

SAS doctor strategy 2022–24



Royal College
of Physicians

Foreword



The appointment of an SAS lead for the Royal College of Physicians (RCP) in 2017 started a reappraisal of how the college could support and enhance SAS careers. SAS doctors* form a significant part of the physician workforce, many in autonomous practice, but have historically been poorly represented in the RCP. The registrar at the time, Dr Andrew Goddard (now the RCP president), supported the appointment of an SAS lead, and this has transformed the way in which SAS doctors are represented in the RCP.

As Dr Waleed Arshad finishes his tenure in the role of lead, his successor Dr Jamie Read steps up to deliver and implement the ambitions of the past 5 years of collaborative effort. I am delighted, therefore, as the RCP registrar responsible for membership engagement, to introduce the RCP SAS strategy for 2022–24. This is the first formal SAS strategy document and it builds on the achievements of 2017–21 while also underpinning the recently published RCP strategy document, [Educating, improving and influencing for better health and care](#). The SAS strategy outlines how this relatively new membership constituency can be developed and supported over the next strategic period and aims to double the numbers of actively participating SAS doctor members and fellows of the RCP.

* The RCP defines SAS doctors as: specialty and associate specialist doctors

Aligned to the [new fellowship process](#), which will help improve recruitment of SAS doctors to fellowship, our strategy recognises the different training paths that doctors working in the NHS choose to take, and the variety of skills and talent pool that this develops for the physician workforce. SAS doctors are currently working in hospitals across the country, and the 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.

In introducing this strategy, many people need to be credited with its vision, development and implementation, not least the RCP officers and membership staff team. I am also pleased to see this project coming to fruition at the end of this second year of the pandemic, at a time when the contribution to COVID-19-related patient care by all the physician workforce needs to be recognised and celebrated.

Dr Cathryn Edwards, RCP registrar

Background summary

SAS doctors are a significant, talented and experienced part of the UK medical workforce. The GMC register [as of 23 September 2021] showed that SAS doctors make up almost 20% of all doctors, rising to 30% when locally employed doctors are also included.

A diverse group in every sense, they range from doctors with 4 years of experience (a similar level of experience to trainees) to highly experienced, senior independent practitioners. All doctors appointed prospectively into new SAS posts are appointed as specialty doctors or specialist doctors. However, a number of doctors still remain on the terms and conditions for other historic grades (eg associate specialist), which are now closed to new entrants.

The associate workforce and NHS pressures, and the COVID-19 pandemic, have highlighted the vital role that SAS doctors play in UK healthcare.

The RCP SAS strategy sets how we will ensure SAS doctors are treated equitably within the RCP; are offered tailored opportunities that recognise their unique contributions to healthcare settings, and provided with a platform to develop fulfilling careers.



RCP SAS membership as of 1 January 2022

Membership grade	SAS membership	RCP membership
Fellow	83	19,594
Collegiate*	251	13,578
Associate†	192	4,409
Physician associate	0	2,868
Physician associate student	0	1,046
Total membership	526	41,495

*Collegiate membership is available to those who have passed MRCP(UK) or are NHS consultants in a substantive post.

†Associate membership is available to those with a medical degree but who do not hold MRCP(UK), as well as sub-categories for medical students and foundation doctors.

Strategic priorities 2022–24

1 Educating physicians and supporting them to fulfil their potential

- > Ensuring SAS doctors have equity of access to educational opportunities and examinations to progress their careers.
- > Supporting SAS doctors' involvement in the delivery of education, training and assessment.
- > Supporting the development of SAS doctors in research to enhance the delivery of patient-centred care, and the presentation and publication of that research.

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

- > Supporting SAS doctors to be involved in quality improvement, service design and service development.





3 Influencing the way that healthcare is designed and delivered

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

4 Membership engagement and community

- > Building SAS communities within the RCP to represent the SAS doctor workforce.
- > Establishing and developing SAS networks outside the RCP.
- > Supporting the wellbeing of SAS doctors.

