A positive career choice: supporting SAS doctors in Wales

Cyswllt RCP Connect workshop

April 2022
On 9 February 2022, the RCP hosted a virtual workshop of staff, associate specialist and specialty (SAS) doctors in Wales. More than 30 doctors joined us from a range of specialties and career grades to discuss the key issues, opportunities and challenges facing SAS doctors in Wales.

SAS doctors are a significant and experienced part of the medical workforce. They work in non-training senior roles with at least 4 years of postgraduate medical training. There are SAS doctors in every hospital specialty, as well as in primary and community care. In Wales, there are approximately 800 SAS doctors (as well as more than 300 doctors in non-standard contracts) making up almost 20% of the NHS hospital workforce. This rises to 30% when locally employed doctors are included.

Many SAS doctors have made a positive choice to step into an SAS role, maybe for geographical stability or the chance to work regular hours in a chosen specialty. These posts often provide a better work–life balance than the traditional training pathway. SAS doctors can work towards the certificate of eligibility for specialist registration (CESR) or apply for a training post if they wish to become a consultant, although many prefer a career as an SAS doctor.

‘SAS doctors are a very diverse professional group: some will have 4 years of experience while others will have 40 years or more. People become SAS doctors for a wide variety of reasons and many of them have made a positive and conscious choice to take an SAS role. It’s very important that we recognise and support SAS doctors as individuals.’

– RCP SAS lead, Dr Jamie Read

Key findings

- SAS doctors are all individuals and their skills and experiences are diverse.
- Becoming an SAS doctor is a positive and conscious career choice for many clinicians.
- It can be a very rewarding and fulfilling job with more flexibility, stability and work–life balance.
- An SAS role can allow a doctor to specialise in a niche area if they are passionate about it.
- However, many still face difficulties accessing education, CPD and teaching opportunities.
- Health boards and trusts do not always recognise the senior clinical expertise of SAS doctors.
- Many struggle to have their workload formally recognised.
- Stronger networks and mentoring could help to reduce feelings of isolation among SAS doctors.
- Sharing experiences and ideas could help to build a stronger, more supportive community.
The RCP will:

- work with NHS Wales and senior decision-makers to raise awareness of the positives and the benefits of the SAS role and the career opportunities available to SAS doctors
- gather evidence and data through surveys to ensure that the SAS voice is heard
- encourage SAS doctors to become fellows of the RCP and have a greater say in the RCP’s work
- encourage health boards to seek college approval of job descriptions for SAS doctors
- continue to offer SAS doctors the opportunity to serve on committees and working parties
- encourage the use of the CPD diary and the ePortfolio for appraisals and CESR applications.

Educating and training SAS doctors in Wales

Health Education and Improvement Wales (HEIW) is the NHS Wales body with a leading role in the education, training and development of the healthcare workforce in Wales. HEIW aims to ‘ensure equitable access to education and training for SAS and locally employed doctors.’ An expert advisory group of SAS and international medical graduate (IMG) doctors has been established to identify good practice and share ideas.

Dr Raj Nirula is the associate dean for SAS doctors and dentists and the COPMeD lead associate dean for SAS doctors in the UK, and Dr Ian Collings is HEIW director of medic professional support and development. The HEIW team is supported by a network of SAS tutors based in each of the university health boards: their remit is education, training and career progression. HEIW runs two SAS conferences every year, provides study leave expenses and administers additional bursaries.

For those SAS doctors who would like to work towards the certificate of eligibility for specialist registration (CESR), there is a dedicated HEIW CESR advice helpline email address for advice and support, as well as a network of SAS doctors who can offer CESR support and mentorship. Some health boards are appointing dedicated CESR leads to support their employees during the process.

Improving the wellbeing of SAS doctors in Wales

The SAS charter was launched in Wales in August 2016. Jointly developed by the Welsh government, BMA Cymru Wales, NHS Employers, and the Wales Deanery, the charter sets out the rights and responsibilities of SAS doctors and dentists and their employers. Every health board should also have an SAS advocate whose role is to promote and improve support for SAS doctor health and wellbeing.

