



SAS CESR PORTFOLIO Survey 2024

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Introduction and background

There are currently 1320 SAS (Staff Grade, Associate Specialist, Specialty and Specialist Doctors/Dentists) grades across NHS Scotland, of whom 1215 are Doctors. The SAS Development Programme within NHS Education for Scotland (NES) supports the personal and professional development of SAS Doctors across Scotland with its dedicated SAS Development Fund. This funding supports the costs of relevant training and development needs of SAS doctors and dentists, facilitating a wide variety of training opportunities with the aim of improving patient care.

The SAS Development Programme also aims to support those wishing to progress towards Specialist Registration, previously through the achievement of CESR however with changes to GMC processes on 30 November 2023, now via the Portfolio route to Specialist Registration (SR). Scotland's SAS Programme provides SAS considering this process with guidance, workshops, peer support, and potentially funding key courses and focused training for gaps in competencies.

Aim

Our aim was to review the benefits of our current support to achieve SR via Portfolio; determine the potential need for future support; and identify the main barriers, as perceived by SAS in Scotland.

Scotland's SAS survey in 2022 identified that 12.6% of SAS were already on the Specialist Register; 20% intended to apply for Certificate of Eligibility of Specialist Registration (CESR), 23% were undecided.

Method

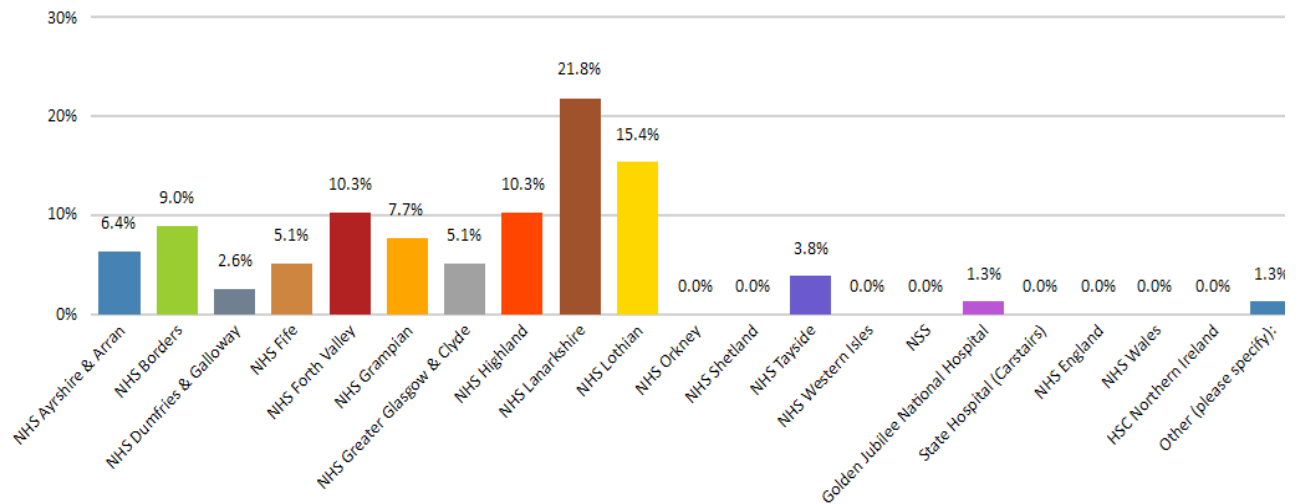
We surveyed those SAS supported previously by the SAS Programme towards their CESR goals, as well as SAS currently considering an application via the new Portfolio pathway, over a 10-week period (26th January to 5th April 2024).

