

SAS – A viable career choice

The Academy calls for support for the development and recognition of SAS careers

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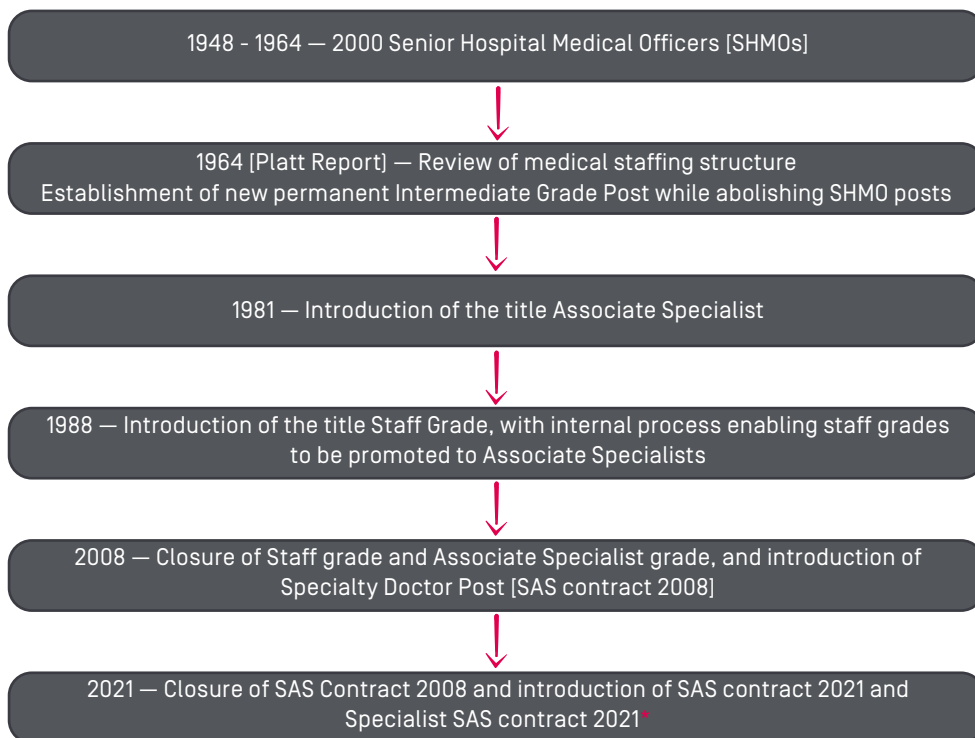
SAS doctors/ dentists – an introduction

SAS doctors and dentists are a diverse group with experience ranging from 4 years post registration [trainee-like – requiring guidance for their clinical and professional development] to senior clinicians [consultant-like – a significant proportion working independently with increasing responsibilities and autonomy]. Senior SAS doctors/dentists may have postgraduate qualifications and are involved with undergraduate and postgraduate teaching and training. Many have extended leadership and management roles and some are Members and/or Fellows of Royal Colleges.

The GMC register [as at 23 September 2021] showed that SAS and locally employed [LE] doctors make up almost 30% of all doctors. The GMC register is unable to differentiate between these groups but the [GMC survey of SAS and LE doctors](#) (2019) showed that 31.8% of LE doctors who responded to the survey had been practising medicine for more than 10 years, i.e. they may not be in formal SAS grades, but they have SAS-like characteristics.

These SAS workforce numbers do not include SAS dentists as there is no such open access data maintained by the General Dental Council [GDC].

Since the creation of the NHS, SAS doctors/dentists [or equivalent roles] have been an integral part of the workforce:



* Only in England, Wales, and NI



From 2008, all new SAS doctor appointments were on the Specialty Doctor contract. Since 1 April 2021, all new SAS doctors are appointed to either the new Specialty Doctor contract or (if eligible) the new Specialist Doctor contract. The eligibility criteria for the new Specialty Doctor posts are the same as previously, whereas for the Specialist Doctor grade, the clinician should have completed a minimum of 12 years' medical work since obtaining their primary medical qualification, of which a minimum of 6 years should have been in a relevant specialty, and they should meet the generic capabilities framework (GPC) for the Specialist Grade. All SAS doctors on previous Specialty/Associate Specialist contracts have been offered the opportunity to transfer to the relevant new contract, if eligible/willing, but many remain on the previous Specialty/Associate Specialist contract.

