

## The SAS workforce: rhetoric vs reality

The Academy calls for a culture shift among the profession and employers to better support the SAS workforce

### Introduction

SAS doctors/dentists make up approximately 20% of the permanent workforce in NHS acute settings. They are employed on national terms and conditions. New Specialty Doctor and Specialist (senior SAS to replace closed Associate Specialist) contracts have just been agreed and implemented from 1 April 2021.

Another group of clinicians known as LEDs (Locally Employed Doctors) is often conflated with SAS doctors/dentists. The General Medical Council (GMC) noted in its [paper](#) that the numbers of LEDs are increasing but they are normally a transitory or 'periodic' group. The GMC [surveyed](#) both groups in 2019 and found that SAS doctors/dentists tend to be older and include a high proportion of international medical graduates (IMGs).

The GMC survey, a [British Medical Association \(BMA\) SAS survey](#), and individual College SAS surveys consistently show that SAS doctors/dentists often feel undervalued, experience bullying and undermining, and do not feel they are treated fairly. This is despite a number of joint documents focused on better recognition and support for the SAS workforce.

### Existing recommendations

The [SAS Charter](#) was published in 2014 with a version for each nation. This set out what SAS doctors/dentists could expect from their employer and what employers could expect of them. There has been patchy uptake, however, and an implementation [checklist](#) and [toolkit](#) were produced by NHS Employers in 2018.

The BMA, Academy of Medical Royal Colleges (AoMRC), Health Education England (HEE) and NHS Employers produced a guide for [SAS doctor development](#) in 2017 with an update in 2020, while HEE and NHS Improvement published [Maximising the Potential](#) in 2019. Both documents include detailed recommendations for employers and national bodies with an interest in development of this key NHS workforce group.

Yet it seems this is not translating into real change in the lived experience of many SAS doctors/dentists. Respondents in [SAS Anaesthetists](#), [SAS Ophthalmologists](#), and [SAS Physicians](#) surveys consistently comment on lack of recognition and professional respect, limited training and career progression and difficulties with CESR.

### The way forward

The slow work of improving the lives of SAS doctors/dentists continues. Culture change takes time, and at every level we should foster the environment in which this change can be nurtured. IMGs tend to [report](#) more negative experiences. Work on equality and diversity has accelerated in the last year. The Royal College of Surgeons of England has recently published a hard-hitting [diversity review](#); such work will highlight areas for improvement so that all colleagues can feel valued and respected.

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Culture change must be both top down and bottom up. The system should allow SAS doctors/dentists to flourish but they should also take personal responsibility for their own development.

As well as negative experiences, it should be noted that surveys show many SAS doctors/dentists have fulfilling and rewarding careers. The SAS career grades can provide an excellent work-life balance and, when properly supported and encouraged, SAS doctors/dentists can become senior clinicians and medical leaders.

Many of the documents referenced have included AoMRC as a partner. There needs to be a consistent voice from individual Colleges and Faculties that the SAS workforce is valued and encouraged to participate in their work. The AoMRC [SAS doctors and Royal colleges - Opportunities and support paper](#) (2020) showed that there is wide variation in how Colleges and Faculties support their SAS colleagues.

The Royal College of Pathologists has clearly articulated its plans in a [strategy document](#), an approach we encourage other Colleges and Faculties to follow. Appetite for implementing strategies may vary across organisations, but producing a strategy can help to improve the culture for the benefit of all members.

Culture change and effective planning can simultaneously be of mutual benefit. Many of the best and most effective strategies will adhere to the principles of the SMART acronym [Specific, Measurable, Attainable, Relevant/Resourced and Time-based].

Across the medical profession, from medical school onwards, there should be better understanding and recognition that SAS grades can be a positive career option for those who do not wish to pursue a traditional training programme in its entirety. The GMC and Statutory Education Bodies (SEBs) have proposed much greater flexibility in training with step in and step out options.

The possibility of moving to a single recognition of specialist qualification, rather than the current distinction between CCT and CESR, should be explored, since there is an ongoing perception that CCT is superior. Legislation would be necessary and has been promised, but Parliamentary time is limited.

SAS career development is broader than CESR, which is a long process that is not suitable, or necessary, for all. If SAS doctors/dentists increase their understanding of the NHS and its structures at a local and national level, they will see more clearly where the opportunities lie.

What an organisation chooses not to do is as important as what it does. Implementation of existing national recommendations should be the cornerstone of supporting SAS doctors/dentists' wellbeing at individual Trust level.

## Recommendations

1. AoMRC to continue championing good practice from all member Colleges and Faculties via Council, with input from AoMRC SAS Committee.
2. Colleges and Faculties should actively support their SAS members by working towards including them in all relevant areas of work. E.g.:
  - Several Colleges run accreditation schemes for clinical services, e.g. at the Royal College of Physicians and Royal College of Anaesthetists. SAS doctors/dentists can be part of the hospital visiting team and should be sought out on visits for the valuable insights they can offer
  - SAS doctors/dentists can contribute to guideline development groups



- The new Specialist grade requires an Advisory Appointments Committee (AAC)-like process. This may begin using consultants trained and familiar with the process, but Colleges should begin to train SAS doctors/dentists to undertake this work
  - Each College that has SAS clinicians should consider writing a SAS Strategy
  - Being a SAS doctor/dentist should not be a barrier to progression to senior levels within College structures
  - SAS doctors/dentists should seek roles in Examinations and appeal to Colleges for opportunities to be opened up to them where this is not currently the case
  - SAS doctors/dentists should be encouraged to volunteer for public engagement activities via their Colleges (e.g. attending school career events; giving talks to patient groups and taking opportunities to promote their role, status and speciality).
3. HEE and other SEBs should ensure fair distribution of SAS development funding. This needs to be transparent at Deanery and Trust level. The funds should be ringfenced for SAS doctors/dentists and be available on top of the existing Trust study leave budget. A SAS Tutor (or equivalent in devolved administrations) should be available in every Trust.
  4. The GMC should repeat SAS surveys regularly to assess progress nationally and to allow comparison between different Trusts/Boards. This data should be triangulated with other surveys such as the NHS staff survey and NHS Employers SAS survey.
  5. Trusts should support their SAS workforce across all specialties. A senior champion within the organisation should lead this. This role (i.e. SAS Advocate) should ideally be a SAS doctor. SAS Tutors and SAS Local Negotiating Committee lead have defined roles which are also important. The SAS Charter should be implemented, and progress should be monitored using the [implementation toolkit](#). [Appraisal](#) and [job planning](#) should be robust and include discussion of leadership development.
  6. SAS doctors/dentists should actively engage with their Trust and College or Faculty. They should seek to access resources such as SAS Tutors for guidance on career development.

## Author

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