Specialty, associate specialist and locally employed doctors workplace experiences survey: initial findings report

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Specialty, associate specialist and locally employed doctors survey

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Foreword

Understanding the concerns of UK doctors is a key part of our role. One sixth of the medical workforce are in specialty and associate specialist (SAS) and locally employed (LE) roles and their voices have not been specifically heard.

SAS and LE doctors make a hugely valuable contribution to our healthcare services.

For many, working in these roles is a positive choice, providing the opportunity for a fulfilling career and they gain great satisfaction from the work they do.

We know this group of doctors are hugely diverse in ethnicity and have specific challenges and concerns. Our recent *Workforce report* highlighted that they are among those most likely to relinquish their licence to practise in the UK.

This is our first dedicated survey of this group of doctors and was designed to get a greater understanding of their workplace experiences, concerns and aspirations.

Most of the doctors who took part are involved in activities above and beyond their day-to-day work, such as clinical governance and training others. This underlines the valuable knowledge, skills and experience they have and share but recognition of these additional roles is inconsistent.

Many told us their working environments are not as supportive as they should be. Almost a third of SAS and LE doctors don't always feel they are treated fairly at work. One in four say they've been bullied, undermined or harassed in the last year. They report feeling less supported, and less able to raise concerns, as compared to trainees who responded to similar questions in the 2019 national training surveys (NTS).

We will work with employers and healthcare organisations to address the issues raised. We want the data to strengthen support and identify improvements, particularly around access to training and professional development.

Both the *Fair to Refer?* report and the recent report, *Caring for doctors, Caring for patients*, by Professor Michael West and Dame Denise Coia, emphasise the importance of all doctors being part of well-supported and well-led teams, where professional development is championed. This survey shows how necessary that is.

We intend to continue to play an active role, collaborating with others to help drive change and support the invaluable contribution of SAS and LE doctors.

Background

Who are SAS and LE doctors?

Doctors in these broad groups are not on a formal training programme or working in a consultant or GP post[*]. They play an important role in service delivery, in partnership with consultants, doctors in training and other healthcare professionals. And they work across many specialities taking on roles in leadership, education and clinical governance.

Analysis of our existing data in our insight paper *What do we know about specialty and associate specialists (SAS) and locally employed doctors (LEDs)?*[†] tells us that more doctors are working in these roles. We also know that a significant proportion of these doctors are from black and minority ethnicity (BME) backgrounds and a growing number are female (see annex B).

While they have much in common, SAS and LE doctors are two distinct groups with different terms and conditions in their contracts. There are minimum entry criteria to be a SAS doctor. Many in this group are very senior clinicians with significant levels of experience who have long term career ambitions in the grade. The LE doctor group, in contrast, covers an extremely wide range of contracts and job titles often of fixed term duration. Many (but not all) have recently completed their foundation training and will return to formal training. And some may move onto a SAS contract in the future.

There's no existing data source to accurately identify doctors on SAS contracts from doctors on other contract types who aren't on formal training programmes. We therefore asked survey respondents to select the type of contract they hold.

We know that SAS and LE doctors face different challenges, so combining their survey results isn't always useful. However, for ease of reporting, for some topics, we've combined the results in the accompanying explanation. All tables in this report provide a clear breakdown of the findings for each group.

Why did we run a survey?

Understanding the roles, responsibilities and working lives of this hugely diverse group of doctors is complex. We carried out a survey feasibility study in 2018 to explore the working experiences of this group of doctors and consider how we could

[*] Except locum consultants

[†] Published March 2019

effectively capture relevant data. We met with many SAS doctors and LE doctors across the UK and found that:

- for many it's a positive career path that provides opportunities for a fulfilling career. However, some also reported that they experience challenges such as feeling undermined and/or limited opportunities for professional development
- there is a considerable amount of ongoing work to support SAS and LE doctors across the four UK countries, but improved data from us could maximise the reach and value of this support
- a survey of this group of doctors would be feasible and welcomed by the profession
- although we don't have any statutory powers to oversee the training of SAS doctors and LE doctors, we're fully committed to supporting the profession to deliver safe patient care. This can only happen if we listen to all sections of the medical workforce.

As a result, we recognised we needed to carry out a more extensive survey, to better understand the experiences of SAS and LE doctors.

The survey

The survey ran for six weeks between May and June of 2019. Our medical register shows that there are 47,896 doctors with a licence to practise who are not in training or on the specialist register or GP register. These doctors were invited to take part via email invitation*.

The questions were developed in response to feedback we heard during our feasibility study. This included SAS and LE doctors as well as key stakeholder organisations working with them, including the British Medical Association (BMA), NHS Improvement, Health Education England, NHS Education for Scotland, Health Education and Improvement Wales, Southern Health & Social Care Trust (N.I), the Academy of Medical Royal Colleges (AoMRC) and relevant associate deans and SAS leads across the UK.

