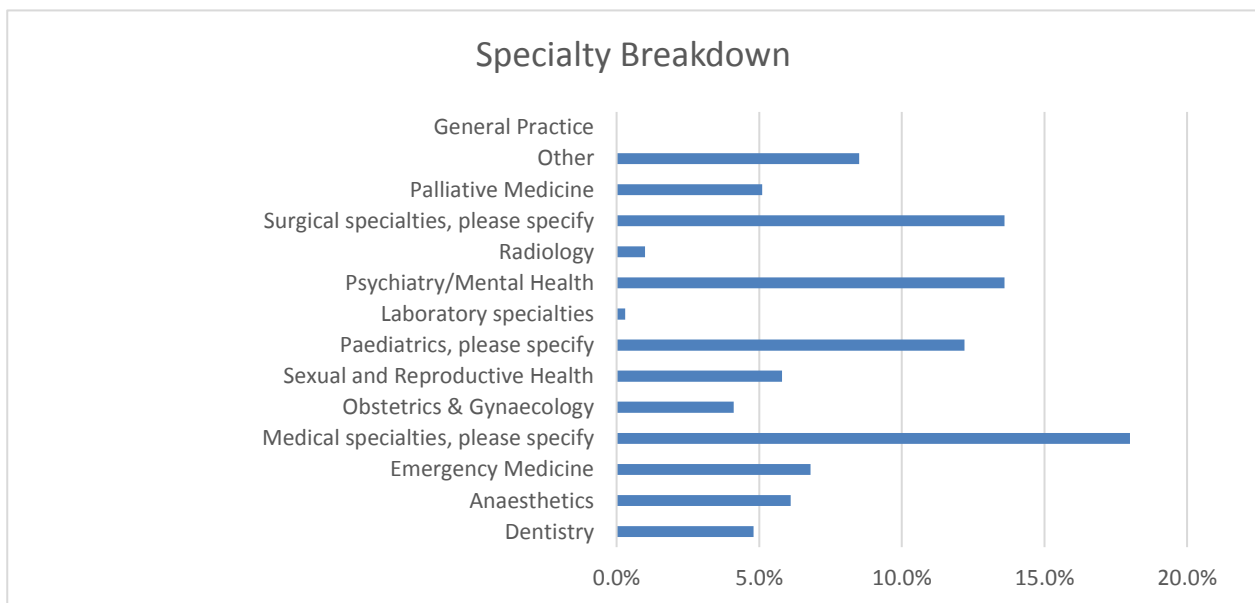


Background: In 2013, the SAS Development Programme established a baseline data set by creating and circulating a comprehensive online questionnaire. This helped to tailor the work of the Programme through its initial 3-year pilot phase with a second survey the following year. In 2017, as an established SAS Programme, sufficient time had elapsed to warrant repeating the survey.

There are 1260 SAS grades across NHS Scotland. 294 responses were received, a 23% return rate. Responses in general reflected the approximate SAS numbers in most of the Health Board areas, with highest numbers in Lothian and Greater Glasgow and Clyde, but fewer respondents from Fife and Grampian than would be expected.

Of the respondents, 60% are Specialty Doctors, 31% Associate Specialists, 4.5% Staff Grades doctor, 3.4% Specialty Dentists. Associate Specialist numbers are reducing year on year, as this is a closed grade.

All branches of practice are represented, in particular Surgical Specialties, Medical Specialties, Paediatrics and Psychiatry.



