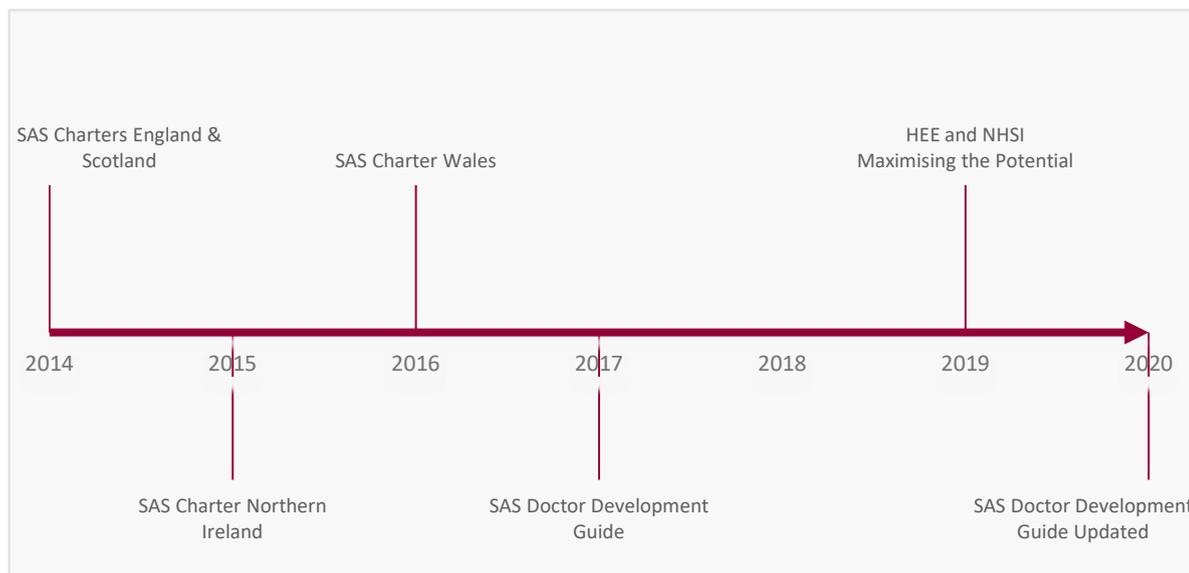


Engaging and empowering the SAS workforce

Engaging, empowering and enabling the SAS workforce will help them to flourish in their careers; maximise their contribution to the NHS, and improve patient care.

Ensuring that SAS doctors/dentists are engaged and empowered will benefit patients, employers, and the individual doctor/dentist. Good patient care is strongly associated with a motivated and engaged workforce, where every individual is empowered to work at their full potential.

National SAS work



All national SAS work has one common theme – **Development, career progression and recognition within the SAS grade should be the norm rather than an exception.** The challenge is to translate the national SAS work to local level so that this has a meaningful impact on the lived experiences of SAS doctors/dentists.

Engaging

Induction

Induction into a new role is pivotal in ensuring a safe transition to a new post, and that a doctor/dentist is welcomed into a local team, to the hospital site and to the Trust. The [GMC SAS and LED survey](#) carried out in 2019 and published in 2020 showed that 65.8% of SAS doctors agreed that they got all the information needed about their job when they started, while 21.3% of SAS doctors did not receive an explanation about their role and responsibilities. Only 59.8% of SAS doctors agreed that the quality of induction was either good or very good. By ensuring the SAS workforce is welcomed effectively and safely into clinical teams by using [NHS England's SAS induction checklist](#) or [NHS Scotland's SAS induction checklist](#), SAS can be supported to thrive from day one.

Support

SAS doctors/dentists need to be aware of the support which is available to them and the potential funding which they may utilise to develop their skills and to help with their career.

The three SAS leadership roles which can improve the day-to-day life and career prospects of a SAS doctor/dentist are SAS Tutor (or equivalent), SAS Advocate and SAS Local Negotiating Committee (LNC) representative. The table below gives a summary of these roles.

	SAS Tutor*	SAS Advocate**	SAS LNC representative
Person specification	SAS (or consultant in England)	SAS (or consultant in England)	SAS
Selection	Appointed by DME/MD/Associate Dean	Appointed by MD	Elected by SAS
Responsibilities	Education, training and professional development	Health, wellbeing and workforce issues	Contractual issues

*SAS Tutor (or equivalent) role varies across the four nations as described in the Academy's [Strengthening the role of SAS Tutor](#) statement 2021.

**SAS Advocate role has been advised but not mandated in England, Wales and Northern Ireland as a result of new SAS contracts.

The SAS Tutor (or equivalent) should support SAS doctors/dentists to ensure they are: able to access their full allocation of 30 days of funded study leave over 3 years; encouraged and supported to attend relevant specialty-specific conferences; able to access potential training opportunities; and identify relevant training to help them in their role or to help with their career progression. The GMC survey showed that over four in ten SAS doctors had difficulty in accessing CPD opportunities. SAS doctors/dentists need to raise any barriers to CPD with their SAS Tutor, who can work locally to try and overcome such obstacles. The SAS Tutor (or equivalent) should utilise SAS development funds where available for the benefit of local SAS doctors/dentists' career development.

