



Royal College  
of Physicians

# The widest possible pool of talent

Supporting SAS doctors to  
fulfil their potential

May 2023



# Foreword

As the RCP's staff, associate specialist and specialty (SAS) lead for southwest England, I wanted to set up a forum for informal discussions, especially around how we can make people feel part of the team and celebrate all the brilliant things that are happening locally. Very soon it became clear that many SAS doctors feel isolated and there is a huge appetite for more networking.

Our local SAS network meetings have focused on sharing good practice, experience and information; we want to build a friendly, welcoming community with a stronger voice that highlights the value and contribution of SAS doctors in our organisations.

## **Dr Sarah Mungall**

RCP SAS representative for south-west England

A year since we first published the RCP [SAS doctor strategy 2022–24](#), it is time to reflect on the progress we have made. My role as SAS lead for the RCP is to promote the role and contribution of SAS doctors; they are experienced and motivated colleagues with so much to offer the NHS.

Unfortunately, the term SAS (or specialty doctor) can be a bit vague. It implies that we are a single staff group all doing the same thing, sometimes described using the unacceptable term 'middle grades', with limited understanding among some colleagues about what we do and how experienced we are. The term SAS can imply anything from 4 to 40 years' experience as a doctor.

Many SAS doctors feel isolated at times; career progression can be slow and all too often, we are prevented from running our own clinics or ordering tests without consultant sign off, which undermines the authority of senior, well qualified doctors.

I'm proud to say that the RCP is keen to promote the work of SAS doctors and recognise their contribution; we want to support colleagues in breaking down barriers and achieving wider system change. There are glass ceilings being smashed all the time, but there's still a lot of work to be done.

## **Dr Jamie Read**

RCP SAS lead

# What's next for our SAS strategy?

The RCP will:

- > work with the NHS and senior decision-makers to raise awareness of the positives and the benefits of the SAS role and the career opportunities available to SAS doctors
- > gather evidence and data through surveys to ensure that the SAS voice is heard
- > encourage SAS doctors to become fellows of the RCP and have a greater say in the RCP's work
- > encourage NHS trusts to seek college approval of job descriptions for SAS doctors
- > continue to offer SAS doctors the opportunity to serve on committees and working parties
- > encourage the use of the [CPD diary](#) and the [ePortfolio](#) for appraisals and CESR applications.

**'When we look at the workforce crisis in healthcare, why on earth wouldn't you encourage people to work more flexibly in a job they're really going to enjoy, shaped to their own career plans, without the pressure of training requirements? We need to be much more honest with people. Being a GP or a consultant is a great job, but it's not the only job you can do as a senior doctor in the NHS.'**

– SAS doctor



# Introduction

In February and October 2022, the RCP hosted two virtual workshops of SAS doctors in south-west England. Doctors from a range of specialties and career grades joined us from across Cornwall, Devon, Gloucestershire, Wiltshire and Somerset to discuss the key issues, opportunities and

challenges facing SAS doctors in their region. We have used these findings alongside a snapshot audit of the progress made against the RCP's SAS doctor strategy 2022–24.

SAS doctors are a significant and experienced part of the medical workforce and make up around 20% of all doctors, rising to 30% when locally employed doctors are also included. They work in non-training senior roles with at least 4 years of postgraduate medical training. There are SAS doctors in every hospital specialty, as well as in primary and community care, many of whom have made a positive choice to step into an SAS role, maybe for geographical stability or a better work–life balance. SAS doctors can work towards the certificate of eligibility for specialist registration (CESR) or apply for a training post to become a consultant, although many prefer a career as an SAS doctor.



# RCP support for SAS doctors

In February 2022, the RCP launched its first formal [SAS doctor strategy](#), which sets out how the RCP will ensure SAS doctors are treated equitably within the RCP, offer tailored education and training opportunities and help SAS doctors to develop fulfilling careers. The RCP also hosts a [national SAS network](#) made up of representatives from across the UK.

**‘SAS doctors are currently working in hospitals across the country, and our strategy highlights the need to identify and support these doctors in their training, leadership and educational needs. The medical workforce crisis, evident over the past decade, will only be addressed by drawing on the widest possible pool of talent and ensuring equity and representation in both the workplace and in the professional membership body of physicians – represented by the RCP.’**

– Dr Cathryn Edwards, RCP registrar

## **1 Educating physicians and supporting them to fulfil their potential:**

We aim to ensure that SAS doctors have equity of access to educational opportunities and examinations to progress their careers. We will support SAS doctors’ involvement in the delivery of education, training, assessment and research.

