SAS and Trust doctors: the lost tribe

They’re highly experienced, skilled, motivated and under the same scrutiny as their consultant colleagues. It’s time to start appreciating the value of SAS and Trust doctors.

They’re known as ‘the secret army of support’: the doctors who work alongside trainees and consultants, working resident on-call rota, running clinics and plugging rota gaps.

Or rather, they should be. In reality, specialty and associate specialist (SAS) doctors, and Trust doctors (those employed by Trusts) are a misunderstood and often overlooked part of the workforce. This might be to do with discrimination or cultural differences – many SAS and Trust doctors are from overseas – but more likely, the rest of the health service just doesn’t know much about them.

The RCOG is on a mission to change that. SAS and Trust doctors are often highly specialised, experienced and senior. Doctors who do not follow the trainee path can still become consultants via a different route: the certificate.

“An SAS doctor post can be a satisfying alternative to a career as a consultant”
What exactly are SAS and Trust doctors?

- Specialty and associate specialist doctors are permanent posts where the doctor has at least four years of postgraduate training, two of those being in a relevant specialty
- ‘Associate specialist’ posts are currently closed: all new recruits are specialty doctors
- Trust doctors are employed directly by Trusts and their contracts aren’t subject to national terms and conditions. They can be employed at any level, including straight out of foundation year
- SAS and Trust doctors can become consultants
- To get on the specialist register, instead of completing a training programme, the onus is on them to prove to the GMC that they have the required knowledge, skills and competencies. They do this via a process called Certification of Eligibility for Specialist Registration (CESR), also known as Article 14

"SAS and Trust doctors can become consultants"
I’ve never found that being an SAS doctor has been a barrier to developing my career.”

Laura did start the O&G training programme and came to North Cumbria as a registrar in 1990. The Trust was developing its first staff-grade posts at that time and Laura decided to take her career down a different path. “Part of it was to do with the geographical stability and regular hours,” she says. “But really I saw the opportunity to have a permanent, full-time job in the specialty I love. I don’t feel at all that I’ve lost out by not completing the training programme because of how much my job has evolved over the years.”

**High levels of autonomy**

She might not have worked in as many hospitals as most trainees, but she has spent time observing in other locations. Locally, she has helped to develop clinics for early pregnancy and fertility. She completed a diploma in advanced obstetric scanning, and is now a trainer. “I’ve been able to develop my role and I now have a high level of autonomy,” she says. “I’m treated as a senior specialist by GPs and hospital colleagues. I’ve worked as an appraiser and educational supervisor and I’m an SAS tutor for the Trust. An SAS doctor post can be a satisfying alternative to a career as a consultant. Our careers develop over time and our appraisal and revalidation requirements are the same as those of consultants.”

Laura is a passionate advocate for alternatives to the specialty training programmes and sees the SAS/Trust doctor option as part of the solution to trainee attrition rates. “It might not be the right decision for everyone, but it’s a way of keeping people in the specialty who might otherwise leave,” she says. “SAS doctors

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Shafia Shakoor, urogynaecology fellow at Princess Royal Hospital, Brighton and Sussex University Hospitals NHS Trust. She finished her training in Pakistan in 2012 and joined the NHS in 2016.

“I always wanted to work in the NHS. There’s nothing else like it in the world and I wish Pakistan had a system like it. The NHS isn’t perfect but at least if you have a system you can work towards improving it.

“I gained my MRCOG in 2015 and then started applying for jobs in the UK. I applied for the trainee programme but wasn’t successful, so in the end I took a job as a clinical fellow at junior registrar level. That worked to my benefit because I wanted to know how the system worked. I was a floater on the rota, so I got to see so much: I worked on the labour wards and observed clinics. It was a great introduction. Then an opening came up in the same hospital for a urogynaecology fellow and I felt it was an opportunity to progress. And that’s where I am now.

“My plan is to apply for specialist registration within two years. In terms of my career, I’m focusing on the kind of doctor I want to become, not what level or position I feel I need to get to. I want to be someone who is really good at their work so I want to develop my own area of expertise. It’s challenging to do that when there are so many interesting subspecialties out there.

“I have absolutely no regrets that I’m not a trainee. We’re all working in the same system and towards the same goal – which is the best outcomes possible for our patients.”

“We’re all working in the same system and towards the same goal”
“Patients don’t care about job titles. They want to know that if they’ve got a vulva problem, you are specialised in vulval disease. They care about the way you treat them and the care they receive.

“I’ve been on the specialist register since 2014. For the past year I’ve been working in a very interesting, flexible post, where I act up and down in the rota. I act as a consultant to fill in for colleagues or where there are capacity issues in clinics, which maintains my leadership skills. At the same time, I don’t lose my technical and manual skills because I’m still working on the labour ward when needed. It works for me and it’s never boring.

“I have thought about applying for a consultant post but at the moment I’m practising in that capacity anyway: I am autonomous, I have my own clinic and theatre list, patients are sent to see me. I’m not missing out on anything.

“SAS and Trust doctors enjoy evolving careers

You can make the role your own

An SAS contract gives specialty doctor Eman Toeima the best of both worlds

Eman Toeima, post-CCT specialty doctor in O&G at Lewisham and Greenwich NHS Trust in London. She trained in Egypt and joined the NHS in 2005

“I’m really enthusiastic about CPD as I think all doctors should be, and now a yearly appraisal is a core requirement of SAS contracts, that’s brought the ship forward in terms of how SAS doctors are regarded. The culture still needs to change, though. There’s still the stigma in some quarters that SAS doctors don’t work to improve themselves. “There’s still work to be done – for example, having an agreed job plan in place for an SAS or Trust post isn’t as common as it should be. But the best thing is that doctors can make the role work for them. Yes, I have put in a lot of effort training in my own time, but I’ve done it with pleasure because it’s in my own interest. I’ve always been passionate about my job and I’ve achieved what I wanted to.”