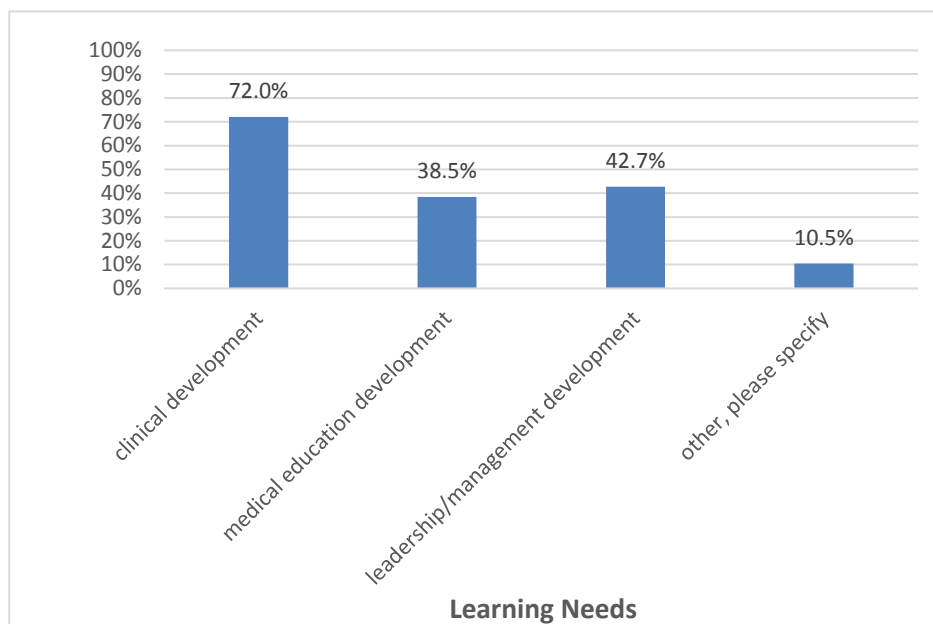
51% of SAS grades work 8 sessions or less per week, with only a small percentage (18.4%) working more than full time hours per week.

There is a spread of experience with 29% have been in their post for less than 5 years though they may not be new to the specialty. In contrast 30% have been in their post for 6-10 years, 26% for 11-20 years, and 14% for more than 20 years.

This is a highly qualified group of staff with a wide variety of post-graduate qualifications. 36% have the membership exam and 33% a postgraduate certificate in their speciality, 15% hold an MSc, 5% MD, and 28% other relevant qualifications. Only 18% have no further qualification since graduation.

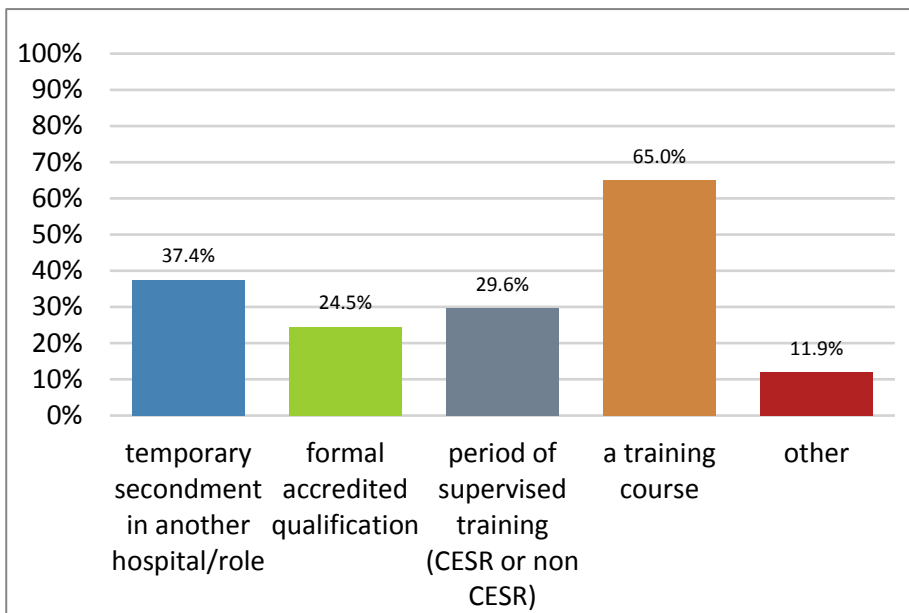
Development Needs: 91% of SAS had an appraisal within the last year, and of these, 49% of individuals had learning needs identified at their appraisal. Of these, clinical development was reported most frequently.

Other learning needs identified included: progressing with their CESR application, IT skills, quality improvement, audit and retirement planning.



SAS grades are entitled to take 30 days of study leave over a 3-year period. 39.8% felt they were able to use their full study leave entitlement. However 48% of SAS respondents take 5 days or less each year. The main reasons for taking less study leave were: being unable to take time away from clinical work (38.1%), unable to get study leave approval (12.6%), lack of funding in study leave budget (20.1%).

We were made aware of many individuals being unable to access childcare for courses which are on days they do not normally work, and feeling unable to take time back for doing this. Others report issues with travelling away from home when they have caring responsibilities, and on-going pressures of their clinical roles with pressures from long waiting lists. Individuals working in subspecialties with restricted numbers of relevant courses may struggle to attend because the Consultant staff and other SAS colleagues may also wish to attend the same course, thus they cannot be released to attend the course, as well as the study leave budget being unable to cover all costs.