Strategic aim 1 – Educating

- > **Ensuring SAS doctors have equity of access to educational opportunities and examinations to progress their careers.**
- > **Supporting SAS doctors' involvement in the delivery of education, training and assessment.**
- > **Supporting the development of SAS doctors in research to enhance the delivery of patient-centred care, and the presentation and publication of that research.**
- > Increase the number of SAS doctors, with appropriate qualifications and experience, in college tutor roles.
- > Involve SAS doctors in the delivery of RCP regional and national CPD events.
- > Involve SAS doctors in the delivery of RCP courses and workshops, developing SAS doctors as education faculty.
- > Promote opportunities for SAS doctors to be examiners at the PA national examination.
- > Promote and support SAS doctors to undertake credentialing in research.

Short term

- > Work with the Federation of the Royal Colleges of Physicians of the UK to ensure SAS doctors have access to the ePortfolio – and the cost is the same as for trainees.
- > Work with the relevant specialist societies to ensure that SAS doctors are aware of equitable access to specialty specific examination recognition.
- > Encourage college tutors/training programme directors to work with SAS tutors to involve SAS doctors in local and regional internal medicine/higher specialty training, including as a 'buddying' relationship.

Medium term

- > Work with the Federation to ensure that SAS doctors have equity of access to the MRCP(UK) examination.
- > Advocate that all SAS doctors have access to study leave and learning opportunities on an equivalent basis to consultant colleagues, as their development and revalidation needs are similar.
- > Ensure that job descriptions for newly appointed SAS doctors receive appropriate scrutiny, with protected time for education and career development.



- > Involve SAS fellows who fulfil the eligibility criteria in the delivery of MRCP(UK) and other specialty diplomas.
- > Work with HEIs and deaneries to recognise SAS doctors in education roles through appropriately job-planned time and honorary titles.
- > Increase clinical time for research by influencing job planning and guidance on advisory appointment committees.
- > Understand and address the barriers deterring SAS doctors from participating in research, especially in relation to equality, diversity and inclusion.
- > Support SAS doctors to undertake higher degrees in research.

Long term

- > Work with the GMC to make sure the CESR process is fit for purpose as a route to the specialist register for SAS doctors, with the ultimate aim of a single recognition of specialist qualification (CCT).
- > Support the development of SAS doctors as autonomous practitioners, and work with NHS England to make sure hospital information systems capture the SAS contribution to patient care.
- > Work with the GMC to ensure that SAS doctors are eligible for the potential medical education credential currently in development, even if they are not on the specialist register.
- > Provide resources and funding awards to promote and celebrate research activity from SAS doctors.





Strategic aim 2 – Improving

- > **Supporting SAS doctors to be involved in quality improvement service design and service development.**

Short term

- > Support SAS doctors to be involved as clinical assessors in the delivery of accreditation site visits run by the RCP Care Quality Improvement Department.
- > Support SAS doctors in delivering care in line with the NHS Patient Safety Syllabus.
- > Encourage dissemination and publication of patient safety and quality improvement activity by SAS physicians.

Medium term

- > Support SAS physicians to access opportunities to develop improvement practice skills and improvement coaching skills.
- > Support SAS physicians to join relevant RCP safety and improvement networks.
- > Promote the opportunity for SAS physicians to be appointed as chief registrars.
- > Promote the opportunity for SAS physicians to apply for a role on the Medical Care website, [Clinical Medicine](#) and [Future Healthcare Journal](#) editorial boards.



Strategic aim 3 – Influencing

- > **Supporting SAS doctors to develop leadership skills and position themselves for leadership of system design, workforce planning and the delivery of patient-centred care.**
- > **Sharing good practice of SAS doctors working within a multiprofessional physician community.**

Short term

- > Advocate that SAS doctors have access to opportunities, on an equal basis to consultant colleagues, to develop in extended roles. Promote RCP leadership courses such as [Doctors as Leaders](#), [Organisational Leadership](#) and [Emerging Women Leaders](#) to SAS doctors.
- > Extend new consultant development support to specialist doctors and senior specialty doctors.
- > Recognise SAS leaders by electing them to [fellowship](#).
- > Provide support to international medical graduates through the RCP to aid their transition into a new healthcare delivery model.

