

Leadership development for SAS doctors and dentists

Academy promotes greater SAS involvement in medical leadership

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August / 2020

Background

The new [People Plan 2020/21](#) highlights the importance of diverse, inclusive and compassionate clinical leadership in the NHS. It proposes an improvement in leadership culture, building on [Developing People – Improving Care](#) published in 2016. These have not yet resulted in widespread culture change but the ambition to embed leadership development into all healthcare undergraduate and postgraduate curricula is clearly articulated.

[Outcomes for Graduates](#) from the General Medical Council (GMC) requires greater leadership and management content in medical school curricula. [Excellence by Design](#) mandated rewriting of postgraduate medical curricula to include generic skills as described in the [Generic Capabilities Framework](#). These capabilities are transferable between specialty curricula. One of the capabilities to be demonstrated by doctors in training is leadership and team working (fig 1). The framework gives multiple examples of how this might be demonstrated.



Figure 1. Domains of the Generic Capabilities Framework



Current postgraduate medical leadership training

By 2021, all Colleges and Faculties must have a new curriculum approved by the GMC that includes the principles of Excellence by Design and the Generic Capabilities Framework. The new curriculum content on leadership will be delivered by local specialty schools for all doctors in training.

The two main resources for medical leadership and management training are the [Faculty of Medical Leadership and Management](#) (FMLM) and the NHS Leadership Academy (NHSLA), each offering a wide range of resources and training courses for doctors.

The FMLM manages the National Medical Director's Clinical Fellow Scheme which enables successful applicants to spend 12 months in a national healthcare organisation to develop a wide range of leadership and management skills.

The NHSLA has courses for clinicians at all stages of their career. Entry level modules are available online and individuals can progress to suit their role and aspirations. There are specific programmes to support BAME healthcare professionals.

The Royal College of Physicians of London set up its very successful Chief Registrar scheme to develop the clinical leaders of the future. More recently, it has launched the Springboard to Leadership programme to support diversity and inclusivity.

Other opportunities may be available locally at Trust or Deanery level for doctors of any grade. Some universities offer courses tailored to different career stages and commercial providers run a variety of programmes.

SAS doctors and dentists

SAS doctors and dentists are on permanent contracts with national terms and conditions such as specialty doctor, associate specialist, and staff grade. They are not in a training programme or a substantive consultant post though they may be on the specialist register. They vary from doctors with a minimum of 2 years' specialty experience to highly skilled senior clinicians.

Professional development opportunities for this group of doctors and dentists are vital for recruitment and retention of a key medical staff group. Specialty doctors are in demand for their clinical skills and their flexibility. In many specialties, they are essential for maintaining on-call rotas.

Deaneries may have an Associate Dean with responsibility for SAS doctors. SAS Tutors or Educational Advisors are available in most Trusts and Boards to support SAS doctors and dentists in their professional development. There is targeted funding available through Health Education England (HEE), NHS Education for Scotland (NES) and Health Education and Improvement Wales (HEIW). Discussions are beginning in Northern Ireland to set up SAS Leads and designated development funding.

The role of SAS Tutor or equivalent varies. They may administer development funds themselves or this responsibility may remain with the Deanery. Funding can be for individuals to attend appropriate courses as a top up to the employer's study leave funding. It can also be used for other learning opportunities that may not qualify for study leave funding but are obviously for career development.

Tutors organise courses locally for their cohort of doctors and dentists and should be available for career development advice. This might include discussion of progress towards a CESR application or local re-grading to Associate Specialist (where available).

In 2014, the BMA, HEE, NHS Employers and AoMRC jointly published the [SAS Charter](#) in England with versions for each devolved administration. Each body committed to involving SAS doctors in organisational structures with encouragement and opportunities to get involved in management for those who were interested.

The GMC recently conducted [a survey](#) of SAS doctors which found that implementation of the SAS Charter was patchy. 32% of respondents agreed that their employer had taken steps to implement the Charter but 29% said they had not heard of the Charter at all.



HEE and NHS Improvement published [Maximising the Potential](#) in 2019 listing 11 shared commitments to support SAS doctors. These included:

- Supporting implementation of the Charter
- Ensuring SAS doctors are offered development opportunities to suit service need and experience as well as their own career aspirations
- Ensuring SAS doctors have a clear role in workforce transformation and planning.

Ongoing professional development for SAS doctors is mainly self-directed. It should be based on the personal development plan agreed during the appraisal and job planning processes. From the GMC survey it appears that some SAS doctors do not feel they have sufficient access to CPD and career development opportunities. There were also relatively low levels of engagement of respondents in wider non-clinical activities. This is a missed opportunity for employers.

SAS doctors in partnership with employing Trusts can often pursue mutually beneficial development without the need to attend resource-expensive formal training courses. Examples might include:

- Organising in-situ and simulation suite emergency exercises, particularly on human factors topics
- Leading on service accreditation schemes e.g. RCoA ACSA reviews
- Becoming examiners (many Royal Colleges will struggle in the future to recruit sufficient examiners)
- Increased leadership in research, audit and continuous improvement and quality improvement projects
- Organising fit for surgery type patient meetings (e.g. surgery schools or other aspects of patient liaison)
- Raising the profile of SAS doctors by greater attendance at management meetings and seeking greater representation at national level e.g. College and Faculty Councils.

Some of these examples require significant changes in rules and attitudes. Some Trusts do not allow or encourage SAS attendance at higher level management meetings and most Royal Colleges only use consultants as examiners. Such changes are necessary. SAS doctors could be more proactive in seeking better development and Trusts, Royal Colleges and other bodies should be more flexible. A strengthened and empowered SAS group with more career opportunities will lead, ultimately, to better outcomes for patients.

The [GMC SAS survey](#) confirms the findings of previous surveys, with bullying and undermining a pernicious and persistent problem. SAS doctors are ethnically diverse with a large proportion obtaining their primary medical qualification outside the UK. Bias and prejudice can add to the challenge for SAS doctors seeking to pursue fulfilling career development in leadership and management.

In summary, leadership development for SAS doctors and dentists appears to be variable and inconsistent around the UK. A proportion of SAS doctors continues to have limited knowledge of what is available and how to access learning and development opportunities.



Actions needed

1. NHS Employers to fully implement SAS Charter in all four nations
2. Strengthening of the appraisal process and job planning for SAS doctors to include exploration of leadership and management opportunities suited to the experience and aspirations of the SAS doctor
3. All SAS doctors should have access to study leave and learning opportunities on an equal basis to consultant colleagues as their development and revalidation needs are similar. Course organisers should make it clear that SAS doctors are welcome and not offer solely trainee or consultant delegate options
4. Medical schools, Academy of Medical Royal Colleges, individual Colleges and Faculties should promote SAS grades as a viable career choice offering flexibility and opportunity and such bodies should be more flexible in encouraging SAS doctors to participate, develop and lead in areas which have previously been the preserve of the consultant body
5. National organisations should promote existing leadership and management roles to SAS doctors. This includes GMC associates, HEE Associate Deans, NICE Scholars/Fellows, CQC and medical Royal College roles. Currently only a minority of SAS doctors take up these roles
6. SAS Tutors (or local equivalent) should actively manage their SAS cohort and support career development beyond clinical CPD with sufficient SPA time allocated to allow this
7. Statutory education bodies to ensure equitable access to SAS Tutor (or equivalent) and designated development funding across all four nations.