

# SAS doctor strategy

2023–25



# Foreword

I am extremely pleased to introduce the Royal College of Psychiatrists SAS Strategy 2023–25. This is the first official strategy document related to SAS psychiatrists that the College has produced.

The strategy reflects the needs of a very diverse workforce and aims to support its talent and potential in developing successful and fulfilling careers. It does this by focusing on four areas that will support SAS psychiatrists' training, leadership, and educational needs. Additionally, it outlines how SAS psychiatrists can further engage with the College and, in turn, how the College can further engage with them in developing relationships that will ensure meaningful dialogue and presence within RCPsych.

The College Officers began an important process last year in terms of making SAS psychiatrists feel closer to their College and proposing changes to the wider membership; this strategy properly embeds those aims.

The workforce crisis that psychiatry faces can only be addressed by pooling all the talent in the entirety of the workforce, ensuring SAS psychiatrists are equally valued within the workplace as well as within the College; this strategy starts to address how this can be done.

In August 2020, in the middle of the Covid pandemic, it was recognised by our President, Dr Adrian James, that many SAS psychiatrists worked throughout the crisis on the front lines and were at the core of the medical response. The realisation of this strategy comes at a time when the value of SAS psychiatrists should be further recognised and celebrated; I look forward to supporting their continuing work and professional goals.

I congratulate the members of RCPsych's SAS Committee, led by Dr Lily Read, for their continuing collaborative efforts in producing this strategy and I give my whole-hearted support in the fulfilment of its aims over the next two years.



**Dr Trudi Seneviratne**  
Registrar of the Royal  
College of Psychiatrists

A handwritten signature in black ink, appearing to read 'Trudi Seneviratne', written in a cursive style.

# Background

Approximately a quarter of the UK psychiatric workforce are SAS doctors – substantive doctors recruited on national contracts to specialty and specialist doctor roles. (There are still some doctors working in historical roles, such as associate specialists, which closed in 2008).

This group is diverse, ranging from the most junior – with 4 years of postgraduate medical experience, at least 2 of which are in psychiatry – to the most senior, experienced, highly skilled and independent practitioners of over 30 years.

The composition of the medical workforce, including that of the psychiatric workforce, is changing. GMC data shows that the number of doctors choosing to spend time outside training programmes grew significantly from 16.9% in 2010 to 62.5% in 2018, with significant growth in the SAS group further predicted<sup>1</sup>.

Over the past 5 years, there has been a large increase (47%) in the numbers of doctors who are neither on the specialist register nor in a training programme. This increase is seen across the age span, but most significantly in doctors under the age of 40 (68%)<sup>1</sup>.

There are currently over 105,000 doctors on the UK medical register who are neither in a training programme nor on the specialist register,<sup>2</sup> with many of this group likely to spend a significant part of career, if not the entirety, as SAS doctors. This compares with around 106,000 doctors on the specialist register and 70,000 doctors in training programmes (combined GP and all other specialities).<sup>2</sup>

There are currently around 3,000 SAS psychiatrist posts in the UK. The most recent psychiatric workforce census showed a 15.4% increase in SAS posts between 2019 and 2021<sup>3</sup>.

There is an urgent need to develop of SAS doctors and address the structural and attitudinal barriers that SAS doctors face in accessing opportunities for career progression and for recognition of their skills and expertise. This is reflected in many national

# Background – continued

documents, including those produced by the Academy Medical Royal Colleges, Health Education England and its equivalents in the devolved nations, NHS Employers and the British Medical Association.<sup>4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16</sup>

In addition, specific commitments to this part of the medical workforce are made in the the 2008 and 2021 speciality doctor and specialist contracts, the four UK nations SAS charters of 2014–16<sup>17, 18, 19, 20</sup> and the SAS development<sup>5</sup> guide of 2020.

There is a clear contractual structure of SAS progression that links passing through pay thresholds with a requirement to demonstrate increasing levels of clinical skill and management of complexity with a diminishing level of supervision; at the higher end of the speciality doctor scale autonomous practice is expected, as is for all specialists.<sup>24, 25, 26</sup> Demonstrating capabilities and experience in extended roles is also expected as part of the contractual progression framework and several national documents support equitable access to such roles for this group.<sup>6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17</sup>

Individualised support to acquire the skills and competencies required for progression within this framework has been limited and variable, but it is needed.

SAS doctors are more likely to be female, international medical graduates and from black and ethnic minority backgrounds and are often older than doctors in other grades.<sup>2</sup> Disparities in career opportunities and progression for those from these backgrounds and with these characteristics are well documented across medicine, including in our specialty of psychiatry.<sup>21</sup> There is also ample evidence that this group experiences lack of respect and recognition and higher rates of harassment and bullying than other groups of doctors.<sup>27, 28, 29, 30, 31, 32</sup> This persistent finding led to the creation of a new employer level role – the SAS advocate – in the 2021 national contract, with the specific remit of safeguarding this group’s wellbeing.<sup>32</sup>



## Aims

The strategy sets out to support SAS psychiatrists to fulfil their potential and have a rewarding career via four aims:

- 1 Support education and research**
- 2 Improve care**
- 3 Influence system-level change**
- 4 Belong to the College**

The diversity within this group means that a flexible and personalised approach is needed to ensure everyone gets the support they need. So, for example, this might mean gaining access to education and training to acquire competencies for some, and recognition of already acquired clinical and extended roles capabilities for others.

