



The ROYAL COLLEGE of
OPHTHALMOLOGISTS

SAS Ophthalmologists: Supporting a Key Workforce

August 2018

18 Stephenson Way, London, NW1 2HD T. 020 7935 0702
contact@rcophth.ac.uk rcophth.ac.uk @RCOphth

© The Royal College of Ophthalmologists 2018 All rights reserved

For permission to reproduce any of the content contained herein please contact contact@rcophth.ac.uk

Contents

1	Introduction	3
2	Methodology	4
3	Results	4
	Grade & Contracts	4
	Qualifications	6
	Career choice factors	8
	Scope of practice	9
	Education & CPD	11
	Future career plans	12
	Professional Support	13
	Free text questions	14
4	SAS Doctors – A homogenous group?	16
5	What does the RCOphth do for SAS doctors at present?	19
6	Next steps	22

Date of review: September 2021

1 Introduction

It is crucial that we support and value SAS doctors who are traditionally the mainstay of ophthalmic services in numerous hospital units. Anecdotally The Royal College of Ophthalmologists know there is concern about the future of the SAS role, particularly since the closure of the Associate Specialist grade and changes to immigration rules affecting non-UK doctors' ability to apply for SAS posts, although we welcome the [recent relaxation of these rules](#).

The Royal College of Ophthalmologists (RCOphth) most recent workforce census in 2016 showed that recruiting new SAS doctors is very challenging - **47% of units in the UK had unfilled SAS doctor posts.**

The national NHS workforce data shows that in the UK there are approximately 680 specialty doctors, staff grades and associate specialists (SAS) doctors and approximately 1,400 consultants. The 2016 RCOphth Workforce Census estimated that **SAS doctors make up 23% of the ophthalmic medical workforce** – they are a key and valuable part of the ophthalmic workforce. Currently, the greatest challenge to ophthalmology is a significant lack of service capacity compared with demand. There has been a 20%-30% increase in clinical activity over the last 10 years and a 30-40% increase in outpatient activity is predicted over the next 20 years. Demographic changes and treatments for previously untreatable conditions, including for long term conditions, have increased demand for services which has not been matched by increases in staffing. Despite great improvements in efficiency and innovative use of non-medical and community professionals, ophthalmic services are under enormous pressure and there continues to be [regular documented cases of avoidable visual loss due to delayed care](#).

The RCOphth wishes to better engage and support SAS ophthalmologists, to ensure greater understanding of their contributions and their concerns to help unlock their full potential. **It is important that the SAS career path is positively recognised as a desirable and respected role offering doctors advantages and different options compared with trainee and consultant positions.**

In 2017, the RCOphth undertook its first national survey of SAS ophthalmologists, the results of which are published here. We wish to work actively with SAS doctors, their colleagues and external organisations to develop actions for improvement.

We are very grateful to all the SAS ophthalmologists who took the time to complete the survey and provide their views and suggestions.

Bronwen Attrup, Chair of SAS Forum; Melanie Hingorani, Chair of Professional Standards; Beth Barnes, Head of Professional Support; Jack Bellamy, SAS Group Administrator

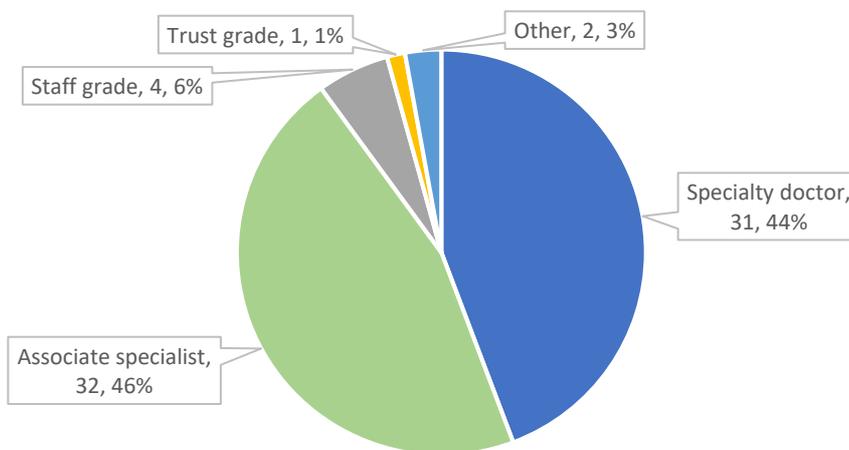
2 Methodology

The survey was sent to 175 SAS doctors from a representative sample of ophthalmology departments in the UK. The methodology ensured a manageable sample size but with representation from across the UK's four nations, and from a stratified sample of large and small units. The data detailed below was extracted from 70 returned surveys and compiled in March 2018.