The SAS Advocate should work with the Medical Director to improve the working lives, health and wellbeing of SAS doctors/dentists. The [DDR 49th report 2021](#) showed that, between January 2017 and November 2020, SAS doctors had higher sickness absence rates than the overall rate for hospital doctors. In the three months to December 2020, consultants and different grades of doctors and dentists in training had sickness rates of between 1.5% and 2.3%, compared with rates of 3.2% for Associate Specialists, 2.6% for Specialty Doctors/Dentists and 2.8% for Staff Grades. The GMC survey showed that 30% of SAS doctors were bullied, undermined or harassed in the last year, 21% did not report it, and in 44.9% of cases bullying was from consultant colleagues. The Medical Workforce Race Equality Standard (MWRES) 2021 [report](#) showed that for both BME and white doctors, SAS doctors experienced the highest levels of discrimination. The SAS Advocate should develop local strategies based on the recommendations of the Academy's [Wellbeing of the SAS workforce](#) statement 2020 and the British Medical Association's (BMA) [Supporting health and wellbeing at work](#) report 2018 to improve the wellbeing of SAS doctors/dentists. The SAS Advocate, with the support of the Medical Director, should speak up for SAS colleagues to the Trust Board, as most SAS colleagues do not feel empowered to do so for themselves.

The SAS LNC representative should ensure that SAS doctors/dentists' national terms and conditions are implemented, all SAS doctors/dentists have mutually agreed annual jobs plans, and have protected SPA time for appraisal and revalidation, and that, when SAS doctors/dentists are taking on extended roles, they are given additional time in their job plan to do so. The GMC survey showed that 6.5% of SAS had no SPA time and 58.4% had only 1 SPA, falling below the contractual and Academy recommendations for revalidation, and potentially precluding the practice or development of non-clinical skills that could benefit the individual, Trust and patients. SAS LNC representatives via the Joint Local Negotiating Committee should ensure that there is parity between SAS and consultant colleagues in terms of SPA time.

Belonging

Consultant, SAS, trainee and locally employed (LE) doctors/dentists are the key components of the hospital's medical workforce. All hospital committees and

communications should be inclusive of these professional groups. The GMC survey showed that 71.7% of SAS doctors felt like valued members of the team, however, only 52.6% felt they were given the opportunity to participate in decisions at their workplace. This all comes down to the Trust and department's culture and expectations. SAS doctors/dentists deserve better and with a little support many could develop far beyond the capacity in which they might be working now, to the benefit of the department, the Trust and their patients. SAS doctors/dentists should be invited and encouraged to be active participants alongside consultant colleagues in the departmental, directorate and Medical Staff Committee meetings. The Trust should encourage engagement of its SAS workforce with colleges/faculties via SAS Tutors and with BMA/BDA via SAS LNC representatives to help improve their sense of belonging. Local leadership roles, including that of medical director, associate medical director, clinical director, governance lead, and freedom to speak up guardian, should be open to SAS doctors/dentists along with consultants, as recommended in the [SAS development guide](#).

Empowering

Career progression

Career progression empowers the individual and for SAS doctors/dentists may involve becoming autonomous practitioners and/or having extended roles in education, quality improvement, research, and leadership as noted in the Academy's [SAS – A viable career choice](#) statement 2021. Most but not all SAS doctors/dentists wish to achieve this by becoming a Specialist Doctor/Dentist (or equivalent in Scotland when the new SAS contract is finalised) or achieving CESR. The MWRES report of 2021 showed that for both BME and white doctors, SAS doctors had the lowest proportion believing that their Trust provided equal opportunities for career progression or promotion. The idea that SAS doctors/dentists are just for service denies a huge number of them career development and consequently deprives patients of care by senior doctors/dentists. The current medical workforce crisis requires everyone to reach and work to their full potential. SAS doctors/dentists who are able to develop will be more engaged and empowered, and therefore more likely to remain working in the NHS.

Specialty Doctors/Dentists at an early stage of their careers should receive educational and clinical supervision, so they can further develop their skills while in the role and through time become autonomous practitioners. Specialty Doctors/Dentists who develop to senior, autonomous experts should be recognised as such, by being appointed as Specialist Doctors/Dentists through open competition (or equivalent in Scotland) with new posts being created as appropriate. The support for CESR likewise needs to be strengthened.

Extended roles develop professional networks and remove hierarchies in the workplace, thereby empowering the individual. However, SAS doctors/dentists are often managed very differently to their consultant colleagues by Trusts, when it

comes to being allocated additional time in their job plan to take on such extended roles, even when their terms and conditions of service and access to opportunity are the same. SAS doctors/dentists should be actively encouraged and supported to develop in extended roles in education, quality improvement, [appraisal](#), [research](#), and [leadership](#).