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When the medical workforce  
is skilled and motivated,  
everybody benefits



## Aim 1: Support education and research

### Support:

- ✓ SAS doctors' development and recognition via access to preparation and support for all avenues of their career development, including within-grade progression, exams, return to training and CESR
- ✓ Experienced, skilled SAS doctors as educators and involve SAS doctors in delivering education and training events
- ✓ SAS academic development, opportunities and recognition

# Actions:

## Developing and recognising

- Provide equitable access to education, training and support to acquire required competencies for SAS doctors' chosen progression path
- Use College influencing networks to ensure SAS doctors have access to exam preparation courses and examinations
- Encourage College tutors and training programme directors to work with SAS tutors to involve SAS doctors in local and regional training events
- Support the development of a buddy system between postgraduate doctors in training and SAS doctors aiming to take the exam and/or return to training
- Explore and minimise barriers for SAS doctors wishing to return to training, at any stage of their career
- Identify and mitigate against factors contributing to differential attainment for SAS doctors
- Build a network of CESR mentors to advise candidates on portfolio evidence and provide regular education to local CESR mentors
- Improve the provision of educational support for CESR candidates at a local and regional level
- Develop e-portfolios to enable SAS doctors to collect the evidence required for their career progression via CESR and for within-grade career progression to autonomous practice
- Use College influencing networks to support SAS doctors accessing training opportunities outside their post needed for career progression
- Support SAS doctors to develop as autonomous practitioners
- Support SAS doctors to gain credentials

# Actions – continued:

## Educators and trainers

- Support SAS psychiatrists as educators of postgraduate doctors in training, including as named supervisors of all types
- Encourage the appointment of experienced SAS educators to other educator roles, including as local tutors of all types, directors of medical education and training programme directors
- Increase the number of SAS doctors involved in examining and setting examination standards
- Increase the number of SAS psychiatrists delivering college educational events and training

## Research and academia

- Provide equitable access to academic development opportunities
- Explore and work to reduce barriers for SAS doctors being involved in research
- Use College influencing networks to campaign for opening academic training opportunities for SAS doctors, including opportunities to gain higher degrees and experience in research
- Use College influencing networks to support creation of academic SAS posts
- Increase the number of SAS doctors in academic posts
- Provide mentoring and opportunities for SAS researchers to contribute to journals as authors, reviewers and editorial board members, starting with College publications
- Use College influencing networks and the College approvals and job planning mechanisms to ensure SAS doctors have the resources to support all the activities above.





## Aim 2: Improve care

- ✓ Support SAS doctors in developing quality improvement skills and practice
- ✓ Involve more experienced SAS doctors in service development and improvement, quality improvement networks at all levels, and in accreditation

### Actions:

- Support SAS doctors training and practice in line with the 2021 National Patient Safety Syllabus
- Support access for SAS doctors to develop QI methodology skills and improvement coaching skills
- Increase SAS doctors' representation in local, regional and national QI networks, including those within the College
- Ensure SAS representation on the Quality Improvement Committee and the work of the Public Health Implementation Centre



## Aim 3: Influence system-level change

- ✓ Develop SAS doctors as leaders
- ✓ Involve SAS doctors in College influencing networks

### Actions:

- Ensure equitable access to leadership and management training
- Champion increasing the number of SAS psychiatrists in medical management and leadership roles at a local, regional and national level
- Involve SAS doctors in the College Engagement Forum and Research Panel
- Work with our regulatory body to streamline and improve the CESR process
- Involve SAS doctors as partners in the influencing process and monitor progress



## Aim 4: Belong to the College

- ✓ Support inclusion of SAS doctors in all College activities
- ✓ Challenge stigma and outdated views of SAS doctors

### Actions:

- Ensure SAS psychiatrists have a voice within the College
- Improve the SAS membership data held by the College
- Represent the SAS workforce in senior college roles across all College structures
- Foster a network of allies and work towards dismantling grade-based barriers to opportunities
- Celebrate the SAS psychiatrists within and outside the College and challenge stigma and outdated views
- Represent SAS doctors in College communications and campaigns, including the **#ChoosePsychiatry** campaign
- Actively work to increase awareness of SAS careers at all levels of pre- and post-graduate medical careers
- Increase accessibility for eligible SAS psychiatrists to become Fellows and be nominated for honours, therefore increasing the numbers of each
- Review the eligibility criteria for categories of existing College awards
- Embed wellbeing of SAS doctors into College policies
- Regularly gather views of SAS doctors regarding processes for supporting their career development and the outcomes of supporting initiatives

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