## **2 Improving health and care and leading the prevention of ill health across communities:**

We will support SAS doctors to be involved in quality improvement, service design and service development.

## **3 Influencing the way that healthcare is designed and delivered:**

We will support SAS doctors to develop leadership skills and position themselves for leadership of system design, workforce planning and the delivery of patient-centred care. We will share good practice of SAS doctors working within a multiprofessional physician community.

## **4 Membership engagement and community:**

We will build SAS communities within the RCP to represent the SAS doctor workforce and promote SAS networks outside the RCP while supporting the wellbeing of SAS doctors.



# Key findings

- SAS doctors are all individuals, and their skills and experiences are diverse.
- Becoming an SAS doctor is a positive and conscious career choice for many clinicians.
- It can be a very rewarding and fulfilling job combining flexibility, stability and work–life balance.
- An SAS role can allow a doctor to specialise in an area that they are passionate about.
- However, many still face difficulties accessing education, CPD and teaching opportunities.
- NHS trusts do not always recognise the senior clinical expertise of SAS doctors.
- Many SAS doctors struggle to have their workload formally recognised.
- Stronger networks and mentoring could help to reduce feelings of isolation.
- Sharing experiences and ideas could help to build a stronger, more supportive community.

## 1 Educating physicians and supporting them to fulfil their potential

SAS doctors told us that they would welcome more support for the CESR process, including courses and mentor networks to offer tips and insights for those who want to become consultants. Many trusts or deaneries are also keen to support SAS doctors going through the CESR process, so people should always ask for help. There may also be local away days or conferences designed specifically for SAS doctors.

### What have we done so far?

- We have been a leading voice in the review of CESR processes, working with the Academy of Medical Royal Colleges and the General Medical Council to make it fit for purpose.
- We will continue to run and provide CESR study days and workshops through the RCP Education department.

### What's next?

- The RCP will encourage and support more SAS doctors to apply for fellowship.
- We will work to increase SAS representation on Council, committees and journal boards.
- We will update our CESR study days and workshops to reflect any changes to the process.

‘I’ve been an associate specialist in acute medicine for 5 years and was awarded RCP fellowship a couple of years ago. It came at the right time for me: I didn’t have CESR so I wasn’t a consultant, and becoming FRCP has been very helpful to demonstrate my experience with other colleagues. I rather fell into becoming an SAS doctor; I couldn’t decide on a specialty. I ended up working in an ambulatory care unit, but the hospital didn’t really understand what my role was, and it took some effort and teamwork with other SAS doctors to develop a career path.

‘It’s worked extremely well for me. I can choose my hours, and I had the flexibility to work part time while my children were small. Now they are older, I can take on extra roles and responsibilities at work.

‘Continually having the conversation with consultant and trainee colleagues about what I can and can’t do is quite frustrating. It hasn’t been plain sailing at all. Things changed during the pandemic when people realised that we’re capable of leading projects and that we are senior clinicians. It has helped that we had a peer group locally, to support each other and develop the role.’

– Associate specialist doctor

## 2 Improving health and care and leading the prevention of ill health across communities

The RCP is keen to encourage more SAS doctors to present their research and improvement projects at our regional updates. During our workshops, we discussed how some trusts have organised regional careers days where medical students, foundation doctors and core trainees can learn about the SAS pathway. We discussed whether the RCP should ensure dedicated exhibition space at regional updates for SAS colleagues to showcase their work and achievements.

**‘I would tell my younger self to keep going. There were points at which we lost hope, and thought we’d be stuck doing the boring, mundane, dull jobs forever. Specialty doctors can go under the radar. Having confidence in yourself, speaking up and being clear about what you can offer to the hospital is so important. Many junior doctors no longer distinguish between consultant and associate specialist – they just see us as the senior clinician. There’s no reason why SAS doctors can’t take leadership roles.’**

– SAS doctor

‘I was awarded fellowship by the RCP at the end of 2021. I have been a specialty doctor in cardiology for 7 years, having previously been a registrar. I had a leadership role and was very involved and active in developing medical education and supporting our junior doctors. I feel that becoming a fellow has been very positive for me. Many people don’t understand what an SAS doctor does, and how much experience I have. I feel that I’ve been recognised for my responsibilities and workload, and it has reinforced my decision to remain as an SAS doctor because I have such flexibility and independence in my current role.’

– Specialty doctor

### What have we done so far?

- > We are developing a directory of SAS doctors who are leaders in their field.

