

**The Royal College of Surgeons of England
Faculty of Dental Surgery**

Guidelines for Appointments to Staff Grade in the Dentally Based Specialties

1. INTRODUCTION

In 1988 ‘Achieving a Balance’¹ recognised the need for a permanent career grade at an intermediate level of responsibility which would take up some of the service needs of the NHS without being in competition for training posts leading ultimately to consultant status.

The Staff Grade is a career grade intended to provide a career in hospital practice for clinicians who do not wish or are unable to train for consultant status. Staff Grade officers exercise an intermediate level of responsibility delegated by the consultant to whom they are responsible. Ultimate clinical responsibility must rest with a consultant to ensure continuation of high quality patient care.

A maximum ceiling of 2,000 staff grade posts was initially proposed representing not more than 10% of the consultant establishment in medicine and dentistry. This restriction has now been removed. These guidelines present Faculty policy on the appointment, duties and responsibilities of those in the dentally based specialties.

2. ESTABLISHMENT OF STAFF GRADE POSTS IN THE DENTALLY BASED SPECIALTIES

Proposals for the establishment of staff grade posts should be developed by employing authorities in consultation with those local consultants to whom the person will be responsible. The Faculty Regional Adviser and/or Specialty Adviser should also be informed of the proposals at an early stage and should in any case be given an opportunity to comment on the job description especially relating to the suitability of the proposed arrangements and facilities in the light of service needs.

Whenever a staff grade appointment is proposed, Regional Advisers are asked to consider:

- the current and projected workload and staffing complement
- do the duties proposed for the staff grade dentist really call for a new Consultant? Liaison with LMWAG is recommended in this context and also in ensuring an appropriate balance between the number of consultants and NCCG appointments. The currently recommended ratio is not more than 1:1 – 1:1.2 consultants to ‘middle grade’ staff.
- will the work of the staff grade appointee prejudice training experience of those in existing training grades?
- what effect will the appointment have upon the on-call rotas for existing trainees and/or consultants?
- who will actually be responsible for the operative work undertaken by the staff grade? It is important that this is a specifically identified consultant.
- who will be responsible for the continuing care of patients treated by the staff grade officer when off duty?
- what training ought the staff grade to have received in order to carry out the proposed duties? (see 7 b and also consider requirements of the specialty).

- what provision is to be made for the continuing education of the staff grade dentist to ensure that he or she keeps up with advances in the discipline?

2.2 Effects of the revised Terms and Conditions

New terms of service which took effect from 1 October 1997 provide for local discretion over a substantial portion of staff grade salaries within a framework of national guidance. The key difference explicitly allow those in the grade to undertake out-of-hours commitments.

Recognition of any such work should be made via the allocation of sessions within the main contract.

Specific changes include:

- basic salary covers commitment of 10 x 4 hour sessions per week (pro-rata for part time contracts). Onerous workload, significant extra responsibility or out-of-hours work can be recognised by extra sessions or part sessions paid pro-rata to basic pay
- pay will be on a scale divided between a number of automatic annual increments (dependent upon starting salary) and a number of further optional points. Pay will continue to be set in line with the DDRB recommendation.
- optional points are consolidated payments in addition to the new maximum of the staff grade which may be paid at the discretion of the employer in the light of professional advice.
- existing staff grade officers may retain their current terms and conditions during their current employment or transfer at any time to the new terms on their existing salary or higher point if agreed with employer.
- the provisions of the Terms & Conditions of Service paras 40-43 on private practice earnings for the grade are discontinued
- The national ceiling on staff grade numbers is removed. Employing authorities and trusts will be responsible for individual staff grade appointments.
- All staff grade appointees should have job plans subject to annual review

In an article in the Human Resources Bulletin (April 1998) the Departments of Health suggested that non-standard grades should only be offered where there is a clear service need that could not be met by the appointment of a standard grade. There is evidence that appointments are still being made to non-standard grades and the CCSC reiterates its advice that there should be a return to the use of standard grades only. The Department is currently carrying out a comprehensive survey of the implementation of the new staff grade contract alongside other non-consultant grade issues.

2.3 Consequences for other grades

The introduction of the staff grade brought to an end the appointment of non-general practitioner clinical assistants with 6 or more sessions. Those clinical assistants who were in post when the staff grade was introduced may remain in post under the terms of their existing contracts. Health authorities are permitted to continue to renew contracts of clinical assistants in this position but not to appoint to vacant posts.

There is no effect on clinical assistants who are unrestricted principals in general practice. Non GP clinical assistants continue to be eligible to apply for personal regrading to associate specialist and also to apply for posts in the staff grade

3. JOB DESCRIPTION

It is recommended that a standard form of job plan ² include the following:

3.1 Preamble stating:

- whole-time or part-time
- the specialty
- hospital/s where duties are to be carried out
- special interest if appropriate
- number of sessions (each equivalent to 4 hours)
- if working in more than one hospital the named consultant to whom staff grade is ultimately responsible

3.2 General provisions relating to:

- the working with local professional colleagues and managers in the efficient running of the service.
- overall terms and conditions of service (it is strongly recommended that these be nationally agreed TC&S) ³
- the need for adequate arrangements for contact and availability for care of patients.
- Health and safety policies
- Delegated responsibility by consultant for training and supervision of junior colleagues

3.3 Resources:

- named consultant
- consultants and staff grade practitioners in the specialty
- other medical/dental staff in the department
- junior staff (grade, number and rotations)
- other relevant staff (technical/nursing)
- secretarial support
- office accommodation
- budget (if appropriate)

In addition there should be a description of the facilities for study leave, library and courses available locally, together with arrangements for obtaining advice on continuing postgraduate education.

