

SAS workforce: Later careers and retirement

The Academy calls for an improved model of working that enables a rewarding career and satisfactory work–life balance for the SAS workforce prior to retirement

Background

In recent years, the needs of those in the later stages of their healthcare careers have begun to be recognised. The NHS [People Plan 2020/1](#) sets out an ambition to retain the workforce and reverse the trend of early retirement, recognising that almost one-fifth of NHS staff are aged 55 years and over.

The People Plan recommends that employers ensure that mid-career staff (aged around 40 years) and those approaching retirement (defined as those aged 55 years and over) have a career conversation with their line manager, HR and occupational health, to discuss their future career intentions and any adjustments that may be needed to their role. The People Plan also suggests that employers need to signpost staff to financial advice and make them aware of changes to the annual allowance pensions tax threshold.

The difficulties faced by clinicians later in their careers have been illuminated by a number of medical Royal Colleges. The Royal College of Physicians' report [Later careers: Stemming the drain of expertise and skills from the profession](#) (2018) called for more opportunities for flexible and less-than-full-time (LTFT) working to retain consultants. The report emphasised that the continued involvement of older staff enhances quality and patient care. While focusing largely on the consultant career, many of the recommendations made are also relevant to SAS doctors at an advanced stage in their careers.

In 2018, the Academy published [Medical careers: A flexible approach in later years](#), based on the findings of a cross-specialty survey which asked practitioners about their career intentions, job satisfaction and health needs. Again, while the lessons learned have a broader application, consultants made up 84% of the survey's respondents, with only 5% of responses drawn from SAS grades.

The BMA's 2019 [Supporting the ageing medical workforce](#) report highlights concerns and offers further recommendations to retain experienced senior doctors in the workforce.

Recommendations surrounding later careers and retirement that target the wider NHS workforce or consultants are often pertinent to the SAS community, but the specific characteristics, working conditions and needs of this group of doctors and dentists must also be recognised. At the same time, the preferences or capabilities of these clinicians should not be assumed. As with any group, SAS doctors and dentists in the later stages of their careers will have different abilities, needs, priorities and career plans.

SAS workforce profile – Age, gender and ethnicity

The SAS workforce contains many highly experienced and senior clinicians who deliver high-quality patient care and make valuable contributions to teaching, research and professional life. The GMC [survey on SAS and locally employed \(LE\) doctors](#) (2020) showed that almost 8 out of 10 SAS doctors are aged 40 or over and 62.8% of SAS doctors had been practising

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medicine for more than 15 years (the figures for England, Scotland, Wales and NI are 61.3%, 71.4%, 68% and 59.5% respectively).

The BMA's [report](#) on the ageing workforce highlighted that, in secondary care across the UK, six in ten SAS doctors and consultants are over the age of 45. 25% of SAS are over 55 years old (compared to 22% of consultants).

The [DDR 48th report](#) (2020) noted that NHS England/Improvement said that Trusts were concerned that the growing number of SAS doctors and dentists that are eligible for retirement may exacerbate workforce shortages in the coming years and it was necessary to make SAS roles more attractive.

The report also noted that a higher proportion of SAS doctors/dentists are women compared with the consultant grade (45% versus 36.8%) and a higher proportion identified themselves as Black, Asian and minority ethnic (BAME) (56% of Specialty doctors, 52% of staff grades and 55% of Associate Specialists versus 37% of consultants). These demographics may affect the impact of caring responsibilities on this group of doctors with ageing relatives, for example.

SAS working patterns

The age profile of the SAS workforce mirrors that of the consultant workforce, but the scheduled work profile often mirrors that of usually much younger trainee doctors/dentists. The Royal College of Obstetricians and Gynaecologists' recent [Later career and retirement report](#) (2020) identified some of the specific challenges facing the SAS workforce. It found that 73% of SAS and LE doctors surveyed do on-call work, and that they were more likely than consultants to be resident when working on-call.

The Royal College of Anaesthetists' [2020 census report](#) showed that 72% of SAS doctors were contracted to work more than 10 PAs, compared to 62% of consultants. 34% of departments had a policy for senior consultants to come off the on-call rota, compared with only 7% having a policy for senior SAS doctors.

SAS doctors/dentists are more likely to work on resident rotas and work unsocial hours as compared to consultants. They may be treated differently to consultants when considering a suitable age for coming off on-call rotas. It is known that age can affect how individuals manage fatigue and cope with different working patterns. [Evidence](#) suggests that those of an older age typically have less good-quality sleep (due to sleep fragmentation and waking early and frequently) and may also be less likely to adapt to shift work without negative consequences.

The GMC survey showed that the SAS role was predominantly or wholly on delivery of direct clinical care; 58.4% SAS had only 1 SPA and 6.5% had no SPA time. Lack of opportunity for extended roles in education, research and leadership – which is related to job plans with high service commitments and a lack of SPA time – can make it harder for individuals to practise medicine and find the work fulfilling in the longer term.

