which hospital site is your **main** base?

4. What is your current grade?

- Associate Specialist
- Specialty Doctor
- Staff Grade
- **Other (please specify):** 

5. How long have you worked in a SAS grade?

- Less than 5 years
- 5 to 10 years
- 11 to 20 years
- 21 years and over

6. In which field do you work?

- Medicine
- Surgery
- Dentistry

In which specialty do you work?

If you selected Other, please specify:

7. Where did you obtain your primary medical qualification?
○ England
○ Ireland
○ Scotland
○ Wales
○ Overseas - European Economic Area (EEA)
○ Overseas - non-EEA

**WORKLOAD**

8. Do you currently have a job plan?

○ Yes
○ No

If yes, in general how often is your job plan reviewed?

○ Every 6 months
○ Annually
○ Bi-annually
○ Less often
○ No fixed pattern

9. For how many sessions per week are you contracted to work? (If you work to a 2-week pattern, please give the average number of sessions per week).

○ 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15

10. With whom in your team do you currently spend most time?

If you selected Other, please specify:


11. In an average working week, are there duties that you undertake that could be done by someone other than a doctor?

○ No
○ Yes, but not more than 10% of my duties
Yes, but not more than 20% of my duties
Yes, but not more than 30% of my duties
Yes, but not more than 40% of my duties
Yes, more than 40% of my duties

If yes, please provide examples of these duties.

12. Are you able to order tests and explorations without referring to a consultant?

Always
Almost always
Sometimes
Rarely
Never

If you ticked **almost always**, on what occasions do you have to refer to a consultant?

13. Is training of others (including clinical supervision) part of your role?

No, training of others (including clinical supervision) is not part of my role
Yes, training of others (including clinical supervision) is part of my role

If yes, what percentage of your time is spent on training others (including clinical supervision) in an average week?

Not more than 10% of my time
Not more than 20% of my time
Not more than 30% of my time
Not more than 40% of my time
Not more than 50% of my time
More than 50% of my time

14. How easy is it to secure time with your consultant to gain feedback on your work?
15. How easy is it to secure time with your consultant to discuss personal development?

- Very easy
- Easy
- Difficult
- Very difficult

16. Are you provided with the following resources to undertake your day-to-day job effectively? (select all that apply)

- Access to a computer
- CPD
- Office space
- Secretarial support
- Time for appraisal preparation

**CPD AND CAREER PROGRESSION**

17. Do you have regular formal appraisal?

- Yes
- No
- Never had formal appraisal

**a. If yes, how often does this occur?**

- Every 6 months
- Annually
- Bi-Annually

**b. If no, how often do you have formal appraisal?**

- Every other year
- Every three years
18. Have you applied for CESR?

☐ Yes  ☐ No

a. If No, are you preparing for it?

☐ Yes  ☐ No

b. Are you aware of doctors in your HB who have attained CESR?

☐ Yes  ☐ No

19. 'Credentialing' concerns the attainment of competences at a level that provides confidence that the individual is fit to practice in that area. Are you in favour of credentialing?

☐ Very much in favour  ☐ In favour  ☐ Not in favour  ☐ Don't understand what it is

20. In the last year, have you needed to self-fund any of your CPD?

☐ Yes  ☐ No

If yes, approximately what percentage of your CPD has been self-funded?

☐ Not more than 10%  ☐ Not more than 20%

☐ Not more than 30%  ☐ Not more than 40%

☐ Not more than 50%  ☐ Over 50%
21. In the last year, have you taken part in any multi-professional CPD?

- Yes
- No

If yes:
- My CPD is usually multi-professional
- My CPD is sometimes multi-professional
- My CPD is rarely multi-professional
- My CPD is never multi-professional

22. Would you be interested in working in a role which was:

<table>
<thead>
<tr>
<th>Very interested</th>
<th>Interested</th>
<th>Not interested</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Partly based in a hospital and partly based within the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Wholly based in the community</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OPPORTUNITIES FOR IMPROVING THE SAS ARRANGEMENTS**

23. What elements of your current role makes you feel most valued?

24. What elements of your current role makes you feel least valued?

**EVALUATION OF THE WALES DEANERY SAS STRATEGY**

25. Are you aware that your HB/Trust has a Local SAS Tutor?

- Yes
a. If Yes, what is their name?

b. Have you had email contact with the Tutor?
   - Yes
   - No

c. Have you attended a meeting or event organised by the Tutor?
   - Yes
   - No

d. Have you had a one-to-one meeting with the Tutor?
   - Yes
   - No

e. Have you sought advice from the Tutor?
   - Yes
   - No

26. The Wales Deanery has provided top-up funding for CPD. Do you know about this?
   - Yes
   - No

a. Have you applied for top-up funding?
   - Yes
   - No

b. Was your application successful?
   - Yes
   - No

27. For SAS Surgeons only
The Wales Deanery, in conjunction with the Royal College of Surgeons, has set up the Intercollegiate Surgical Curriculum Programme (ISCP) pilot. Do you know about the ISCP pilot?
   - Yes
a. Have you registered with the ISCP?
   - Yes
   - No
   - Already have CESR

   i. If No, why not?

b. Are you using the ISCP?
   - Yes
   - No
   - Already have CESR

   i. If No, why not?