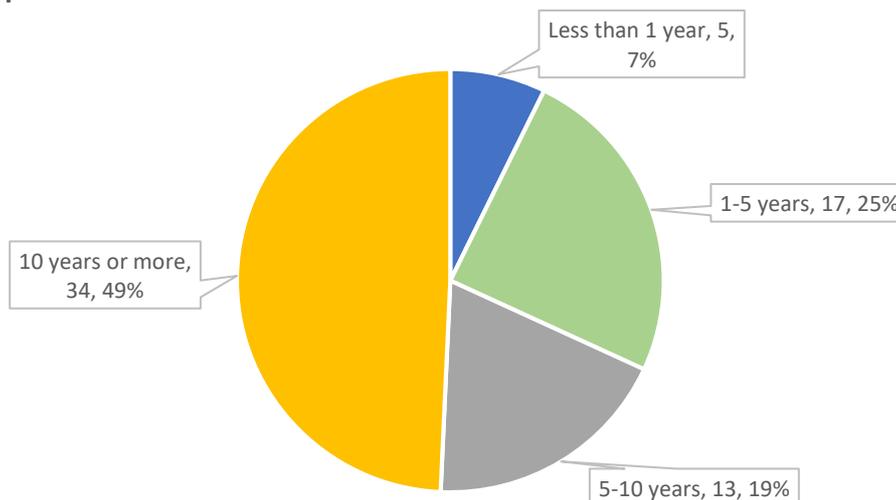
3 Results

Grade & Contracts

Current grade



Time spent so far as an SAS doctor



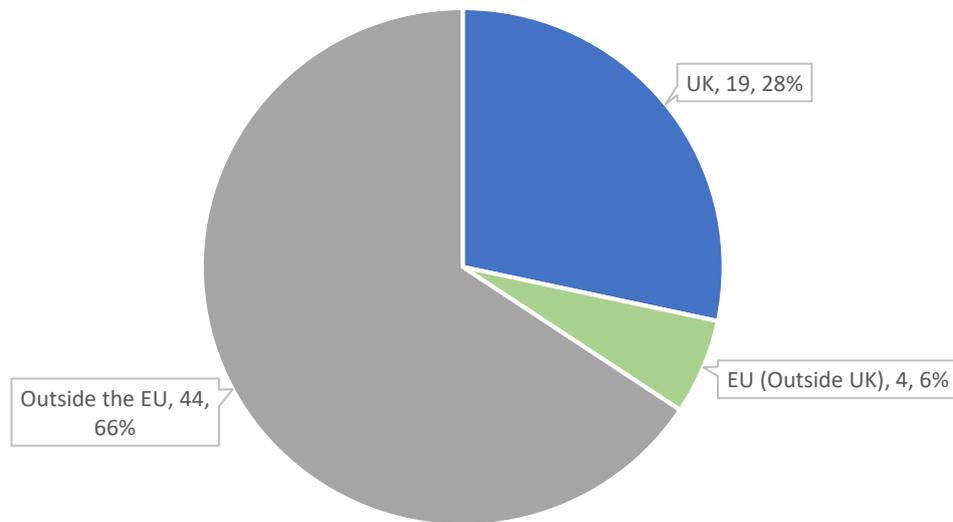
- SAS doctors can be senior ophthalmologists who can bring extensive experience to ophthalmic services.
- Many are still Associate Specialists (AS) but this will gradually reduce as AS posts cease to be appointed to.

- Several respondents felt strongly that the AS post should be reinstated. As more senior SAS doctors retire, coupled with the current and continuing difficulties in recruitment, this is likely to worsen capacity issues in eye services.

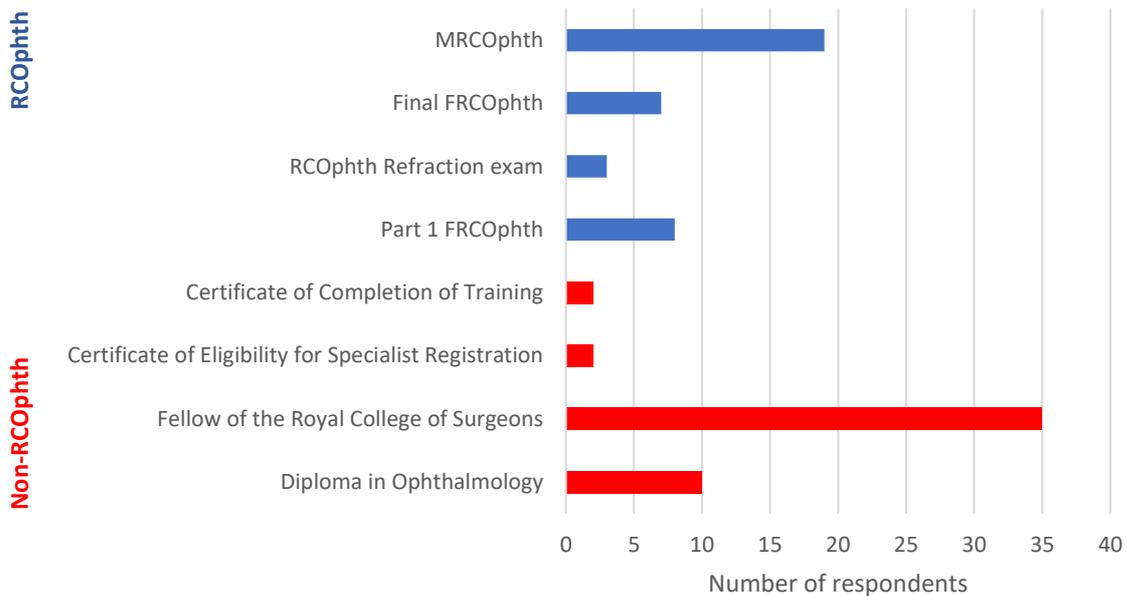
SAS doctors were asked about their contract types. 96% of SAS doctors who responded to this are currently on permanent contracts, with 2% fixed term and another 2% on locum contracts. The average number of sessions (planned activities, programmed activity [PAs]) worked per week was approximately 8.6, with a range from 3-12.

Qualifications

Place of primary medical qualification

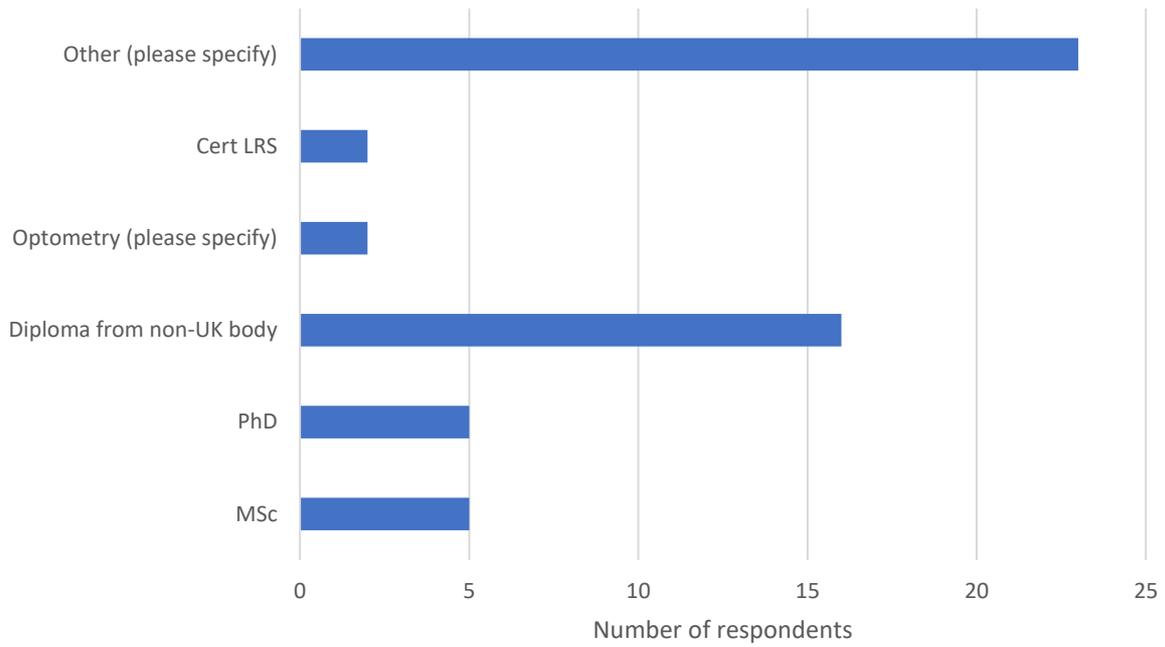


RCOphth & Non-RCOphth ophthalmology qualifications (each response indicates the highest level achieved)



Many SAS doctors have membership or fellowship of the RCOphth or Royal College of Surgeons of Edinburgh(RCS).