* Doctors on the specialist register(s) but not working as consultants or GPS were also eligible to take part and could access the survey via our website.

We also included a range of questions in the survey that had crossover with the NTS. Where appropriate, we have compared these to 2019 NTS results in this report (Tables 9, 13 and 14).

Topics included:

- medical education/training, contract type and length of practise
- roles and responsibilities, training/CPD and career intentions
- supportive environment, bullying and undermining
- questions for SAS doctors only, relating to the specific guidance and support available to them.

This report provides an overview of the initial findings.

The results will help us identify the priority areas of concern for SAS and LE doctors. It will help steer our conversations with key stakeholder organisations to improve the working environments for these groups of doctors, where needed.

All results by country and contract type can be found in our online reporting tool. Details about how the survey was conducted are in annex C.

Who took part?

Over 6400[*] doctors took part in our survey:

- 3316 (51%) identified as a SAS doctor
- 3151 (49%) told us they are working in an LE post

This represents approximately 13.5% of doctors invited to take part; 25% of the UK-wide SAS population and 10% of LE doctors[†]. Those who took part have given us a valuable insight into the experiences and challenges faced by SAS and LE doctors. However, the more respondents we have, the more confident we can be in our conclusions. We hope that this report and the activities that follow will encourage more doctors to contribute their voices to this important work in the future.

[*] A slightly higher number participated but this number represents the number of full responses after data cleaning

[†] This has been calculated using the GMC List of Registered Medical Practitioners (LRMP) and data provided by healthcare providers across the four nations.

Doctors from all four UK countries were invited to take the survey. Most respondents are based in England. Table 1 shows the breakdown of respondents by UK country.

Table 1: Four-country breakdown of survey respondents					
	England	Scotland	Wales	NI	All UK
SAS	78.2%	11.2%	6.8%	3.8%	51.3%
	2,594	371	225	126	3,316
LE	89.3%	4.8%	4.6%	1.4%	48.7%
	2,814	150	144	43	3,151

The SAS and LE doctor population is ethnically diverse. The majority gained their primary medical qualification (PMQ) outside of the UK.

58% of survey respondents were from BME backgrounds, and 34.9% were white (we do not have ethnicity data for 7.3% of doctors). In comparison, 34.4% of UK licensed doctors are BME, and 53.2% are white[*].

Of those surveyed, seven out of ten doctors obtained their PMQ outside of the UK. Within this group, the majority (60%) are international medical graduates (IMG) and the remainder graduated from the European Economic Area (EEA). This compares very differently to the entire licensed UK doctor population, where 65.5% hold a UK PMQ – and IMG and EEA doctors make up 25.7% and 8.9% respectively[†].

Annex B includes more information on the differences between SAS and LE doctor contracts, as well as analysis of the age and primary medical qualification (PMQ) characteristics of survey respondents.

We are in the early stages of exploring the characteristics of SAS and LE doctors. Further analysis will help us identify whether there are clusters of doctors within the survey population with distinct experiences and challenges. Understanding this will help us to unpick why some doctors are more satisfied in work than others, so we can tailor support to those facing the most significant challenges.

How can I find out more about the survey results?

[*] General Medical Council (2019), *The state of medical education and practice in the UK: the workforce report* available at: https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-in-the-uk/workforce-report-2019#Data%20tables

[†] As above

Our online reporting tool includes an aggregated breakdown of results for each question. Annex A of this report provides further information about the reporting tool and how to access it. Detailed guidance on how to use the tool is available on our website. We will also publish more detailed analysis of our findings and the outcome of our work with stakeholder organisations later this year.

Initial findings

Involvement in training and continuous professional development (CPD)

High numbers of SAS and LE doctors are participating in training and CPD to help them maintain their skills. For many, training is helping them achieve their professional goals. Doctors also told us they participate in activities beyond service provision, including taking on responsibility for training others. However, this is not the case for all. Our findings suggest that there are doctors in this group who need better access to training and development opportunities than they are currently receiving.

Access to training

Over two thirds (68%) of SAS and LE doctors agreed they're able to take part in training to keep their skills up to date, while 13% disagreed with this statement (Table 2). Over half (56%) of SAS and LE doctors told us they can participate in training to advance their career; 20% disagreed with this statement (Table 3).

Table 2: I am given the opportunity to take part in training to maintain the skills I need to keep up-to-date

	LE doctors	SAS doctors
Strongly agree / agree	65.7%	71.0%
Neither agree nor disagree	18.2%	15.8%
Strongly disagree / disagree	16.1%	13.1%

Table 3: I am given the opportunity to take part in training to advance my career

	LE doctors	SAS doctors
Strongly agree / agree	59.0%	54.0%
Neither agree nor disagree	21.1%	24.4%
Strongly disagree / disagree	20.0%	21.7%

Regardless of whether they're on a formal training programme or have completed specialty training, all doctors are required to maintain the knowledge and skills they need to practise safely. Our core medical guidance *Good medical practice* (GMP) states that doctors must take part in activities to maintain and develop their competence and performance. Patient safety could be at risk if every doctor isn't supported to access the training they need.