**GENERAL**

28. Were you aware of the SAS Training Needs Survey 2013?
   - Yes and responded
   - Yes, but did not respond
   - Not aware of survey

29. Are you aware that nomination for the BEST Awards are open to SAS doctors (via the BSAS Awards)?
   - Yes
   - No
   - I don't know what the BEST awards are

30. Each year a conference is held for SAS doctors. Do you know about these conferences?
If Yes, please indicate which conferences you have attended (*select all that apply*)

- Park Inn Hotel, Cardiff July 2013
- Metropole Hotel, Llandrindod Wells September 2012
- Bangor-on-Dee, Wrexham June 2011
- Princess of Wales Hospital, Bridgend November 2011
- Venue Cymru, Llandudno June 2010
- Botanic Gardens of Wales, Carmarthen November 2010
- Royal Glamorgan Hospital, Llantrisant June 2009
- Wrexham Medical Institute, Wrexham December 2009

31. Led by Raj Nirula, Associate Dean, the Wales Deanery support strategy for SAS doctors includes the recruitment of a local tutor in each Health Board, top-up funding for CPD, regular conferences and the ISCP pilot.

Please indicate on a scale of 1 to 10 how well supported by the Deanery do you feel? (where 1 = very well supported, 10 = not supported at all)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

a. In what other ways would you like to be supported?

b. In your opinion, who should provide that support?

This is the end of the questionnaire.

Please note that when you click the continue button your completed questionnaire will be submitted.
Appendix 3: Evaluation of SAS Development & Opportunity Conference
March 2014
Evaluation
of
9th SAS Development & Opportunity Conference

St. Asaph
Denbighshire

4th March 2014

Suzanne Phillips
Research Associate
March 2014

CUREMeDE
Cardiff Unit for Research and Evaluation in
Medical and Dental Education (CUREMeDE)
Cardiff University School of Social Sciences
Glamorgan Building
King Edward VII Avenue
Cardiff CF10 3WT

Email: phillipss@cf.ac.uk  Tel: 029 2087 5506
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<td>2</td>
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<tr>
<td>Suggestions for future conferences</td>
<td>2</td>
</tr>
</tbody>
</table>

### Results

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| Appendix II | Evaluation form | 17 |
| Appendix III | Topics for future conferences (all comments) | 19 |
| Appendix IV | Expectations of conference and were they met (all comments) | 21 |
| Appendix V  | Any other comments | 23 |
Overview

The ninth SAS Development and Opportunity Conference was held on 4th March 2014. It was hosted by Mr. Raj Nirula, MBE, Associate Dean for SAS Doctors in Wales and organised by Mrs. Carrie James, Wales Deanery. The number of attendees at the conference was 83 which represents about 10% of the workforce.

The morning presentations commenced with Professor Derek Gallen, Postgraduate Dean for Wales, who gave the introduction to the conference and outlined the future shape of training for doctors in Wales and the Deanery’s continued commitment to the continuing professional development (CPD) of SAS Doctors. Mr. Raj Nirula’s presentation outlined education and the role of SAS Doctors. Dr. Julie Jones, SAS Tutor in North Wales based at Betsi Cadwaladr University Health Board (BCUHB) spoke about her role as a Clinical Tutor in BCUHB. Professor James Malone-Lee (Professor of Medicine, University College London Medical School) gave a talk on ‘Antibiotics for OAB – reality or pipedream?’ Ms Kay Hannigan (Head of Employment Practices and Partnerships, Department for Health and Social Services, Welsh Government), who stepped in at short notice due to the unavailability of Dr. Chris Jones (Medical Director, NHS Wales, Welsh Government) outlined the Welsh Government’s continued support for SAS doctors in an every changing NHS. Finally, Professor Alison Bullock (Unit Director, Cardiff Unit for Research and Evaluation in Medical and Dental Education [CUREMeDE], Cardiff University School of Social Sciences) gave a brief outline of the findings from the recently undertaken evaluation of the Deanery Strategy for SAS Doctors.

The afternoon workshops consisted of: an overview of MARS (Medical Appraisal and Revalidation System) presented by Katie Leighton and Steffan Biggs, GP Appraisal and CPD, Department of General Practice, Wales Deanery: Mr. Richard Filby, Specialist Applications Team Co-ordinator, GMC, outlined the criteria and process for applying for Specialist Registration through the CESR route (Certificate of Eligibility for Specialist Registration).

See Appendix I for the conference agenda.
Main messages

- Conference speakers and topics were well received.
- CESR and MARS workshops were rated very good or excellent.
- Over half of the respondents (n=38) rated the conference overall as “very good”. Attendees commented that the conference allowed them to network with other SAS doctors; provided guidance on career pathways e.g. CESR; information on MARS; and was demonstration of the support given by the Wales Deanery. There were a small number of comments which were neither wholly positive nor negative and there were no wholly negative comments about expectations being met.
- The great majority rated the venue highly although problems with the sound system at the venue were noted.
- Welsh Government presence at these conferences demonstrates how they value the role of SAS Doctors.

Suggestions for future conferences

- The top three topics suggested for future conferences were management, clinical/specialty specific topics and job planning. The conference is open to all specialties and thus topics are kept generic as they have wide appeal.
- Other suggestions included:
  - a new agenda – something different from last year
  - time allotted for any participant to raise or present an issue
  - a presentation by two doctors - one who has successfully gone through the CESR process and one who had not, and the problems they encountered.
Attendees were requested to complete the end of conference feedback questionnaire distributed in packs and hand it in before leaving the event. 

(Appendix II)

Results

Of the 83 who attended the conference, 77 evaluation forms were returned, a response rate of 93%.

The evaluation form sought attendees’ opinions on the conference overall, the presentations, the venue and catering and included three open questions: topics for future conferences; expectations of the conference and whether they were met; and any other comments. Responses to each of the questions are reported in turn.

