Harnessing the experience and expertise of staff and associate specialist (SAS) doctors

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The RCR recognises the contribution that SAS doctors make to the clinical teams in which they work. It highlights the actions that the RCR will undertake to support these clinicians. This document provides the background to the statement.
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The SAS grade: background
The four SAS Charters, developed in 2014, were led by the British Medical Association (BMA) in collaboration with NHS Employers, Health Education England (HEE), NHS Scotland, the Welsh Assembly and all UK arms of the Academy of Medical Royal Colleges. Discrete for each respective UK nation, they were intended as guidance to employers setting out optimal working conditions for SAS doctors to maximise their contribution to the NHS, and employers were encouraged to implement the recommendations.

In this context, we welcome the recent plea to the Doctors’ and Dentists’ Remuneration Board (DDRB) for SAS-grade contractual reform which asserts that the contract must be ‘one that gives valued staff a fair pay rise alongside improving recruitment and retention and developing reforms which better reflect modern working practices, service needs and fairness for employees’.

Optimising the SAS grade
A revised contract could provide the bedrock for the systemic shift necessary for SAS doctors to be fully integrated into the multidisciplinary workforce. However, their effective integration also needs to be viewed in the context of the working environment and hierarchical cultures within the NHS.

The HEE report *Maximising the potential: essential measures to support SAS doctors*, published in February 2019, noted that there is currently variation across England both in terms of activity and funding for SAS doctors. In some cases, SAS resourcing comes from workforce development funds managed at regional level. This can result in some departments needing to identify new funding if they wish to develop these roles, rather than repurposing unfilled consultant posts or funding from outsourcing.

A 2017 BMA staff, associate specialist and specialists and specialty doctors committee (SASC) survey found that during times of chronic NHS staffing shortages, SAS doctors are more likely to be bullied or harassed than any other medical colleagues or members of the wider healthcare workforce. They also struggle to access learning and development opportunities when compared with consultant colleagues or doctors in formal training programmes. This is being partly addressed by funding available from HEE for local educational events, but the survey suggests that SAS doctors have limited time to access opportunities, even if they are available, due to their service focused role.

While recognition of the contribution of SAS doctors among colleagues is reportedly improving (equity of annual leave with consultants serves as an example), the cultural shift towards integration has to go much further. Trust from senior consultant colleagues can sometimes be lacking, as evidenced by SAS doctors’ exclusion from some group job-planning discussions. Some SAS doctors have to struggle for clinical autonomy – even when it is fully justified by their skillset and experience.

The BMA’s 2015 SASC survey also suggested that 27% of SAS doctors intended to become a consultant or apply for the Certificate of Eligibility for Specialist Registration (CESR) within the next five years. For a SAS doctor without a Certificate of Completion of Training (CCT) or recognised European Economic Area (EEA) qualifications, CESR is currently the only available route to become a consultant. Applying for a CESR is expensive and perceived as lacking in transparency in defining equivalence among potential applicants, as noted in the BMA report *Review of the routes to the GP and specialist register*. The RCR has published extensive guidance on the CESR process and provides support for applicants, but it remains a laborious and time-intensive process. Employers should accommodate career pathways for

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the cohort of doctors that may want to use the SAS grade as a stepping stone to becoming consultants.

Currently there are a number of initiatives to increase international medical recruitment. These include the Global Fellows Scheme, which seeks to support service delivery by repurposing unfilled consultant posts on an ‘earn, learn and return’ basis.\(^9\),\(^10\) In this context, it is important that any new SAS contract supports the development of recognised competencies.

According to the same 2015 BMA survey, an increasing number of doctors have chosen to become SAS doctors rather than enter higher specialty training in recent years.\(^7\) The new SAS contract is vital to facilitate retention of these doctors and ensure fulfilling lifelong careers in the NHS.

Greasing the SAS wheels

The implementation of the NHS England Long Term Plan (LTP) is another timely opportunity to improve the recognition of SAS contribution.\(^11\) The Plan explicitly states that more support for SAS doctors is needed. Health Education England and NHS Improvement recognised the importance of this vital subset of the workforce in Maximising the potential: essential measures to support SAS doctors.\(^4\) This guidance has a clear message of upskilling and supporting current SAS doctors to develop their careers, describing 11 shared commitments.

1. NHS Improvement and Health Education England (HEE), with partners, will continue to develop an improved data set about SAS doctors, including use of the Model Hospital.

