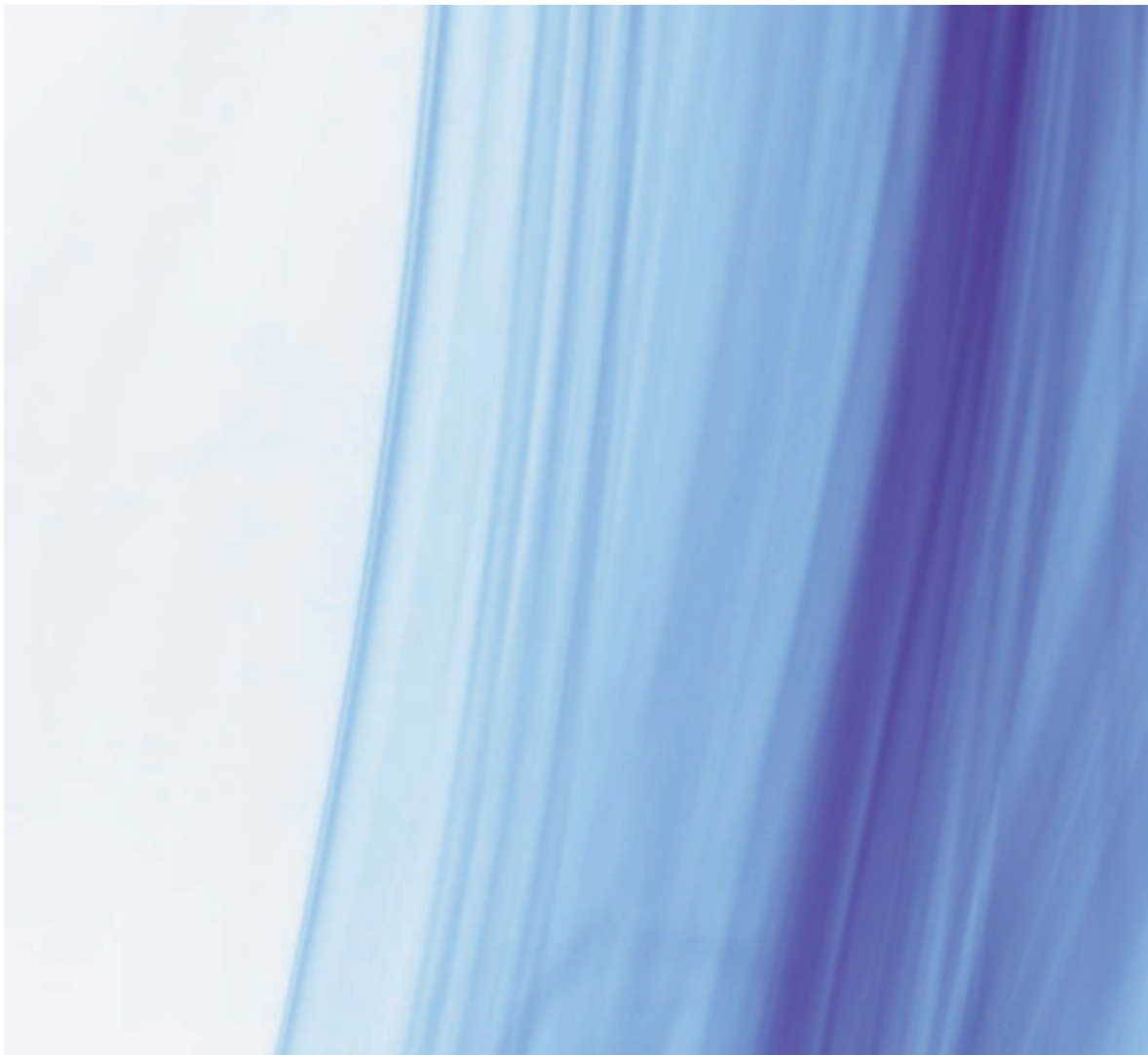


BMA survey of SAS doctors' training and professional development needs in England

Staff and Associate Specialist Committee

September 2008



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Introduction

In addition to the implementation of the new specialty doctor and associate specialist (SAS) contract the Department of Health has promised £12 million of additional funding specifically to support the career and professional development of SAS doctors in England. The Staff and Associate Specialist Committee (SASC) are in negotiations with the Conference of Postgraduate Medical Deaneries (COPMeD) and NHS Employers as to the best way to allocate this additional funding.

