SAS Survey

Ramana Alladi

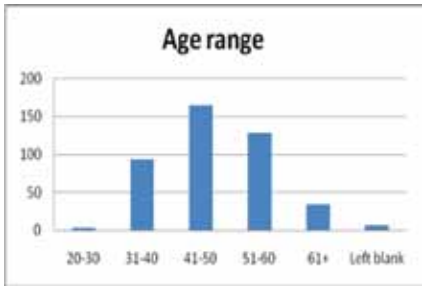
The SAS Committees of the AAGBI and the RCOA carried out a national survey of all grades of SAS doctors working in anaesthetics last winter to identify the issues that concern their careers and other aspects of their work so that committees can target their efforts to improve the profile of SAS doctors. This had a long gestation period and I am pleased to inform readers that it has been a very successful survey. The survey informs our views on what SAS members are currently thinking.

The most interesting aspect of the survey was members' comments. Several expressed concern on contractual issues and opportunities or lack of career progress and development. This was taken very seriously by both Presidents and the members of both Councils.

Solutions to many of the issues raised are not within the remit of either organization especially in relation to terms and conditions of jobs and job contracts. However, the association can provide a lead and Prof. Robert Sneyd (member of AAGBI and RCoA Councils and of the SAS Committees) has taken a serious interest in the results of the survey and the position of SAS doctors. He went to great lengths to organise a meeting between BMA, RCOA and AAGBI representatives to discuss these issues. We owe him a debt of gratitude.

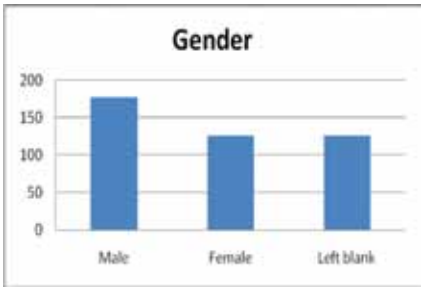
Summary of the results of SAS Survey

Demographics: The survey indicates that a large percentage of SAS doctors will be retiring in 10-15 years. 38% of SAS doctors are over fifty and 39% are between 41-50yrs old. With EWTD enforcement this may lead to workforce problems in anaesthesia in the future. The numbers of SAS doctors will be increasing to fill the gaps in service. The intake of Asian doctors who filled a large chunk of these jobs has completely stopped now. There are already attempts to recruit doctors from Asia for employment on short-term contracts. There is a greater need for SAS doctors to fill service gaps in the NHS due to EWTD restraints on trainees and shortage of consultant posts.



Due to the possible expansion of the grade, a proper restructuring of job plans is needed, and training and career progress will be important.

58% of respondents are male and 42% are female. There may have been an increase in the number of women doctors taking up these posts probably because of greater flexibility and the possibility of temporary jobs. These provide a convenient base for those that have family commitments and other interests in life.



Qualifications

The survey clearly shows that a large percentage of SAS doctors in anaesthesia have post-graduate qualifications either from abroad or from the Colleges. This demonstrates that these doctors are well committed to the specialty and that the career progress and development of these doctors should be taken seriously. In the comments section several SAS members pointed out lack of, or no opportunities for SAS doctors to progress in their careers. There are very few training opportunities in these jobs to improve their skills nor do they have any specific training programme.

Type of contracts

The biggest block of SAS doctors belong to staff grade. Only a small percentage of Associate Specialists seem to have elected to take up the new SAS contract. Most SAS doctors work full time. It is very difficult to draw any conclusions regarding the details of new SAS contract as several doctors have not made up their minds regarding the new contract and the situation is quite fluid.

Teaching and Training

A relatively small percentage of SAS doctors have a 'certificate to teach' from the College. In view of the percentage of members having post-graduate qualifications, SAS doctors should be involved in teaching and training. At present SAS doctors have limited opportunities to teach and to get trained. 22% wish to remain in the current posts and 46% prefer to remain in the post with developed responsibilities and areas of interest.