The 2021 contracts are an important milestone for the SAS workforce. They are intended to promote SAS doctors' health and wellbeing, provide new safeguards on working patterns for better work-life balance, reduce the gender pay gap, and provide a structured new career framework. Many see this as an opportunity for promoting the SAS grade as a fulfilling, positive and viable career choice. These contracts are expected to facilitate better educational and professional opportunities for the SAS workforce while heralding a new era for a better future for SAS doctors and dentists.

SAS careers — A choice

A growing number of doctors are choosing a SAS career as it can offer:

- The opportunity to focus on direct patient care, with the choice to pursue extended roles in education, research, management and leadership
- Flexibility around working hours and work-life balance
- Geographical stability at an earlier stage in one's career
- A portfolio career dependent on one's personal interests and experience with several distinct roles
- Work in a subspecialty that suits an individual's interest and preference
- The opportunity to develop skills and competencies at one's own pace
- The chance to join the GMC register via Certificate of Eligibility for Specialist Registration [CESR].

The GMC survey of SAS and LE doctors showed that the main factors which influence decisions to work as a SAS doctor were work-life balance [27.9%] and caring responsibilities [15.1%].

SAS career pathway, development and progression

The GMC Survey of SAS and LE doctors illustrates that a SAS career generally follows one of three routes:

- Majority of SAS doctors stay, develop, and progress in the grade
- Some undertake CESR
- Some return to training

No matter what route they choose, all SAS doctors and dentists need opportunities to develop and progress while in the grade. This progression can include having extended roles in education, appraisal, research, and leadership, including development as autonomous/independent practitioners, and being recognised and rewarded for these.



Autonomous/independent practice

Currently the GMC and GDC have no statutory power to oversee the training and development of SAS doctors and dentists. In response to the challenges recognised in the [NHS workforce strategy](#) for England and the [Enhancing training and support for learners report](#) (both 2017), Health Education England (HEE) and NHS Improvement published [Maximising the Potential: essential measures to support SAS doctors](#) (2019). The aim of this guidance and its recommendations were to ensure a visible trajectory for the career of SAS doctors in the NHS as a genuine alternative career choice to training and consultant grade posts.

Colleges and Faculties establish curricula for competencies and, having worked with the British Medical Association (BMA) and NHS Employers to develop the [Generic capabilities framework for the Specialist Grade](#), they have an important role in the education, training, and development of SAS doctors/dentists. The Academy's statements on [SAS doctors and Royal Colleges — Opportunities and support](#) and [Access to College education e-portfolios for SAS doctors](#) show that the support for SAS development is not uniform across all specialties. SAS doctors/dentists may wish to demonstrate competencies either via work-based evidence or knowledge-based evidence and individual choices need to be supported.

The [Royal College of Physicians \(RCP\) SAS physicians survey](#) (2018) showed that job satisfaction was higher among Associate Specialists, with 78% always or often enjoying their job, compared with 69% of other SAS grades. They were more likely to be working autonomously (75% compared to 45% of other grades). Despite the [BMA's Guidance template for autonomous practice](#), published in 2015 and [endorsed](#) by the Academy in 2020, almost three-fifths said that their hospital had no established process for them to develop autonomous practice.

The GMC survey showed that 29.7% of SAS doctors worked autonomously without supervision and 58.3% doctors worked autonomously with some supervision but only 41.2% agreed that work was coded under their name.

Extended roles

SAS doctors/dentists should be supported to take on additional roles such as education, research, appraisal, and leadership. SAS clinicians' experience of delivering 'hand-on' care and their typically more geographically fixed positions give them a unique opportunity to develop in these extended roles.