Appraisal, revalidation and CPD

All licensed doctors must meet our requirements for revalidation and doctors should have annual appraisals to support this process[*]. This is reiterated in the SAS charters[†] for all four UK countries, which state that SAS doctors and their employers must fully engage in processes for appraisal, revalidation and CPD. This includes making sure doctors have access to the appropriate information needed for their role, data to help them with appraisal and revalidation and, where available, individualised support to navigate these processes.

A greater proportion of LE doctors (74%) than SAS doctors (63%) told us they have a named person to support them with appraisal and revalidation; yet LE doctors told us they're less able to gather the supporting information they need: 13% disagree compared to 6% of SAS doctors (Tables 4 and 5).

Table 4: Do you have a named person in your department / specialty to support you with appraisal and revalidation?

	LE doctors	SAS doctors
Yes	73.7%	63.1%
No	14.8%	28.7%
I don't know	11.6%	8.2%

Table 5: I am able to gather all the supporting information I need for appraisal and revalidation

	LE doctors	SAS doctors
Strongly agree / agree	68.3%	82.4%

[*] Licensed doctors must revalidate every five years. Guidance on supporting information for appraisal and revalidation can be found here.

[†] There is a separate SAS charter for each UK country. They were developed by the BMA and other relevant organisations within each nation. All four charters can be found on the BMA web page for SAS doctors.

Table 5: I am able to gather all the supporting information I need for appraisal and revalidation		
Neither agree nor disagree	19.2%	11.7%
Strongly disagree / disagree	12.5%	5.9%

Evidence of engagement in CPD activities makes up a considerable part of the supporting information required for appraisal and revalidation. All SAS doctors and the vast majority of LE doctors told us they take part in some form of CPD, mainly via internal and external training events. Almost half of LE doctors said they have a named person to support them with CPD compared to just under a third of SAS doctors (Table 6).

Table 6: Do you have a named person in your department / specialty to support you with CPD?		
	LE doctors	**SAS doctors**
Yes	46.9%	32.0%
No	30.6%	52.4%
I don't know	22.5%	15.6%

Over four in ten SAS and LE doctors told us they've had difficulty accessing CPD opportunities (Table 7).

Table 7: in the last year have you had difficulty accessing CPD opportunities?		
	LE doctors	**SAS doctors**
No difficulty	52.9%	59.0%
Yes, had difficulty	47.1%	41.0%
Reasons for difficulty		
Yes - failed to find prospective cover	9.6%	9.3%
Yes - declined funding for CPD	7.6%	7.1%
Yes - declined leave for CPD	5.8%	5.6%
Yes - declined a space on a training course because I am not in a GMC approved training programme	5.2%	2.7%

Table 7: in the last year have you had difficulty accessing CPD opportunities?		
Yes - declined a space at an event because I am not in a GMC approved training programme	3.1%	2.4%
Yes - active discouragement from seniors	3.0%	3.3%
Yes - other difficulty	12.8%	10.7%

All doctors have a responsibility to seek out and take part in CPD activities to help them in their professional work. However, almost half of LE doctors are reporting difficulties, despite being more likely to have somebody to support them. LE doctors are likely to be at an earlier career stage, perhaps moving employer more frequently, which may affect their ability to take advantage of opportunities available to them. Given the requirement to undertake CPD for appraisal and revalidation, we need to explore this further and identify if this group of doctors need alternative support.

Employers should be enabling all sections of the medical workforce to access training and support, where appropriate. We want to encourage employers to explore how they could improve access to training and CPD for their SAS and LE doctors. This would not only improve career development opportunities but is a clear message to these doctors that they're valued.

Our ongoing work with stakeholders will focus on identifying what successful support looks like and how it can be promoted for SAS and LE doctors. Although there are some overlapping needs, due to the range of job roles and varying level of experience, the support structures for these two groups may need to be different. The proposed next steps and actions in our in-depth report will take account of this.

Additional roles and responsibilities

The survey shows that SAS and LE doctors make a significant contribution to working and training environments through their wider roles and responsibilities (Tables 8 and 9):

- the clear majority of SAS and LE doctors told us they are involved in additional activities outside of service provision, particularly teaching, audit and clinical governance.

- three quarters of SAS doctors and half of LE doctors told us that they train other staff as part of their job on a formal and/or informal basis. The most common staff groups they trained were doctors on formal training programmes, wider healthcare professionals, and medical students.