51% of respondents had additional qualifications, diplomas or exam passes relevant to ophthalmology. Of those who had additional qualifications, many had more than one or even two qualifications. The additional qualifications can be broken down as follows:



'Other qualifications' included; MS Surgery (Ophth) India (x8), international fellowships (x4), International Council of Ophthalmology (ICO) qualifications (x6), MRCSEd (x3), MCPS/FCPS from College of Physicians & Surgeons Pakistan (x3), Arab & Jordanian Boards of Ophthalmology, Level 3 Clinical Educator Ed.

Career Choice Factors

Participants were invited to rate the importance of factors from a list of choices which influenced becoming an SAS doctor. A significant proportion gave positive reasons why they were SAS doctors, primarily a better work life balance but also greater flexibility and reduced administrative responsibilities. However, many also gave less positive reasons where barriers had affected their ability to progress to consultant level, primarily a lack of the required qualifications, lack of availability of training opportunities and inadequate career guidance.

28 respondents gave additional answers in the free text box although many of these overlapped with or elaborated on the list of choice factors provided:

“SAS Post helped me prepare for CESR”

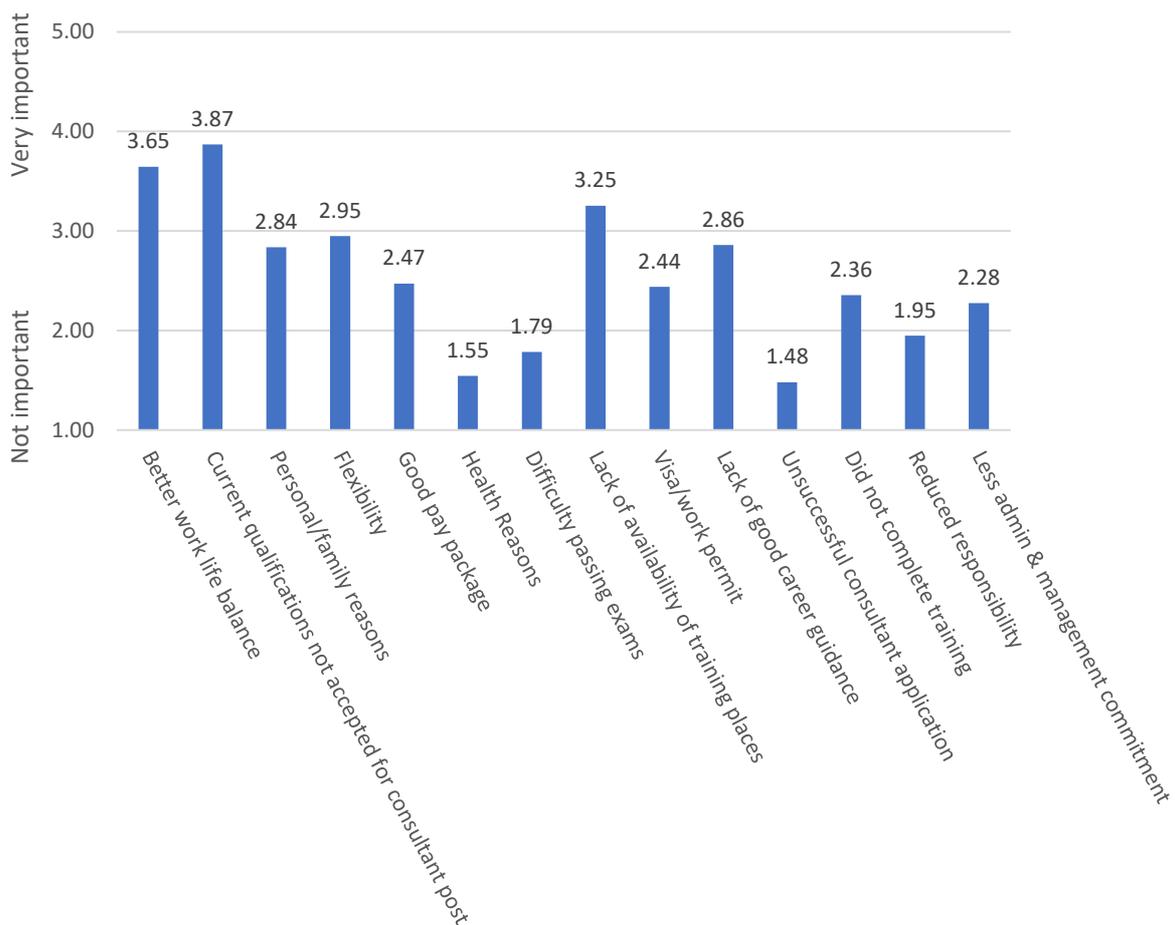
“No on call”

“Got stuck in the transition from old training system”

“Very much enjoy part-time working with reduced admin”

“Poor guidance is major issue”

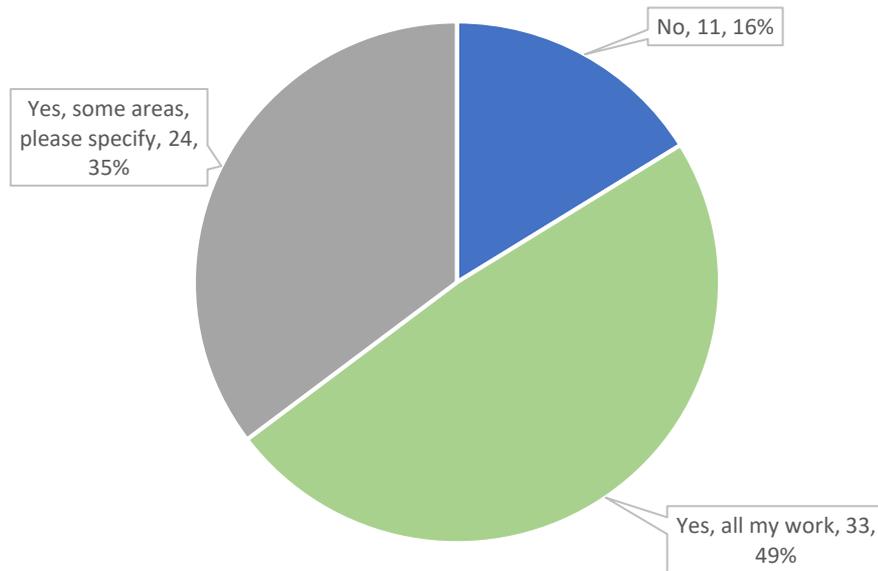
“Returning to ophthalmology after 10 years from medicine to raise children”



NB The figure above each factor represents the mean weight of importance given by responses.

