AN EDUCATIONAL SERIES

The educational needs of staff and associate specialist doctors

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In our specialty of emergency medicine, staff and associate specialist (SAS) doctors make up a considerable proportion of the senior clinical workforce at the present time. No exact figures exist as to how many SAS doctors work in the specialty, but latest figures would suggest that there are currently >800 SAS doctors working in emergency medicine in the UK.

SAS doctors face many disadvantages, including relatively poor levels of remuneration and an outdated contract, which does not compare favourably with either the new consultant contract or the “new deal” arrangements for junior medical staff.

To compound the disadvantage caused by poor remuneration and an out-of-date contract, many SAS doctors find themselves being educationally disadvantaged as well.

HISTORY OF STAFF AND ASSOCIATE SPECIALIST POSTS

The associate specialist grade (initially entitled medical assistant grade) was introduced as a permanent career grade in 1964, following recommendations made in the Platt Report (1961). The title of associate specialist was introduced later (1981). Associate specialists are senior clinicians responsible to named consultants. Being a career grade position, appointments are without fixed term (subject to a year's probationary period), and may be held until retirement.¹

The staff grade was introduced in November 1988 as one of the many measures implemented to help resolve the problems of the existing hospital medical staff career structure. At the time of its introduction, the intention was that staff grades would be doctors who helped meet service requirements, while bridging the gap between consultant-level staff and junior doctors in training. Staff grade posts were intended to provide a secure, well-remunerated and well-supported option for those medical staff wishing to continue to work in hospitals at a post basic training level, while choosing not to pursue completion of full higher specialist training.²

During the latter part of the 1990s, there was a rapid expansion in the number of both staff grades and associate specialists in many specialties. In the acute specialties, where staffing levels are necessarily service delivery driven, this expansion of SAS doctor numbers has been more marked than elsewhere in the National Health Service.

WHAT PROBLEMS CURRENTLY FACE SAS DOCTORS?

Currently, morale among SAS doctors in emergency medicine is at a very low ebb. A recent survey³ showed that most staff grades were either

highly unsatisfied or completely disillusioned with their current post and its condition of service.

A survey conducted by the British Medical Association in 2004⁴ showed that a large number of SAS doctors had not been appraised; nor had they received any appraisal training (all SAS doctors should have had their first annual appraisal completed in March 2004 and appraisal training should have been made available to all before this date).

An email survey conducted in 2005⁵ showed that 30% of SAS doctors currently working in emergency medicine had not had a formal appraisal within the past year; a similar percentage did not have either a portfolio or a continuing personal development (CPD) folder. Of those doctors who had received an appraisal within the past year, only 50% had actively discussed study leave proposals or continuing professional development requirements at that appraisal. Less than half of the doctors surveyed stated that their job descriptions specifically detailed an allowance of 10 days of funded study leave per annum (or an equivalent spread over a 3-year cycle).

Given the aforementioned problems, it is hardly surprising that the recruitment and retention of staff grade practitioners in emergency medicine is a problem nationwide. The Forum for Associate Specialists and Staff Grades in Emergency Medicine (FASSGEM) survey³ suggested that nearly 70% of the emergency departments surveyed had staff grade vacancies. More than 60% of departments reported the loss of a staff grade practitioner to a primary care post (within the preceding year); moreover, half of all departments reported that the last time they had tried to recruit a staff grade they had been unsuccessful.

WHAT STANDARDS SHOULD APPLY?

The College of Emergency Medicine⁶ has published guidelines on CPD. These guidelines clearly state that all doctors need to participate in education. They also state that CPD should be carried out by all full-time or part-time consultants in emergency medicine, and by all other full-time or part-time “career grade doctors”. The process of CPD for SAS doctors in emergency medicine was supported by the publication of a booklet of guidance, jointly produced by the British Association for Emergency Medicine and the College of Emergency Medicine.⁷

The British Association for Emergency Medicine⁸ has also produced a policy document on SAS doctors, which states the following: “All non-consultant career grade doctors in emergency

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medicine should have a stipulated entitlement to study leave defined within their job plan. An allowance should be available to facilitate personal and professional development (any criteria governing access to this allowance should be openly stipulated within the job plan allowing for a transparency in eligibility for funding). A recommended annual study leave allowance is ten days per annum for a full-time employee."

WHAT OF THE FUTURE?

The current problems facing SAS doctors are likely to be further exacerbated by the introduction of F2 posts in 2006 and the other changes to basic and specialist training that will follow thereafter. It is expected that with cohorts of F2 junior doctors changing over at intervals of 4 months, there will be a much greater junior staff-training requirement for all emergency departments and as a result a shortfall in service delivery, which will probably have a marked effect on SAS doctors. It is highly probable that these changes will have negative effects on the ability of SAS doctors to further their own education and professional development in appropriate ways unless robust safeguards are put in place now.

WHAT DOES RESEARCH TELL US?

A recent study⁹ showed that a considerable proportion of staff grades in emergency medicine had educational needs particularly related to the maintenance and development of clinical knowledge and skills. The perceived barriers to fulfilling the needs included the attitude of others, the lack of dedicated time in job plans and, most importantly, the lack of any formal structure to help them in achieving their identified educational goals. This study concluded that clear standards for SAS doctors are urgently needed, with these standards being supported by a robust system of appraisal to identify individual strengths and needs. It was proposed that a more formalised training programme with protected time for education along with a system of mentorship would also offer a valuable way of achieving positive progress.

THE FORUM FOR ASSOCIATE SPECIALISTS AND STAFF GRADES IN EMERGENCY MEDICINE

FASSGEM was established to represent the needs of staff and associate specialist doctors. As well as lobbying for appropriate

recognition for doctors working in these grades, FASSGEM has strived to establish a series of high-quality educational meetings at both regional and national levels. Currently two academic meetings are held a year—one is a 1-day "Spring Meeting" and the other a 3-day "Annual Conference". Each year, more and more SAS doctors from the specialty have attended these events, and an opportunity has been granted to many doctors who have not previously been allowed to attend conferences because "their boss was attending the meeting and they had to stay and work on the shop floor".

FINAL THOUGHTS

Negotiations on the new contract for SAS doctors are currently in progress. It is hoped that this new contract will underscore the importance of making the SAS doctor's role a clearly defined one in the structure of National Health Service medical careers. Formalising the educational or CPD component in job descriptions will be part of achieving this. Finally, a robust and appropriate appraisal system is needed, which is universal for all SAS doctors in emergency medicine; this appraisal system should be used to identify individuals' needs and to focus proposals for CPD in such a way that the identified needs are accurately and completely met.

Competing interests: None declared.

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