Section 1: Morning presentations

Chart 1

<table>
<thead>
<tr>
<th>Introduction and the future shape of training for SAS Doctors Professor Derek Gallen (n = 77)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
</tr>
<tr>
<td>Very Good</td>
</tr>
<tr>
<td>Good</td>
</tr>
<tr>
<td>Percentage: 39%</td>
</tr>
<tr>
<td>45%</td>
</tr>
<tr>
<td>16%</td>
</tr>
</tbody>
</table>
Chart 2

**Education and Role of SAS Doctors**

*Mr Raj Nirula*

*(n = 77)*

- Excellent: 36%
- Very Good: 46%
- Good: 18%

Chart 3

**My Role as an SAS Tutor in BCUHB**

*Dr Julie Jones*

*(n = 77)*

- Excellent: 34%
- Very Good: 38%
- Good: 27%
- Poor: 1%

Chart 4

**Antibiotics for OAB - reality or pipedream?**

*Professor James Malone-Lee*

*(n = 76)*

- Excellent: 3%
- Very Good: 35%
- Good: 21%
- Poor: 41%
Very few respondents thought that any of the speakers were poor. Particularly highly rated (as indicated by “excellent” ratings) were Professor Derek Gallen’s introduction and the future shape of training for SAS Doctors and Professor James Malone-Lee’s talk on ‘Antibiotics for OAB – reality or pipedream?’ Table 1 shows the ranking of each presentation based on the number of “excellent” ratings. The last column shows the combined “excellent” and “very good” ratings: this also shows high ratings for Mr. Nirula’s talk on ‘Education and Role of SAS Doctors’.
### Table 1: Ranking of presentations

<table>
<thead>
<tr>
<th>Session</th>
<th>Number rating “excellent”</th>
<th>Number rating “excellent” or “very good”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotics for OAB</td>
<td>31</td>
<td>58</td>
</tr>
<tr>
<td>Introduction</td>
<td>30</td>
<td>65</td>
</tr>
<tr>
<td>Education and role of SAS doctors</td>
<td>28</td>
<td>73</td>
</tr>
<tr>
<td>Role as Clinical Tutor in BCUHB</td>
<td>26</td>
<td>55</td>
</tr>
<tr>
<td>Evaluation of Deanery Strategy for SAS doctors</td>
<td>15</td>
<td>44</td>
</tr>
<tr>
<td>Support for SAS in ever changing NHS</td>
<td>11</td>
<td>35</td>
</tr>
</tbody>
</table>

### Section 2: Workshops

Chart 6

The CESR workshop outlined:

- what is a CESR
- the CESR application process
- eligibility in both a CCT and non-CCT specialty
- how to apply and cost
- submission preparation
- suggested documentary evidence
- authentication of evidence
- validation of evidence
- structured reports
- what happens once you’ve applied
• successful decision
• unsuccessful decision
• review
• reapplication
• success rates

73% (n = 51) of respondents rated the workshop as very good or excellent.

Chart 7

The MARS demonstration covered the following areas:
• aims of the workshop
• what is MARS
• what we are hoping to achieve
• what has been achieved so far

77% (n = 48) of respondents rated the workshop as very good or excellent.

Both workshops were followed by Q&A sessions.
Section 3: General aspects of the conference

Chart 8

How do you rate the venue/catering?  
(n = 69)

99% (n=68) of attendees rated the conference venue/catering as excellent, very good or good. Only one person gave a rating of poor. The reason for this rating being:

*Hotel got ‘poor’ as music in background from fitness room below.  
Hard to concentrate. Was stopped for a short time.*

Six respondents highlighted problems encountered with AV equipment and the conference room itself.

*Sort out microphones!!!*

*Acoustics were not good – very difficult to hear at back, microphones temperamental!!!*

*Difficult to hear some speakers I’m afraid and difficult to see all of screen from the back of the room.*

*Sound system poor.*
Microphone system faulty and uncomfortable to hear at times.

Need to improve sound system.

Two respondents expressed their satisfaction with the venue:

Quite good venue (rural)

Cheery venue

Another respondent commented:

More SAS meetings in North Wales.

Whilst a further respondent suggested:

Need more meetings – 6 monthly/3 monthly if possible

Chart 9

<table>
<thead>
<tr>
<th>Please rate the conference overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>(n = 68)</td>
</tr>
</tbody>
</table>

- Excellent: 28%
- Very Good: 56%
- Good: 16%

Overall, the conference was well received, with over half of respondents (n = 38) rating it as “very good”.
Open Questions

The evaluation form also contained a series of open questions:

- Topics for future conferences
- Expectations of the conference and were they met
- Any other comments

**Q. What topics would you like to see for future conferences?**

Thirty six respondents suggested 50 topics for future conferences. Responses have been summarised and are listed in Table 2.

**Table 2**  Topics for future conferences

<table>
<thead>
<tr>
<th>Topic</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td>7</td>
</tr>
<tr>
<td>Clinical/specialty specific</td>
<td>6</td>
</tr>
<tr>
<td>Job planning</td>
<td>5</td>
</tr>
<tr>
<td>General educational</td>
<td>4</td>
</tr>
<tr>
<td>General topics</td>
<td>4</td>
</tr>
<tr>
<td>Revalidation</td>
<td>4</td>
</tr>
<tr>
<td>Professional development/careers</td>
<td>2</td>
</tr>
<tr>
<td>Appraisal</td>
<td>2</td>
</tr>
<tr>
<td>CESR</td>
<td>1</td>
</tr>
<tr>
<td>Leadership</td>
<td>1</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>14</td>
</tr>
</tbody>
</table>

Miscellaneous topics, the majority of which covered employment issues rather than educational issues, comprised: health of the provider; asserting autonomy in a Staff Grade role; consent-MDU; reflection; NHS pensions; political bodies helpful to SAS grade; rights at work; senior doctor support; bullying, harassment and equality; support from GMC – whistleblowing; doctor/patient relationship and consent.