3.4 Duties and responsibilities (variable according to local circumstances)

- provision with named consultant and other colleagues of a service in the specialty with responsibility for prevention/diagnosis/treatment (amended as appropriate) and proper function of the department
- out-of hours responsibilities including any rota commitments. This should not include cover for colleagues fixed sessions
- any requirement for provision of cover for colleagues' leave
- professional supervision and management of staff
- responsibilities relating to special interest

- requirements relating to medical audit/clinical governance and CME
- involvement in research where appropriate
- managerial responsibility where appropriate

3.5 Work programme including fixed sessions and hospitals where these are undertaken together with average number of hours spent per week on specific NHS duties for example:

- out-patients
- ward work including pre and post-operative duties
- theatre/special procedures
- teaching/training
- CME/CPD
- research
- laboratory/imaging services
- medical audit
- management (if appropriate)
- committees (where appropriate)
- administration
- other
- travelling time (where appropriate)
- on-call

Considerations in job programme planning

The duty commitments relate solely to service requirements and those in the grade are expected to work for substantially the whole time whilst on duty (except for meal breaks etc)

When drawing up job descriptions employing authorities have complete flexibility in consultation with the responsible consultant over the deployment location and rostering of the available sessions. It is not intended that staff grade officers should be contracted for sessions for on-call from home.

Unlike the training grades staff grade officers are paid at the same rate for each contracted sessions on duty in hospital whether inside or outside the normal working week

Annual leave

A staff grade clinician is entitled to 5 weeks' annual leave until two years in the grade has been completed and thereafter 6 weeks' leave a year.

Review of sessional Assessment

It is open to a staff grade clinician to seek a review of the sessional assessments at any time.

Study leave and continuing education

Although the staff grade is not a training grade, the Faculty considers it important that all staff grade clinicians should participate in audit activities of the unit and in regular continuing education. They should also avail themselves of the recommended 30 days' study leave in

any period of 3 years, in relation to leave with pay and expenses in the UK.

Considerations for potential applicants

The staff grade is a non-training career grade intended to provide a secure and satisfactory career in hospital practice for those who do not wish or are unable to train for consultant status. Staff grade officers exercise an intermediate level of clinical responsibility as delegated by the consultant to whom they are responsible. The commitments relate solely to service requirements and they do not have continuous 24 hour responsibility for their patients

As a career grade it is expected that the majority of practitioners who enter the staff grade will remain in it. Therefore the decision to enter the staff grade must not be taken lightly without full consideration of all the alternative opportunities

4. APPOINTMENT PROCEDURE

4.1 The revised arrangements for the appointment of staff grade as described in TCS(IM)935 and MD 4/97⁴ (effective from 01.10.97) are quoted below and printed in bold italics.

7.
 - a. *Subject to such manpower controls as may be exercised from time to time by the DH.*
 - i. *employing authorities may offer whole or part-time appointments in the Staff grade; and*
 - ii. *exceptionally and subject to the approval of the Department, an employing authority may offer an appointment for a limited term. Appointments may otherwise be held for one year in the first instance, save where a practitioner has previously held a regular appointment other than in the HO grade in the same unit and specialty.*
 - b. *A dental practitioner appointed to the grade:*
 - i. *shall be registered; and*
 - ii. *shall have completed at least four years' full-time hospital experience since first obtaining registration, including adequate experience in the SHO or a higher grade (a medical practitioner shall be fully registered and have completed at least three years full time hospital service in the SHO or a higher grade since first obtaining full or limited registration) including adequate experience in the relevant specialty; or*
 - iii. *shall have had equivalent experience*

It is recommended that Regional Faculty Advisers balance the requirements of sections 7 b i in relation to applicants holding dual medical and dental qualifications. It would not be appropriate for a practitioner holding temporary registration to be appointed to a staff grade post.

Although the Faculty has formerly stated that the holding of an FDSRCS or equivalent is not a pre-requisite the majority of current appointees hold this diploma and it would be expected that in future applicants should hold the MFDS or equivalent. This should be mandatory where there is a training commitment. In orthodontics the acquisition of an MOrth has been regarded as the norm. Evidence of a record of adequate Continuing Professional Education should also be provided.

4.2 Advisory Appointments Committee (AAC)

Once approval received the post should be advertised and an AAC convened. This should comprise as a minimum:

- Lay chairman
- Professional member from outside the Trust appointed on the advice of the Faculty Regional Adviser
- Professional member employed in the Trust in the relevant specialty appointed on the advice of the appropriate Directorate

The AAC need not interview every applicant, but no applicant should be appointed without interview.

As with all posts locum Staff Grade posts cannot be created if there is no substantive post which the locum is filling on a temporary basis.

4.3 Tenure

Appointment will normally be for one year in the first instance and if confirmed, may then be extended without term and held until retirement. Exceptionally a fixed term appointment may be offered, for a period of up to 5 years renewable at yearly intervals. All appointments to the grade are subject to termination on three months' notice on either side.

References:

1. HC(88)58/1989(PCS)4 Achieving a Balance. NHSE
2. CCSC70 1998/99 Circular on job plans for staff grade doctors in all specialties . British Medical Association.
3. NHS HCS Terms and Conditions of Services. (as currently updated)
4. Advance letter (MD) 4/97 Contracts of employment – staff grade TCS(IM)935

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