Results

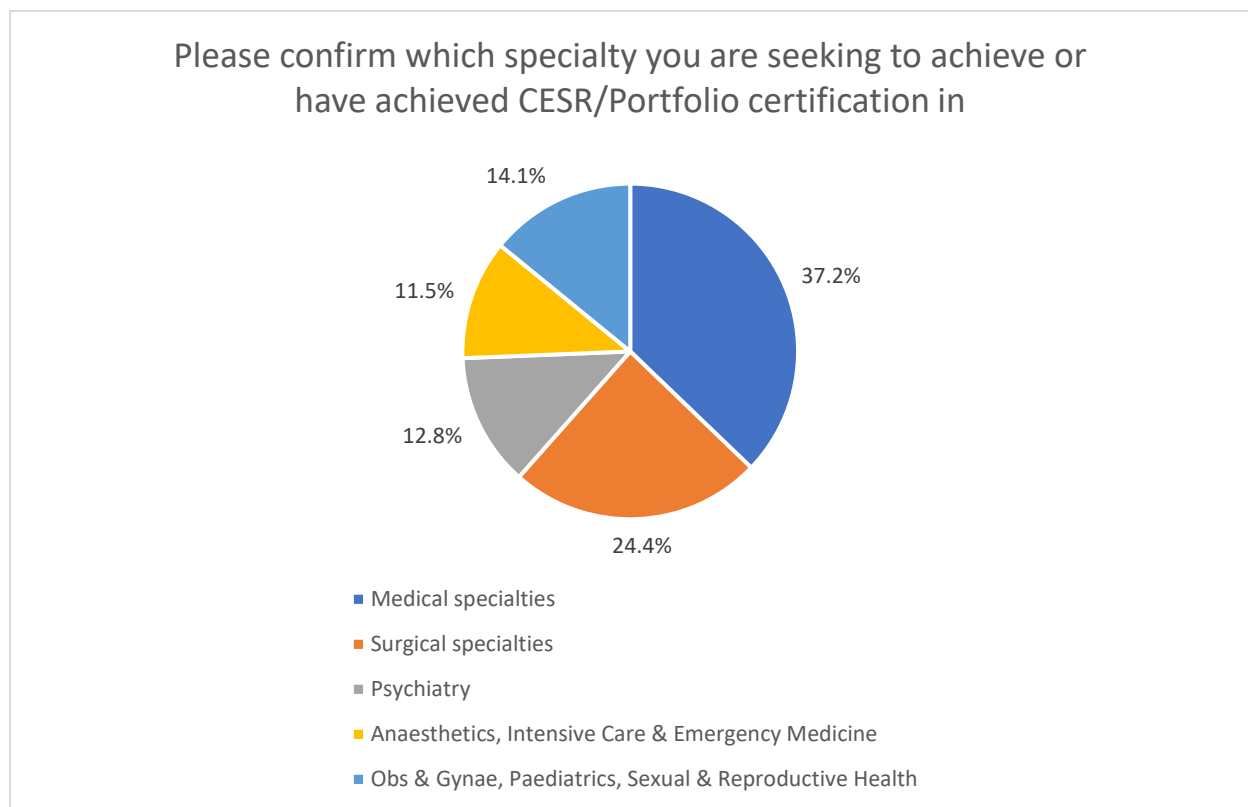
78 responses were received of whom 83% were currently in SAS grade posts (77% Specialty Doctors, 5% Associate Specialists, 1% Specialist); 6% of respondents were now in a Consultant post and 10% working as a locum Consultant.

Location of current employment

All respondents were currently employed in Scotland, with larger numbers from NHS Lanarkshire, Lothian, Forth Valley and NHS Highland.



