



SAS as educators

SAS as educators should be the norm rather than the exception

Introduction

SAS doctors/dentists are a diverse, valuable part of the NHS workforce, and integral to the delivery of care, education, and management of services. The [GMC survey of SAS and Locally Employed Doctors](#) (LEDs) published in 2020 showed that 74.2% of SAS doctors trained other staff. However, the same survey showed that only 1.5% of SAS were College/Faculty examiners, 1.4% Education Leads, and 0.7% programme or module leads. This implies the potential of SAS doctors/dentists in the delivery of education and training is not being optimised.

The benefits of delivery of education

The benefits of delivering education and training can be summarised as below:

For patients	For Trusts/ healthcare providers	For staff
Improved sense of value through training the future workforce	Improved recruitment and retention of staff	Reduced level of burnout / emotional exhaustion
Better overall care	Higher CQC ratings due to better patient care	Better morale and job satisfaction
		Building transferable skills and developing new networks
		Improving professional development and career progression opportunities

Opportunities for the SAS workforce

SAS numbers

The medical and allied health workforce is increasing and needs to increase further to meet the health care requirements of an ageing population. The Medical Schools Council (MSC) and the Academy have affirmed their [joint commitment](#) to the need for a substantial increase in the number of medical student places in the UK. This requires increasing the number of educators and trainers to meet the demand for training not only medical students but also postgraduate medical trainees. The GMC register shows that SAS and LEDs make up 29% of all doctors. The GMC survey showed 31.8% of LEDs had been practising medicine for more than 10 years i.e. they may not be in a formal SAS grade but are SAS-like. The new SAS contracts which came into effect on 1 April 2021 in England, Wales and Northern Ireland are likely to result in the transition of many LEDs into SAS grades. There is untapped potential in the SAS workforce that can be used more effectively.

Rich clinical experience

SAS doctors/dentists have rich 'hands-on' experience of patient care. The GMC survey showed 62.8% of SAS doctors had more than 15 years' experience, 29.7% of SAS doctors worked autonomously without supervision and 58.3% of SAS doctors worked autonomously with some supervision. The Royal College of Physicians (London) [SAS survey](#) of 2018 showed that 75% of Associate Specialists and 45% of Specialty doctors worked autonomously. SAS doctors/dentists interact with consultants, trainees and allied staff on a day-to-day basis which puts them in a very good position to take on education roles.

SAS as medical/dental educators

There are several aspects of medical education where SAS doctors/dentists already have a role which can be enhanced further.

SAS as postgraduate educators

SAS doctors/dentists are educators to trainees, LEDs, SAS, and consultants.

The GMC survey showed that 29% of SAS doctors trained doctors in training and 3% of SAS doctors trained new consultants. The RCP survey showed that 11% of SAS doctors were educational supervisors for trainees and 6% held formal academic roles. SAS doctors/dentists who possess the necessary knowledge, skills, and attributes should be supported to become postgraduate educators.

The GMC's [Recognising and approving trainers: the implementation plan](#) August 2012 states that recognised or approved trainers may be GPs, consultants or staff, associate specialist, or specialty (SAS) doctors. Health Education England (HEE) and NHS Improvement (NHSI) published [Maximising the potential: essential measures to support SAS doctors](#) in 2019 for the development and recognition of SAS careers. There are 10 shared commitments with other stakeholders in the document and the eighth commitment states that AoMRC and HEE will explore how SAS doctors can be involved more effectively by Colleges as a part of the education process, specifically as educational and clinical supervisors for doctors in training. The Academy's [SAS doctors and Royal Colleges – Opportunities and support](#) statement 2020 shows variation in support by Colleges/Faculties for SAS doctors/dentists to develop in education roles.

In 2020, the Conference of Postgraduate Medical Deans (COPMeD) published a [statement](#) to support appropriately trained and experienced SAS doctors being selected to undertake clinical and educational supervisory roles for trainee doctors. This was endorsed by the Joint Academy Training Forum. This short guide sets out that, *'To achieve these roles, [SAS doctors] should have successfully completed appropriate training and demonstrated the necessary capabilities including a detailed understanding of the curriculum the trainee to be supervised is following. This would enable them to be recorded as a "recognised trainer" which would be equivalent to a consultant supervisor.'* Statutory education bodies have the responsibility for defining the training required and how SAS doctors can demonstrate they possess the capabilities to undertake these roles.