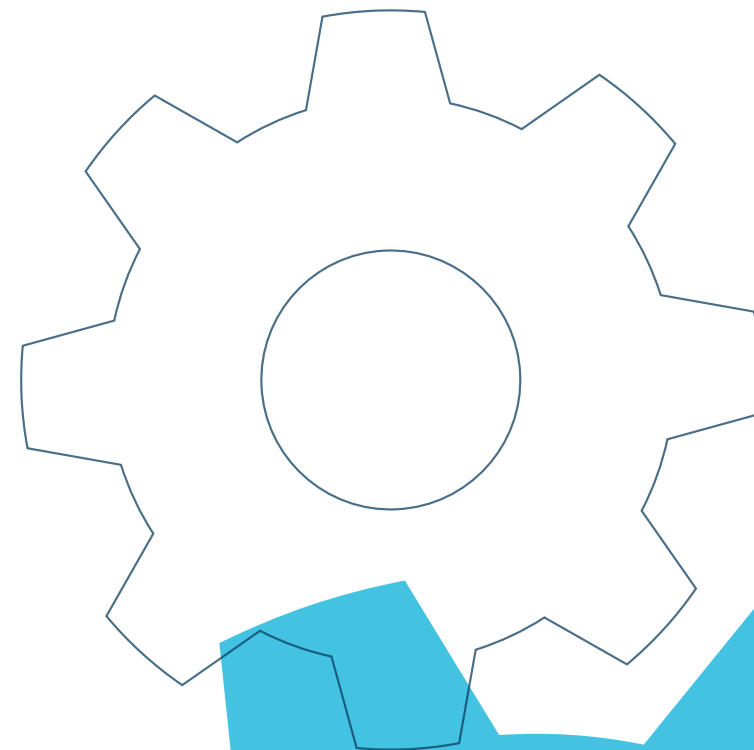
- > Use platforms, such as an annual RCP SAS week, to highlight the role of SAS doctors.

Medium term

- > Improve working conditions and work schedules of SAS doctors by influencing job planning and guidance on advisory appointment committees.
- > Improve professional development for SAS doctors by influencing the appraisal process.
- > Recommend SAS doctors for honours via the Honours Committee.

Long term

- > Explore developing a multidisciplinary SAS network with other stakeholders to support the SAS workforce.
- > Work with local and national healthcare organisations to consider SAS doctors in roles such as chief executive positions.
- > Encourage SAS doctors to take up key national leadership roles in medical organisations.



Strategic aim 4 – Member engagement

- > **Building SAS communities within the RCP to represent the SAS doctor workforce.**
- > **Establishing and developing SAS networks outside of the RCP.**
- > **Supporting the wellbeing of SAS doctors.**
- > Ensure all relevant boards and committees within the RCP have SAS representation, including specialist advisory and CESR committees.

Medium term

- > Create membership growth to at least double the current SAS membership numbers and growing it to 1,500 in 3 years.
- > Promote resources and introduce workshops that help all doctors including SAS to develop resilience and improve wellbeing.
- > Elect SAS representatives in all 18 UK regions and nations.
- > Develop a cohort of SAS doctor fellows to act as reps for SAS advisory appointment committees.

Long term

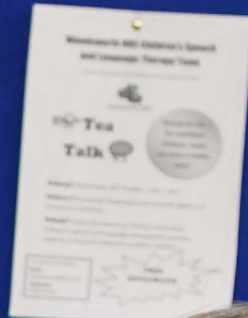
- > Move to the SAS lead being elected by SAS members and fellows once membership has reached sufficient size.

Short term

- > Amplify the voices of SAS doctors by undertaking yearly surveys (along with that of consultant and higher specialty trainees), sharing the findings at a provider level.
- > Publishing data on SAS doctor membership annually and conducting an annual SAS doctor census.
- > Expanding the eligibility criteria of collegiate membership to include associate specialist and specialist doctors without MRCP(UK).
- > Allowing and encouraging self-declaration as a route into fellowship for SAS doctors who are RCP members.
- > Ensure all senior leadership roles within the RCP are open to SAS fellows.



Reception



INFECTION CONTROL INFORMATION



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