It is useful to have tutors for SAS doctors in every department who can organise a teaching programme. Especially in DGH's, there are on average more than ten to fifteen SAS doctors in every department. The College can appoint assistant tutors who can oversee their educational needs. In the comments section several members mention a need for guidance on careers, PMETB application and acquiring specialist skills. This is very much premise of the RCOA.

I recommend that every SAS doctor should have a 'personal profile' which should include the details of qualifications, experience and job plan review and also a plan for career development. This will enable the line managers to assess and assist SAS doctors appropriately. At present there is no such mechanism in existence for SAS doctors.

Appointment of SAS Tutors in the trusts and to the posts of Assistant Deans in Deaneries are a welcome move but these tutors are responsible for SAS doctors in all the specialties. Anaesthetics is the largest specialty and employs more SAS doctors than any other . The RCOA can play a more active role in establishing tutors and organizing teaching programmes for the SAS doctors.

Appraisals

Reasonably good numbers of SAS doctors are undergoing appraisals. However it is disappointing they are not given protected time to have appraisals. There is also no choice of appraiser for many. The Association can take steps to rectify the situation by communicating with Linkman, help train more SAS doctors as appraisers and organise courses or workshops on appraisals at its various meetings.

I believe that many of the issues can be discussed and resolved with a team approach and negotiation. The team should include line manager, administrative staff and a trade union representative.

CPD

The most encouraging result of the survey is that most of the SAS doctors have no problems in obtaining study leave and study leave funding. However there appears to be unfair restriction on SAS doctors especially in obtaining leave when required.

AAGBI and the RCOA deal adequately in providing courses and seminars to cater for CME needs.

PMETB

Many expressed the opinion that the guidance on article 14 applications is not adequate and requested more help on preparing for the application. The College can appoint an advisor or a panel of advisors to help with this and also organise workshops to those that are applying for Article14.

Re-grading to Associate Specialist Grade

This is one of the main concerns faced by the SAS doctors that are applying to regrade to Associate Specialist from Staff-Grade.

There seems to be variable support between Trusts. It seems to very much depend on the whims and fancies of individual clinical directors (CD) or the human resources personnel, causing frustration to many.

The obstacles to re-grading range from the lack of support from the CD, resistance from human resources and other unfair reasons, such as lack of funding. There is also a lack of knowledge on the part of the people involved on the various aspects of the whole process. Co-ordination is needed between local negotiating committee (LNC), line managers, human resources and possibly guidance from BMA representatives or IRO's (Industrial relations officers). There is general guidance available on the BMA website and other resources but what is needed is individual guidance and help with negotiations.

There needs to be greater clarity on what is expected of an Associate specialist. RCOA and AAGBI can offer a panel for help and consultation on this issue.

A meeting of the representatives from AAGBI, RCOA with the BMA has already been organized and some active steps are taken to help the situation.

On call duties and clinical sessions

A large percentage of SAS doctors over 55years are doing resident on call, first on call and out of hours duties and they seem to have no option on this. Most of the DGH's maternity wards and ITU's are covered by SAS doctors and many are involved in 12hr shifts regularly. AAGBI in association with RCOA should consider giving some specialty specific guidelines regarding this. The Welfare Committee of the Association has also got a role to play.

There are instances where it is justified for an SAS doctor to be given the option of coming off onerous duties. At the moment there is no mechanism or guidance on this matter. Appraisals can only bring the issue to light. This is one issue where SAS doctors are concerned deeply and feel helpless. Job plans should be scrutinized and approved by the College or the AAGBI. It can be brought up at clinical directors' meeting.

Many SAS doctors are involved in rotas that do not include any or have a very few non-clinical sessions in their job plans. The AAGBI and the RCOA jointly can issue some specialty-specific guidelines on this issue indicating minimum criteria.

In many trusts, SAS doctors are not allowed to do 'waiting list initiatives' because consultants are not happy to cover these lists. SAS doctors working in surgical and medical specialties do not have this problem because they either assist the consultants or carry out the clinics independently. SAS doctors in anaesthetics are at a disadvantage because they have to do the lists on their own. This situation varies tremendously from trust to trust. Even the payment is extremely variable. BMA should issue some guidance on this matter.

Clinical supervision of senior SAS doctors frustrates some of the very experienced anaesthetists. This can be modified as remote clinical supervision allowing these doctors some independence.