One respondent suggested “a new agenda – something different from last year”. In this context, two suggestions for a “soap box” session were put forward: time allotted for any participant to discuss or present any issues; a presentation by two doctors - one who has successfully gone through the CESR process and one who had not, and the problems they encountered.
Several of the SAS Tutors in Wales have reported being approached about issues regarding job planning within their Trusts/HBs and, although not within their remit, have directed doctors to the correct channel of communication in order to solve any job planning issues that they have.

A full list of comments is to be found in Appendix III.

**Q. What were your expectations of the conference and were they met?**

Thirty seven attendees responded to this question. The comments related to what their expectations were (n = 37) and whether those expectations had been met (n = 32). These have been classified as 'positive' (n=30), 'mixed' (n=7) or 'negative' (n=0).

**Positive**

Examples of positive comments regarding expectations include:

“Socialising, meeting people of my grade”

“Getting to know how I could improve my career”

“Conference met my expectation of information and guidance

“It was very helpful, especially the MARS presentation”

“Networking opportunities and validation of the importance of a Staff Grade in the organisation”

“CESR Session very useful”
“Most of my queries answered and feel supported by Wales Deanery as an SAS”

“Excellent day. Good mix of speakers”

“The conference exceeded my expectations”

“Well organised”

**Mixed**

Examples of mixed comments regarding expectations include:

“Only if everything promised is fulfilled soon”

“Mostly met my expectations”

“Yes but incredibly difficult to achieve regulation”

“Information on MARS & revalidation – this could have been a longer session and a less rushed demonstration”

“Yes, to a large extent”

There were no wholly negative comments made about expectations and their being met.

All comments are listed in Appendix IV.

**Q. Any other comments**

Twenty four attendees responded to this question. The main messages were:
Positive comments – presentations:

“Prof Malone-Lee is a very capable educator/interesting lecture”

Mixed comments – presentations:

“Speakers – quite good, concise but too much information especially MARS”

Negative comments – presentations:

“Why was such a specific lecture (Prof James Malone-Lee) included in a general meeting? Who would it apply to?”

“CESR session should be at the end and optional because it’s not relevant to all SAS doctors”

“More motivational speakers”

Negative comments - technical

“Acoustics were not good – very difficult to hear at back, microphones temperamental!!”

“Difficult to hear some speakers I’m afraid and difficult to see all of screen from the back of the room”

Several general comments were made, including:

“Would have appreciated it if Dr Chris Jones was here. Welsh Govt should ?? the value of SAS doctors and come out with a written acknowledgement”
“More SAS meetings in North Wales”

“Need more meeting – 6 monthly/3 monthly if possible”

“Meal and catering were excellent”

“Excellent thought about e-certificates”

“No lactose free section at lunch”

All comments are listed in Appendix V.
Appendix I

Conference Agenda
AGENDA

9th SAS

Development & Opportunity Conference

The Oriel Hotel, St Asaph, Upper Denbigh Road, St. Asaph, Denbighshire, LL17 0LW


<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.15 am – 10.00 am</td>
<td>REGISTRATION (Refreshments)</td>
</tr>
<tr>
<td>10.00 am – 10.30 am</td>
<td>Introduction and the Future Shape of training for SAS doctors                                    Prof Derek Gallen Dean, Wales Deanery</td>
</tr>
<tr>
<td>10.30 am – 10.50 am</td>
<td>Education and Role of SAS Doctors                                                                   Mr Raj Nirula Associate Dean SAS Doctors, Wales Deanery</td>
</tr>
<tr>
<td>10.50 am – 11.10 am</td>
<td>My Role as a Clinical Tutor in Betsi Cadwaladr University LHB  Dr Julie Jones – Associate Specialist in Oncology, Betsi Cadwaladr University LHB</td>
</tr>
<tr>
<td>11.10 am – 11.30 am</td>
<td>BREAK (Refreshments)</td>
</tr>
<tr>
<td>11.30 am – 12.15 pm</td>
<td>Antibiotics for OAB – reality or pipedream?                                                       Prof James Malone-Lee MD FRCP Professor of Medicine, University College London Medical School</td>
</tr>
<tr>
<td>12.15 pm – 12.45 pm</td>
<td>Support for SAS in an ever changing NHS/Welsh Government support                                   Dr Chris Jones Deputy Chief Medical Officer, NHS Wales, Welsh Government</td>
</tr>
<tr>
<td>12.45 pm – 1.05 pm</td>
<td>Evaluation of the Deanery Strategy for SAS Doctors                                                  Prof Alison Bullock, Professor – CUREMeDE School of Social Sciences, Cardiff University</td>
</tr>
<tr>
<td>1.05 pm – 2.00 pm</td>
<td>LUNCH (Lunch provided)</td>
</tr>
</tbody>
</table>
8th March 2014. 9.30 am – 4.30 pm

Workshops – both to be attended.
**CESR** workshop on top tips for application to attain certificate of eligibility to specialist registration.
Richard Filby, Specialist Applications Team Co-ordinator, General Medical Council

**MARS** Training for appraisees to use the on-line Medical appraisal and revalidation system.
**Katie Leighton and Steffan Briggs**, Revalidation Support Unit, Wales Deanery

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.00 pm – 3.00 pm</td>
<td>Workshops – both to be attended. <strong>CESR</strong> workshop on top tips for application to attain certificate of eligibility to specialist registration. Richard Filby, Specialist Applications Team Co-ordinator, General Medical Council</td>
</tr>
<tr>
<td>Workshop changeover</td>
<td><strong>MARS</strong> Training for appraisees to use the on-line Medical appraisal and revalidation system. <strong>Katie Leighton and Steffan Briggs</strong>, Revalidation Support Unit, Wales Deanery</td>
</tr>
<tr>
<td>3.00 pm – 4.00 pm</td>
<td>certificate and evaluation form collection</td>
</tr>
<tr>
<td>4.00 pm</td>
<td>certificate and evaluation form collection</td>
</tr>
</tbody>
</table>

4th March 2014. 9.30 am – 4.30 pm

'SAS Conference A World of Opportunities' has been approved by the Federation of the Royal Colleges of Physicians of the United Kingdom for 6 category 1 (external) CPD credit(s). 96293
Appendix II

Evaluation Form
# EVALUATION FORM

Sas Development &
Opportunity Conference
March 4th 2014
Oriel Hotel, St Asaph

Please spend a few minutes completing this form.
We value your feedback to help improve these conferences. Thank you.