- A lower proportion of SAS and LE doctors were satisfied with the support they received in their role as trainers than trainers who responded to our NTS in 2019. Two out of five SAS doctors and half of LE doctors rated the support they receive as good, compared to more than two thirds of NTS trainers (excluding GPs)*.

Table 8: Do you train others as part of your job?

	LE doctors	SAS doctors
Yes	49.0%	74.2%
No	51.0%	25.8%

Table 9: Please rate the support you receive from your trust/board in your role as a trainer.

	LE doctors	SAS	Non-GP trainer
Very good / good	51.1%	38.6%	70.3%
Neither good nor poor	33.4%	39.5%	22.3%
Very poor / poor	15.6%	21.9%	7.4%

Table 10: Are you involved in any of these activities where you work?

	LE doctors	SAS doctors
Additional activities undertaken	88.9%	94.8%
Not involved in additional roles or responsibilities	11.1%	5.2%
Activities undertaken		
Audit	29.4%	25.2%
Teaching	23.2%	20.6%
Clinical governance	9.9%	11.5%

*A small proportion of doctors will have taken the SAS and LE doctors survey and the 2019 NTS

Table 10: Are you involved in any of these activities where you work?		
Research	8.2%	4.7%
Appraisal of other doctors	3.0%	4.8%
Service management or planning	2.1%	5.3%
Induction of trainees	2.3%	4.2%
Other academic role	1.7%	2.0%
Running a department	0.9%	3.5%
Induction of SAS and LE doctors	1.0%	1.9%
College or faculty examiner	1.1%	1.5%
Other activity (combined from options in survey)	6.0%	9.7%

These findings suggest there could be further opportunities to utilise doctors' skills and experience more effectively. For example, as appraisers or induction facilitators. In this survey, just 1% of LE and 2% of SAS doctors told us that they are involved in the induction of other SAS and LE doctors. Opportunities are being missed to involve the more experienced doctors in the grade who would be well-placed to lead on these activities. This type of activity should also be included and recognised in doctors' job plans.

Our implementation plan for recognising trainers, states that doctors in various job roles, including those on specialty and associate specialist contracts, can become recognised trainers. Amongst our survey respondents:

- 416 doctors (6.4% of the survey population) are or have previously been recognised trainers

- these doctors are some of the most experienced in the grade. 83% told us they have been practising for more than 15 years. Of this highly experienced group, 94% are SAS and 6% are LE doctors.

We'll take a closer look at the responses from these doctors to identify if there are any experiences or views specific to this group that may help promote the role of trainers. This is a positive way to recognise and value the skills of SAS and LE doctors.

Certificate of Eligibility for Specialist Registration (CESR)/ Certificate of Eligibility for GP Registration application (CEGPR)* and future intentions

For those who choose not to enter higher speciality training, obtaining CESR or CEGPR is an alternative route to the specialist or GP register. As with a Certificate of Completion of Training (CCT) this allows doctors to apply for a substantive, honorary or fixed term consultant or GP post in the NHS. For some doctors, achieving CESR/CEGPR may be career development in itself, as a way of gaining recognition for their skills, rather than it solely being a path to a consultant post.

Over one fifth of SAS doctors have applied for, or are in the process of applying for, CESR/CEGPR and a similar proportion indicated they plan to apply in the future. Nearly a third of LE doctors (29%) told us they plan to apply (Table 11).

Table 11: Do you plan to apply for CESR/CEGPR in the future?

	LE doctors	SAS doctors
Yes	28.7%	23.0%
No	31.9%	40.8%
Undecided	39.4%	36.3%

Improved professional recognition and more career development opportunities were the biggest single influences for those doctors who have applied for or have plans to apply for CESR/CEGPR (Table 12). Also, well over a quarter (27%) of both groups cited encouragement by either their employer and/or colleagues as being one of their influences. Positive working relationships and support from others in the working environment are clearly enablers for career development.

Table 12: Did or would, any of the following influence your decision to apply?

	LE doctors	SAS doctors
Professional recognition	20.9%	24.6%
Pay progression	16.9%	17.6%
More career development opportunities	21.3%	19.1%
Encouraged by colleague(s)	16.1%	14.8%
Encouraged by employer	11.4%	12.6%

* Certificate of eligibility for specialist registration (CESR) and Certificate of eligibility for GP registration (CEGPR)

Table 12: Did or would, any of the following influence your decision to apply?		
I worked at consultant equivalent level in another country	7.3%	8.6%
None of the above	6.1%	2.8%

We know that these figures don't necessarily translate into applications because of the barriers faced by some SAS and LE doctors when working towards CESR/CEGPR recognition. The reasons given for not applying may also reflect the different career and decision-making stages for SAS and LE doctors:

- over a quarter of LE doctors said they intend to complete a CCT, by entering or returning to postgraduate training
- for SAS doctors, the length and complexity of the process were the most commonly selected reasons

We regularly review our processes for CESR/CEGPR as part of our continuous improvement work. For example, between 2017 and 2018, we made our application processes more efficient, by moving the forms online and enabling doctors to submit their evidence electronically. We're now developing alternative, more proportionate methods for gathering evidence, making the process more flexible and accessible for doctors. Throughout 2019, we engaged with a number of key stakeholders on our initial proposals for change; and we've worked with the Department of Health and Social Care to secure legislative reform. We will continue to develop our proposals this year, which will include further discussions with SAS and LE doctors.

