



# After the contract – where now?

The negotiations for an SAS contract have gone on forever; at least that is how it has felt and alas, in the end, it has come to nothing. We are back to square one. The only good thing that came out of it was that it stimulated some discussion about the SAS Grade and the job structure. What is next and what now? I do not want to dwell into reasons for failure. Life must go on.

Looking at the medical manpower situation in the NHS there seems to be so much uncertainty. MTAS, MMC and all the other initiatives that have been introduced in the NHS have changed so much. It is just not possible to predict where we are heading and what is to be expected. And I am not too sure even the authorities seem to know what is to happen. The situation is evolving all the time.

In a way I am glad that the negotiations have failed. It is better to wait till the atmosphere settles. I believe that there is a need for a non-consultant career grade job in the NHS for several reasons. What form it will take is anybody's guess.

Trusts cannot rely on trainees and consultants to provide out of hours service as there are not enough of them and the NHS cannot afford to use consultants to fill gaps in the rota - but the service has to be maintained. Not every doctor wants to be a consultant; some prefer to work part-time whilst some are not keen on doing postgraduate exams and yet want to continue in hospital practice. It is likely that not all doctors with CCST will get consultant jobs. Some want to take time out to do research, to go abroad for further experience or to do research. In the present system there is no provision for these.

A large number of SAS doctors working now will be leaving the NHS in the next ten years because of retirement. These jobs need to be filled in some way to maintain the present level of service.

Therefore there is a need for some kind of specialist grade jobs which are not at consultant level. It is a

matter of great concern that Trusts are appointing doctors to Trust grades and research fellow posts, issuing temporary contracts which do not conform to any national terms and conditions. There does not seem to be any regulation or control on the structure of these jobs. The RCoA has no database to monitor these jobs. In addition, there are no definite plans or strategies for employing doctors getting into the 'Yellow box' of the MMC. It is important that there is a database for doctors that are appointed to these grades, and the RCoA with its network of clinical tutors is in a good position to obtain these figures.

I believe that there is a need for a specialist grade job similar to those found in the rest of Europe. Doctors who choose to work in hospital practice as specialists should undergo the requisite training and be allowed to practise independently. Or if they choose to get involved in training and teaching they should be allowed to gain further appropriate training to be consultants. Otherwise what is to become of these doctors?

The Association has been awaiting developments with the SAS contract, but is now going ahead with updating its SAS "glossy". This will include guidelines on terms and conditions to protect the basic rights of SAS doctors and indicate obligations of the employers by issuing some key recommendations, and will also include some model job plans. In association with the RCoA, the AAGBI is attempting to ensure that training and teaching elements are incorporated in all jobs. Members can use these guidelines in negotiation with trusts.

The position at present is indeed confusing and appears to be totally out of control. The Association and the RCoA should try and do something to protect and support these doctors that belong to the same family.

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