Private practice

According to contract, Associate Specialists are allowed to do private practice. However, none of the insurance companies recognise the associate specialist grade and allow payment for private work unless their names are in specialist register. This is a fallacy in the contract. The BMA should take this through their Private Practice committee and advise the health insurance companies or they must be at least allowed to do private work in NHS hospitals.

The survey clearly illustrates the established concerns of several SAS doctors. There are solutions but many of the issues are beyond the remit of AAGBI and RCOA. However the SAS committee should take all measures to highlight the issues and communicate with the appropriate organizations and help to suggest solutions. Clearly there is a need for immediate action on some of the issues.

I'd like to thank the AAGBI staff for their co-operation and help with the survey and all the members who kindly responded to the survey request.

Even though the number of responders is low I feel that those that returned the questionnaires are truly interested in the exercise and hence their opinions should be considered seriously.

Ramana Alladi
Chairman SAS Committee
AAGBI

Joint RCoA & AAGBI SAS Survey 2009 results

The SAS Committees of the AAGBI and RCoA sent out a three page questionnaire to SAS doctors via anaesthetic secretaries and using both organisations' websites.
The survey was sent to anaesthetic secretaries in May and went subsequently on the websites in October 2009. The Survey closed in December 2009.
Hard copies sent: 1,440 (288 secretaries receiving 5 copies each). A few secretaries requested more copies. 431 responses were received.
The recent census organised by the RCOA suggested that there are approximately 2000 SAS doctors working in anaesthetics.

RESULTS

Age:

20-30	31-40	41-50	51-60	61+	Left blank
4	93	165	128	34	7

Sex

Male	Female	Left blank
177	126	126

Qualifications

1. Where did you receive your undergraduate medical education?

UK	138
Outside the UK	291

2. What post graduate qualification do you have?

Fellowship of RCoA	Irish Fellowship	MRCA/Primary/ Old FRCA/Old DA	None	Other
79	52	196	40	137

3. What type of contract do you have?

Staff Grade	Old Associate Specialist	Specialty Doctor	New Associate Specialist
190	103	67	52

Trust Grade	Clinical Assistant	Hospital Practitioner	Research Fellow	Other
13	7	5	0	3

Employment

4. How many years have you been in your current post?

<5	6 to 10	10>
177	104	148
42%	24%	34%

5. How many notional half days or sessions or PAs are you contracted for per week?

1 to 4	5 to 9	10>
40	55	329
9%	13%	78%

6. If you are on the old contract, are you intending to change to the new contract (2008)?

Yes	No	Undecided
244	27	71
71%	8%	21%

7. Do you have an on-call commitment?

Yes	No
255	171
60%	40%

8. Do you get a session/PA for pre- and post-op visits in your job plan?

Yes	No
329	95
78%	22%

9. Do you get a session for audit and administration?

Yes	No
266	161
62%	38%

10. Do you encounter problems getting study leave for CPD?

Yes	No
69	358
16%	84%

11. If yes to Q10, please provide further details:

Unable to obtain adequate funding	33
Unable to obtain time for study leave	34
Unable to obtain access to relevant courses	8
Other	8

12. How do you anticipate developing your career?

Remain in current post	22%	106
Remain in current post but with developed responsibilities/areas of interest	46%	217
Re-enter recognised training program	12%	57
Change career but stay within medicine	2%	9
Change to a non medical career	2%	10
Emigrate	4%	17
Other	12%	56

Appraisal

13. Do you have an annual appraisal?

Yes	No
368	46
89%	11%

14. Do you have an annual job plan review?

Yes	No
201	217
48%	52%

15. Have you received training for appraisal?

Yes	No
118	308
28%	72%

16. Were you given protected time to prepare for your appraisal?

Yes	No
97	318
23%	77%

17. Did you have a choice of appraiser?

Yes	No
236	184
56%	44%

18. Do you have a mentor?

Yes	No
112	310
27%	73%

19. Are you aware of the AAGBI Welfare Resource Pack and the Doctors for Doctors advisory helpline?

Yes	No
101	326
24%	76%

Teaching

20. Do you have the RCoA 'Approved to Teach Certificate'?

Yes	No
93	337
22%	78%

21. Have you completed an educational supervisor course?

Yes	No
43	387
10%	90%

Seminars

22. Where would you prefer one day educational meetings to be held?

England – North	70
England – Central	70
England – Southwest	62
England – London (Southeast)	193
Scotland	38
Wales	20
Northern Ireland	4
Other	24

23. What 'clinical' and 'non-clinical' topics would you like to be covered in the seminars?

There was a wide variety of topics suggested. The emphasis was more on current topics, job and management issues.