It's encouraging that many SAS and LE doctors are considering CESR/CEGPR. We also recognise that not everyone wants to enter the specialist register or become a consultant. For many, a SAS career is a proactive choice that helps to balance the demands of professional and family responsibilities. As such, CESR/CEGPR should not be viewed as the only way to career progression for a SAS or LE doctor. Support for this group of doctors can also be provided in other ways, such as portfolio development or access to training in new skills.

Challenges facing SAS and LE doctors

Over a third of SAS doctors and almost a quarter of LE doctors told us they don't always feel that they're treated fairly. Well over a quarter of all SAS and LE doctors said they've experienced bullying in the past year. The results for burnout also indicate that this group of doctors are feeling the impact of system pressure. Just

over a quarter of SAS doctors and nearly a third of LE doctors told us they feel burnt out because of their work.

Supportive environment

Over half of SAS doctors and two thirds of LE doctors told us that they feel their working environment is a supportive one. Almost three quarters of both groups said if they had a concern they would know who to approach in confidence (Tables 13 and 14).

Table 13: The working environment is a fully supportive one

	LE doctors	SAS doctors	Doctors in training	Non-GP trainer	GP trainer
Agree / strongly agree	67.1%	55.8%	82.0%	74.7%	97.3%
Neither agree nor disagree	19.5%	25.1%	12.2%	15.9%	1.6%
Disagree / strongly disagree	13.4%	25.1%	5.8%	9.5%	1.0%

Table 14: If I had a concern (personal or related to my job) I would know who to approach to talk to in confidence

	LE doctors	SAS doctors	Doctors in training
Agree / strongly agree	74.2%	71.0%	93.8%
Neither agree nor disagree	13.7%	15.0%	4.1%
Disagree / strongly disagree	12.1%	14.1%	2.1%

While many SAS and LE doctors said they feel supported where they work, this was not the view of all respondents. These results also compare poorly to responses given by trainees and trainers to the same questions in the 2019 NTS:

- Proportionally, twice as many LE doctors (13.4%) and four times as many SAS doctors (25.1%) disagreed that their working environment was supportive, compared to trainees (5.8%).

- A higher proportion of SAS and LE doctors disagreed with this statement, compared to non-GP trainers and GP trainers.

- More than one in nine SAS and LE doctors disagreed that that if they had a concern they would know who to approach in confidence, compared to just one in 50 trainees.

We also asked doctors if staff, including SAS and LE doctors, are always treated fairly. Over a third of SAS doctors and a quarter of LE doctors disagreed with this statement (Table 15).

Table 15: Staff, including SAS and locally employed doctors, are always treated fairly

	LE doctors	SAS doctors
Strongly agree / agree	51.9%	36.6%
Neither agree nor disagree	24.1%	27.7%
Strongly disagree / disagree	24.0%	35.8%

We will further analyse our data to explore whether certain groups of doctors in the SAS and LE community are more affected by an unsupportive working environment than others. This will help shape our ongoing discussions with key stakeholders, including NHS Employers, the BMA, AoMRC and health education bodies in each of the four nations.

Poor working relationships and lack of support in pressurised environments can also impact on doctors' health and wellbeing, as well as patient care. We've accepted all the recommendations for us in Professor Michael West and Dame Denise Coia's independent report *Caring for doctors, Caring for patients*, which we commissioned to help tackle the causes of poor wellbeing experienced by doctors and medical students across the UK.

Diverse groups of doctors including SAS doctors and locums, who may face barriers such as remote and unsupportive leadership teams, have higher referral rates into our fitness to practice processes than other doctors. In 2018 we commissioned independent research by Dr Doyin Atewologun and Roger Kline to explore these issues and identify potential solutions. Their *Fair to Refer?* report, which we published in June 2019, included a range of recommendations for us and other healthcare organisations to take forward.

Bullying and undermining

The results (Table 16 and 17) for these questions show that:

- 30% of SAS doctors and 23% of LE doctors told us that they had been bullied, undermined or harassed in the last year

- a considerable proportion of both SAS and LE doctors responded 'no' or 'not sure' when asked if they know how to raise a concern relating to this.