The Academy's [SAS – A viable career choice](#) statement 2021 has called for Colleges/Faculties to 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.

SAS Tutors support and guide the education, training and professional development of SAS doctors/dentists within their Trust/Board. The Academy's [Strengthening the role of SAS Tutor](#) statement 2021 notes that only SAS doctors/dentists can be SAS Tutors (or equivalent) in Scotland, Wales, and Northern Ireland unlike England where the role is open to consultants and SAS, and advocates that it is desirable that SAS Tutors in England be a SAS doctor/dentist as many SAS are well-placed and qualified to develop in educational leadership roles.

The National Association of Clinical Tutors (NACT) UK is a membership association for those involved in organising postgraduate training for doctors. Many of its members are SAS Tutors and some of its SAS members are Directors of Medical Education (DMEs). NACT UK supports SAS through its annual development day and has created a [SAS Tutor job description](#).

SAS as undergraduate educators

The GMC survey showed that 27.8% of SAS doctors trained medical students.

The RCP called for the number of medical school places to be doubled in its [Double or quits](#) report of 2018, and the Royal College of Psychiatrists made the same call in a [2019 briefing paper](#). The MSC published a [position paper](#) in 2021 recommending that the number of medical students be increased by 5000 making a total of 14500 graduating doctors per year. The principal challenges to facilitating medical school expansion are the cost and the availability of clinical placements for medical students. Increasing the number of SAS doctors/dentists as educators to medical/dental students can be part of the solution. Involving SAS doctors/dentists in the delivery of education will also improve awareness among medical/dental students and medical/dental school employees about SAS roles and the enormous contribution the SAS workforce makes to the NHS.

SAS doctors/dentists could also be involved in medical and dental apprenticeships. The idea of these apprenticeships is that they widen access to medicine and dentistry because they create a new viable pathway to becoming a doctor/dentist for people who cannot afford to fund a degree or stop working to study. The expectation is that such an apprenticeship could make the profession more accessible, more diverse, and more representative of local communities while retaining the same high standards of training. SAS doctors/dentists have diverse, sometimes unconventional, career paths before reaching the SAS destination. This diversity makes SAS clinicians ideally suited to the development and delivery of medical apprenticeship education.

SAS as educators for allied health and non-health care professionals

The [Interim NHS People Plan](#) outlines the significant role allied health professionals will play to support the demands the NHS will face in the next ten years and to help deliver the ambitions of the [NHS Long Term Plan](#). This will ensure the right workforce, with the right skills, is in the right place to deliver high-quality care.

SAS doctors/dentists are involved in supervision, training and mentoring of nurses, midwives, radiographers, medical associate professionals, and other allied health professionals. SAS doctors/dentists act as supervisors for independent prescribing programmes, specialist modules, and masters degrees for nurses. Physician Associates (PA) are the most rapidly growing allied health professional group. SAS doctors who have experience of the PA role — a PA supervisor, significant involvement in a PA course, or significant on the ground experience working with PAs — can become examiners for the national OSCE exam for PAs.

The GMC survey showed that 22.6% of SAS doctors trained allied health care and 2.2% of SAS doctors trained non-health care professionals [e.g. police and social workers].

The importance of being educators for the SAS workforce

- 1. Appraisal and revalidation:** Doctors/dentists who are involved in education and training, and improve their knowledge of current literature, communication, team-working, mentoring, and leadership skills, become better doctors/dentists and thus are likely to have smoother revalidation. While the General Dental Council (GDC) does not mandate dentists to go through revalidation, it expects dentists to fulfil a 5-year CPD cycle that is mandatory for renewal of their registration with GDC. In addition, hospital dentists are expected to go through the appraisal process as part of the hospital's governance process and *Good Medical Practice*.
- 2. Career and pay progression:** The new Specialty Doctor contract mandates that SAS doctors/dentists demonstrate their contributions to wider roles [education/research/leadership] for pay progression while the Specialist grade requires evidence of involvement in education and training to enter and progress through the grade.
- 3. Working environment:** SAS respondents in GMC, RCP and NHS staff surveys have consistently identified a lack of career progression opportunities, unsupportive environments, bullying and undermining, and burnout. There is strong evidence that protected time for work other than direct clinical care improves job satisfaction and being an educator removes hierarchies in the workplace. Being an educator and trainer is one possible way for SAS doctors/dentists to experience a better working environment.
- 4. Professional networks:** The GMC's [Fair to refer? report](#) 2019 noted that SAS doctors were more likely to be isolated in their roles, and this was identified as one of the main reasons for being referred to the GMC. Traditionally, women and non-UK medical graduates have not been part of professional networks. The [DDRFB Forty-Ninth Report](#) 2021 notes that a higher proportion of SAS doctors/dentists are women compared with the consultant grade and a large proportion of SAS doctors/dentists have obtained their primary medical qualification from overseas. The GMC survey showed that 46.2% of SAS doctors are women and 70% of SAS doctors obtained their primary qualification from outside of the UK (59.8% IMG and 10.2% EEA). Delivering education and training will allow SAS doctors/dentists to develop and strengthen professional networks.
- 5. Later careers:** The GMC survey showed 62.8% of SAS doctors had been practising medicine for more than 15 years while the BMA's [Supporting an ageing medical workforce report](#) 2019 showed that 25% of SAS are over 55 years old. 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 Academy's [SAS workforce: Later careers and retirement](#) statement 2021 has called for experienced senior SAS clinicians' skills to be used in ways other than direct clinical care to benefit the Trust and patients and for SAS to have the opportunity to develop in educational roles.

