

## Supporting SAS Doctors

At its meeting in November the Academy Council considered two issues relating to support for Staff and Associate Specialist Doctors.

### Reopening the Associate Specialist Grade

Both the Royal College of Anaesthetists and Royal College of Emergency Medicine have agreed statements in support of reopening the Associate Specialist Grade for new entrants based on workforce need.

These statements cite,

- Recognition of autonomous practice
- Lack of recognition for senior SAS staff
- Lack of career progression
- Poor pay progression
- Recruitment and retention difficulties,

as strong reasons for reinstatement of the Associate Specialist Grade.

The RCoA and RCEM statements can be found through the following links:

[RCoA statement in support of reopening the Associate Specialist Grade](#)

[RCEM statement on Associate Specialist Grade](#)

The Council was clear that issues of terms and conditions themselves are not the business of the Academy but recognised the issues facing SAS doctors. The Council also recognised that action is required on several fronts to improve development opportunities for SAS doctors and how they are valued. Contractual changes may well be required as part of that and the Council supported active consideration of reopening the Associate Specialist Grade in that context.

The Academy has subsequently raised the issue with NHS Employers who said that the Secretary of State and DHSC have communicated with them and the BMA that whilst the intention is not to reopen the AS grade on the old 2008 arrangements, action will be taken to develop a new grade of this type to support development and progression. They are aware that both employers and SAS doctors have significant concerns about the lack of a progression structure for Specialty Doctors. NHS Employers expect this to involve a negotiation with the BMA and which will need careful consideration of the current contractual arrangements for Specialty Doctors.



NHS Employers also confirmed they have been working with HEE, NHS Improvement, DHSC and other stakeholders, including the Academy SAS representatives, to gather information and develop resources to support the development and recognition of SAS doctors, including most recently the SAS Charter evaluation toolkit, and the upcoming SAS strategy.

## Mentoring for SAS doctors

The Council also considered a proposal from the Academy SAS Committee on the need for mentoring and developmental supervision for all SAS doctors and non-standard grade doctors (attached to the end of this document)

The Council supported the principle that developmental supervision and mentoring should be available for SAS doctors and non-standard grade doctors but recognised there are resource and time implications for organisations and other doctors.

All SAS doctors should, of course, be receiving regular appraisal and an individual's development requirements should be discussed at appraisal.

The Academy has raised this issue with COPMED who will discuss the topic and with NHS Employers and will be meeting with them to discuss how the issue can be progressed.

## **Proposal from the Academy SAS Committee for consideration by the Academy Council**

The Academy SAS Committee proposes that all Colleges and Faculties recognise that it is good practice for SAS grades and other non-standard grade doctors to have access to a Developmental Supervisor or Mentor, and will recommend to their Fellows and Members that a Developmental Supervisor or Mentor should be available for all SAS grade and non-standard grade doctors working in their service.

### **Benefits**

Many doctors in an SAS or other non-standard posts, known as Locally Employed Doctors (LEDs) wish to make progress with their career, but are not able to access support for this. Some doctors in these posts are content in their present role but could improve their knowledge and skills and raise the standard of service they provide, if they were encouraged to develop and train further.

Support provided by the department where the doctor works will focus the development on that particular doctor's learning needs and personal aspirations and can take account of locally available opportunities and needs. The doctor will then feel valued, work with improved motivation and morale, and as a result provide a better standard of service.

Some doctors may develop competencies to a level which allows them to practice autonomously, thereby increasing the senior medical workforce.

The role of Developmental Supervisor or Mentor will be of particular value to doctors new to the NHS or new to the SAS grade. Providing such supervisors is likely to make the post of SAS doctor more attractive and a more positive career choice.

### **Responsibility of the Clinical Director**

The Clinical Lead of a department would be responsible for delegating the role of Developmental Supervisor or Mentor to an appropriate senior clinician. Any SAS grade or LED should be offered a Supervisor or Mentor, to provide the support and direction they need for career development. Some SAS grades may already be working at a senior level and not require such support.

Guidance should be drawn up within each department for the duties and responsibilities of the SAS grade and their Supervisor or Mentor. This will vary with the department and specialty. It is expected that achievable targets will be agreed, with the necessary learning events and appropriate training planned. Progress towards these targets would be reviewed at regular follow up meetings.

### **Responsibility of LED or SAS Grade**

All meetings with the Developmental Supervisor or Mentor should be arranged by the LED or SAS grade doctors. Outcomes of the meetings should be recorded by the LED or SAS grade doctor. Records of training events and assessment would ideally be recorded by the doctor on the College or Faculty training programme log where available. These records can be used for Appraisal discussions and to enhance the Curriculum Vitae of the doctor.