Academy of Medical Royal Colleges

Strengthening the SAS workforce

Executive Summary

The term SAS doctor includes specialty doctors, associate specialists, and specialist grade doctors. The SAS workforce currently makes up 30% of all licensed doctors, and by 2030 the General Medical Council (GMC) predicts that SAS doctors will become the largest group on the medical register.

There is a desire from the SAS workforce for greater opportunities and involvement in the delivery of non-patient facing activities, such as leadership, mentoring, and education and training. The SAS workforce have the requisite skills to do this, and should be empowered, encouraged and given the opportunity to do so. NHS England (NHSE) has made a commitment to working with theDepartment of Health and Social Care legislators and employers to support SAS doctors to have a better professional experience, by improving equitable promotion and ensuring options for career diversification. This is welcomed.

In this paper we have provided reasoned recommendations for how the SAS workforce, including Locally Employed Doctors (LEDs) (a disproportionate number of whom happen to be International Medical Graduates (IMGs)), can become a stronger and better supported workforce to help tackle the current workforce crisis, embed itself and contribute to non-patient facing activities, as well as contribute to building a long-term sustainable NHS. The principles and recommendations in this paper are also applicable to SAS dentists.

Introduction

The most valuable resource the health service has is its staff. Those who care for the patients with a great mix of skill, hard work, knowledge and experience, compassion, dedication and teamwork. To sustain and grow the workforce, staff need to be recognised, respected, valued, supported, and rewarded.

To gather an idea of the size of required future workforce, the House of Commons Health and Social Care Committee reported that an extra 475,000 jobs will be required in health by the early 2030s.

The current NHS faces some of the most challenging years in its history, with recruitment and staffing shortages in primary and secondary care, dissatisfaction and low morale among staff, poor retention, and increasing retirements. This means a significant loss of experienced senior staff, along with valuable skills and expertise to patient care and crucial mentoring and training to more junior doctors. This is also compounded by other factors such as issues around pay and pensions, industrial action by staff groups, and long-term sicknesses, some of which are a result of the unprecedented crisis of the Covid-19 pandemic.

The NHS has the opportunity to utilise the SAS workforce to tackle the challenges it faces. But this can only be done by valuing and embedding this distinct group into roles that are beyond clinical.

SAS workforce: Past, current and the future

The term 'SAS doctor' includes specialty doctors, associate specialists, and specialist grade doctors with at least four years of formal postgraduate training, two of which are in a relevant specialty. It is worth noting that many SAS doctors may also be specialists in other clinical disciplines than the one they work in. There are 64,000 licenced SAS doctors in the UK, a 40% increase over the past five years. SAS doctors make up 30% of licenced doctors. However, we know from the GMC SAS LED survey that 22% SAS and 20% Locally Employed (LE) doctors feel they are not provided with personal and professional development opportunities to advance their careers.

There has been a positive shift towards culture change in the last decade, aided by the national work done for the SAS group by SAS leaders, along with national stakeholders, statutory bodies, and royal colleges, for professional development, career progression, fairer pay, and leadership opportunities. This includes introduction of the new contract and the Specialist grade.

This new Specialist grade was introduced in 2021 and offers career progression for specialty doctors. This has been a key element of the SAS contract reform, and has made career progression possible for highly experienced specialty doctors. It will help recruit, motivate, and retain senior and experienced SAS doctors and contribute to it being a positive and viable career choice, which allows SAS doctors to achieve a portfolio career, with several distinct roles.

Recruitment of SAS doctors has its own challenges – retention being one of the most significant. The most common reasons cited by doctors for leaving in recent surveys were career progression (78%), pay (57%), morale (48%) and career development (43%).

NHSE's Long Term Workforce Plan (LTWP) sets out the ambition to retain the workforce and reverse the trend in England. It also recognises that the shape of the medical workforce is expected to change over the next 15 years, with more SAS doctors and doctors in training choosing alternative career paths rather than core and specialty training routes, along with the trend of more doctors choosing to work less than full time creating a need for more doctors for provide the same full time equivalent roles.