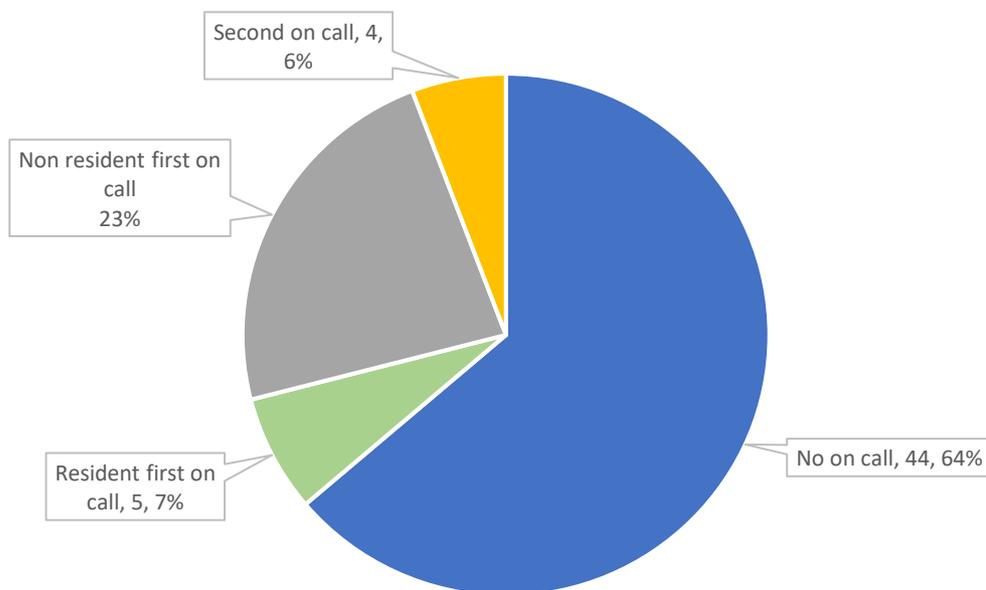
Scope of Practice

Working with clinical autonomy



Most SAS doctors stated they are working autonomously and nearly 50% deliver all their work in an autonomous fashion. However, autonomy was left to the individual respondent to define. Autonomous working may have been interpreted as 'working without detailed supervision', rather than the [British Medical Association \(BMA\) definition for SAS doctors](#): where patients are coded to the SAS doctor who is in full charge of their care.

On call commitments

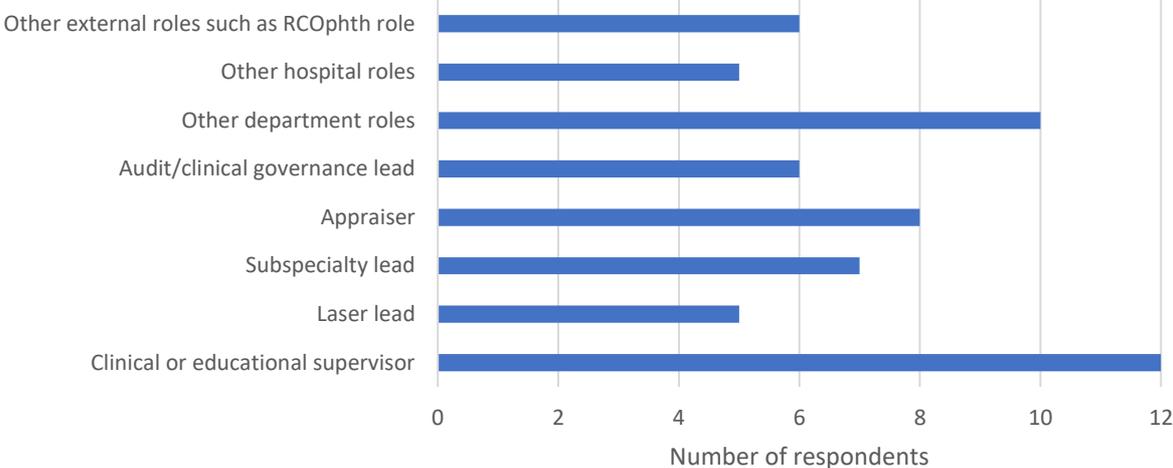


17% of respondents indicated that in addition to their on-call duties there was also a consultant on call.

Additional/Supporting Professional Activity/leadership roles undertaken

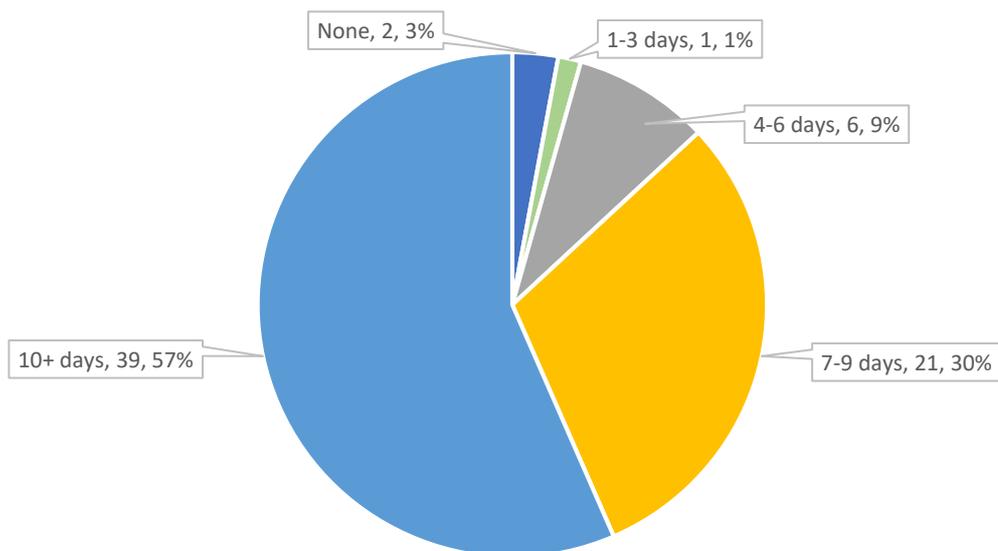
50% of survey respondents said that they undertook additional roles. SAS doctors are clearly delivering a wide range of non-clinical or leadership roles within their units and contributing to the wider support of ophthalmology beyond delivering direct patient care.

