

# From Theory to Reality

## SAS Doctors Autonomous Practice



Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)

# Dr Frasset Garcia

*Specialty Doctor T&O, Stockport NHS Foundation Trust*

## My Journey

- Qualified in Spain 1996
- First UK job August 1996 (Post-Reg HO)
- Several SHO jobs and BST in Yorkshire
- Passed MRCS in 2005
- Attempted several times to apply for HST in T&O
- Became Specialty Doctor in T&O 2008
- Working at Stepping Hill Hospital since 2014

## Discussion Points

- Am I (we) a Junior or Senior Doctor?
- Who is responsible for the patients I (we) see?
- Do I (we) feel as valued as a Trainee?

# Clinical Governance

**Dr Neil Lazaro FRCGP**

*Associate Specialist, GUM/HIV Blackpool NHS Foundation Trust*

**Clinical governance**  
is a framework  
through which NHS  
organisations are...

## Definitions

- Accountable
- Continually improving quality
- Safeguarding standards of care
- Creating an environment in which excellence in clinical care will flourish

## Barriers for SAS Doctors

- What process?
- Time/ resources for audit and re-audit
- Appropriate qualifications/ skills/ experience
- Undervalued Disempowered Bullying

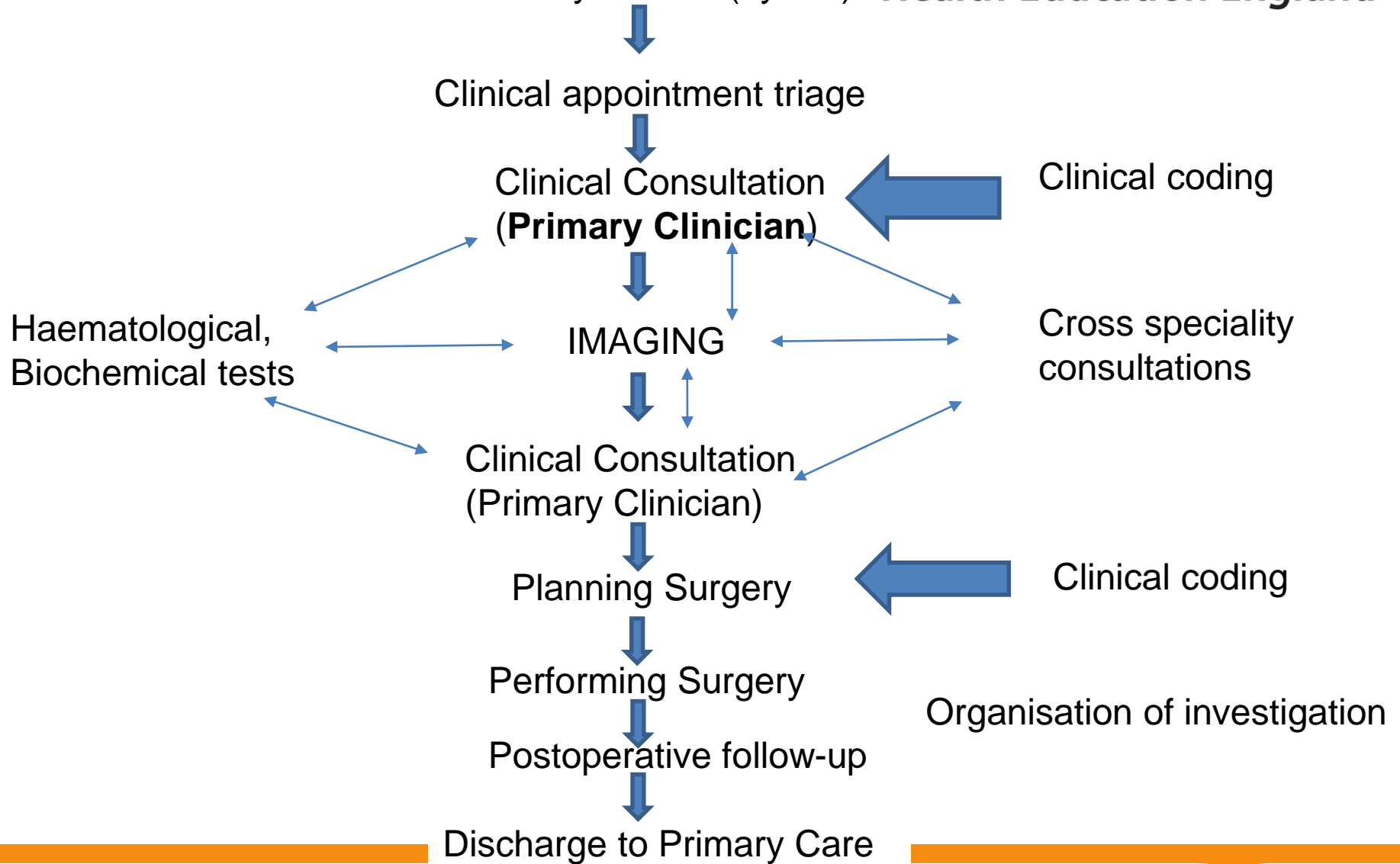
# Solutions...?

# Clinical Coding - Patient Journey

Dr Ramesh Jois



Primary referral (by GP) *Health Education England*



# Clinical Coding

Dr Ramesh Jois

Associate Specialist General & Breast Surgery, St Helens & Knowsley Teaching  
Hospitals NHS Trust



Health Education England

## Background and Current Practice

*(applicable to SAS Doctors performing autonomous/ semi autonomous work)*

- Variable practice from region to region, hospital to hospital
- All SAS clinical activities are attached to a Consultant who may have seen the patient, neither patient seen the Consultant in the episode until discharge.
- Not having coding for SAS Doctors – Why does it matter?

## Effects

- Patients feel misled & misinformed (the clinical appointment letter different to the doctor consulting or performing surgery)
- Patient safety compromised
- GP confused – **who to contact regarding the patient's care?**
- Secretaries frustrated & confusing – **more work** (chasing results, changing clinic etc.)
- Resource wasting & unable to plan workforce
- SAS Doctor cannot obtain data for their workload to justify at job plan
- SAS doctor career progression affected

## How it affects NHS Trusts

*Health Education England*

- The trust has the responsibility for providing a safe environment for the patient and doctors – **Accountability and Clinical Governance**
- Potential for litigation – **Expensive**
- Suboptimal manpower and resource use – **Expensive**
- Trust should provide individualised, accurate clinical outcome data to the public for consultant and autonomous practicing clinician SAS doctor.
- May be penalised for providing inaccurate data, (**lack of transparency**) hence **committing fraud**.

<b>Benefits to the Trust</b>	<b>Benefits to the SAS Doctor</b>
Accountability and Clinical Governance	Accountability of clinical practice
Transparency of data published on clinical outcome	Measure work load and justify job plan (More productivity)
Safe environment for Patient & Doctor	Appraisal and Revalidation
Avoid litigation	Ability to provide individualised clinician performance information to public
Work force planning	