Seven challenges faced in SAS workforce planning

1. Workplace pressure: This has been amplified since the pandemic and compounded by low staff morale and rising sickness absences.
2. Training and funding: Access to training for all groups involved in patient care is vital. Development and wellbeing funds allocated to the SAS workforce are often not identified and ring fenced by employers.
3. Early retirement: With the change in the NHS pension policy, there has been a series of early retirement in all senior medical staff, including SAS doctors. This may change as the pension reform changes filter through.
4. Lack of clear unified national direction: Much of the SAS workforce programs have been undertaken by different groups and stakeholders in isolation, posing implementation challenges and resulting in duplication of work and waste of already limited resources.
5. No clear data: There is no clear available national data differentiating between SAS doctors and LEDs.
6. Differential pay progression: Although a new specialist grade with a multi-year pay deal was introduced through contract reforms in 2021, subsequent differential pay progression to SAS doctors on older contracts made the new grade financially less lucrative.
7. Parity of esteem: It remains a challenge to achieve a better perception and understanding of the SAS role and contribution made, and this needs to be widely acknowledged.

Key recommendations in planning the future SAS workforce

Specialist grade

- Applicants for the specialist grade must meet a set of criteria, called the generic capability framework, to become eligible for this grade. All specialist posts in the future will be created at the discretion of the employer, where they have identified a specific workforce need. This means that specialty doctors on the 2021 and 2008 contracts will not have any automatic right to progress from their current grade into the new specialist grade. Instead, they will have to apply for such a role when it becomes available.
- This new grade has created a future for the SAS workforce, providing formal recognition, career progression, and appropriate remuneration. Specialists can have distinct roles and responsibilities, both in clinical and non-clinical settings, equitable to consultants.
- However, creation of the grade is left to be driven by local employers, advertised via competitive entry through recruitment process and not an automatic regrading process for current specialty doctors. There is a significant geographic and specialty variation in recruitment of Specialist posts. According to the latest BMA data, from April 2021 to May 2023, 914 specialists have been appointed nationwide. Of all the specialties, 113 posts were created in anaesthetics, the specialty with highest number of Specialist doctor recruitment (14.7%). The total number of Specialty doctors who transferred to the new contract is 5,404 which leaves 4,262 Specialty doctors on the old contract. The number of Specialists had grown to 989 by the end of August 2023. There is geographical variation in Specialist appointments, more being appointed in the north of the country, compared to the South, leading to disparity and disadvantage.
- The NHSE LTWP is for England only, however, the issues highlighted in it are relevant to all four countries. The Plan recognises that SAS doctors form an increasing proportion of the medical workforce, including at a senior level. Although traditionally these roles are created for service provision, the plan has considered feedback from the SAS workforce indicating the growing desire for greater opportunities in a non-patient facing capacity.

Locally employed doctors

- LEDs are employed by Trusts/Providers often on short term local terms and conditions; they are usually non-permanent posts and do not have nationally agreed terms and conditions (unlike SAS doctors). There is also no nationally recognised career or pay progression thresholds for these posts. These doctors often have variable level of experience from ST1-3 trainee-like roles to autonomous senior SAS or consultant-like capabilities.

- As terms and conditions and pay vary between employers and across the country this can impact on recruitment and retention and leave this important group of doctors in a vulnerable position with lack of mentoring and support.
- Often, LEDs get incorporated with the SAS workforce data as there are similarities. There are approximately 17,920 LEDs nationwide, which is a huge resource that can be used to tackle the workforce crisis by incorporating them into a permanent stable SAS workforce.
- The GMC Workforce Report 2022 predicts that SAS and Locally Employed Doctors (LEDs) will make up a 28% percentage of the NHS doctor workforce by 2030.
- The NHS LTWP recognises that LEDs are a huge asset to the NHS. The LTWP recommends NHSE to work with partners to review medical career pathways and identify ways to better support postgraduate career progression for LEDs.
- The NHS LTWP an also supports doctors out of training programme, hoping to retain more doctors by facilitating their return and accelerate training once they have gained competencies working as an SAS doctor or LED.

SAS workforce and Primary care

- According to the GMC workforce report 2022, the GP workforce has been the slowest growing registered group over the last ten years, with a small decline in the proportion working full time since 2016. The GMC suggests considering the contribution of the SAS grade in primary care could enhance the GP workforce. There is also scope for considering how primary care career options for physician associates could be developed.

