

## Wellbeing of the SAS workforce

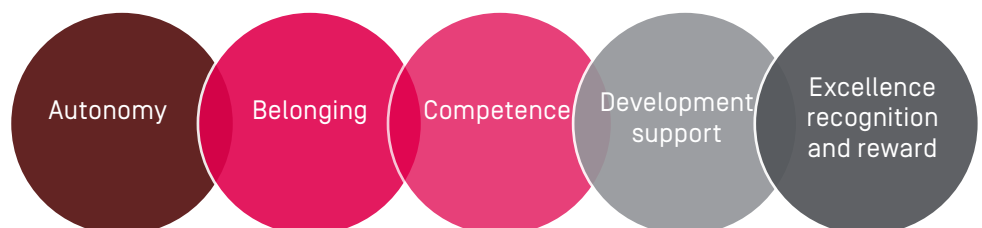
The Academy calls for an improved culture that better supports SAS doctors and dentists

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### Introduction

The wellbeing of a SAS doctor/dentist not only affects the individual but also the employer and patient care. The [DDRBR report of 2020](#) showed that, in the year to January 2020, consultants and different grades of doctors and dentists in training had sickness rates of between 1.4% and 1.5%, compared with rates of 3.1% for associate specialists, 2.3% for specialty doctors and 2.1% for staff grades.

This statement sets out principles to identify problems and proposes solutions for the wellbeing of the SAS workforce. The principles have been adapted and modified from the GMC's [Caring for doctors, Caring for patients](#) report. There should be regular monitoring of these five wellbeing principles/domains by NHS Trusts. This could initially be via the NHS Staff Survey and, in future, an NTS-style annual survey via the GMC.



### Autonomy

SAS doctors/dentists should have control over their work lives.

#### Voice, influence and justice

In recent years, national bodies have called for greater recognition of and support for the SAS workforce. Working in collaboration, the Academy, the British Medical Association (BMA), Health Education England (HEE) and NHS Employers have produced the [SAS Charter](#), the [SAS Development Guide](#) and [Maximising the Potential: essential measures to improve support and development opportunities for SAS doctors and dentists](#).

The SAS Charter published in 2014 sets out what SAS doctors can expect from their employers and what employers can expect of them. The take up of this work has been limited, however. The [GMC SAS and LED survey of 2020](#) showed that only 31.7% of SAS doctors agreed that their Trusts had implemented the SAS Charter. NHS Employers has produced this [resource](#) to help organisations assess their progress in implementing the SAS Charter.

The SAS Development Guide published in 2017 and updated in 2020 describes actions that can be taken to ensure that best practice is applied in the development of all SAS doctors and how different groups can work together to ensure it is applied consistently. The GMC survey showed that only 27.3% of SAS doctors agreed that their Trusts had implemented the SAS Development Guide.



### Recommendations:

- Existing national surveys like the NHS Staff Survey should be promoted to SAS doctors/dentists so the needs and views of the SAS workforce are better understood and, over time, a regular annual survey by the GMC should be developed.
- NHS Employers should inform individual NHS Trusts of any national papers and surveys produced of relevance to SAS doctors/dentists and encourage implementation of necessary actions and best practice demonstrated in these documents at local level.

### Work conditions

The GMC survey showed that around half [55.8%] of SAS doctors agreed that their working environment was supportive and that a third [35.8%] felt that they were not always treated fairly. The [RCP SAS survey of 2018](#) showed that 17% of SAS felt their job always or often got them down and 31% said they always or often worked under excessive pressure. The survey further showed that only 39% of associate specialists and 36% of other SAS grades said they would recommend the role to a junior doctor and only 56% of associate specialists and 45% of other SAS grades would still become an SAS doctor if they could turn back time.

SAS doctors/dentists are contractually entitled to job plans which are mutually agreed and relevant to their roles. The GMC survey showed that 79.9% SAS doctors had an agreed job plan and 20% of SAS doctors had no job planning meeting in the past year. The RCP SAS survey showed that 28% had no job planning meeting in the past year, and 10% had not had one in the last 3 years.

### Recommendation:

- NHS Improvement, NHS Employers and the BMA/British Dental Association (BDA) should work together with individual NHS Trusts to ensure that an annual job planning process for SAS doctors/dentists is implemented.

The RCP SAS survey showed that 87% of SAS doctors had an appraisal in the last year, but almost a quarter [23%] said their hospital didn't provide the data required as part of the supporting information, and a similar number [24%] didn't have sufficient time to plan. The GMC survey showed that only 40.07% of SAS doctors felt that their Trusts had implemented SAS appraisal guidance and worryingly 27.7% of SAS doctors were not even aware of this guidance.

### Recommendation:

- NHS Trusts should have the required arrangements in place to ensure that all SAS doctors/dentists are given appropriate inductions on the Trust appraisal process; have an annual appraisal with a trained appraiser; are supported through the revalidation process, and have time allocated for this activity.