Of the 50% of respondents who indicated that they undertook additional roles, it was also evident that they were often undertaking more than one additional role.



Education and CPD

Number of days study leave assigned each year



The official position from the BMA is that most career grade doctors should get 10 days of study leave per year – the survey responses largely mirror this with 87% receiving 7 or more days per year (57% of which receive 10+):

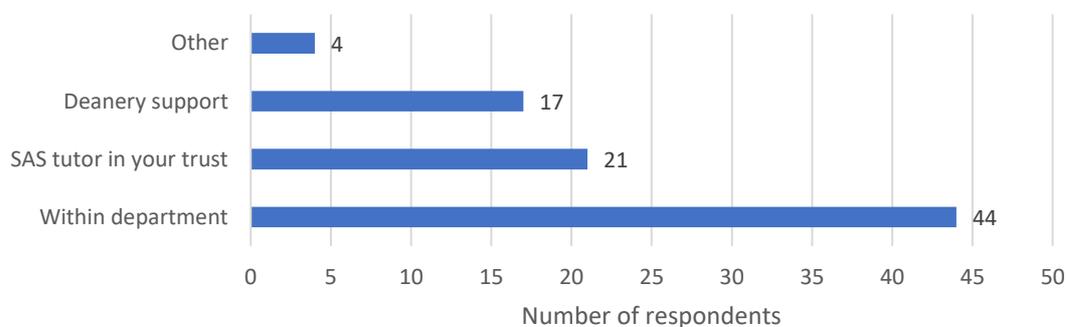
“Professional or study leave is granted for career grade hospital doctors and general practitioners - including salaried general practitioners - for postgraduate purposes and is approved by the employing authority. It covers study, research, teaching, examining or taking examinations, visiting clinics and attending professional conferences.

For all career grade doctors, it is recommended that a maximum of 30 days study and professional leave should be granted with paid leave and expenses within each three-year period. Some Trusts or Boards will interpret this as 10 days per year.”

(<https://www.bma.org.uk/advice/employment/leave/study-professional-and-special-leave>)

77% of respondents who gave information stated that they received some form of study funding, while 23% did not.

Local education support provided

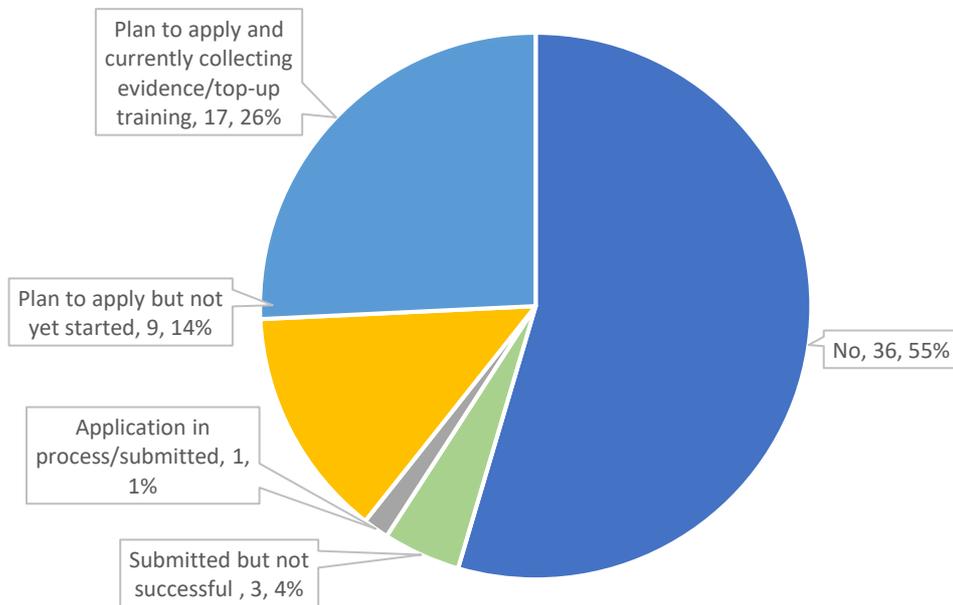


NB Participants could select multiple options for local education support which apply in their individual cases. It is evident that many SAS doctors have a variety of options to access local education support.

Future Career Plans

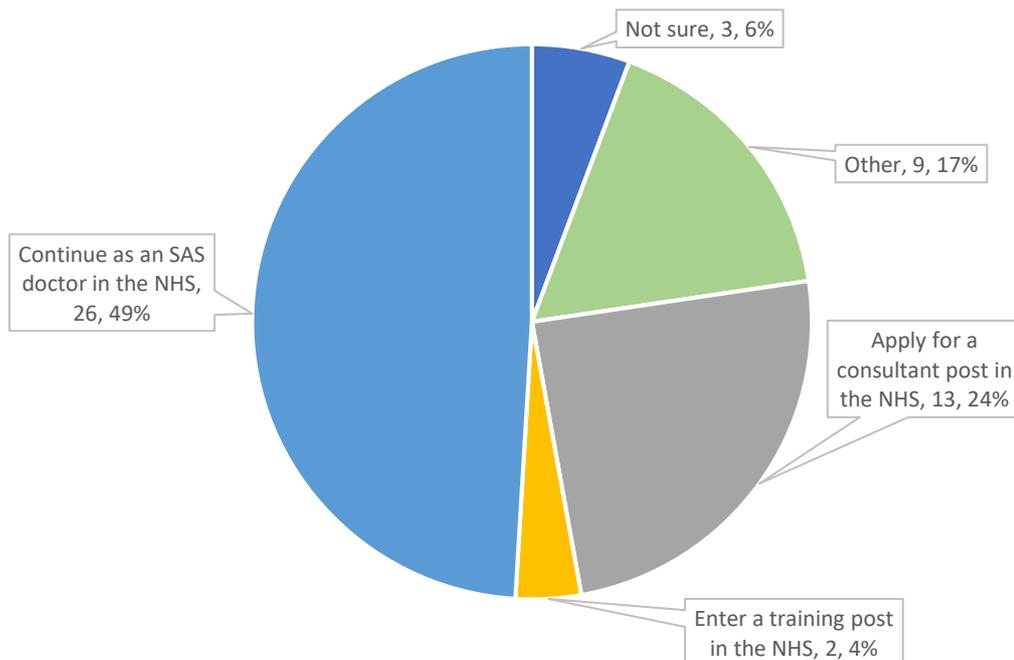
The SAS doctors surveyed were asked whether they had plans to enter/re-enter a training programme. Of those who gave an answer, 87% had no plans to enter any existing training programme, versus 13% who did. Some doctors enter SAS roles on a temporary basis with the intention of returning to training grade posts to complete their training.