<table>
<thead>
<tr>
<th>1. PLEASE RATE THE MORNING PRESENTATIONS?</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction and the future shape of training for SAS Doctors.</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Prof Derek Gallen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education and Role of SAS Doctors</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mr Raj Nirula</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>My Role as a Clinical Tutor in BCUHB</td>
<td></td>
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<tr>
<td>Dr Julie Jones</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Antibiotics for OAB – reality or pipedream?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Prof James Malone-Lee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for SAS in an ever changing NHS</td>
<td></td>
<td></td>
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<tr>
<td>Dr Chris Jones</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation of the Deanery Strategy for SAS doctors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alison Bullock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. PLEASE RATE THE AFTERNOON WORKSHOPS</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>CESR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Katie Leighton/Steffan Biggs</td>
<td></td>
<td></td>
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<tr>
<td>MARS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richard Filby</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## GENERAL ASPECTS

### HOW DO YOU RATE THE VENUE/CATERING?

### PLEASE RATE THE CONFERENCE OVERALL

5. What topics would you like to see for future conferences?
6. What were your expectations of the conference and were they met?

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

7. Any other comments?

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

pto if required
Appendix III

Topics for future conferences
“About health of health provider; general topics”
“Job planning; appraisal; revalidation”
“Job planning; leadership/accountability”
“Leadership and management; once in 6 month a video conference of updating skills and case presentation”
“Pensions; management within the department – roles of SAS doctors”
“Progress into management for SAS doctors; careers/prospects for those wishing to change”
“Rights at work – how to appeal/support from Deanery; support from GMC – whistleblowing; political body/bodies, helpful to SAS grade”
“Training for SAS doctors – opportunities; how to expand managerial roles”
“A session on courses/diplomas/masters etc. available to SAS doctors”
“Any topics that can be helpful”
“Asserting autonomy in a Staff Grade role”
“CESR”
“Courses available for further opportunities from progression in cancer”
“Current advances in various areas of medicine”
“End of life – treatment Roles as Managers/Teachers”
“How to discuss job plan with your employer and negotiate the pitfalls of number of session/ number of SPA and to provide data confirming SPA activity!”
“Leadership and management”
“Learning and development sessions for SAS doctors”
“Lecture about reflection”
“Management and leadership”
“Medical education lectures”
“Membership of colleges; senior doctor support; consent – MDU; appraisal training as appraisers to encourage SAS doctors to become appraisers”
“More clinical lectures!”
“More general than specific (OAB)”
“More regarding revalidation”
“Nature of the job for SAS doctors in the new NHS”
“NHS pensions – update and discussions as to retirement age etc.”
“Revalidation for dentists in hospitals – MARS – different system?”

“Some new agenda, something different from last year”

“Some time exclusively to be allotted for any participant to discuss/present any issues!”

“Something that is equally important for or relevant to all specialties”

“Stop bullying and harassment and equality should exist”

“The doctor/patient relationship and consent”

“Various topics related with Care of the Elderly”

“What actually happens in revalidation other than undertaking regular appraisals”

“Workshop on effective job planning”
Appendix IV

Expectations of conference
and
were they met
“Socialising, meeting people of my grade; getting to know how I could improve my career; to some extent met”

“Lectures (Derek, Raj, Chris Jones, CESR) I have to hear and yes, they have been met”

“A better understanding of MARS in particular. Yes, my expectations were met”

“Conference met my expectation of information and guidance”

“Developmental issues – they were met”

“Discussion re. politics expected and met. Good forum to present more medical information”

“Excellent day. Good mix of speakers”

“Excellent interactive sessions”

“Fair mixture”

“Fully met/relevant topics in conference. Need more elaborating on type of courses for SAS doctors for different specialties i.e. CESR and get someone who has gone for the CESR successfully and talk about problems encountered. And someone who failed to get through!”

“Information on MARS & revalidation – this could have been a longer session and a less rushed demonstration”

“It was the first time for me as a new SAS doctor”

“It was very helpful, especially MARS presentation”

“Meet fellow SAS and understand the current ? of SAS in Wales”

“My expectations were met”

“Networking opportunities and validation of the importance of a Staff Grade in the organisation. Mostly met my expectations”

“The CESR talk was what I was interested in and gave quite a clear explanation of the process”

“The conference exceeded by expectations”

“Very good. I found some of the topics are interesting and useful”

“Very good. Only if everything promised is fulfilled soon”

“Well done”

“Well organised”

“Yes (comment given by seven respondents)”

“Yes. Given information of CESR needed nicely”
“Yes – it has been excellent. Good speakers/CESR session very useful”

“Yes met. Conference – set out the future role of SAS doctors in Wales. Yes, but incredibly difficult to achieve regulation. Revalidation every five years, every hospital should assist doctor in electronic format of work they had done”

“Yes thanks”

“Yes they were”

“Yes, met my expectations”

“Yes, to a large extent”

“Yes, very satisfied. Most of my queries answered and feel supported by Wales Deanery as an SAS”
Appendix V

Any other comments
“Quite good venue (rural). Speakers – quite good, concise, too much information esp MARS”

“Sort out the microphones!!! CESR session should be at the end and optional because it’s not relevant to all SAS doctors. More SAS meetings in North Wales please”

“Acoustics were not good – very difficult to hear at back, microphones temperamental!!”