### What’s next?

- > We will consider how best to showcase SAS doctors’ achievements at regional events as well as sharing good practice and giving SAS doctors the opportunity to network locally.



### 3 Influencing the way that healthcare is designed and delivered

We heard that many SAS doctors are doing the job of a consultant, often without sufficient status or pay. Yet it's not always about the money. Senior SAS doctors told us that recognition of their work is often more important, along with professional respect from colleagues and the ability to take autonomous decisions at a senior level, yet some felt they were seen as 'cheap labour'.

**'I job share with an associate specialist colleague. We've managed to make progress through working together and supporting each other. We've taken on additional roles through sheer perseverance, and it can be exhausting to fight a very bureaucratic, complex, difficult system. Doing it together has made it bearable. For example, we were told that we couldn't take on senior leadership roles as consultant colleagues wouldn't accept it. It's taken a lot of work to get this far. The secret has been to create relationships so that people learn to forget your job title and treat you as a person instead.'**

– SAS doctor

An SAS role can give people the flexibility to take time out, perhaps for caring or family commitments, before re-joining the workforce as an SAS doctor at a later date. It is vital that senior NHS leaders support and encourage SAS doctors to take up clinical leadership roles; we heard that 'taking on additional roles is scary but gives exposure to senior leadership work.'

**'I've seen the stress really lift off people's shoulders [when they receive formal recognition of their workload and clinical experience]; it improves doctor wellbeing.'**

– SAS doctor

'Being an SAS doctor works well for me. More and more people are actively choosing to go down the SAS route, rather than just falling into it. I'm now the clinical lead in acute medicine, and I examine for PACES, which is fun and interesting. Once upon a time, you would never have been allowed to examine as an SAS doctor, so that's good. I'm also the RCP college tutor in my hospital, which gives me a day a week in the education department, supporting trainees and running a doctors-in-difficulty programme. In some ways, that's more interesting than the clinical work.'

– Associate specialist doctor

#### What have we done so far?

- > We held two SAS doctor weeks in 2021 and 2022 during which we showcased the work of SAS doctors through case studies, online webinars and live social media events.
- > We launched RCP Launchpad – a member benefit helping SAS doctors, who are moving towards autonomous practice, grow into excellent educators, trainers and medical practitioners.

#### What's next?

- > We will ensure that the SAS doctor voice is represented, and their achievements celebrated through the quality improvement resources on our digital hub, Medical Care – driving change.



## 4 Membership engagement and community

We heard that SAS doctors valued the opportunity to discuss their experiences and share ideas as part of the RCP SAS network. Many of them were keen to stress that for them, the SAS career pathway had been a positive choice, despite the challenges they faced in managing and balancing different roles and perceptions. Support networks are crucial, and many SAS doctors stressed the importance of finding a peer group, even across multiple specialties, and pointed out that empowering other SAS doctors to take on new roles will help to create a wider network of support.

They wanted the RCP to support them in disseminating information and sharing good practice, while recognising that SAS doctors are not all the same: every individual doctor will have different priorities, career development plans and specialty interests. As one doctor described it, ‘we’re not a homogenous group, we’re all different, we all come from different backgrounds and specialties.’

‘I’m on a steep learning curve. I’ve just taken up post as dean of medical education at Cardiff University School of Medicine; I believe I’m the first SAS doctor to ever hold a dean role in a UK medical school. Historically, some people have seen SAS doctors as those who did not reach the end point, that is, becoming a GP or consultant. But many of us have made the positive choice to become an SAS doctor. For years, I had no idea what an SAS doctor was. I simply followed the training pathway that was laid out in front of me. It was only when I worked with a fantastic associate specialist that I learned more. We need to explain to undergraduate students that there are different options.’

– Dr Jamie Read, RCP SAS lead

### What have we done so far?

- We have run five SAS network meetings in our pilot areas of Wales and the south-west of England, with others planned across the country.
- We have promoted RCP fellowship and encouraged SAS members to apply.
- We have promoted and encouraged the involvement of SAS doctors in our educational events and fellowship panels.
- We have appointed our first ever SAS trustee, giving SAS doctors a seat on the board and a voice at the highest levels of decision making at the RCP.

### What’s next?

- Our SAS network will build regional communities that share good practice.
- We will work to help people feel included and support them to feel less isolated.
- We will highlight career development opportunities and promote different career options.

**‘I think there are some colleagues who might be put out that they did it the “proper” way. They went through the training pathway to become a consultant, and they seem to think we’ve had an easy time of it. I’m not sure it is the easy option though. But it worked for me.’**

– SAS doctor

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