### Work schedules and rotas

The Royal College of Obstetricians and Gynaecologists [Later Career and Retirement report \(2020\)](#) showed that 76% of SAS and LED do on call work and were more likely than consultants to be resident when working on call. Workforce data from other specialties shows a similar picture. There is a significant burden of out-of-hours work carried by SAS clinicians, particularly in acute specialties, without any system-wide recommendations setting limits on out-of-hours work. Where job plans are dominated by out-of-hours work, the development of professional and meaningful team relationships is impeded and personal development severely restricted, to the detriment of patient care. The effects of shift work and irregular working hours on mental and physical health are well known.

The GMC survey showed that 62.8% of SAS doctors have been practising medicine for more than 15 years. The age profile of the SAS workforce mirrors that of the consultant workforce, but the scheduled work profile often mirrors that of usually much younger doctors in training. The effects of aging and impaired physical health on performance and stamina need to be taken into account as doctors progress in their careers, irrespective of grade.

The RCOG report further showed that 31% of SAS and LED expected to retire before the age of 63 years. The DDRB report of 2020 noted that NHS England/Improvement said that Trusts were concerned that the growing number of SAS doctors and dentists that are eligible for retirement



may exacerbate workforce shortages in the coming years and it was necessary to make SAS roles more attractive. The transition of SAS clinicians from purely direct clinical care to a career which has extended roles in education, research and leadership is one way to improve working life and avoid premature loss of an experienced senior medical workforce. The grade needs to evolve from a purely clinical role to a meaningful and progressive career.

#### **Recommendations:**

- NHS Employers and relevant stakeholders should develop and support job planning guidance for SAS doctors/dentists that recognises the benefits of a balance in favour of regular hours over irregular out-of-hours work for doctors/dentists' health and wellbeing as well as for patient safety
- The stakeholders also need to consider different working patterns and responsibilities as these doctors/dentists age to prevent premature loss of an experienced workforce from the NHS. In this regard, SAS doctors/dentists' needs are no different to that of their consultant colleagues.

### **Belonging**

SAS doctors/dentists should be connected to local and national organisations, so they feel valued.

#### **Team working**

Medicine relies on mutually supportive teams. The GMC survey found that 22.5% of SAS doctors reported no induction, 13% did not feel like a valued member of the team and 24.7% were not given the opportunity to participate in decisions at work. The GMC [Fair to refer?](#) report has noted the lack of network and local support at Trust level for SAS doctors. The RCP SAS survey showed that only 27% of SAS doctors had mentors.

The majority of SAS doctors have obtained their primary medical qualification abroad. They therefore need appropriate induction, guidance and mentorship on their integration into the NHS and to navigate their personal development journey.

Local employers should encourage engagement of their SAS doctors/dentists with relevant local/national meetings and organisations via SAS Tutors, College Tutors, Local Medical Staff Committees and Local Negotiating Committees to help improve their sense of belonging. SAS doctors/dentists should be invited, valued and heard alongside consultants at the departmental, divisional and organisational level of NHS Trusts. SAS doctors/dentists should be invited to relevant team and business meetings and have representation on medical committees.

#### **Culture and leadership**

Organisational cultures can have a significant impact on the wellbeing of doctors/dentists.

Most of the Royal Colleges have developed a supportive and compassionate culture towards the SAS workforce. The Royal College of Physicians London acknowledged that many SAS physicians are as knowledgeable and skilled as their consultant colleagues in its [Guidance on safe medical staffing](#) and has made fellowship accessible to SAS physicians in senior roles. The RCOG has ensured that SAS doctors have access to Workplace Behaviour Champions in the same way as trainees do. The Royal College of Anaesthetists and the Royal College of Psychiatrists wrote an open letter to SAS and LE doctors expressing gratitude for their hard work and professionalism shown in rising to the COVID-19 pandemic challenge. The Royal College of Physicians awarded the first posthumous fellowship in its 502-year history to a SAS physician for his contribution during the COVID-19 pandemic.

The compassionate and supportive culture in the Colleges has not transferred fully into NHS Trusts. The GMC survey showed that 30% of SAS doctors were bullied, undermined or harassed in the last year, in 44.9% of cases bullying was from consultant colleagues. The RCP SAS survey showed that almost a fifth (19%) of SAS physicians had been the victim of bullying, harassment or victimisation in the workplace in the previous year and only 25% made a formal report.

Colleges and NHS Trusts should promote resources and introduce workshops which help all doctors/dentists including SAS to develop resilience and improve wellbeing. The Academy's



Support for doctors webpage has valuable resources.

**Recommendation:**

- [Our NHS People](#), [the Practitioner Health Programme](#), [Royal College/Faculty support offers](#) (e.g. [RCSEd Anti-bullying and undermining campaign](#)), [BMA wellbeing support services](#), [the Doctors' Support Network](#), and initiatives like [Schwartz Rounds](#) should be inclusive of and promoted to SAS doctors/dentists.

