



Royal College
of Physicians

Educational and career support

for specialist,
associate specialist
and specialty (SAS)
doctors

**Guidance for doctors
and employers**

June 2024

More needs to be done to support SAS doctors.

The number of specialist, associate specialist and specialty (SAS) doctors and locally employed (LE) doctors on the GMC medical register is increasing substantially every year.

‘Doctors working in these roles now make up almost a quarter (24%) of our total workforce, up from 12% in 2021’.

– GMC workforce [report, 2023](#)

Playing a vital role in the NHS, 83% of SAS doctors have 10 or more years of experience in medicine. This is a skilled, diverse and motivated group of people. Most work in senior roles in the NHS, treating and caring for thousands of patients every day, many running their own clinics and working autonomously. SAS doctors (along with LE doctors) are the fastest growing part of the medical workforce, increasing by 40% between 2017 and 2021.

More needs to be done to support SAS doctors. Too often they are treated as ‘other’ – not a consultant and not a doctor-in-training, and the NHS does not always recognise, value or support these doctors to progress in their education and their careers.

It is time to put that right. All doctors need protected time to learn, teach and lead. The educational and professional development of SAS doctors is as important as it is for any other doctor in the health service – and we hope that this guidance will raise the profile of these doctors, as well as convince the NHS and governments across the UK that they deserve parity of esteem and opportunity in their careers. There is no such thing as a ‘non-training’ doctor.

Finally, we would advise SAS doctors who aspire to have a career in medicine to become associate members of the RCP, which allows them to access the CPD diary and online app. After all, valuing and recognising the worth of SAS doctors is not only the right thing to do, but it also benefits our patients, our colleagues, and the wider NHS.

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RCP SAS lead

Associate specialist physician

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Former interim RCP SAS lead

Specialist physician

Dr Robert Fleming FRCA

Specialist anaesthetist

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RCP elected councillor

Consultant physician

'The UK's healthcare systems benefit considerably from the experience and flexibility of both SAS and LE doctors. It is vital that a variety of fulfilling career paths are available to them. We have seen that the increasing proportions of international medical graduate (IMG) joiners moving into postgraduate training or SAS roles has been accompanied by an improved retention rate. But there are more ways for doctors to build a greater sense of belonging in the UK workforce, such as engaging in leadership roles or undertaking research. These types of activities have historically been less commonly available to SAS and LE doctors and could be an area to consider for strategies to improve this group's retention.'

– GMC workforce [report](#), 2023

Why have we written this guidance?

Specialty doctors

Specialty doctors have at least 4 years of postgraduate training, 2 of which are in a relevant specialty. However, they sit outside of national training programmes, which can mean they are a more vulnerable group of doctors, often reliant on the support of their clinical lead, wider department and employing NHS organisations for educational and career opportunities.

Early career specialty doctors should not be penalised or put at a disadvantage because they are not on a national training programme – there is no such thing as a 'non-training' doctor.

Specialist doctors

Specialist doctors are senior SAS doctors with a minimum of 10 to 12 years' experience (6 years in the relevant specialty). The associate specialist grade closed to new entrants in 2008, and in 2021, a new senior 'specialist' contract was introduced.

SAS doctors have a [nationally negotiated contract](#) that (as with consultants) mandates a job plan and salary based on a certain number of programmed activities (PAs) or sessions. Annual leave and study leave for consultants and SAS doctors is the same.

In drafting this guidance, we hope to encourage employers and clinical leads to think about how they can create a high-quality local training pathway for SAS doctors.

Every doctor should have the time and support to continuously learn and develop throughout their career.

Guidance to support SAS doctors

SAS charter

- 1 Trusts and health boards should audit the local implementation of the [SAS charter](#) and develop a plan for any unmet actions.

SAS advocates

- 2 Trusts and health boards should appoint an SAS advocate. Their role is to promote and improve support for the health and wellbeing of SAS doctors.

- 3 SAS advocates should be a senior SAS doctor or a consultant who has been through the CESR/ portfolio pathway.
- 4 SAS advocates should have protected time in their job plan and should report to the medical director. They should be supported to establish SAS doctor fora and networks.
- 5 In an organisation with more than 100 SAS or LE doctors, the trust/health board should consider appointing the advocate at the level of an assistant or deputy medical director to ensure this group is properly represented during workforce planning.
- 11 Study leave for senior SAS doctors is a contractual requirement and study budget should be the same as that of consultant colleagues.
- 12 Senior SAS doctors should be encouraged to become principal investigators for commercial and non-commercial research studies.

Many SAS doctors struggle to have their workload formally recognised.

Becoming an SAS doctor is a positive and conscious career choice for many clinicians.

SAS tutors

- 6 Trusts and health boards should appoint an SAS tutor. Their role is to support SAS doctors with education, medical training and professional development.