SAS leadership roles (SAS Tutor, SAS Advocate and SAS LNC representative) should be carried out only by SAS doctors/dentists (this already occurs in all nations apart from England). This empowers the SAS workforce and provides much-needed SAS role models.

Some SAS doctors/dentists struggle to have their professional autonomy recognised, while others lead their clinical teams and departments. The SAS grade in itself does not hold individuals back, more often it is the culture and expectation that consultants should be in such leadership positions that limit opportunities for SAS development. SAS doctors/dentists themselves need to be encouraged to develop their skillset to ensure that they are well equipped to take on such roles. The Academy's [The SAS workforce: rhetoric vs reality](#) statement 2021 calls for specific actions to change the culture among the profession and employers.

Appraisal and job planning

The Academy's [Supporting appraisal for the SAS workforce](#) statement 2021 shows that appraisal, if used appropriately, can empower and promote professional development of SAS doctors/dentists. The terms and conditions of Specialty Doctor/Dentist, Specialist Doctor/Dentist, and Associate Specialist posts stipulate that the annual job plan review should be informed by the outcome of the appraisal discussions. SAS doctors/dentists, with the support of the appraiser, should develop personal development plans (PDPs) aimed at generic and specialty-specific capabilities that maximise their potential, develop extended roles and if desired achieve eligibility for the Specialist Doctor/Dentist grade or competencies towards CESR. These should then be carried through to the job planning meeting. The annual job plan should be mutually agreed between SAS doctor/dentist and employer, and should deliver both individual and service objectives. The PDPs of SAS doctors/dentists should be monitored and supported by the responsible officer.

Mentorship

Mentorship is a great way to empower individuals, especially those new to the system. The GMC survey showed that 70% of SAS doctors obtained their primary qualification from outside of the UK (59.8% IMG and 10.2% EEA). The [SAS doctor development guide](#), national SAS induction checklists and most colleges recommend mentorship for SAS when they are appointed to a new post, however this rarely happens in practice. SAS doctors/dentists need to be valued and supported from the start. Mentoring can be

formal by a trained mentor or informal via near-peer support. SAS doctors/dentists in the early part of their careers should be offered mentors and in the later part of their careers should be developed as mentors.

Recommendations

NHS Trusts/Boards

- Ensure that there is a well-defined, widely understood Trust SAS strategy for implementation of national SAS documents.
- Ensure that there is a SAS Tutor (or equivalent), SAS Advocate (England, Wales, Northern Ireland) and SAS LNC representative, for each Trust/Board, who are themselves SAS grades. These leadership roles should be acknowledged, valued and supported.
- Maintain an accurate database of SAS doctors/dentists, which is shared with the SAS Tutor (or equivalent), SAS Advocate (England, Wales, Northern Ireland) and SAS LNC representative.
- Develop and support a local SAS forum, which is led by the SAS Advocate (as per the contract in England, Wales and Northern Ireland) in collaboration with the SAS Tutor and SAS LNC representative, shares information, raises awareness of opportunities, and provides peer support.
- Ensure that SAS doctors/dentists have a robust induction at the start of their role. The induction should cover role and responsibilities, appraisal and revalidation, development and career progression opportunities, and meetings with SAS Tutor (or equivalent), SAS Advocate and SAS LNC representative.
- Ensure that SAS doctors/dentists' PDPs are supported by the job planning process and monitored by the responsible officer.
- Ensure there is an autonomous working policy/pathway/process which develops SAS doctors/dentists to senior autonomous decision makers if they so wish and are appropriately placed to do so, and then ensure that clinical activity is coded to the autonomous working SAS doctor/dentist.
- Encourage and support SAS doctors/dentists to develop and apply for extended roles in education, quality improvement, appraisal, research, and leadership. The roles should be based on ability and not on grade.
- Ensure that SAS doctors/dentists are offered mentorship in the early part of their careers and are supported to act as mentors in the later part of their careers if they wish to do so.
- Medical Directors should work with the SAS Advocate, SAS Tutor (or equivalent), and SAS LNC representative to implement best practice as defined by national SAS papers and actions needed to address issues identified in national/local SAS surveys.

Colleges

- College assessors for the new Specialist Doctor/Dentist posts should be suitably informed and trained regarding SAS careers and ideally be SAS doctors/dentists. During the appointment process, the assessors should advocate mentorship for the newly appointed Specialist Doctor/Dentist.
- Colleges should ensure that engaging and empowering SAS doctors/dentists is embedded in their strategies. Such organisations should set the highest examples of improving the status of SAS and recognising their contributions.

Statutory education bodies

- SAS funding allocation by a statutory education body and utilisation [development vs administration] by a Trust should be a transparent process, as happens in [Scotland](#). Available funding should be highlighted to all new SAS doctors/dentists at the time of their induction.

All stakeholders

- The SAS workforce should be included as part of all national surveys inclusive of other grades of medical staff, ensuring feedback regarding culture, leadership, development opportunities, working conditions, and provision of care.
- The role, status and contributions of SAS doctors/dentists should be promoted to patients and the public through national patient groups and local patient participation groups.

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