Plans to apply for CESR



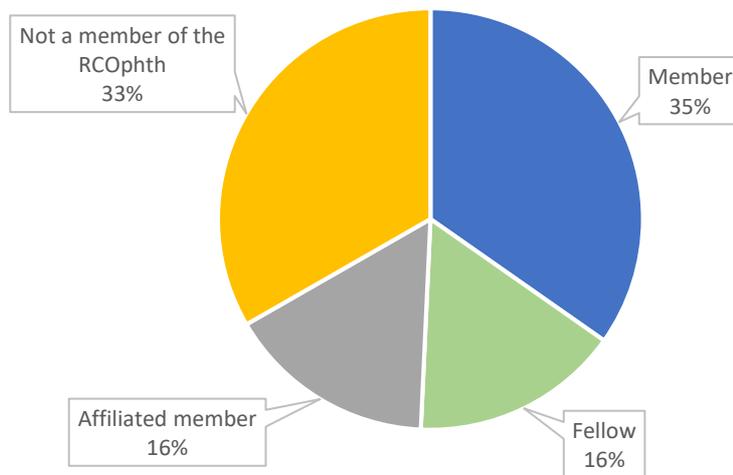
Many SAS doctors do not have plans to pursue CESR, but 45% are either planning to or have already applied. This fits with their future career plans as shown below.

Plans for future career

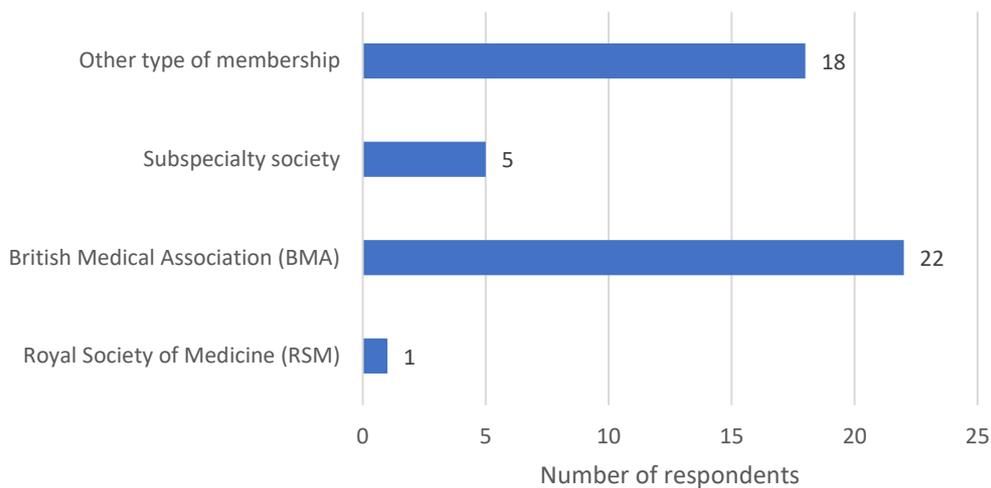


Professional Support

Fellowship or membership of the RCOphth



Membership of other professional bodies



Many respondents indicated they were members of other organisations, which had not been listed on the survey. Responses to 'Other type of membership' included membership of: The Royal College of Surgeons of England, The Royal College of Surgeons of Glasgow, The Royal College of Surgeons of Edinburgh, Medical Defence Union, Macular Society, The Association for Research in Vision and Ophthalmology, Medical Protection Society, and various UK regional ophthalmic bodies.

Free text questions

The survey included opportunities for responders to provide information and feedback not specifically covered in the rest of the questions. The answers provided rich qualitative information on the current situation, challenges and wishes of SAS doctors.

We asked: Please detail your biggest professional challenges as a SAS doctor and how you could be better supported in your role or have your skills better recognised?

The main themes of professional challenges identified were:

- lack of recognition
- lack of training opportunities
- lack of respect from colleagues
- service capacity issues
- difficulties with CESR

“Educate trainees to understand that they don’t always know better than we do. Some are quite ignorant of SAS roles”

“SAS grade work very hard – no recognition!”

“In general, once you have earned the clinical respect of your colleagues I have never really felt ‘undervalued’”

“SAS Stigma. Most apparent from new consultants or registrars close to CCT”

Other concerns included salary, clinical autonomy and access to performing cataract surgery.

We asked: What could be done by The Royal College of Ophthalmologists to help SAS doctors?

The main themes identified were:

- Recognise the work done by SAS doctors
- Promote equality with consultants
- Ensure SAS doctors are given greater respect
- Provide more training, courses, accreditation
- Provide more help with CESR

“Recognise their knowledge and expertise. Encourage and support SAS doctors to sub specialize. Have a national framework to support and promote those working independently or leading services”

“Promote a strong base for General Ophthalmologists and recognize their undeniably crucial role... Otherwise the ophthalmology base will be lost forever, with juniors focusing on only few areas”

“Better recognition across the board”

We asked: How could SAS grades be promoted as a positive career choice?