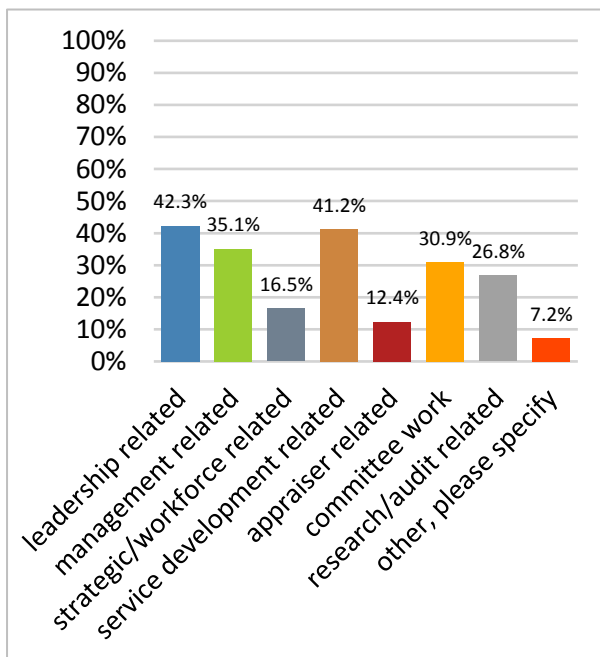
Training needs: SAS doctors and dentists responding to this survey have identified a broad range of training needs to enhance aspects of their role, enabling them to deliver improved service(s) and achieve personal development.

The SAS Programme aims to support those needs through the provision and funding of a variety of group and individual opportunities.

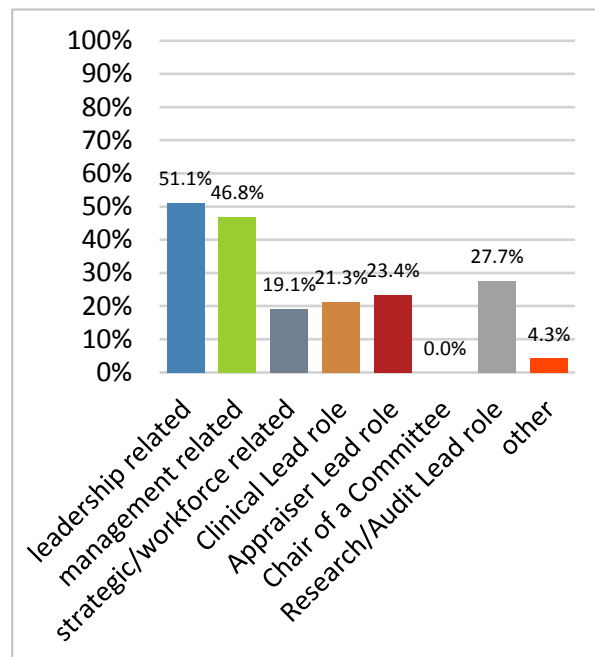
74% of SAS usually meet their college CPD requirements but 4% do not meet these targets and 22% are not a member of any college. Barriers to meeting college requirements were mainly in getting time away from work (75%), Study leave approval (42%) and study leave funding (25%). Individuals reported difficulties obtaining clinical cover to allow attendance for courses, especially in understaffed units.

13% of SAS are a recognised GMC Trainers, and 18% aspire to this. The SAS programme offers access to appropriate training to achieve this.

Leadership and management: A third of respondents already have a leadership and management role. These roles are very varied; this group of SAS doctors are providing considerable expertise. A further 24% aspire to such a role, and 30% may consider this in the future. Access to training is offered through the SAS Development Programme.