[We are the NHS: People Plan for 2020/21](#) sets out actions to support transformation across the whole NHS. Though there is a collective aspiration across the four UK health systems to develop compassionate and inclusive leadership, translation into practice remains a challenge. The lack of implementation of the SAS Charter and SAS Development Guide shows that rhetoric has not been converted into reality. The NHS Employers [SAS survey of 2020](#) showed that certain principles of the SAS Charter were proving difficult to implement, of which the most challenging was for SAS doctors to be involved in organisational structures. The GMC survey analysis showed that SAS doctors who disagreed with the statement that their working environment was supportive reported higher levels of burnout. This highlights the effects of poor organisational culture and working relationships in NHS Trusts.

**Recommendation:**

- Care Quality Commission (CQC) inspections and other quality assurance programmes should ensure that feedback is sought from the SAS workforce regarding their working conditions, team working, and the culture and leadership of NHS Trusts.

## Competence

SAS doctors/dentists should be better supported to deliver high-quality care.

### Autonomous practice

The Royal College of Physicians London's [Guidance on safe medical staffing states](#) that Tier 3 clinicians have overall responsibility for the care of patients. They are currently consultants, or associate specialist or specialty doctors above threshold 2. The RCP SAS survey showed that job satisfaction was higher among associate specialists, with 78% always or often enjoying their job, compared with 69% of other SAS grades. They were more likely to be working autonomously (75% compared to 45% of other grades), and twice as likely to be regularly asked to cover gaps in the consultant rota (35% compared to 17% of other grades). Almost three fifths said their hospital had no established process for them to develop autonomous practice.

**Recommendation:**

- The BMA template for autonomous practice [endorsed](#) by the Academy should be used by NHS Trusts to develop the autonomous practice of SAS.

### Extended roles – Education/ research/ management

Facilitating involvement in education, research and management activity is one possible way of creating a better working environment. When the Royal College of Physicians London asked consultants to rank potential measures to improve job satisfaction in its 2018 survey, respondents favoured protected time for work other than direct clinical care.

The GMC survey showed that 6.5% of SAS had no SPA time and 58.4% had only 1 SPA, falling below the Academy recommendation for revalidation, and potentially precluding the practice or development of non-clinical skills that could benefit both the individual and local service needs.

**Recommendation:**

- All SAS doctors/dentists should have access to opportunities on an equal basis to consultant colleagues to develop in extended roles.



## Development support

SAS doctors/dentists should have equity of access for development so they can maximise their potential.

SAS Tutor (or its equivalent) is an influential role which provides support and guidance to SAS doctors/dentists. The GMC survey showed 23.9% of SAS doctors do not have access to a SAS Tutor (or its equivalent). The NHS Employers SAS survey showed that the majority of organisations (69%) had appointed a SAS Tutor, however this was not the case across the board and 20% of Trusts did not know if they had a SAS Tutor in place.

Continuing professional development (CPD) is vital for SAS doctors to keep up to date with their skills and competencies. The recent GMC survey showed that about 41% of SAS doctors had difficulty in accessing CPD opportunities.

SAS doctors/dentists form a diverse group. They range from doctors/dentists with four years of postgraduate experience to those working autonomously and training consultants of the future. Some SAS doctors wish to progress their careers by obtaining a certificate of eligibility for specialist registration (CESR) and qualifying for the General Medical Council's (GMC) specialist register.

### Recommendations:

- The statutory bodies (HEE and its equivalents) should ensure all NHS Trusts have a SAS Tutor (or equivalent) who can work with their local Director of Medical Education (or equivalent) to support SAS access to both generic and specialty-specific CPD opportunities through Trust study leave (as per consultants) and through SAS development funds
- Colleges should ensure they offer their SAS doctors/dentists similar support and development opportunities to their trainees and consultants, appropriate to their career stage and needs
- The GMC should accelerate the work which it is carrying out to simplify and streamline the CESR process, including a review of criteria and fees and their fairness in comparison to those for doctors in training.

## Excellence recognition and reward

SAS doctors/dentists should be recognised and rewarded for excellence in service development, teaching, research and leadership roles. 54% of Trusts fed back to NHS Employers that the most common issue affecting the morale and motivation of SAS doctors was recognition, followed by pay at 46% in the 2020 survey. The Academy and Colleges recognise that pay and clinical excellence awards are contractual issues but advocate better recognition of the valuable contribution made by this part of the medical workforce.

### Recommendations:

- Nationally, the Colleges should make fellowship (if by election) inclusive as the Royal College of Physicians London has done
- Regionally, HEE (and its equivalents) should consider awards for the SAS workforce as HEE North West does
- Locally, individual Trusts should ensure that SAS doctors/dentists are recognised in employee awards.

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