



Royal College
of Physicians

Coleg Brenhinol
y Meddygon (Cymru)

A positive career choice: 6 months on

Findings and next steps from
the RCP Cymru Wales SAS network 2022
autumn meeting

January 2023



Foreword

Many doctors in the Welsh NHS want to work more flexibly, with increased control over their own hours and work–life balance and allowing them to choose where they live and what they do at work. And why not? Rates of burnout and exhaustion are at a record high among NHS staff. Giving people more autonomy about where, how and when they work could stop people from leaving the health and care service entirely.

Recently, the General Medical Council (GMC) predicted that staff, associate specialist and specialty (SAS) and locally employed (LE) doctors will outnumber other groups within the next decade. This is a huge step change for the medical workforce, and the Royal College of Physicians (RCP) has long recognised that we should be doing more to encourage and promote these doctors. Earlier this year we published *A positive career choice: supporting SAS doctors in Wales*, which sets out recommendations to attract and retain this key group of staff.

Staffing shortages are the biggest challenge we face right now. No amount of financial investment in the NHS can make up for the fact that we simply don't have enough doctors, nurses or social care staff to keep up with patient demand. We're flying blind without proper workforce data and we still don't have a detailed workforce plan that sets out exactly how we're going to improve the situation.

We need to recruit, retain, redesign and retrain – the four 'r's of building a resilient workforce. We need to harness the potential of these experienced doctors, many of whom have decided to make a positive career choice to opt out of the postgraduate training pathway. But the Welsh NHS must think outside the box.

Employers must ensure that SAS doctors have protected time for career development, education and research. SAS workload and clinical experience should be formally recognised. Employers should also audit their implementation of the SAS charter, support SAS tutors, advocates and certificate of eligibility for specialist registration (CESR) leads to establish SAS doctor forums, and work closely with Health Education and Improvement Wales (HEIW) to bring together SAS doctors in local networks.

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Next steps



1

We will invite the GMC, HEIW and British Medical Association (BMA) Cymru Wales to meet with the RCP Cymru Wales SAS network during 2023.



2

We will work with other royal colleges to develop joint messages on supporting SAS doctors.



3

We will write to all NHS Wales medical directors to ask what progress they have made on implementing the SAS charter and meeting the recommendations of the RCP Cymru Wales report, *A positive career choice: supporting SAS doctors in Wales.*



4

We will ask the Welsh Academy of Medical Royal Colleges to invite an SAS speaker to talk to a Council meeting about the role and potential of SAS doctors.

Background

In February 2022, we held a Cyswllt RCP Connect event with SAS doctors across Wales, after which we published [*A positive career choice: supporting SAS doctors in Wales*](#), setting out a number of recommendations to Welsh government, NHS bodies and HEIW. This has been shared with HEIW, SAS tutors, SAS advocates, CESR leads and the SAS network in Wales.

The RCP [*SAS doctor 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 and we have recently launched [*RCP Launchpad*](#), an RCP membership benefit which brings together information, tips and guidance into one resource to help new consultants and SAS doctors grow into excellent educators, trainers and autonomous medical practitioners.

In September 2022, we held the second RCP Cymru Wales SAS network meeting online. Every health board was represented, with doctors from a wide variety of specialties and career stages. This short report outlines the findings and next steps from this meeting.

Not long after our meeting, the GMC published [*The state of medical education and practice in the UK: workforce report 2022*](#) which found that in the past 5 years, the number of SAS and LE doctors has increased by 40%. If trends continue, SAS and LE doctors will outnumber GPs – and specialists and trainees – to become the UK’s largest register group by 2030. Moreover, many SAS doctors have no plans to apply for CESR through the GMC, which would allow them to become a consultant. Clearly, this will have big implications for the NHS Wales workforce.

Indeed, the [*BMA recently called*](#) SAS doctors a ‘hard-working, highly skilled yet undervalued’ group of health professionals, flagging the rewarding nature of a work–life balance giving individuals the space for personal and professional development at their own pace.

‘There are plenty of people who really just don’t want to be consultants, not because it isn’t a brilliant job, but because the job they already have is really good. While they are two different roles, they’re both equally valuable.’

– RCP SAS lead Dr Jamie Read



Findings

from the RCP Cymru Wales SAS network 2022 autumn meeting

The motivation and profile of SAS doctors is changing. Increasingly, as more doctors proactively choose an SAS career, they are seeking better recognition of their skills, expertise and contribution, as well as changes to working practices which improve their educational and leadership experience.

The CESR process

- > There are many reasons why an SAS doctor might not want to apply for CESR. However, SAS doctors are autonomous practitioners and should not feel pressure to go down that route. Where appropriate, clinics and patients should be coded against their name if they choose.
- > Every specialty should have a CESR mentor at a national level to guide candidates through the detail of an application.
- > Achieving competencies for CESR in some specialties is very difficult if you cannot fulfil the curriculum requirements in your own hospital or even health board. Applicants should be supported to find and complete secondments where possible.
- > Doctors who have trained abroad can encounter problems with the CESR process if they were fast-tracked due to high achievement in the country of their postgraduate training as it means they may be unable to meet basic CESR competencies.
- > Doctors applying for CESR should be able to use a more diverse range of qualifications and achievements to prove their competencies, especially if they have trained abroad.

' Colleagues going through the CESR process often have to beg for favours. It puts them on the backfoot. In Wales, we should make it clear we want to support these doctors to explore their options, which would send a different message.'

– SAS doctor

The SAS charter

- > SAS doctor forums / steering groups in every health board and trust should be empowered and supported to audit the implementation of the SAS charter.
- > Many health boards are struggling to implement the SAS charter due to a lack of office space, secretarial support and staff resource. Job planning is still not widespread.
- > Some SAS doctors report receiving pushback from their employer around releasing them for continuing professional development (CPD) because of service pressures and staff shortages. However, education and training is crucial for all professionals, whatever their contract.

' It must be years since I had a job planning meeting. I don't know why I haven't had one. I am an educational supervisor; I sit on government advisory groups, and I'm involved with national charities. None of this is in a job plan. I am trying to do it all in my normal hours which is ridiculous.'

– SAS doctor

'Job planning is a chronic problem. It's not something that has come up overnight. It can't keep on happening every year, it's the same old issue.'

– SAS doctor

The SAS role in the future

- > Doctors who retire or burn out as consultants or GPs might want to return in a specialty role. There should be clear, supportive pathways for these clinicians.
- > The NHS should raise awareness and increase understanding about the role and potential of the SAS doctor with both clinicians and managers.
- > Medical schools should consider how they promote and raise awareness of SAS careers to undergraduate students.
- > SAS doctors should be actively encouraged by their colleagues and employers to become educational supervisors, university examiners and take on leadership roles.

'I've been a GP for over 20 years. I never wanted to be a GP partner – I enjoy the clinical work rather than the bureaucracy. In the future I think more senior colleagues will reach burnout and want to move into a specialty doctor role. It provides me with more flexibility and a better work/life balance.'

– SAS doctor

- > Medical directors should support SAS tutors and advocates locally to organise away days for SAS doctors where they can share learning, focus on wellbeing and network with peers. This should be protected time away from service provision.
- > SAS tutors and advocates should be enabled to meet regularly to discuss good practice, share learning and audit the implementation of the SAS charter.
- > The big challenge is engaging with SAS doctors, who often feel disenfranchised and overlooked. To this end, every hospital should have an SAS forum, and every health board should have an SAS steering group, led by local tutors and advocates.



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 42,000 physicians and clinicians worldwide – educating, improving and influencing for better health and care. More than 1,600 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.

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