“Best of wishes”

“Cheery venue after effects of ??? Would have appreciated it if Dr. Chris Jones was here. Welsh Govt should ? the value of SAS doctors and come out with a written acknowledgement”

“Difficult to hear some speakers I’m afraid and difficult to see all of screen from the back of the room”

“Excellent food and drinks”

“Excellent thought about e-certificates”

“Excellent, thought-provoking talk by Prof. Malone-Lee”

“Good food. Sound system poor”

“Hotel got ‘poor’ as music in background from fitness room below. Hard to concentrate. Was stopped for a short time”

“Microphone system faulty and uncomfortable to hear at times”

“More motivational speakers”

“More SAS meetings in North Wales”

“Music from the gym beneath the meeting room was annoying in the morning”

“Need more meetings – 6 monthly/3 monthly if possible”

“Need to improve sound system”

“Prof Malone-Lee is a very capable educator/interesting lecture”

“Professor James Malone-Lee was a delight to listen to”

“See what the future holds!!”

“Thank you very much”

“The meal and catering was excellent. Please pass on how good the helpers and services to Oriel House staff. Thanking you”

“Very much enjoyed the OAB talk from Prof Malone-Lee but slightly confused as to what the relevance was to the SAS conference. Great speaker though”
“Why was such a specific lecture (Prof James Malone-Lee) included in a general meeting? Who would it apply to? When arrived 21:30 last night chose to eat squash and blue cheese risotto – do occasionally eat meat free. At lunch was NO lactose free section so had to eat veg lasagne as that seemed to have least dairy in it – 4 hour drive tonight and very few places to stop. Very bland, boring and needed some protein I could bite into. Crumble (no custard) was good. After dinner last night and this morning’s breakfast, expected better. Coffee good.”
Appendix 4: Deanery-funded CPD events attended by those providing evaluation
There were a total of 77 different courses attended by 64 doctors in receipt of deanery funding for CPD.

20th International Course in modern rhinoplasty techniques
3 day course in Obstetrics, Anaesthesia and Analgesia
8th Scientific Joint BASHH & FSRH Meeting - Myths & Misconceptions in Sexual Health
9th Update on Paediatric emergencies
Acute and general medicine for the physicians
Advanced Colposcopy course
Advanced Labour ward management
Advanced Laparoscopic Gastrointestinal Workshop
Advanced Laparoscopy course
Advanced Trauma Life Support
Advances in surgical management of snoring and obstructive sleep apnoea"
An Introduction to the Theory & Practice of Compassion Focused Therapy for Shamed Based Difficulties
Annual British Orthopaedic Association Conference
Annual Professional Development conference, RCOG
AO Paediatric Trauma (Europe Masters) course, Birmingham, UK
Approved Clinician/Section 12(2) induction training
Approved Clinician/Section 12(2) Refresher Training
ATLS Course
ATLS course (by RCS England)
ATLS Provider course
AWAKE Fibreoptic Intubation course
Basic Laparoscopy and Hysteroscopy Course
Basic Sciences in Orthopaedics
Basic skills in colonoscopy
Basic skills in upper GI endoscopy
Beginners and Intermediate Seminars RD1 at Houston, Texas.
Birmingham Cardiothoracic Review Course
BOA Meeting Birmingham
British Paediatric Otolaryngology Course
CASC weekend revision course
CBT for children and adolescents Block 4 & 5
Chisp (?) course
Christie FRCS Exit-Exam Revision Course
Core skills in Laparoscopic Surgery course
Cranio-facial Trauma Cadaver Course/Workshop
Dementia 2013 Conference
Diploma in Therapeutics, Cardiff Uni
Endoscopic approach to rhinosinusitus
Evidence Live B
FRCS (Orth) Course
FRCS MCG Course
Hysteroscopy Course & Laparoscopy Course
Intensive course in Geriatric Medicine and Board Review
Intercollegiate Basic Surgical Skills Course
Joint BASHH & FSRH meeting 'Myths & Misconceptions in Sexual Health', 8th Scientific meeting
Laparoscopic General Surgery Intensive Course (IRCAD, France)
Leadership and Management course for doctors
Legal Aspects of Surgical Practice
Lower Limb trauma course
Medicine for old age psychiatrists conference
Mental Health Law update
MET 500 IBA Research statistics and evidence based practice
MRCOG final preparation - part 2 written
MRCP Paces
MSc Ageing, health and disease
MSc in Psychological Medicine - second year
MSc in Psychological Medicine - third year
MSc Psychiatry
Neonatal life support
NIJMEGAN Ear Surgery course
Pan Asia Facial plastic surgical workshop
PAS Test Online Revision
Patient Safety Conference
Postgraduate Certificate in ADHD
Psychosexual training seminar
Recent Advances in Anaesthesia and Critical Care
Refresher day on obstetric anaesthesia and analgesia maternal critical care
Refresher day on Obstetrics Anaesthesia and Analgesia.
Section 12 renewal refresher course
Specialty Skills in Coloproctology Stage II
Taylor Spatial Frame External Frame Course
Teach the Teacher Course for doctors
UK Millen Orthopaedic Review Course 2013
UK Stroke Forum 2013
Upper Extremity Trauma Course
Upper GI Therapeutic Endoscopy Course
Watanable Practical Shoulder Diagnostic Arthroscopy
Appendix 5: Post Training Feedback Questionnaire
SAS Doctors and Dentists in Wales
Evaluation of Training Attended

Name: 
Specialty: 
Grade: 
Health Board: 
Event Date: 
Event Title: 

How satisfied were you: (please tick)

<table>
<thead>
<tr>
<th></th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>With the appropriateness of the course to your needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With the course content</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With the course delivery</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>That the training personnel were sufficiently knowledgeable and professional</td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>With the location and quality of our training facility?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>With the communication from the course provider and course material received</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With the material received prior to attending and during the course</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How pleased were you with this training course</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please explain what you’ve taken away from the training and the benefit that it has given or is expected to give to your Health Board:
Would you recommend this training to others?