‘From very early on in medical school, you are told you must go into training, that there’s no other route. I always thought that being an SAS doctor would be a negative thing, but I love it. It works for me. It works for my life outside work. I’ve got stability.’ – SAS doctor
RCP support for SAS doctors

In February 2022, the RCP launched its first formal [SAS doctor strategy](#). The new 2022–24 strategy sets out how the RCP will ensure SAS doctors are treated equitably within the RCP, offer tailored education and training opportunities and help SAS doctors to develop fulfilling careers. The RCP also hosts a [national SAS network](#) made up of representatives from across the UK.

In 2019, the RCP in Wales published [Doing things differently](#) in which we discussed how SAS doctors should be better supported with protected time for research, teaching and professional development, and given the opportunity to do so much more than simply cover rota gaps. In fact, we warned that unless issues of career development and progression, CESR process, recognition and status, pay and workload were addressed, many health boards would struggle to retain and recruit SAS doctors. There has been good progress against at least two of our recommendations from that report – that NHS Wales should develop and invest in CESR mentoring and support; and develop a national mentor network and leadership training for SAS doctors.

Educating SAS doctors and supporting their potential

SAS and locally employed doctors make up almost a third of the NHS hospital workforce. Expanding this professional group of highly trained doctors will be key to tackling the growing NHS workforce crisis. To make these jobs more attractive, NHS health boards and trusts must offer more training opportunities, wellbeing support and career development to SAS doctors. The SAS charter is supposed to guarantee access to education, but this is not always straightforward.

‘We find it very difficult to access protected time for education. We’re very much seen as service provision roles and our education is very low on the priority list for our employers and considered optional by some managers. We are often told that clinical need should always come first, but unfortunately with staff shortages there is always a high clinical need.’ – SAS doctor

UK Academy of Medical Royal Colleges (AoMRC) support for SAS doctors

In February 2022, the AoMRC published [Engaging, and empowering the SAS workforce](#) which sets out how the SAS workforce could be supported to improve career progression and patient care.
While the General Medical Council (GMC) and the British Medical Association (BMA) provide information about the CESR process at a national level, there is less support and advice available at the health board level, either because they don’t have the knowledge locally, or they haven’t prioritised support for SAS doctors. Pre-pandemic, in some health boards, there were moves towards local CESR support, but this has stalled in the past 2 years.

‘CESR can provide career progression and job satisfaction for SAS doctors, but there is still a lack of understanding about the process. A structured approach and pathway would increase participation. Many health boards are supportive of mentoring initiatives.’
– SAS doctor

Not every SAS doctor wants to complete the CESR process, or even become a consultant once they have finished the CESR process.

‘I teach medical students and they don’t really know anything about SAS doctors. We should have a higher profile: for me it was a very conscious decision. Even though I’ve got CESR, I’ve stayed as an associate specialist because it suits me, it suits my family life, and I’ve made a conscious positive decision to remain in my SAS role.’
– SAS doctor

One SAS doctor explained that he had never gone through the CESR process because he could not see the benefits: he emphasised the importance of proactive support from his clinical and medical directors in achieving his RCP fellowship and establishing a new service as an expert in his field.

Recommendations

NHS Wales organisations should:

> ensure that SAS doctors have protected time for career development, education and research
> work with clinical directors to make sure that SAS doctors can attend teaching and CPD sessions
> audit their implementation of the SAS charter and develop a plan for any unmet actions
> ensure that all SAS doctors receive a job plan and an annual review with access to a study budget
> work with HEIW to appoint a national CESR mentor for every specialty in Wales
> create a dedicated SAS doctor section on NHS intranets with contacts, guidance and opportunities
> send all SAS job descriptions to the RCP for approval by elected officers before advertisement
> put systems in place to support SAS doctors who report bullying and harassment.
Improving health and care through clinical leadership

Many SAS doctors are already clinical leaders, even if this is not always recognised by their employer. The introduction of a new senior SAS grade – the specialist grade – was agreed in January 2021 as part of a reformed specialty doctor contract and a new specialist contract.

The specialist grade will provide career progression for highly experienced specialty doctors. The introduction of this new grade will help to recruit, motivate and retain senior doctors and contribute to SAS grades being a positive and fulfilling career choice. Roles will be advertised for competitive entry through local recruitment processes. It is not a regrading process for existing specialty doctors.