Current Leadership/ management role

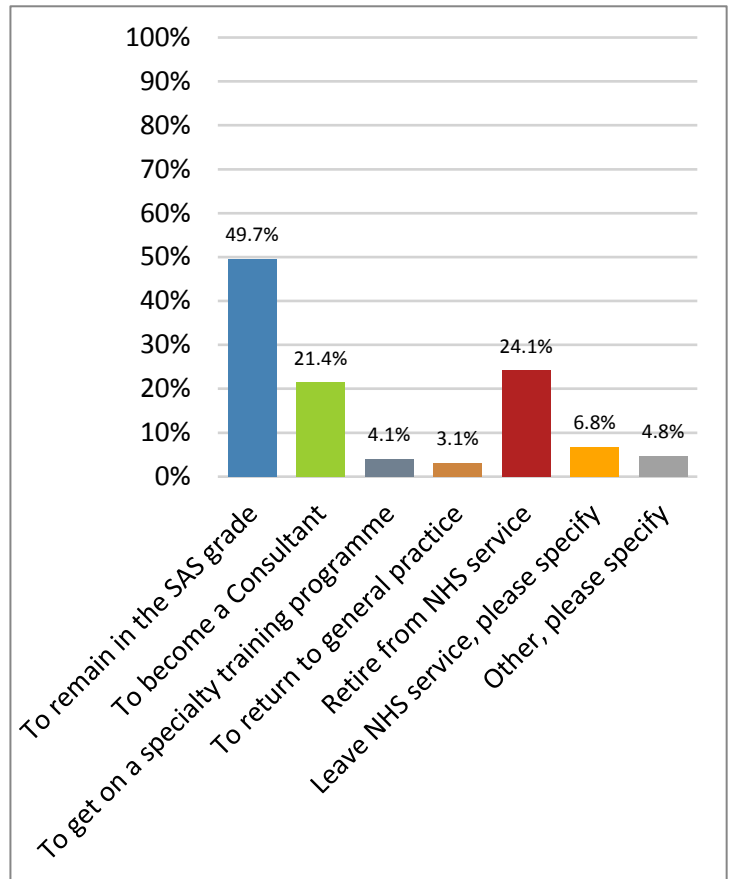


Future aspirations in Leadership/ management

What are your career aspirations over the next 5-10 years?

Concerningly for the NHS in Scotland, 31% of SAS in this survey wish to retire or leave NHS service in the next 5-10 years. Reasons given include the lack of career progression in this grade with the Associate Specialist grade being closed, being asked to change hours to work on-call, minimal job satisfaction, lack of respect and autonomy.

“there is no incentive to obtain further training as a specialty doctor as if I become more skilled I won't be paid more.” “I like SAS grade but I am at the ceiling in terms of pay, I would like to acquire a CESR certificate to allow me to work at consultant level in the NHS if I wish to do so- even on a locum basis, or to be able to take on consultant locum work independently should I wish to do so. Also it is an acknowledgement of level of knowledge and skill. I may wish to remain in SAS grade for work-life balance reasons.”



Specialist Register: 12% of SAS respondents are already on the GMC Specialist Register, of whom 43% achieved this through UK CCT training, and a further 14.3% via the UK CESR route.

The number of individuals aiming to achieve CESR in the future has fallen from 21% in 2013 to 14% now, with 25% remaining undecided. In addition, more individuals responding to this survey have decided against CESR (52.5%) compared with 2013 (44%). We have run annual SAS specific CESR training courses together with the GMC since 2014 and have undertaken a separate CESR survey of those who have attended these courses. This training has enabled the individuals who wish to follow the CESR pathway to have the relevant information and support in order to pursue a successful CESR application; others have indicated after attending the CESR training session that they no longer feel this is a route which is appropriate for them or which they wish to pursue.

Of those considering CESR, 22.9% are in the process of gathering their CESR evidence at the moment, and a further individual awaits the decision about their CESR submission. The SAS Programme is supporting a number of individuals to have secondments to top up their training with the aim of enabling a successful CESR application.

For those considering CESR, the main challenges are the use of significant personal time and commitment (66%) and support from their department (26%). 31% perceive they have a lot of training needs, 31% believe they would have to return to formal training and 34% remain unsure how to go about it. Difficulties finding the time to gather the evidence were raised, as was the ability to have time away from their usual work role and lack of available cover to get the time away. The SAS Programme continues to work with

GMC to deliver CESR training, local Education Advisers can help to guide applicants through this process, and the SAS fund aims to support those with specific and defined training needs.

Re-entering training: 29% of individuals have been 5 years or less in the SAS grade. 5% of SAS respondents are hoping to re-enter a Specialty training programme, and 12% undecided about doing so, however they are aware of several challenges in doing this: cost (47%), use of personal time and commitment (40%), support from their department (47%), uncertainty about the process (27%), and passing professional exams.