The challenges

There are three main challenges which face SAS doctors/dentists seeking to become educators:

1. **NHS culture**, where there is rhetoric regarding SAS doctors/dentists but little conducive action. There is still a perceived sense of hierarchy in the NHS and SAS doctors/dentists are not offered the same opportunities as consultant colleagues. The GMC survey showed that only 39.8% of SAS doctors agreed that they had either very good or good support from their Trust in their role as a trainer.
2. **Lack of SPA time** – the GMC survey showed that 6.5% of SAS had no SPA time and 58.4% had only 1 SPA, falling below the Academy recommendation for revalidation, and potentially precluding the practice or development of non-clinical skills that could benefit the individual, local service and patient care.
3. **Variation in support by Colleges/Faculties** to develop in education roles, as noted by the Academy's [SAS doctors and Royal Colleges – Opportunities and support](#) statement. The variation between Colleges/Faculties should not disadvantage SAS doctors/dentists and access to opportunities should not be specialty-specific.

Recommendations

Colleges and Faculties

- Should promote the role of educational supervisor for all grades of trainees, college tutor and examiner for accredited certificates, courses and diplomas to SAS doctors/dentists who fulfill the eligibility criteria.
- College Tutors should work along with SAS Tutors to involve SAS doctors/dentists in education and training of trainees, thereby facilitating development of SAS as educational and clinical supervisors.
- College Tutors/Training Programme Directors should involve SAS doctors in the delivery of regional CMT and HST training days.
- Should involve SAS doctors/dentists in the delivery of courses and workshops with the aim of developing SAS as College faculty members.
- Should invite SAS doctors/dentists as speakers in annual conferences.
- Should share best practice via the Academy and ensure consistency across different specialties. SAS doctors/dentists should not be disadvantaged because of their specialty.

Medical and dental schools

- Medical and dental schools [and their placement providers] should ensure that SAS doctors/dentists are considered for teaching and related opportunities, including undergraduate leadership roles, and employers should ensure that this is included in job planning. Where the provision is for medical students on clinical placement Undergraduate Medical Tariff should be allocated for funding.

GMC/GDC

- The GMC should promote the role of GMC associate to SAS doctors.
- GDC should consider developing a similar approach to SAS dentists based on a sound knowledge of their current roles and experience.

Statutory education bodies

- SAS funding allocated by statutory education bodies to regions/Trusts should only be used for development of SAS doctors/dentists.
- The opportunity to be on the interview and ARCP panels of trainees should be promoted to eligible SAS doctors/dentists.

NHS Trusts/Boards

- SAS doctors/dentists' appraisal should include exploration of educational roles suited to the experience and aspirations of the appraised SAS doctor/dentist.
- SAS doctors/dentists should have protected SPA time to deliver education and training. This SPA time should be in addition to SPA time for appraisal and revalidation.
- There should be parity of opportunities between consultants and SAS doctors/dentists to develop in educational roles where they wish to do so and have the relevant capabilities.

All stakeholders

- Recognise, promote and reward SAS doctors/dentists for their contribution to education and training.

Authors

Vaishali Parulekar
Vice-Chair, Academy SAS Committee
SAS Lead, Royal College of Radiologists

Waleed Arshad
Chair, Academy SAS Committee

This paper is endorsed by the Medical Schools Council and NACT UK.



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