There is a gradual increase in the numbers of medical students, trainees and allied health professionals coming through the system and therefore a need for increased numbers of educators and trainers. The Academy's [SAS doctors and Royal Colleges — Opportunities and support](#) statement shows variation in the opportunities for SAS doctors/dentists to develop in educational roles. With appropriate support and opportunities, SAS doctors/dentists can be developed as educators and trainers for undergraduate and postgraduate medical and allied health education.

The Academy's [SAS doctors/dentists and research statement](#) outlines how developing, delivering and driving research by SAS doctors/dentists is essential to patient care, professional development, and personal wellbeing, while the Academy's [Supporting appraisal for the SAS workforce](#) discusses how opportunities are being missed to train senior SAS doctors/dentists as appraisers.

Support for development

Support for SAS development needs to be collective as well as individual. The RCP runs a new consultant development programme, and such programmes could be designed by Colleges for SAS when entering the grade. Most SAS doctors/dentists now have access to a SAS tutor (or equivalent), but the majority lack access to educational supervisors and/or mentors (as indicated in the GMC and RCP SAS surveys respectively). Such individual support systems are particularly important for SAS, given that 70% are non-UK graduates and may thus lack access to other networks and encounter difficulties from orientation to the expectations and demands of UK practice to bullying and harassment. Role modelling, mentoring, and building networks with early career support and leadership training are all key to addressing the challenges SAS doctors/dentists face in their professional lives.



Recognition and reward

SAS doctors/dentists should be recognised and rewarded for their enormous contribution to the NHS. In NHS Employers' 2020 survey, 54% of Trusts fed back that the most common issue affecting the morale and motivation of SAS doctors was recognition, followed by pay at 46%. SAS should be given opportunities to reach their full potential, and to have the work they are doing acknowledged. Specialty doctors already working at Specialist level, who meet the criteria for the new grade, should have the opportunity [should they wish] to apply for Specialist posts, recognising this would be in open competition. Some NHS Trusts offer local awards to SAS doctors recognising their contribution to the NHS but there is no national mechanism for such recognition. Colleges can set standards by ensuring inclusivity of SAS Members and Fellows for nomination of local and/or national honours and awards.

Return to training

Some SAS doctors wish to return to training. In some specialties there are two points of entry into specialist training. This can be in the form of run-through programmes at CT1 level (core training) in allied specialties, or it could be at the level of ST3 [specialist training] e.g., obstetrics and gynaecology, oral and maxillofacial surgery, neurosurgery, anaesthesia, etc. There is no streamlined way for SAS doctors to enter training at variable points whereby prior training, experience, and current knowledge could be recognised. After recruitment into training, regulations for the shortening of training time are inconsistently applied and therefore act as a deterrent to SAS doctors.

Undertaking CESR

CESR is a GMC-led competency-based process ideally suited for experienced doctors who can provide an adequate portfolio of evidence that covers the domains required by the GMC under old and new curricula.

This is a complex self-directed and self-funded process where a doctor provides a portfolio of evidence demonstrating that their training, qualifications, and experience meet the requirements of a specialty-specific curriculum and is equivalent to the CCT award. Yet some consider CCT to be superior to CESR.

Some SAS doctors choose to progress their careers by obtaining a CESR to join the GMC specialist register. Others, who choose not to pursue CESR, may still wish to continue to develop skills and competencies. The current CESR process is difficult and expensive with potential inconsistencies. For example, most weight is given to evidence submitted from a timeframe going back only 5-6 years, which is notably shorter than the timeframe for trainees obtaining CCT, particularly compared to trainees in less-than-full-time training.

In dentistry, unlike with CESR, there is no mechanism to demonstrate knowledge and skills for entry to specialist lists. The GDC instead allows applications only based on academic qualifications and research. There is not enough clarity or guidance on building portfolios via this route and the success rates via this route have already been challenged. In addition, current GDC and Faculty of Dental Surgery (FDS) regulations rule SAS dentists ineligible for Membership and Intercollegiate Specialty Fellowship Exams. This article highlights concerns over the steady reduction in the number of Oral Surgery specialists in the GDC Oral Surgery specialist list.