SAS workforce identity

Professional identity is defined by role and responsibilities, recognition, and reward, as well as how a clinician is treated by their employer, colleagues and patients. This is especially important in later years, when an individual's sense of professional identity can influence their decision about age of retirement and whether or not to return to practice afterwards.

In terms of rewards and recognition, the career disadvantages facing SAS doctors in general and women SAS doctors in particular are highlighted in [Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England](#). The DDR 2020 report also comments



that there is a gender and ethnicity pay gap in medicine with women and BAME doctors disadvantaged.

Meanwhile, the GMC survey highlighted the amount of bullying, harassment and undermining experienced by SAS doctors (30%). These negative experiences can inhibit the development of strong professional identities and dissuade clinicians from continuing in or returning to practice.

Unlike consultants, special arrangements need to be made for Associate Specialists who wish to retire and return on a similar contract, as these contracts are now closed nationally so cease to exist on retirement.

The new SAS contracts (Specialist and Specialty doctor/dentist) were introduced on 1 April in England and Wales and these will address some of the concerns affecting SAS doctors and dentists, by providing more rewarding career paths.

SAS health and wellbeing

The DDRB 2020 report showed that, in the year to January 2020, consultants and different grades of doctors and dentists in training had sickness rates of between 1.4% and 1.5%, compared with rates of 3.1% for Associate Specialists, 2.3% for Specialty doctors and 2.1% for staff grades. More research is needed into the number of SAS doctors/dentists with chronic health conditions and the impact on their working lives.

Nationally there has been increased recognition of the impact of the menopause on the workforce and the need to improve support for women in the workplace at this time in their lives. This is especially relevant to the SAS community, given the high proportion of women. As NHS Employers have noted, this is a wider, organisational – and not woman-only – issue.

The COVID-19 pandemic has highlighted the increased health risks for Black and Asian individuals (especially clinicians) and ethnic differences in medical practitioner life expectancies have been noted previously. These factors will also impact later career choices and will be more relevant to the SAS workforce, a group with greater ethnic diversity than the consultant workforce.

Recommendations

Workforce planners, employers, and Colleges need to recognise the particular issues facing SAS doctors/dentists in their later careers and support and promote greater flexibility and opportunity for this group to help retain a healthy, productive and diverse experienced senior workforce across the different specialties.

- **Job planning –**
 - should be used to review working pattern suitability and development as careers evolve, recognising the individual doctor or dentist's needs as well as service needs.
 - employers should consider increased use of remote and flexible working, LTFT and job share options and reduction of resident on-call/out-of-hours work in the same way as for consultant colleagues. Use of team job plans may facilitate this.
 - like consultant colleagues in their later careers, experienced senior SAS clinicians have skills that can be used in ways other than direct patient care to benefit the department/Trust/patients and they should be given the same opportunities to take up such roles in education, research, leadership, coaching, mentorship etc.



- **Appraisal** –
 - should be used to consider development needs for extended roles such as those above and also to keep reviewing wellbeing and changing health needs over time.
 - is also an opportunity to consider work-life balance, recognising the impact of changing responsibilities outside of work e.g. childcare responsibilities replaced by increasing care needs of elderly relatives.
- **Occupational health** – should ensure clear and accessible pathways for referral/support and make sure doctors/dentists are aware of employer policies/guidance on issues such as mental health, musculoskeletal injuries, and menopause support.
- **Retire and Return** – parity with consultant colleagues e.g., ability to return on same terms and conditions if retiring from “closed” Associate Specialist grade.
- **Identity** – employers should review the SAS doctor’s/dentist’s role, responsibilities, recognition and rewards as careers progress. These should be based on ability, not job title, and all doctors/dentists should be supported to develop their full potential to benefit both patients and staff.
- **Support** – SAS doctors should have access to a SAS Tutor or similar for career and developmental advice and mentoring, coaching and/or pension advice when necessary to help optimise and individualise later career plans and choices.
- **College memberships** – review membership offering and relevance to all parts of the workforce to improve SAS doctor/dentist engagement at all stages of their career and into retirement.

Summary

SAS doctors and dentists, like their consultant colleagues, form an important part of the medical workforce and are not immune to the effects of ageing. This will impact their later career and retirement decisions. As a group they have different characteristics and work patterns to consultant colleagues that will also affect these choices. Surveys, recommendations and plans for later careers and retirement of the medical workforce should recognise and include the needs of SAS doctors and dentists. We welcome the work of NHS England/Improvement’s Medical Workforce Retention Programme, particularly its focus on senior doctors, and hope this will consider closely the contributions and needs of the senior SAS workforce. The same opportunities afforded to consultants in their later careers and around retirement can also be offered to SAS clinicians at a similar stage in their careers, to mutual benefit.

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