Suggestions for promoting the SAS role as an attractive career choice included:

- Using positive communication around SAS work and respect for the roles played by SAS doctors

- Increased salary and career development opportunities
- A change in name/restoring the Associate Specialist role

Some were more pessimistic of SAS grades as a positive career choice:

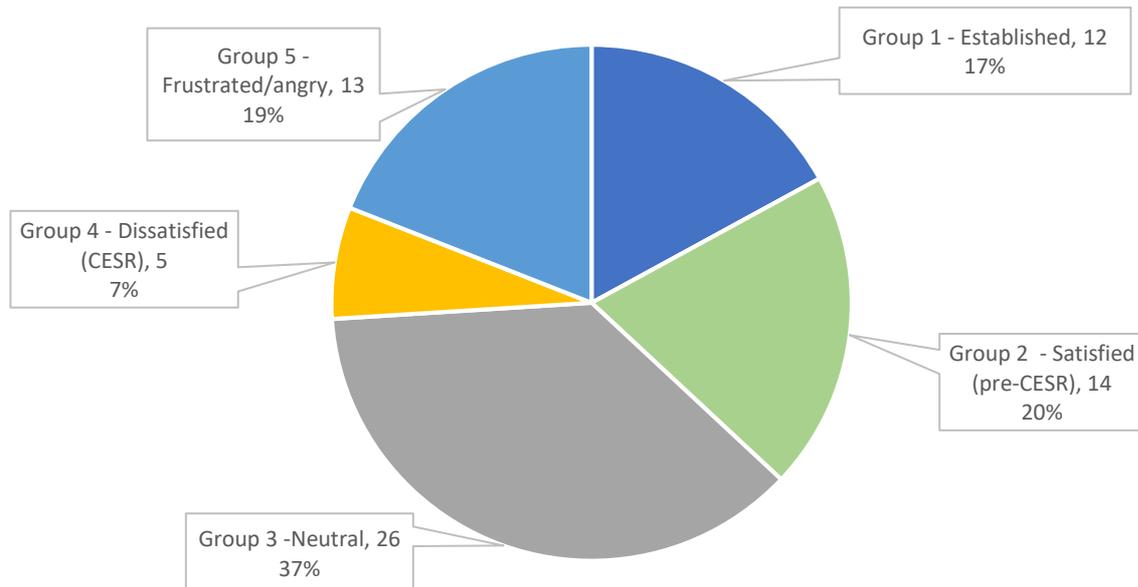
“I don’t think the benefits are worthwhile. It is not a positive career choice”

We asked: How do you think the RCOphth could best get regular input, feedback or ideas from SAS doctors? What would be the best way for the RCOphth to encourage SAS doctors to become involved in its work?

More regular and positive dialogue was the main theme that came through in responses. It was suggested that this could come in the form of more surveys and email contact. One respondent also asked for an online forum for discussion. Other options suggested included greater training opportunities, educating employers about the needs and attributes of SAS doctors, and more regional SAS meetings.

4 SAS Doctors – A homogenous group?

The responses gathered by the survey indicated that not all ophthalmic SAS doctors had the same experience, perceptions and professional goals. Respondents were at very different stages in their careers, with differing levels of autonomy and responsibility, some felt supported while others did not, and some were regularly engaging with RCOphth while others remained sceptical of its role for SAS doctors. However, on analysis SAS doctors seemed to broadly fall into five main categories:



Group 1 (17%) Those who are established in their career and satisfied as SAS doctors
Most of this group have been SAS doctors for 10 years or more, with none having less than five years as an SAS doctor. These are mostly Associate Specialist doctors who have avoided the frustrations associated with the newer restructured SAS grades. Most of these doctors feel well supported in their work and intend to continue as SAS doctors.

“Very good work-life balance as Associate Specialist with no on-call commitments”

“Happy with present situation”

“I am very well supported”

This group’s suggestions for change centred around increased salary, more SAS specific training (or discounted fees for current courses), regional meetings, reintroduction of the AS grade and targeted communications from RCOphth.

Group 2 (20%) Those who are early on in their career and satisfied with working as an SAS doctor until they have undergone/completed their CESR application

Most of these respondents have been SAS doctors for less than five years. They all indicated that they were either preparing for, or in the process of applying for, CESR. At this early stage in their career and path towards CESR, they did not share the same grievances as the doctors who fall into Group 5.

“More teaching + study days for SAS doctors”

“Help with CESR process to those who are interested. Also kindly create a separate column for SAS doctors on e-portfolio”

“Create Tick-box type checklist for CESR”

All had obtained their primary medical qualifications ‘outside the EU’. SAS careers for this group may be a temporary fix when attempting to transfer previous qualifications and experience to the UK healthcare system and 90% were aiming to enter a NHS training post or apply to become an NHS consultant.

Free text responses did not indicate any major frustrations. Respondents called for more training and more help with the CESR process, which is to be expected given their career plans and aspirations.

Group 3 (37%) Those who are relatively neutral in their positions as SAS doctors ie not fully satisfied but without any major grievances

This is the largest group and is composed of SAS doctors who, for the most part, feel well supported in their work. Respondents in this group had varying levels of study leave, study funding, and clinical autonomy but in all cases said at least a basic level of support was available in their unit or hospital/trust. Complaints with the level of support received covered the affordability and suitability of training for SAS doctors, as well as a lack of contact specific to SAS doctors in their region.

“Not being recognised for the level at which I work, financially and in terms of respect from Consultant colleagues”

“More freedom on clinical work”

“Change of attitudes of the SAS doctors themselves”

“SAS doctors should be involved in more College activities”

Doctors in this group did complain about being overworked, with not enough respect, authority and recognition. This theme overlaps with the feelings expressed by Group 5 but was not voiced quite as strongly. Some were also very clear about the fact that they did not currently view RCOphth membership for SAS doctors as good value for money.

Group 4 (7%) SAS doctors who are dissatisfied with the process or system in place when applying for CESR

As in Group 2, doctors in Group 4 are still at the early stages of their career, with none having been an SAS doctor for longer than five years and respondents obtaining their primary medical qualifications outside the EU.

Group 4 is critical of the CESR process and lack of support when approaching a CESR application and were aggrieved that in their view, non-RCOphth qualification/exams and foreign qualifications/professional experience are unfairly undervalued in the process. Interestingly despite these concerns, most of this group are in fact RCOphth members.

“I am registered as a consultant in my country. But to become a consultant in the UK there is no clean cut well defined path for us. I have heard about CESR/Article-14 but I don’t even know where to start”

“Not enough guidance. Guidance needs to be more specific especially in regards to Proof of Knowledge”

“The CESR application itself is too time consuming and there is hardly any time left in the day to re-document all the patients seen/managed with records held on office computers”

“Look in CESR application reasonably and not be very restrictive for FRCOphth exam”

Group 5 (19%) Those who are frustrated or angry with the position of SAS doctors within their unit and with ophthalmology in general

Within this group, 75% have been SAS doctors for 10 years or more, with none having spent less than 5 years in the role.

The majority of Group 5 felt they lacked support in general, or in some cases said they had no support at all. Many indicated they had either no study funding or significantly lower than SAS doctors in the other groups.