Professional development: One third of respondents had no issue with Professional Development. When asked what has affected or curtailed Professional Development, the main barriers cited were Staffing or Service pressures (48%), lack of support from service (23%) and difficulty obtaining leave from work (19%).

Common themes in free text responses:

- No staff cover/issues with arranging cover/have backlog upon return 25%
- Service needs/increasing workload pressure/service already stretched 13%
- Lack of support/encouragement 25%
- No funding/not in budget 8%
- Leave affects waiting times/would have to cancel clinics 4%
- Can't find extra time/increase in workload and hours/no SPA 8%
- Home or personal circumstances/childcare/family commitments 4%

SAS doctor opinions on issues that may affect professional development:

- "Other medical staff view specialty grade doctors negatively. I have been compared to ANPs/junior doctor/ trainee on more than one occasion."
- "There is a gross misunderstanding of the grade amongst non SAS grade staff"
- "Sometimes clinics are overbooked and pressure on service means that sessions where training or development may have taken place are being sidelined. The main priority for the NHS is target driven and the avoidance of breachers"
- "Our service is under review following the retirement of two colleagues who are not to be replaced. It is difficult to see the future of the service at present."
- "Professional development is first to suffer at hands of service pressures/clinical requirements"

Do you consider there to be any unmet service needs which could be delivered by SAS?

59% of SAS doctors and dentists believe that they could be improving the services delivered and improving patient care. This could be met by developing new clinics, learning new skills to develop services, improved patient pathways. The SAS development Programme aims to address these needs.

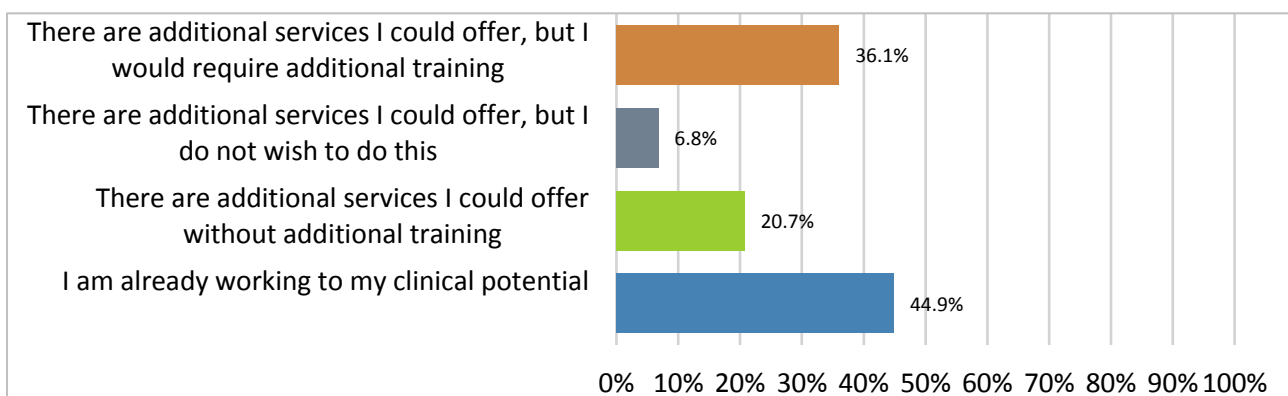
Specified unmet service needs:

- "Too few consultants to run clinic and pressure is on speciality grade doctors to step up and take responsibility of clinics without any increased salary"
- "We have perpetual vacancies. There has been a move to replace SAS posts with consultant posts, but consultants do not carry the same clinical workload as SAS doctors, and are not really a suitable alternative!"

- “Many consultant-based services are very overstretched and the SAS staff are often under utilised”
- “Understaffed clinically at times. Wider use in management capacity to relieve pressure on consultants”
- “The outpatient service is overwhelmed and the Consultants are struggling to cope with the demands. Specialist Nurses and ANPS contribute greatly but a SAS doctor could potentially take an enhanced role in helping to deliver a specific service e.g a syncope clinic , chest pain assessment and triage”
- “We are understaffed and as a result overworked and carrying extremely heavy caseloads without support.”
- “There is need for more specialist clinics which has been delayed by Staff shortages. New Specialty doctors can help develop this domain either by supporting the specialist clinics or support the general clinics.”
- “on-call commitment : Acute/ GIM are usually short on medical staff for on-call. Would be useful if Specialty doctors are considered for this. This makes us feel invaluable asset and boosts morale.”
- “need for more SAS doctors to get the work done and enable us all to undertake professional development activities - at the moment too short-staffed”
- “More hands on deck to cope with the workload and difficult decision making. Quality of care would improve with more doctor hours.”
- “not enough SAS doctors to replace existing ones who have retired. Consultants do not do enough clinics to replace SAS doctors -on average only do 1 to 2 clinics a week and SAS doctors do far more than that even part time”
- “I beleive they have had difficulty recruiting SAS docs”
- “Need senior decision makers round the clock and don't have enough consultants and SAS grades to meet this need”