Your opinion

24. The remit of the RCoA is primarily about education, training, professional standards and patient safety, whilst that of the AAGBI involved education, professional standards and safety but also includes contractual and welfare issues. How well do you think the relevant SASC has supported SAS issues with regard to their areas of responsibility? *(Where 1 = totally unsatisfied, 10 = totally satisfied).*

	1	2	3	4	5	6	7	8	9	10
AAGBI	29	25	49	47	89	50	37	42	17	8
	7%	6%	12%	12%	23%	13%	9%	11%	4%	2%
RCoA	44	32	49	39	100	49	32	30	16	7
	11%	8%	12%	10%	25%	12%	8%	8%	4%	2%

25. Please list any other issues that you would like to raise?

This section was used by all the respondents to express their concern on various aspects of their jobs and other issues. This particularly concerned both the Councils and the SAS Committees . The comments will be made available on the SAS section of AAGBI website.

THE ASSOCIATION OF ANAESTHETISTS
of Great Britain & Ireland

Evelyn Baker Medal
An award for clinical competence

The Evelyn Baker award was instigated by Dr Margaret Branthwaite in 1998, dedicated to the memory of one of her former patients at the Royal Brompton Hospital. The award is made for outstanding clinical competence, recognising the 'unsung heroes' of clinical anaesthesia and related practice. The defining characteristics of clinical competence are deemed to be technical proficiency, consistently reliable clinical judgement and wisdom and skill in communicating with patients, their relatives and colleagues. The ability to train and enthuse trainee colleagues is seen as an integral part of communication skill, extending beyond formal teaching of academic presentation.

Dr John Cole (Sheffield) was the first winner of the Evelyn Baker medal in 1998, followed by Dr Meena Choksi (Pontypridd) in 1999, Dr Neil Schofield (Oxford) in 2000, Dr Brian Steer (Eastbourne) in 2001, Dr Mark Crosse (Southampton) in 2002, Dr Paul Monks (London) in 2003, Dr Margo Lewis (Birmingham) in 2004, Dr Douglas Turner (Leicester) in 2005, Dr Martin Coates (Plymouth) in 2006, Dr Gareth Charlton (Southampton) in 2007, Dr Neville Robinson (London) in 2008 and Dr Fred Roberts (Exeter) in 2009.

Nominations are now invited for the award to be presented at WSM London in January 2011 and may be made by any member of the Association to any practising anaesthetist who is also a member of the Association.

The nomination, accompanied by a citation of up to 1000 words, should be sent to the Honorary Secretary at honsecretary@aagbi.org by **5pm** on **Friday 24th September 2010.**

THE ASSOCIATION OF ANAESTHETISTS
of Great Britain & Ireland

SAS Travel Grant 2010

The Association of Anaesthetists of Great Britain and Ireland invites applications for the **SAS Travel Grant** for 2010. This is a grant (up to a maximum of £2000) exclusively given for SAS doctors to visit a place of excellence of their choice for two weeks. This is not meant for attending a meeting or a conference. All SAS doctors who are members of the AAGBI are eligible to apply for the grant.

Applicants should complete an application form and return it to the AAGBI. The successful applicant will be expected to submit a report of the visit which may be published in Anaesthesia News.

If alternative funding becomes available for a project already supported by the AAGBI, the AAGBI should be notified immediately.

Please contact Chloë Hoy (020 7631 8807 or chloehoy@aagbi.org) for an application form, or visit www.aagbi.org/sas.htm. The closing date for applications is **Friday 22nd October 2010.**