Benefits for all stakeholders of making SAS a viable career

The GMC's The state of medical education and practice in the UK 2020 report notes that 237 (3%) of 7,740 doctors that were completing their F2 training in 2016 had left the profession. In addition, it shows that 37% of doctors are dissatisfied with their day-to-day work and many are feeling the strain of persistent system pressures, with 23% of doctors taking a leave of absence due to high risk of burnout and stress.

By contrast, the GMC Clustering analysis report [2021] — which summarised the themes of its SAS/LE survey — showed that most [over 80% of] respondents reported 'favourable' working experiences, especially in relation to factors such as teamwork. The report concluded that many respondents had 'found a fulfilling career in a SAS or LE post'. When properly supported and encouraged, SAS doctors can become senior clinicians, educators, researchers, and medical leaders.



As outlined in the Academy's [SAS workforce: Later careers and retirement statement](#), SAS doctors form a significant proportion of the medical workforce and having a viable career trajectory will improve not just retention but also recruitment to the grade. The SAS career offers flexibility to mould the role according to the needs of the individual and service itself. It can be part of the solution to attrition among the medical workforce, a complex problem requiring a systemic approach. LE doctors/dentists form another significant proportion of our workforce and a sizeable number of them will not return to formal training. A viable SAS career would result in movement of LE doctors/dentists into the SAS grade, providing career progression to these doctors/dentists and stability to NHS employers, allowing better workforce planning and improving patient care.

Recommendations

Colleges and Faculties

- SAS doctors/dentists should have access to an education e-portfolio and CPD diaries for documentation of their learning and reflections.
- SAS doctors/dentists should be able to take specialty-specific exams, provided they fulfil the relevant criteria. Being a SAS doctor/dentist and acquiring experience in the SAS grade should not be a barrier to taking exams.
- Promote the roles of educational supervisor, college tutor and examiner for accredited certificates, courses, and diplomas to SAS doctors/dentists who fulfil the eligibility criteria. [Trusts should facilitate SAS taking on the educational supervisor role locally.]
- Recommend appropriate SAS Members/Fellows for national honours via honours committees.

Statutory education bodies

- Explore how SAS in the early stages of their careers can be provided with appropriately trained educational supervisors/advisers.
- Develop clear guidance and a practice framework for entry into formal training at any point with an option of a career break, facilitating work-life balance [i.e. step in/step-out training].

GMC/GDC

- GMC should simplify the CESR process to make it fairer and explore the possibility of moving to a single recognition of specialist qualification.
- GDC should work with the Joint Committee for Postgraduate Training in Dentistry (JCPTD) and make its processes fair and transparent allowing a simplified process for entry to dental specialists lists.
- Streamline the regulations in medicine and dentistry that mirror each other – to share best practice – without favouring or discriminating one profession over the other.

NHS Trusts

- SAS doctors/dentists at the time of appointment should be offered mentors, these should ideally be senior SAS colleagues as they will have better insights into the challenges and opportunities for the SAS workforce.
- Trusts should develop and recognise SAS as autonomous practitioners, where appropriate to do so. SAS contributions to patient care should be captured by Hospital Information Systems including Clinical Coding and Hospital Episode Statistics.
- Provision of a SAS advocate (as recommended in new 2021 SAS contracts). The SAS advocate should ideally be a SAS doctor/dentist as SAS have fewer opportunities to develop in leadership roles than consultant colleagues and better insights into the development and wellbeing requirements of the SAS group.



- SAS should have, in addition to SPA time for revalidation and appraisal, extra SPA time to undertake wider roles, e.g. leadership and education.

Colleges, NHS Employers and BMA

- Continue to educate and support Trusts in appointments to the Specialist Grade.

All relevant stakeholders

- Continue to explore and identify barriers for implementation of national SAS documents and strategies.

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