Specialty Breakdown

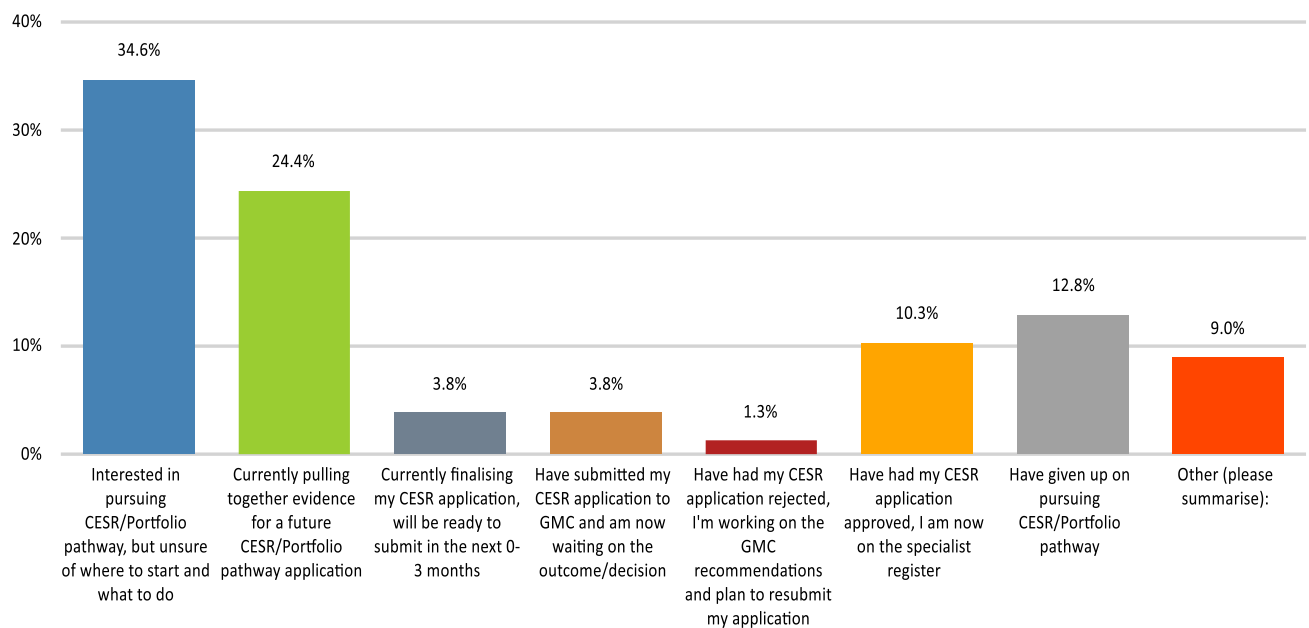


Respondents were asked which specialty they were seeking to achieve, or had achieved CESR/Portfolio Specialist Registration in.

A broad variety of specialties were reported. When grouped together, the largest specialty groupings were from Medical (37.2%) and Surgical specialties (24.4%).

When focusing on individual curricula, respondents most frequently indicated their aim was to achieve SR in General Psychiatry (11.5%), General Surgery (9.0%), Emergency Medicine (6.4%), Sexual & Reproductive Health (6.4%), Palliative Medicine (5.1%) and Anaesthetics (5.1%).

What stage of the CESR/ Portfolio application process are respondents?



Around a third of those completing the survey are at a relatively early stage of the process; wishing to gain more experience (26%), still to sit relevant exams (24%), or currently researching to see if this is a pathway they wish to explore in future (28%).

24.4% of respondents are currently actively gathering evidence for a Portfolio application, 3.8% are almost ready to apply and a further 3.8% have recently submitted their application to GMC, and currently awaiting the outcome. 1.3% are planning a resubmission, having made an initial application which was rejected, and are currently working to address gaps.

10% have a current application open with GMC and are taking advice; 22% are taking advice from their respective Royal College regards knowledge/ skills / experience and identifying best ways to remedy such gaps.

Success: Of the 10.3% who are now on the Specialist Register, 62.5% have been appointed to a permanent Consultant grade post; 12.5% have been appointed to a locum Consultant grade post, 12.5% currently in a Locum post and have just applied for permanent position having achieved CESR; 12.5% prefer to remain locum Consultant, citing flexibility.

The day after the survey closed, we received a further response of a successful CESR submission; this individual is now employed in a substantive Consultant post.

No longer pursuing CESR/ Portfolio:

12.8% are no longer pursuing CESR/ Portfolio pathway, citing challenges with support, clarity of the evidence required, staffing and workload, requirement for placements, and personal choice.