Yes □

No □

Other comments….

Excellent value for money. Clinically related course with cadaveric dissection and techniques.

Please return to: Carolyn Evans, Wales Deanery, 9th Floor, Neuadd Meirionnydd, Heath Park, Cardiff, CF14 4YS or email to: walesdeanerysas@cardiff.ac.uk
The Intercollegiate Surgical Curriculum Programme (ISCP) Pilot: Questionnaire survey

Professor Alison Bullock, Director of the Cardiff Unit for Research and Evaluation of Medical and Dental Education (CUREMeDE) at Cardiff University has been asked by the Wales Deanery to undertake an evaluation of the implementation of a strategy to support SAS doctors in Wales. As part of that strategy, the Wales Deanery has made available the ISCP to all SAS surgeons in Wales. For the pilot, the Deanery is supporting participants with the cost of registering and in achieving workplace based assessment. The purpose of this short questionnaire is to assess take-up of the programme and its usefulness.

All data collected in this questionnaire will feed into a summary report about the ISCP pilot. Data from the survey will be kept in accordance with the Data Protection Act (1998). All responses are anonymous and will only be used by the Deanery for reporting purposes.

1. Are you a surgeon/dental surgeon?  
   □ Yes  □ No

2. What is your specialty?
   - Anaesthetics
   - Cardiology
   - ENT
   - Emergency Medicine
   - General Surgery
   - Obstetrics & Gynaecology
   - Ophthalmology
   - Paediatric Surgery
   - Psychiatry
   - Trauma & Orthopaedics
   - Urology
   - Vascular Surgery
   - Other: ..............................................

3. Which option best describes your use of ISCP? Please tick one box
   - Before today I didn’t know about ISCP  
   - I know about ISCP but have not registered  
   - I have registered but have not read the online content or engaged with the process
4. If you are not registered with ISCP, what are your intentions?

*Please tick one box*

- Plan to register and read the online content
- Plan to register and engage with the process
- No plans to register
- Don't know

5. If you have registered with ISCP, but have not read the online content or engaged in the process, what are your reasons? *Please tick all that apply*

- Lack of sufficient relevance to practice
- Lack of sufficient relevance to learning needs
- Lack of time
- Unappealing
- Other. Please describe: ……………………………………………………………
  ………………………………………………………………………………………

6. If you have registered and read the online content, why have you not engaged further with the process? *Please tick all that apply*

- Lack of sufficient relevance to practice
- Lack of sufficient relevance to learning needs
- Lack of time
- Can’t find a colleague to give feedback
- Other. Please describe: ……………………………………………………………
  ………………………………………………………………………………………

8. If you have registered with ISCP, read the online content and engaged with the process, please rate your views on:
### Questionnaire Responses

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Value of feedback</td>
<td>Very good, Very poor</td>
</tr>
<tr>
<td>b) Improvement to practice</td>
<td>Great improvement, Little or no improvement</td>
</tr>
<tr>
<td>c) Benefits for revalidation</td>
<td>Very clear, Very unclear</td>
</tr>
<tr>
<td>d) Would you recommend ISCP to your colleagues</td>
<td>Definitely, Definitely not</td>
</tr>
</tbody>
</table>

9. **If you have registered with ISCP and engaged with the process, please provide your top three benefits:**

   a) 
   
   b) 
   
   c) 

10. **Any other comments**

    *Thank you for completing this questionnaire*

    Please hand this questionnaire to Suzanne Phillips at the end of the workshop session or to Carrie James at the end of the conference.

    If you have any questions about this questionnaire, please contact Professor Alison Bullock at bullockad@cf.ac.uk
Summary of Questionnaire data collected at ISCP workshop at SAS conference (08/07/13)

Completed questionnaires were received from 27 SAS doctors attending one of the ISCP workshops. They represented nine surgical specialties, with the largest group being ‘general’ surgeons (n=9).

**Specialty (n = 27)**

- Cardiology: 1
- ENT: 2
- Emergency Medicine: 1
- General Surgery: 9
- O&G: 5
- Ophthalmology: 1
- T&O: 5
- Urology: 2
- Breast Surgery: 1

**Use of ISCP (n = 26)**

- Before today didn't know about ISCP: 4
- Know about ISCP but not registered: 9
- Registered but not read online content or engaged with process: 5
- Registered and read online content: 4
- Registered, read online content and engaging with the process: 4
Comments:

- Does not include obs/gynae yet
- I just did not do it as I did not know the relevance of ISCP until today
- Lack of application as not advised formally by anyone
- Not able to communicate the content with AES/Clinical Supervisor
If registered with ISCP and read online content, why not engaged further with process?
(n = 4)

Value of feedback
(n = 5)
(where 1 = very good, 5 = very poor)

Improvement to practice
(where 1 = great improvement, 5 = little or no improvement)
(n = 4)
Q. If you have registered with ISCP and engaged with the process, please provide your top three benefits:

- a) structured feedback; b) easy to use; c) portable
- a) work based assessment; b) portfolio
- I am planning to spend more time filling ISCP details. Thanks