SAS workforce and generalism

- The NHS LTWP has considered the future need for more generalist doctors and those with generalist skills. While some of this is targeted at primary care, the growing progressive professional consensus over the past decade is that training should change, supporting a better balance of generalist and specialist skills so that doctors are equipped to provide the joined-up care required for people with multiple morbidities across all sectors

International medical graduates (IMGs)

- Historically, a majority of the SAS workforce has been formed by IMGs. There is a higher proportion of IMGs working as SAS and LEDs in comparison to those on the specialist or GP register (around 54% compared to 25%) according to the GMC.

- According to the recent GMC report, the number of IMGs has increased by 40% in the last five years, at a time when the number of UK graduates in the workforce increased by 10%. Of the doctors who joined the workforce in 2021, 50% were IMGs and 39% were UK graduates. The workforce will grow by a third by 2030 compared to 2021 if current trends continue. However, if the rate of IMGs joining goes back to pre-2017 levels, there will be 23,000 fewer doctors in 2030. This highlights the significant contribution of IMGs to the UK workforce.
- IMGs arriving to the UK come at different stages of life, bringing in varying professional experience. They need to adapt to a new way of working in a foreign country, learn nuances of the language and communication, which can be a daunting experience. A good induction process followed by mentoring and pastoral support by employers and stakeholders, can only improve IMG's experience and maximise their work potential. In addition, employers, colleagues, and relevant organisations need to be considerate of the wide range of cultural backgrounds of those who come from abroad to work in the NHS, and take a strong stance against racism, bully, and harassment that IMGs could face.

Recommendations for strengthening the SAS workforce

Valuing SAS careers

1. There is a need for wider engagement of stakeholders with national SAS leaders, offering them representation on working groups and committees.
2. All royal colleges and faculties should have a SAS strategy embedded in their operations framework.
3. Implementation of the SAS Charter by employers should be made mandatory.
4. There should be national 'Retire and Return' and 'Flexible working' policies specific to the SAS workforce.
5. There should be equitable opportunities for SAS doctors fulfilling the criteria to take up local, regional, and national roles in leadership, education, and management, as well as to access courses, training opportunities, and workshops.
6. Available development and wellbeing funding should be ringfenced and highlighted to the SAS workforce via SAS tutors. SAS wellbeing funding should be utilised for physical and mental wellbeing of the SAS workforce, which includes appointment of SAS advocates.
7. As the medical workforce grows, the SAS workforce can fill the needed roles of accredited educators, assessors, and trainers.

8. Medical students should be educated about all potential career options, including SAS, as a viable and enriching career path.

9. There should be adequate mentoring and support from the GMC and royal colleges to SAS doctors who wish to transition and become consultants via the CESR route.

Promoting the Specialist grade

10. All stakeholders should promote the Specialist grade. Employers should be educated about this grade and the generic competency framework and encouraged to create these posts for senior specialty doctors who fulfil the criteria, where appropriate. SAS doctors should be involved in the appointment process, from job description to the interview panel.

11. Colleges should promote the SAS workforce on their website, as well as via workshops on SAS related topics, including the Specialist grade as a viable career and increase awareness among consultants and trainees. Processes for AAC requirements and training for Specialist grade should be in place, including training of all College assessors, ideally utilising SAS doctors.

12. Employers should strengthen the processes around autonomous practice through job planning and appraisal, as this is vital to recognising the Specialty doctors eligible to enter the Specialist grade.

13. The process of becoming a specialist from specialty doctor needs to become more streamlined and simplified.

Making Locally Employed Doctors (LEDs) a strong stable workforce

14. Employers should have LED tutors to locally support these doctors.

15. Where possible and appropriate, employers should employ permanent SAS grades rather than short term LEDs. Mechanisms should be in place to offer permanent SAS contracts to senior LEDs after two years in the post and transition them to national terms and conditions.

16. Separation of data between SAS and LED is pivotal to plan a future stable SAS workforce. This will help to address and support the needs of both groups, as although similar in many ways, they have different professional needs. Work should be undertaken to separate the two datasets.

Recognising and supporting IMGs

17. There should be standardised induction and mentorship opportunities provided to IMGs from all stakeholders.

18. All IMGs should have access to educational webinars and relevant resources on the different career paths and options in the UK. These should include and promote the SAS role as a viable career option.

19. Processes and guidelines should be in place to provide IMGs with information enabling them to choose whether to work in primary and secondary care using the available data and trends.

20. Royal colleges and the GMC should provide mechanisms for CESR support, mentoring, webinars, and workshops to IMGs going through CESR applications.

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