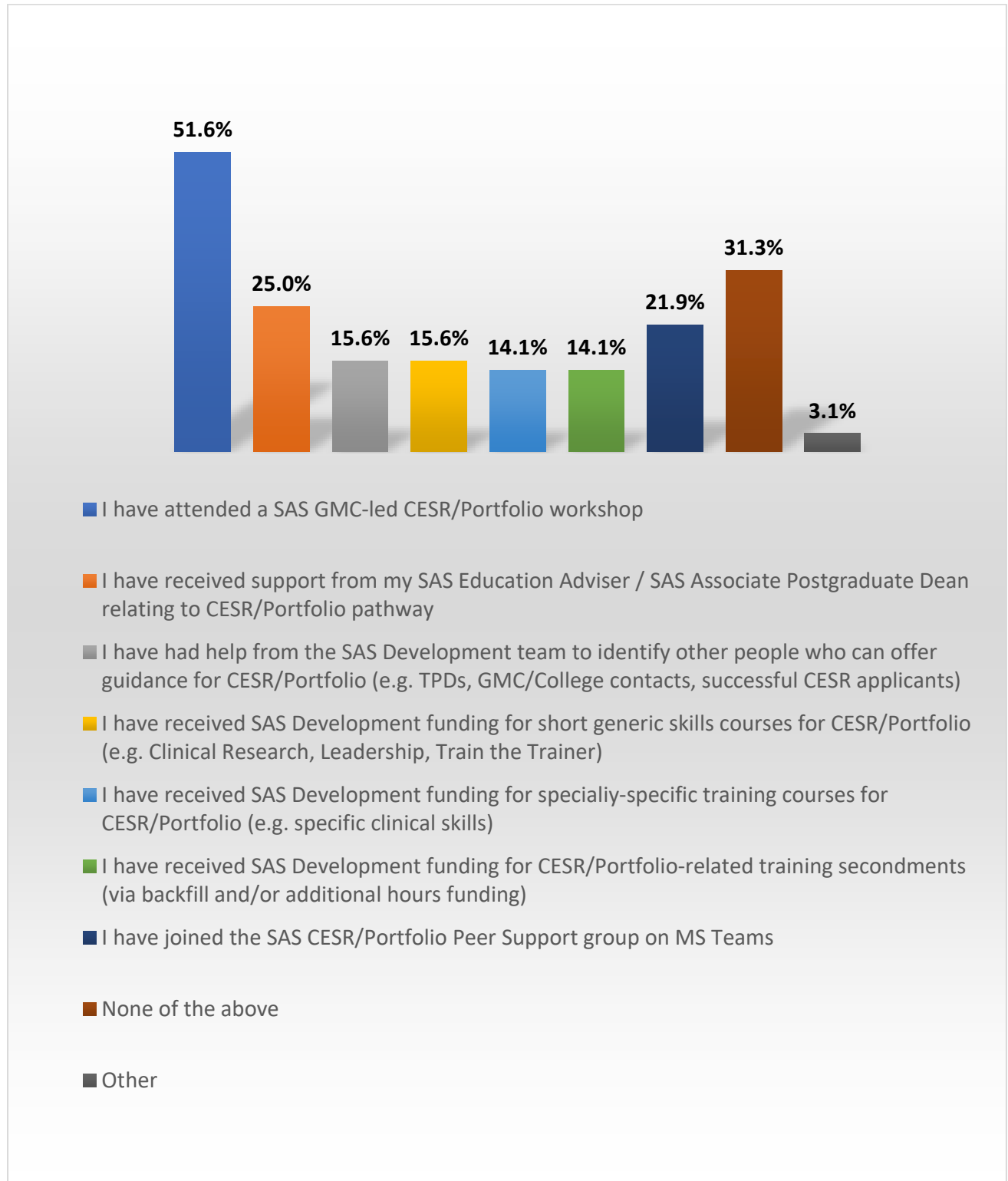
Examples of the reasons for this include:

- *Lack of **support/information** from my college*
- ***Staffing crisis** in workplace, no time or opportunity to pursue CESR process*
- *Process is onerous and too difficult to collect evidence and manage **workload**, while maintaining work/life balance.*
- *Workload pressures are now also becoming a significant barrier in terms of having time to collate paperwork.*
- *Whole process is excessively bureaucratic, appears set up to dissuade people rather than support them. Life is too short!*
- *Unlikely to be able to get **sufficient placements** arranged to get sufficient clinical time for all assessments/evidence requisites.*
- *I'd have to leave my current job and role to work in *** to do CESR.*
- *I am happy with my status/responsibility at present, and so not going to pursue it.*

One individual noted *“The CESR process has undergone some change recently and this is a decision I might revisit in future but not at the minute.”*

Support provided by the SAS Development Programme

The SAS Development Programme offers a range of support for those pursuing CESR/ Portfolio. As well as providing individuals with guidance, co-ordinating peer support groups and running training workshops with the GMC Specialist applications team, SAS have been supported to achieve CESR by funding secondments to achieve gaps in competencies and funding key courses to upskill towards their application.