Table 16: In the last year, do you believe that you have been bullied, undermined or harassed by a colleague where you work?

	LE doctors	SAS doctors
No	67.3%	60.6%
Yes, and I reported it	6.3%	9.2%
Yes, and I didn't report it	16.9%	20.7%
Prefer not to say	9.4%	9.5%

Table 17: Do you know how to raise a concern related to bullying, undermining or harassment where you work?

	LE doctors	SAS doctors
Yes	61.8%	66.8%
No	14.8%	10.3%
I'm not sure	23.4%	22.9%

When asked to describe the type of bullying behaviour they'd experienced, 'rudeness and incivility' was the most commonly selected (Table 18) reason. In addition:

- approximately a sixth of SAS and LE doctors who had experienced bullying described it as threatening or insulting comments or behaviour

- of the nine protected characteristics, bullying related to race was most commonly selected by both groups.

Table 18: What type of behaviour describes what you experienced?

	LE doctors	SAS doctors
Rudeness and incivility	29.7%	27.3%
Belittling and humiliation	27.4%	26.1%
Threatening or insulting comments or behaviour	14.7%	16.2%

Table 18: What type of behaviour describes what you experienced?		
Bullying related to a protected characteristic	13.9%	13.1%
Deliberately preventing access to training	7.8%	7.2%
Other	4.7%	7.6%
Prefer not to say	1.7%	2.5%

The independent *Caring for doctors Caring for patients* report by Professor Michael West and Dame Denise Coia, reveals that bullying and undermining can affect doctors across all career stages and roles. Nevertheless, our survey findings suggest that this could be a particular challenge for this group.

Our ethical guidance for doctors, *Leadership and management for all doctors*, states that all doctors have a duty to promote a working environment free from unfairness, discrimination, bullying and harassment. Employers should have open and transparent processes for dealing with concerns about bullying, undermining and harassment. This includes making sure that SAS and LE doctors know who to speak to if they have a concern and they feel confident to do so.

Burnout

The Copenhagen Burnout Inventory (CBI) is an internationally-recognised and validated tool for measuring burnout. It defines burnout as a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work.

In 2018, we added seven questions from the inventory into the NTS. The same questions were included in this survey. Although these questions were optional, four fifths of SAS and LE doctors chose to respond to them:

- a higher proportion of LE doctors told us they feel burnt out: 29% said they felt burnout to a high or very high degree compared to 25% of SAS doctors (Table 19). This compares to 25% for doctors in training and 23% for trainers in the 2019 NTS.
- SAS doctors were more likely to say they feel frustrated or emotionally exhausted to a high or very high degree (Table 20)
- LE doctors reported higher levels of burnout relating to exhaustion and lack of energy for family and friends (Table 21).

Table 19: Do you feel burnt out because of your work?		
	LE doctors	**SAS doctors**
To a high / very high degree	29.1%	25.1%
Somewhat	36.7%	38.6%
To a low / very low degree	34.2%	36.3%

Table 20: Is your work emotionally exhausting?		
	LE doctors	**SAS doctors**
To a high / very high degree	41.2%	43.0%
Somewhat	39.7%	38.9%
To a low / very low degree	19.1%	18.2%

Table 21: Do you have enough energy for family and friends during leisure time?		
	LE doctors	**SAS doctors**
Always / Often	43.3%	47.0%
Sometimes	34.5%	35.3%
Seldom / Never or almost never	22.2%	17.7%

Our analysis shows that doctors who disagreed that their working environment was supportive, reported higher levels of burnout. This highlights the possible effects of poor organisational culture and working relationships. We'll explore this further as part of our next stage analysis.

SAS specific support*

Findings for SAS specific questions show that support structures† available to these doctors are being accessed by some; albeit slowly and with considerable variability across the UK. Over half of SAS doctors told us that they had access to a SAS tutor/advisor (or equivalent) where they work. A similar proportion told us they have

* An additional set of questions were given to SAS doctors only (not LE doctors) relating to SAS specific guidance and support.

† Support structures can include mechanisms such as access to a SAS tutor/advisor, funding for training, access to a development day, SAS charters and the Improving SAS Appraisal guidance.

the information they need to access the guidance and opportunities available to them.

UK SAS doctors are supported by SAS charters[*]. These charters outline what SAS doctors and employers can expect from each other. They also include information about the minimum support and development opportunities that should be available. Each country of the UK has its own charter. The survey findings show:

- awareness of and views on implementation of the charters vary across the UK
- almost one in three (32%) SAS doctors agreed that their employer had taken steps to implement the charter, versus one in six (17%) who disagreed (Table 22)
- just under a third (29%) had not heard of their charter at all.