Job plans: When asked if they have an up to date Job Plan with agreed personal objectives, the majority of SAS confirmed this is in place.

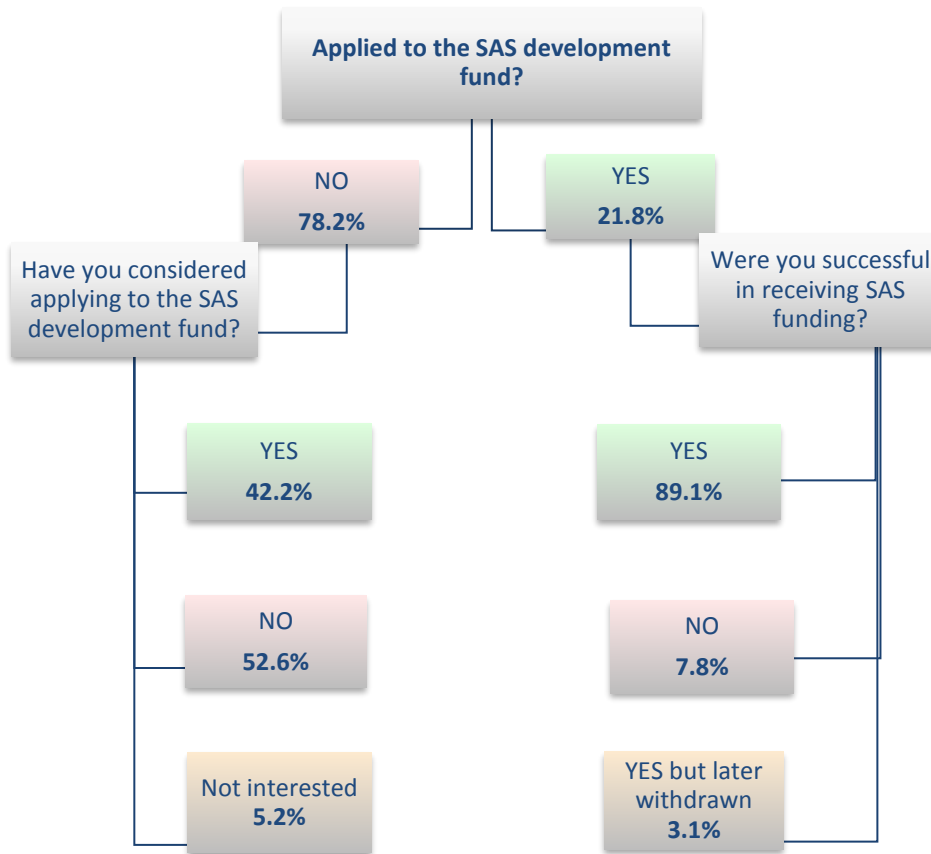
However, 27.6% of respondents say they do not. Job plans have been a contractual requirement since the introduction of the 2008 SD and AS contracts. All SAS should have an up to date job plan and it remains concerning that a significant proportion do not.



Do you feel you are already contributing your full potential to your department and your patients, or are there areas where you think an enhanced aspect of your role/jobplan review could improve patient care?

Although 45% of respondents felt they were working to their clinical potential, there are still over 50% that feel they are not. Some require additional training to enable them to offer additional services and the SAS programme is well placed to support them to try and achieve those aims. We would encourage those individuals to approach their SAS local Educational advisers to explore how to achieve their aims.

Have you applied for funding to the SAS Development Fund?



The SAS Programme is ideally placed to support the training and development needs of the SAS doctors and Dentists in Scotland. This survey indicates that there remains a strong interest in further training and development across all Health Board areas.