Of those respondents who have been successful in their award of CESR, all had received funding from the SAS Development programme towards key competencies.

Respondent 1	IMT Bootcamp
Respondent 2	2x training courses
Respondent 3	Top-up training secondment (6 months)
Respondent 4	Train the Trainer
Respondent 5	Top-up training secondment (6 months)
Respondent 6	Top-up training secondment (1 month), ECRMC, Train the Trainer
Respondent 7	Top-up training secondment (4 months), Train the Trainer
Respondent 8	5 x training courses
Respondent 9	Top-up training secondment (6 months)

Access to and provision of SAS Development funding has been pivotal towards applicants' gaining the required skills and experience to achieve CESR competencies, with knowledgeable local support from Health Board Education Advisors and those within the SAS Development Team also of vital importance.

How will the change from CESR to new Portfolio pathway impact you? (free text responses)

- *I think the new guidance calling for all assessments to be at independent level will impact me as it means some evidence collected already now needs to be redone at the required level.*
- *If my CESR application is unsuccessful then I won't apply again under the Portfolio Pathway as this would necessitate dual accreditation with Gen Medicine (and evidencing skills in Gen Medicine)*
- *In general -the new dual curriculum for geriatric medicine means secondments and need for top up training much more likely. Very few specialty doctors will have experience across 2 specialities in their job plan*
- *The change appears to make the pathway fairer, more streamlined and more achievable. It has got me interested in pursuing it, whereas the previous system appeared unnecessarily complex.*
- *making it working time equivalent for LTFT doctors so evidence from more than 5 years ago is helpful*

Feedback from SAS on potential ways to help SAS progress though the new Portfolio route.

We asked if there were any additional ways that the SAS Development Programme could support SAS applying for CESR / Portfolio pathway. Answers were free text responses including overwhelmingly positive comments regards the SAS Development Programme's current support.

- *The SAS Development fund has been instrumental in providing me funding for extra sessions and mandatory courses required for gathering evidence/experience/skills for the portfolio pathway. I am also planning to attend a session put on by the team, and although I have not been to any so far, I plan to attend where I can now that I am looking at gathering evidence and begin the portfolio pathway programme. All of these supports I hope to see continue to*

aid myself, and others, in the portfolio pathway. Without this, I feel it would be very difficult or even not possible to do the portfolio pathway.

- *I am just navigating my way through the support available, but so far am impressed with what seems to be on offer.*
- *support from the team has been fantastic and I couldn't have got to this stage without it. thank you*
- *I found the presentations given by people who had achieved CESR to be of great benefit to me, gaining practical tips and identifying potential pitfalls. The knowledge from someone going through the process is invaluable.*
- *You are available which is brilliant, I hope that all SAS drs in the country know that, as I expect that there is local variation.*
- *I have had excellent supportboth from SAS clinical training lead, and from my department.*
- *It is nice to have a local contact who expresses interest in SAS development, and I feel well supported.*

We also received suggestions, with representative comments themed as below:

1. Having a dedicated CESR portfolio supervisor

- *It would be wonderful if we can have bespoke guidance and a specified CESR mentor for each specialty.*
- *Identify people within each health board who can be local resource persons for CESR aspirants (and need not be within the same specialty), over and above successful CESR applicants within each specialty (who need not be within the same health board) who can provide specialty specific guidance.*
- *assign a mentor for few SAS who are planning to do CESR or progress in their careers.*
- *Having a workshop where someonecan go through all of the evidence for an application once you feel it is ready to submit and see if there's any obvious gaps would be useful.*

2. Peer support/ Peer mentor / guidance

- *I've never used an e-portfolio before and am struggling with it . not sure if all are the same / similar to navigate.*
- *It may be useful to facilitate the formation of specialty-specific support/peer groups of those who are working towards CESR/Portfolio,
- regular information events
- training events (ideally specialty specific) to provide opportunities to ask questions/advice and information related to how to best cover the key areas (e.g., in ... these can be very vague, and I feel very uncertain what would be considered sufficient evidence for a portfolio entry to pass as there are no actual examples of successful applications)*
- *an active peer support group through MS Teams. (usual face to face peer support groups eg SASSPA or the local SAS groups seems to have dissipated)*