Table 22: My employer has taken steps to implement the SAS Charter

	England	Scotland	Wales	NI	All UK
Agree / strongly agree	33.8%	18.9%	27.2%	34.4%	31.7%
Neither agree nor disagree	22.1%	24.0%	25.8%	18.0%	22.4%
Disagree / strongly disagree	16.6%	12.3%	23.0%	22.1%	16.7%
I'm not aware of this guidance	27.5%	44.8%	23.9%	25.4%	29.2%

There are signs that awareness of the charters, and implementation by employers, has increased in the last two years. The BMA's survey of SAS doctors[†] in 2017 found that over half (53%) had not heard of the charter, and almost two-thirds (65%) said they weren't aware that the charter had been implemented in their trust/board. Although our survey findings indicate some improvement, there is clearly more work to be done to encourage greater consistency across the UK.

All four versions of the charter recommend that SAS doctors have access to a tutor, mentor or educational adviser. They also recommend they have access to SAS-

[*] The SAS charters were published by the British Medical Association in collaboration with NHS Employers; Health Education England; the Academy of Medical Royal Colleges; NHS Scotland; Department of Health, Social Services and Public Safety Northern Ireland; and Wales Deanery. All four charters can be found on the BMA web page for SAS doctors.

[†] Findings from the 2019 BMA survey of SAS doctors can be found on their website.

specific guidance, support and opportunities where required. The survey responses highlight a mixed picture (Table 23 and 24):

- encouragingly over half of SAS doctors across the UK said they had access to tutor, adviser or equivalent where they worked
- a large proportion were unsure if this was available in their workplace and up to half of SAS doctors in Northern Ireland said they did not have access*
- similarly, over half of SAS doctors (51%) said they have the information they need to access the guidance, support and opportunities available to them. More than one in five (23%) disagreed.

Table 23: Do you have access to a SAS tutor, adviser or equivalent where you work?

	England	Scotland	Wales	NI	All UK
Yes	60.0%	53.2%	55.1%	16.9%	57.2%
No	21.6%	25.6%	26.9%	58.1%	23.9%
I don't know	18.4%	21.2%	18.1%	25.0%	18.9%

Table 24: I have the information I need to access the guidance, support and opportunities available to me as a SAS doctor

	England	Scotland	Wales	NI	All UK
Agree / strongly agree	51.2%	54.5%	48.1%	45.2%	51.2%
Neither agree nor disagree	25.6%	27.3%	25.5%	28.2%	25.8%
Disagree / strongly disagree	23.2%	18.2%	26.4%	26.6%	23.0%

During our feasibility study we heard that SAS tutors often have high numbers of SAS doctors to support, sometimes across multiple sites. Allocation of a tutor alone may not provide all the support a doctor requires, particularly in specialities or sites where they may be more isolated. Where possible, it's important that tutors are given enough time in their job plan proportionate to the number of SAS doctors in their trust or board.

* Since the survey live period Northern Ireland has appointed SAS leads in each of its Health and Social Care (HSC) Trusts

Our early analysis shows, that compared to UK PMQ doctors, a greater proportion of IMGs and doctors with an EEA PMQ said they didn't have a SAS tutor or equivalent. And a higher proportion of IMG and EEA doctors disagreed that they have the information they need to access the guidance and opportunities available to them as SAS doctors, compared to UK PMQ doctors. This clearly needs to be addressed. *Fair to Refer?* recommends that comprehensive support is provided for doctors new to the UK or the NHS. This is something that we, and many employers, are already exploring given the higher proportion of overseas doctors in SAS roles.

What's next?

The results of this survey contribute to a growing evidence base on the experiences and challenges faced by SAS and LE doctors in our health services.

We're now working with organisations across the four countries of the UK to explore the findings and develop future actions. This includes the BMA, NHS Employers, NHS Education for Scotland, BMA Northern Ireland, Health Education and Improvement Wales and Health Education England, all of whom are actively involved in supporting SAS and LE doctors. We have:

- developed an **online reporting tool** containing the results for all survey questions. This has been released publicly alongside this headline findings report.
- **started to undertake further analysis** of the survey findings. This includes whether there are distinct sub-groups within the SAS and LE workforce who face challenges in their working environment. By gaining a greater understanding of who may require further support and how, we'll be able to tailor our work more effectively.
- started to explore how the findings can **inform our own interventions and programmes,** with the potential to improve support for SAS and LE doctors. This includes:
  - devising a four-country action plan for these doctors in collaboration with key stakeholder organisations
  - continuing to implement findings from our *Adapting for the future* review to improve flexibility of postgraduate training for doctors
  - our work to identify and address differential attainment
  - and our internal review of the CESR/CEGPR application process.

We'll continue to encourage collaboration between UK healthcare organisations, and we'll create a regular forum to co-ordinate work programmes in this area. The outcome of these and our further analysis of survey data will be published later this year.

It's important we maximise the data generated through the survey to influence change, before we repeat it. We're now working with others to identify the most appropriate time to run it again.