We heard concerns that NHS bodies might be reluctant to appoint their existing specialty doctors to new specialist jobs: where specialty doctors have already gained autonomy and independence in their clinical practice, there may be little incentive to appoint these doctors to the more expensive specialist role. However, health boards should be proactively seeking out good candidates and encouraging them to apply for specialist jobs: competencies and autonomy should be recognised appropriately.

‘Moving from the specialty contract to the new specialist role is not automatic. Health boards must advertise the posts first, which is quite insulting. If a doctor has been working at this level and must reapply for their own job, that will put some people off. The fear is their job isn’t secure, and that’s going to be a barrier, even if some people have probably been doing the equivalent of a specialist role for many years without the recognition.’

– SAS doctor

‘I have been a specialty doctor for almost a decade. I have a CCT in my specialty and completed higher specialty training but chose to take a specialty post – partly for family reasons, partly because I wanted to do more clinical work. I work autonomously with clinics in my own name; it feels unfair that if a doctor has the skills and experience of a specialist, they are being asked to reapply for their job.’

– SAS doctor

SAS doctors should not be described as ‘middle grade’ doctors. The SAS charter is clear that this term should not be used, and many SAS doctors consider the term to be derogatory.

Senior SAS doctors should have clinics in their own name where appropriate: their clinical experience must be acknowledged, and their workload formally recognised. One doctor told us that it can be a struggle to get clinics listed under their name, especially where they are joint clinics or onsite visits, despite their proven expertise. Others told us that their workload is often logged as that of their consultant colleagues, and many felt that their clinical experience wasn’t always recognised.

‘Health boards sometimes do not acknowledge the skills and experience of specialty doctors who have been in post for years. If a doctor is regraded into a specialist post, who will do the job of the specialty doctor?’

– SAS doctor
Recommendations

NHS Wales organisations should:

- encourage SAS doctors to apply for a new specialist grade role where appropriate
- ensure that the workload and clinical experience of SAS doctors is formally recognised.

RCP support for SAS doctors

In Wales, each health board should now have an SAS advocate (responsible for wellbeing) and an SAS tutor (responsible for education). In some cases, health boards have also appointed a CESR lead. This triumvirate of roles – the SAS advocate, tutor and CESR lead for each health board – should work together to support SAS doctors locally, coordinating local SAS networks, mentoring opportunities and regular meetings where SAS doctors can share experiences and support each other. There was very positive feedback about some SAS tutors and the twice-yearly HEIW SAS conferences.

‘We have a health board SAS steering group, bringing together the advocate, the tutor, CESR lead and the LNC representatives, with regular meetings and communication.’

– SAS doctor

A feeling of isolation, vulnerability and being unsure of contractual rights was a common theme. However, where SAS doctors can come together as a team, they can make their voices heard at a more senior decision-making level. This involves engaging with royal colleges and other bodies to improve access to education and career development opportunities.

‘SAS doctors can be quite lonely. There aren’t many of us in each specialty. We are spread out and we don’t have a coherent group with any clout. SAS doctors in each health board should group together and give ourselves a stronger voice.’

– SAS doctor

‘We are very isolated in the community teams where life and support is very different from that in the acute units.’

– SAS doctor

Recommendations

NHS Wales organisations should:

- support their SAS tutor, advocate and CESR lead to establish SAS doctor forums in each hospital
- bring together SAS doctors from different specialties, directorates and teams in local networks
- proactively encourage SAS doctors to join senior meetings and decision-making committees
- ensure that SAS tutors and advocates are visible, approachable and communicate regularly
- set an example by offering positive and proactive support from the executive leadership.
Educating, improving, influencing

Through our work with patients and doctors, the Royal College of Physicians (RCP) is working to achieve real change across the health and social care sector in Wales. We represent over 40,000 physicians and clinicians worldwide – educating, improving and influencing for better health and care.

Over 1,500 members in Wales work in hospitals and the community across 30 different clinical specialties, diagnosing and treating millions of patients with a huge range of medical conditions. We campaign for improvements to healthcare, medical education and public health.

We organise high-quality conferences and teaching. Our work with the Society of Physicians in Wales showcases best practice through poster competitions and trainee awards. We work directly with NHS bodies, we carry out hospital visits, and we collaborate with other organisations to raise awareness of public health challenges.

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