3. Offer training to Consultant colleagues to give a better understanding of SAS and CESR/ portfolio process:

- *Maybe some training aimed at Consultants who are supporting CESR applicants, specifically on how they can help someone achieve CESR.*
- *CESR need huge support from your local team/department .Unfortunately the awareness about CESR and how that support should be is very weak .SAS needs to help improving this ,by arranging meetings, lectures ,and visiting those departments to encourage both SAS doctors and their consultants to apply.*

- *I feel that there should be a talk on portfolio pathway in each and every educational meeting taking place in Scotland to make consultants convinced that this is doable and will help in service delivery in NHS in a long run ,especially in this crucial time of staff crisis, so that they will wholeheartedly support a candidate who is applying for it.*
- 4. Workload:**
- *As an IMG & SAS speciality doctor. I found it difficult with the working load to full fill the requirements for CESR. Difficult to get research or publications.*
- 5. Rotations:**
- *Having timetable/rota simulate trainee's one would be very helpful, as I struggle to rotate in different specialty to cover CESR requirements.*
 - *Get support similar to trainees in terms of theatre and clinic to be able to collect the required evidence*
- 6. Other suggestions/ requests:**
- *Perhaps have a plan in place as to how to support those in medical specialities having general medicine experience. Skills workshops, a list of helpful places to get certain procedures signed off, a more structured way of getting experience in general medicine. (Response: have previously run IMT bootcamp. However new dual curricula will require significant skills to be achieved)*
- 7. Comments for GMC:**
- *Redesign the whole pathway from scratch. Focus on valuing people's existing experience, not ...tick boxes.*
 - *Support SAS clinicians who have worked entirely within the NHS to be eligible for subspecialty CESR applications. The current restrictions are discriminative to dedicated UK based doctors who could be providing a much needed service and progressing their careers. My wealth of experience in the subspecialty, and my dedication to the NHS, is completely overlooked due to the fact I have never worked "for at least 6 months" out with the UK. The GMC have responded saying they accept the legislation needs updated, but that this will take years - this is not acceptable and has significant financial/career progression implications for those affected.*

Reflection on SAS Programme's current support, and current challenges:

The NES SAS Development Programme continues to support SAS in Scotland towards Specialist Registration. Despite the challenges of the CESR / Portfolio process in terms of complexity, volume of work and length of time, the support provided by the SAS Development Programme team has enabled SAS to achieve CESR.

Those that have been successful in achieving CESR have been invited to support their SAS colleagues as Peer Mentors, sharing their experience and tips with others. However, the change to the new Portfolio pathway means that those SAS who are currently collating evidence will now need to meet the new curricular requirements and cannot benefit from the prior experience of this group of Peer Mentors.

Guidance from GMC, Colleges and Deanery Training Programme Directors will be key, supplemented in future when successful candidates have achieved SR through the Portfolio pathway.

The change to Portfolio provides potential opportunities for some e.g. those who have worked part-time or had a career break and wish to use a more extended period of evidence. However, challenges with changes to curricula, especially in some of the Medical Specialties with the need to evidence GIM for those specialties requiring evidence of dual curriculum, will require potentially extended periods of training, exceeding that which can be financially supported by our current SAS funding.

Recommendations:

1. Continue with current SAS Programme's current support and guidance by APGD (SAS), SAS Education Advisers and wider SAS Development Programme team.
2. Continue to upskill SAS with GMC workshops.
3. Continue funding of Leadership training, key courses, and limited secondments to complete evidence as required for Portfolio.
4. Aim to upskill the wider group of Deanery and board-based Consultant colleagues on the Portfolio process. This will enable those wishing to pursue Portfolio process to be better supported and guided. (Website signposting, workshop)
5. Explore with Colleges offering potential mentoring of SAS in Scotland.
6. Work with Health Boards and Deanery teams to maximise opportunities for SAS to access training.
7. Enable SAS to be appointed to vacant (funded) Locum training posts, releasing funding at board level to cover the fixed term SAS vacancy. This would enable the existing SAS Development Programme funding to be utilised (as at present) for secondments for top up additional training, to achieve final competencies.