2. NHS Employers and NHS Improvement will support the implementation of the SAS Charter, and in doing so will help to understand and address the current challenges.

3. NHS Improvement and NHS Employers will work with providers and SAS doctors to raise awareness of guidance for the induction and revalidation of SAS doctors.

4. HEE and NHS provider organisations will ensure SAS doctors are offered development opportunities linked to service need, their experience and career aspirations.

5. HEE will work with the General Medical Council (GMC) to explore the extent to which developments in credentialing can include opportunities to develop SAS doctors.

6. The Academy of Medical Royal Colleges (AoMRC) will work with the Royal Colleges to encourage access to e-portfolios for SAS doctors who require it.

7. HEE will work with the GMC to explore how SAS doctors who wish to return to formal training can be better supported to do so.

8. 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.

9. HEE, with partners, will ensure that the SAS role is supported, developed and promoted as a viable alternative to training and consultant-grade roles.

10. HEE, NHS Improvement and NHS Employers will ensure that SAS doctors have a clear role to play in workforce transformation and planning.

11. HEE will ensure consistency of funding for SAS doctors, in terms of geography and in activities funded through SAS tutors, associate deans and/or a nominated individual with responsibility for SAS doctors.

The guidance asserts that employers have a responsibility to support SAS doctors in developing their skills and experience to allow them to achieve more autonomy and take on more responsibility as they progress through their careers. However, there is also a need for a cultural shift in how the wider team interacts with SAS doctors. The commitment to focused and supported training pathways and the inclusion in Model Hospital data of the SAS grade are welcome. This will highlight their clinical value and better enable their development. The RCR supports the HEE and NHS Improvement commitments and will pursue collaboration.
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Where a SAS doctor has demonstrated the ability to take decisions and carry responsibility without direct supervision, this should be acknowledged within job planning discussions. The new **higher specialty training curricula** have capabilities in practice which can be formally recognised across the breadth of SAS practice.\(^{12,13}\)

The RCR has worked with the Association of Breast Clinicians (ABC) and Health Education England (HEE) on the **Credential in breast disease management** – published in August 2019.\(^{14}\) This provides an ideal route for skills progression for certain SAS doctors. Covering breast imaging, clinical examination, risk factors such as family history and genetics, and use of prognostic and biological factors that influence oncological treatments, this is a perfect framework for upskilling.

A number of guidelines and resources for SAS development are already available. For example, NHS Employers and the BMA have issued a **UK guide to job planning for specialty doctors and associate specialists** and The Academy of Medical Royal Colleges has issued a joint document about **SAS doctor development.**\(^{15,16}\)

**Scotland**

NHS Education for Scotland, through the Scotland Deanery, is wholly supportive of SAS-grade doctors’ contribution to the NHS and has been running a **SAS development programme** for a number of years.\(^{17}\) The **SAS development fund** is a key component, which aims to direct national funding to SAS practitioners whose clinical teams are seeking to develop new or improved clinical services, or to enhance their role within the clinical team.\(^{18}\) This is particularly useful where funding is not otherwise provided by the employing Health Board. Additionally, there is a SAS Managed Educational Network which acts as the regional adviser on learning opportunities.\(^{17}\)

**Wales**

Health Education and Improvement Wales, via the Wales Deanery, has a **strategy for SAS Doctors.**\(^{19}\) This strategy aims to:

1. Develop the local infrastructure to support SAS doctors within each Health Board
2. Provide access to additional training opportunities that support their personal development
3. Explore and pilot opportunities to introduce a quality-assurance framework that will assist them in seeking revalidation.

There is an established **Network of SAS Tutors** based in each of the Health Boards across Wales who help facilitate training and career progression, allocate funding similar to the development fund in Scotland, and provide a suite of human factors courses specifically for SAS doctors and dentists.\(^{19}\)

**Northern Ireland**

The Department of Health and Social Care in Northern Ireland has a series of **resources for SAS doctors**, aimed at employers. Over and above the SAS Charter for Norther Ireland, resources include **Good medical practice**, job planning standards, model contracts and advice on developing SAS roles.\(^{20,21}\)

**Summary**

SAS-grade doctors support service delivery and patient care in our specialties. Their clinical contribution needs to be recognised and acknowledged at a local level. The RCR is committed to supporting their development and clinical recognition.
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