“It is because I like ophthalmology that I have put up with being a SAS doctor. It does get a bit tiring doing the same thing week after week”

“Given the way SAS docs are treated, I would not like anybody to consider it as a positive career choice”

“Do not feel you [RCOphth] support our grade to make the subscription of any use”

“There is no voice of SAS doctors in trust, hospital, College. They are not involved in any administration. They are only work horses”

“Avoid discrimination between SAS & Consultant”

“I have worked as a consultant when it suits but get pushed into junior role when it doesn’t”

Finally, many in Group 5 lamented a lack of respect among their colleagues or from employers. One respondent suggested that leadership training to become more assertive would be useful to counter this. Several respondents also said that this was the first survey they had received to ask for their opinions as SAS doctors, and expressed surprise that they had been contacted. The perceived lack of respect towards SAS doctors was cited as the most common grievance, with respondents going as far as to say that they were treated like “work horses” or “slaves”. Respondents were often very clear that they did not view RCOphth membership for SAS doctors as worthwhile or good value.

5 What does the RCOphth do for SAS doctors at present?

We recognise that more needs to be done to support and encourage SAS doctors in their day to day work and their career aspirations.

The Royal College of Ophthalmologists champions excellence in the practice of ophthalmology. It is the only professional membership body for medically qualified ophthalmologists and for those who are undergoing specialist training to become ophthalmologists.

We set the curriculum and examinations for trainee ophthalmologists, provide training in eye surgery, maintain standards in the practice of ophthalmology, and promote research and advance science in the specialty. The College does not have a role in disciplinary actions relating to ophthalmologists, nor do we have a role in determining or resolving contractual issues faced by doctors.

As an independent charity, our policies are based on impartial, clinically based evidence. We work with leaders and decision-makers in the eye health sector, such as government health departments, commissioning bodies, and patient and charity organisations to help shape eye services for the benefit of patients.

RCOphth SAS Group

The RCOphth operates through several standing committees and their sub-committees - The SAS Group is a sub-committee of the College's Professional Standards standing committee. The SAS Group discuss SAS doctors' roles and the issues that they face and try to develop better support for them. The Group conveys SAS concerns and viewpoints on College committees and feeds back relevant information on the work of the RCOphth and national ophthalmic news to the Group. It is also the Group's role to maintain contact with as many SAS ophthalmologists as possible, to disseminate information to SAS members and to bring their comments and views back to the College.

The College [Staff and Associate Specialist committee](#) is currently seeking members of the College who work in the SAS grade, to facilitate dialogue, share information and support the needs of SAS members.

If you can commit your time and energy to promoting the role of SAS doctors in ophthalmology we are looking for representatives to attend SAS committee meetings three times a year, with the possibility of also representing SAS doctors on one of the other RCOphth committees. To apply please get in touch via email at sas@rcophth.ac.uk.

"I am a member of this committee for a few years now and I am happy to say that it has been an amazing experience. Upon reflection I would say most important point would be the experience of involvement with College!"

Since I joined this committee I got insight into how decisions are made in various committees and how to arrange seminars like SAS national eye day and SAS forum during college congress. I think it will be a great experience!" (Dipen Boghani, South West Thames)

SAS National Eye Day

Each year RCOphth and the SAS Group Chair host a subsidised SAS day of talks and workshops. This usually covers several individual sub-specialities as well as leadership and

other professional skills. An example of upcoming talks and workshops are: common conditions in Paediatric Ophthalmology, Diabetic retinopathy, Thyroid Eye Disease, management skills for SAS doctors, and mentoring & buddying. To find out more about the next SAS Day please visit the [events section of the RCOphth website](#).

“The programme is always chosen with the practical clinical workplace in mind... The networking alone is really enjoyable – a grand day out” (Anne Sinclair, Scotland)



Annual Congress SAS Forum

The SAS Forum is run as a lunchtime session at the RCOphth Annual Congress. SAS Group members have the opportunity to set the programme and speakers for the session, which is traditionally chaired by the SAS Group Chair. The Forum is a well-attended day with topical presentations and followed by open discussion. All Annual Congress delegates are welcome to attend.



A [video recap of this year's Annual Congress](#) is available online, including a video testimony on the SAS forum and role played by the College in advocating for SAS doctors



Membership

Belonging to the RCOphth strengthens its ability to act on behalf of all ophthalmologists; as a member, you have a voice through which RCOphth can influence and shape ophthalmology services and the professional standards of consultants now and in the future. Nearly 50% of our members are involved in one way or another at any one time in the work of RCOphth.

Through membership, we can all support and maintain the high quality of services of this unique profession, including:

- Maintaining the [professional standards](#) for ophthalmology
- Drawing up [guidelines](#) based on best practice, a firm evidence base and broad expert consensus
- Acting as a collective voice for the profession
- Influencing policy-makers to ensure the profession and our patients are taken into consideration
- Providing advice and guidance about [planning and running an ophthalmology service](#)
- Offering guidance on [continuing professional development](#)
- Managing [prize and award](#) schemes for ophthalmologists
- Providing advice on [commissioning and value for money](#)

The Royal College is very keen to better support SAS doctors and being a College member (by examination or affiliate, or by election) offers benefits :

- Registration for CPD and e-Portfolio which is very helpful to provide supporting evidence for appraisal; a College CPD certificate can be generated; a CPD summary can also be generated with a list of all events/activities and reflections on learning
- Receipt of the EYE journal and College News
- Access to standards of practice and guidelines
- CPD access to the AAO and ONE network
- Revalidation queries
- Join the SAS committee and College subcommittees
- Reduced fees to attend College Congress (Fees are tax deductible)

CESR

The RCOphth website gives some [SAS specific advice and signposts some resources for doctors applying for CESR](#).

The College also runs [CESR application support and training days](#) twice a year.

Clinical Leads

The SAS group and Professional Standards Committee recently worked together to develop a [document for clinical leads](#) ensuring leads and their colleagues understand the roles and rights of SAS doctors, and support them to achieve their full potential in order to help departments to increase capacity.

6 Next steps

On the back of the 2017/18 SAS Survey, the RCOphth is reviewing the work it is currently doing for SAS doctors and areas in which the College can provide further and additional support.

A follow-up report on the next steps will be published to supplement the initial survey analysis. Any feedback on the survey or ways to better support SAS doctors, which can be incorporated to the follow-up report, would be greatly appreciated. Please get in touch with your thoughts – sas@rcophth.ac.uk