Annex A: How to access the survey results through the online reporting tool

You can access the results for all questions asked in the survey via our website or by following this link.

Results by Country | Results by Trust/Board | Demographic Tables

General Medical Council

Specialty and Associate Specialist (SAS) & Locally Employed Doctors (LED) Survey reporting tool

* Responses with count less than 3 are excluded
** Response count rounded to nearest 5
† Respondents were able to select multiple responses for this question. Aggregated responses are shown as a proportion of the total responses received.

Contract type: (All)
Country: England
Question theme: About your medical education b...
Question: (All)
Display option: Chart

Rest of UK average

Question	Response*
Q3 Have you ever been on a GMC approved postgraduate training programme? Please tick yes even if you left before completion.	Yes
	No
Q4 How many complete years (if any) of postgraduate medical training do you have?	Less than 1 year
	1 year
	2 years

Please see the guidance notes on our website for more detailed information on how to filter and download the results.

Annex B: Characteristics of SAS and LE doctors

Table 25 shows the differences between the contract types for SAS and LE doctors.

Table 25: Characteristics of the contracts for SAS and LE doctors

SAS	LE
▪ Hold nationally defined, usually permanent contracts. Most will have a minimum of four years postgraduate experience, including two years in a specialty.	▪ A diverse group of doctors with variable knowledge and experience.
▪ Are supported by nation-specific charters that outline minimum conditions of employment and best practice for support and development.	▪ Contracts are defined by employers and usually of fixed, short-term duration. Roles include trust doctor, fellowship and locum roles.
▪ Some hold specialist registration.	▪ Many are recent UK foundation programme graduates or have completed core training.

Analysis of the age and primary medical qualification (PMQ) characteristics of survey respondents (Table 26*) in conjunction with data we hold on the LRMP shows that:

- 54% of survey respondents are male and 46% are female
- 58% of survey respondents are BME and 34.9% are white (data is missing for the remaining 7.3%)
- seven out of ten doctors obtained their PMQ outside of the UK. Within this group, the majority (60%) are IMGs and the remainder are EEA medical graduates
- three out of four LE respondents are under the age of 40 and almost 8 out of 10 SAS doctors are aged 40 or over
- 83% of SAS doctors told us they have 10 or more years of clinical practice, compared to 32% of LE doctors. Almost two in five (39%) of LE doctors told us they have been practising for less than five years.

* 95% confidence interval achieved for UK-wide SAS and LE population, but not for all nations.

There are also differences between the SAS and LE populations of each of the four UK countries. Compared to England and Wales, a much higher proportion of SAS and LE respondents in Scotland and Northern Ireland are female (almost two-thirds) and are UK graduates. The demographic characteristics of survey respondents mirrors what we heard from our discussions with SAS and LE stakeholders and broadly aligns with the existing data in our insight paper *'What do we know about specialty and associate specialists (SAS) and locally employed doctors (LEDs)?*

Table 26: Four country breakdown of SAS and LE survey populations by gender and primary medical qualification

	England		Scotland		Wales		NI		All UK
	LE	SAS	LE	SAS	LE	SAS	LE	SAS	SASLE
Gender									
Male	53.1%	57.9%	48.0%	35.0%	54.2%	56.0%	46.5%	46.0%	53.8%
Female	46.9%	42.1%	52.0%	65.0%	45.8%	44.0%	53.5%	54.0%	46.2%
PMQ									
UK	27.9%	24.4%	64.0%	61.2%	30.6%	23.6%	53.5%	61.9%	30.0%
IMG	59.7%	66.7%	26.7%	31.3%	62.5%	72.4%	32.6%	27.0%	59.8%
EEA	12.4%	8.9%	9.3%	7.5%	6.9%	4.0%	14.0%	11.1%	10.2%

Annex C: Survey methodology

Using the medical register 47,896 doctors were identified as not being in formal training or on the specialist / GP register; these doctors were invited to take part via email invitation. The survey was also accessible via an open access link on our website for others who were eligible including:

- those on the specialist register working as SAS or LE doctors who would not have been captured in our email invitation
- overseas doctors on the Medical Training Initiative (MTI)
- dentists registered with the GMC.

Our data collection and analysis methods incorporated:

- closed response / multiple choice questions with very few free text questions (free text was used if respondents were asked to specify if they selected 'other' for a small number of questions)
- use of an online survey tool *Smart Surveys* to create and distribute the survey
- data cleaning: on closure of the survey, response data was anonymised and cleaned for reliability and accuracy, leaving 6,467 valid responses.
- a 95% confidence level was used to identify the minimum responses required both for the total survey population and for the four countries; this was met at a population wide level for SAS and LEDs, but not for all nations individually.
- data was cleaned and analysed using *Excel* and *SPSS* software.

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