Job plans and supporting professional activities (SPA) time

- 7 Trusts and health boards should ensure that all SAS doctors have a job plan that recognises their clinical experience and workload and is reviewed annually, with equitable access to a study budget.
- 8 Trusts and health boards should ensure that SAS doctors have protected time for supporting professional activities (SPA) and to attend local teaching and CPD activity.
- 9 All SAS doctors should be offered a minimum of one SPA session. More senior SAS doctors should be offered additional SPAs if they have other professional commitments, such as teaching or leadership roles.
- 10 Senior SAS doctors should be given the same opportunities as consultants to become trained appraisers, educational supervisors and clinical supervisors.

Portfolio pathway

- 13 Historically, the portfolio pathway (formerly known as the Certificate of Eligibility for Specialist Registration, or CESR) to becoming a consultant has been considered onerous and bureaucratic. SAS doctors who wish to follow this pathway should be proactively supported by their employer throughout the process.
- 14 SAS doctors who wish to follow the portfolio pathway should be supported within their job plan to gain the necessary experience, ideally without the need for a secondment.

Leadership roles

- 15 Experienced SAS doctors should be supported and encouraged to apply for senior clinical and management leadership roles.
- 16 Employing organisations should ensure that all leadership posts are open to SAS doctors and that appointment to the post is based on merit and experience.
- 17 Senior leaders should not be required to be on the specialist register and/or in a substantive consultant post.
- 18 Senior SAS doctors should be considered for pay awards and additional sessions to recognise excellence in performance, leadership, research and innovation, in keeping with the nationally agreed job planning guidance.
- 19 In an NHS department where the majority of doctors are SAS or LE doctors, an employer should consider appointing a clinical director with an SAS contract or background.

- 20 Trusts and health boards should create a dedicated SAS doctor section on local NHS intranets with contacts, guidance and networking/mentoring opportunities.
- 21 Trusts and health boards should proactively encourage SAS doctors to join senior meetings and decision-making committees.

Stronger networks and mentoring programmes could help to reduce feelings of isolation among SAS doctors. Sharing experiences and ideas could help to build a stronger, more supportive clinical community.

Autonomous practice

- 22 Trusts and health boards should develop standardised autonomous practice policies, based on a competencies assessment and a standardised approval process.
- 23 Specialist and associate specialist doctors should have a job plan that allows them to work autonomously.
- 24 Royal colleges should work with the Academy of Medical Royal Colleges to develop national guidelines for autonomous practice for SAS doctors.
- 25 To accurately reflect the level of responsibility, SAS doctors working autonomously should have clinical coding in their name if they are running independent clinics or admitting patients.

Career progression

- 26 Specialty doctors with the required experience, and who meet the requirements of the GMC [Generic professional capabilities framework](#), should be offered the opportunity to become specialists.
- 27 Trusts and health boards should put robust systems in place to support SAS doctors who report bullying and harassment.

The RCP's commitment to SAS doctors

- > We 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.
- > We will gather evidence and data through surveys to ensure that the SAS doctor voice is heard.
- > We will encourage SAS doctors to become fellows of the RCP and have a greater say in the RCP's work.
- > We will encourage NHS trusts and health boards to seek college approval of job descriptions for SAS doctors.
- > We will continue to offer SAS doctors the opportunity to serve on committees and working parties.
- > We will encourage the use of the CPD diary and the ePortfolio for appraisals and portfolio pathway (formerly CESR) applications.

We are proud to support the #SASsix campaign.

- > Every early career SAS doctor should have access to an educational supervisor.
- > All SAS doctors should have equity of access to professional development opportunities relevant to their stage of career.
- > All specialty doctors who meet the required capabilities should have the opportunity to become specialists.
- > Senior SAS doctors should be offered the opportunity to be educators at every level on a par with consultants, eg educational supervisors, clinical supervisors, directors of medical education.
- > All extended roles in leadership and management should be open to all substantive medical staff, ie consultants and appropriately experienced SAS doctors.
- > All LE doctors employed for more than 2 years with one NHS employer should be offered the opportunity to transfer to the appropriate SAS contract.

Educating, improving, influencing

Through our work with patients and doctors, the RCP is working to achieve real change across the health and social care sector. As the membership body for physicians, we represent over 40,000 fellows and members in the UK and worldwide across 30 medical specialties, diagnosing and treating millions of patients every year. We campaign for improvements to healthcare, medical education, and public health.

We want to showcase good practice in your specialty, hospital or local area.

Please contact policy@rcp.ac.uk to tell us more about how you are supporting SAS doctors.

www.rcp.ac.uk
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[@RCPhysicians](https://www.instagram.com/RCPhysicians)



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