Q. Any other comments

- Await obs/gynae to be included
- I am a general surgeon but working in A&E. How can I go on to improve my skills (whatever is possible)
- I am quite computer literate. I find the site not user friendly. Moreover, despite all efforts it will not let me alter my details (I have used “my profile”??)
- Need more practical tips in accessing and completing it effectively
- Need more workshops with computer stations
- Thanks for making us know
- Very helpful
Appendix 7: Feedback from ISCP Registrants (who had not fully engaged)
Feedback from ISCP users who had registered but gone no further

✓ 35 letters sent (at the end of November)
✓ 13 responses received

What are your main reasons for not making use of the ISCP website?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Qty</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) My specialty isn't included:</td>
<td>1 n/a</td>
</tr>
<tr>
<td>b) Lack of sufficient relevance to my learning needs:</td>
<td>2 n/a</td>
</tr>
<tr>
<td>c) I don't have enough time:</td>
<td>5 n/a</td>
</tr>
<tr>
<td>d) I found it difficult to navigate the site:</td>
<td>3 n/a</td>
</tr>
<tr>
<td>e) I needed help and didn't know who to contact:</td>
<td>2 n/a</td>
</tr>
<tr>
<td>f) I needed help but wasn't able to attend a workshop:</td>
<td>7 n/a</td>
</tr>
<tr>
<td>g) I am not pursuing CESR:</td>
<td>0 n/a</td>
</tr>
<tr>
<td>h) I am near retirement:</td>
<td>0 n/a</td>
</tr>
<tr>
<td>i) It is not mandatory:</td>
<td>1 n/a</td>
</tr>
<tr>
<td>j) I don't understand the value of ISCP:</td>
<td>1 n/a</td>
</tr>
<tr>
<td>k) The real value of this is the WBAs but I don't want to do those:</td>
<td>0 n/a</td>
</tr>
<tr>
<td>l) ISCP is not essential for revalidation:</td>
<td>1 n/a</td>
</tr>
</tbody>
</table>

2. Please comment on anything that might enhance your engagement with ISCP

I am maintaining my own paper database of WBAs as a record of progress that will aid my application to Oral Surgery specialty training. The ISCP pilot had the maxiofacial competencies but did not allow me to access the Oral Surgery competencies that are on a different section of the website. I therefore completed 2 maxfac assessments to support this brilliant pilot but have not done anymore. Please let me know if oral surgery competencies are ever included on a future pilot and I will happily participate fully. Yours sincerely

Did start reading about ISCP but then the amount of information that kept on coming was too much to keep up with and was busy with the departmental/educational/appraisal work and lost track of what was happening. Couldn't contact relevant persons regarding getting update and help.

I could not utilise ISCP because I was taking FRCS exit exam at the time.

I have worked in the NHS in the same specialty for nearly 20 years and I passed my FRCS in 1996 and the Intercollegiate FRCS exam in 2010
I need some help to fill as there a lot of points that I am not sure how to respond.

I very much wanted to use the ISCP but there was not much encouragement to use it. Also at the time I was not sure whether it will really help as it was only now that it is available to non-training grade doctor.

I was using ISCP as a LAT in Southwest region. I registered again as part of Welsh Deanery initiative. Unfortunately I was not able to use the site because of technical issues. After lots of discussion in the deanery and ISCP helpdesk it has finally been sorted and I have done my learning agreement. Now I will be enjoying the site regularly.

more support for consultant colleague to give feedback

Need some form of training to fill in the details in appropriate manner. The website also requests for fee which I thought was free as part of initial drive to enrol SAS doctors although I do not mind making a payment.

The website is not allowing me to add any more WBAs. Can I get further guidance how to fully use the site please
Feedback from users who registered and engaged but did not complete any WBAs

- 12 letters sent
- 5 responses received

<table>
<thead>
<tr>
<th>What are your main reasons for not making use of the ISCP website?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) My specialty isn't included:</td>
<td>n/a 0</td>
</tr>
<tr>
<td>b) Lack of sufficient relevance to my learning needs:</td>
<td>n/a 2</td>
</tr>
<tr>
<td>c) I don't have enough time:</td>
<td>n/a 2</td>
</tr>
<tr>
<td>d) I found it difficult to navigate the site:</td>
<td>n/a 3</td>
</tr>
<tr>
<td>e) I needed help and didn't know who to contact:</td>
<td>n/a 0</td>
</tr>
<tr>
<td>f) I needed help but wasn't able to attend a workshop:</td>
<td>n/a 1</td>
</tr>
<tr>
<td>g) I am not pursuing CESR:</td>
<td>n/a 2</td>
</tr>
<tr>
<td>h) I am near retirement:</td>
<td>n/a 0</td>
</tr>
<tr>
<td>i) It is not mandatory:</td>
<td>n/a 0</td>
</tr>
<tr>
<td>j) I don't understand the value of ISCP:</td>
<td>n/a 0</td>
</tr>
<tr>
<td>k) The real value of this is the WBAs but I don't want to do those:</td>
<td>n/a 0</td>
</tr>
<tr>
<td>l) ISCP is not essential for revalidation:</td>
<td>n/a 0</td>
</tr>
</tbody>
</table>

Please comment on anything that might enhance your engagement with ISCP

Finding the appropriate time to sit with the consultant to complete the WBA

I tried to use the website in December 2013 to log in few WBA, I found that I need to pay the fees to engage with the website. If you could let me know if I need to pay this fees before using the ISCP please. I promise to use ISCP regular if I can get the access. Many Thanks

I will try and do WBA s from this month

It would be very helpful if you can send us a file or documents explaining how to use ISCP website.

Work based assessments done in clinical settings or theatre setting. In clinic I am almost working independently. For an assessment I need to find a consultant to observe me examining a patient. It is difficult to do that as the consultants have fully booked clinic alongside. I may be able to do some procedures done in theatre observed in the future.