To support this work the SASC have commissioned research into the professional development and training needs and career aspirations of SAS doctors in England. The aim of the research was to understand the current qualifications and training experience of SAS doctors and areas of professional development they would be interested in if provided with this additional funding. The survey also explores the long term career aspirations of SAS doctors under the new contract. This research adds to research undertaken on the career aspirations of SAS doctors before the new contract as part of the BMA survey of SAS doctors' workload and career progression.

The information from this survey will be used by the SASC in their negotiations with COPMeD and NHS Employers over the coming months as well as forming a basis for the BMA's evidence submitted to the Doctors and Dentists Review Body (DDRB) process for 2009/10 for SAS doctors.

Method

An email containing a link to the BMA survey of SAS doctors' training and professional development needs was sent to a random sample of 3,000 members from the BMA membership database on 29 July 2008. The sample included doctors in the following SAS grades: staff grade, specialty doctor, associate specialist, senior clinical medical officer (SCMO), clinical medical officer (CMO), and clinical assistants. A reminder email was sent on 12 August 2008. This report represents all submissions made up to 12 noon on 2 September 2008.

Completed surveys were submitted by 969 respondents between 29 July 2008 and 1 September 2008. This represents a response rate of 32.3 per cent (969 of 3,000 respondents). Table 1 shows breakdown of respondents by grade. 20 respondents who indicated they were working as a clinical fellow, consultant, locum consultant, hospital practitioner, GP with special interest (GPwSI), specialty registrar, or other were excluded from the analysis. A further 10 respondents were excluded as they were currently working outside of England or in the private sector. This represents a final response rate of 31.3 per cent (939 of 3,000).

Table 1 – Final respondents by grade

	Frequency	Per cent
Associate Specialist	445	47.4
Staff Grade	465	49.5
Specialty Doctor	9	1.0
Other:	20	2.1
CMO	2	
Clinical Assistant	12	
Trust Grade	6	
Total	939	100.0

Key Findings

Use of additional funding

- The five most popular choices by respondents of the opportunities they would like to see made available through the additional £12 million in funding were:
 1. Top-up training to meet requirement for an Article 14 or CESR application
 2. Time limited post/secondment for a specific training opportunity or requirement
 3. Management training
 4. Specialist clinic or theatre placement
 5. Post graduate qualifications
- Three quarters of respondents reported that they would be interested in a time-limited post/secondment for a specific training opportunity or requirement. Leadership training, master classes, coaching/mentoring and management training were the next highest opportunities that respondents indicated they would be interested in undertaking further training and professional development.

Professional qualifications and training

- Four out of five respondents had undertaken accredited training in the UK at the SHO level. Of these respondents the average length of training undertaken was three years with a range from five months to ten years.
- Over one third of respondents had undertaken accredited training in the UK at the Registrar level. Of these respondents the average length of training undertaken was 2.9 years with a range from three months to 11 years.
- 86 per cent of respondents reported at least one qualification in addition to their primary medical qualification. Over half of all respondents reported one additional qualification, over a quarter reported two additional qualifications and three per cent reported three additional qualifications.
- Seven per cent of respondents reported that they are on the specialist register and therefore eligible for a consultant post. Of the respondents on the specialist register, three quarters are in the associate specialist grade and one quarter is in the staff grade/specialty doctor grade.
- Almost three quarters of all respondents reported that they were a member, fellow and/or associate member of their college/faculty with half of respondents being one of the three, one fifth being two of the three and two per cent of respondents being all three.

Career goals

- A third of associate specialist respondents stated that their ultimate career goal was to be a consultant via an Article 14 or CESR application. Over half of associate specialist respondents stated that their ultimate career goal was to stay in the associate specialist grade, eight in ten of whom stated that their goal was to be on the associate specialist new contract.
- Over one third of staff grade/specialty doctor respondents stated that their ultimate career goal was to be an associate specialist by re-grading through the window of opportunity. A further three in ten staff grade/specialty doctor respondents stated their ultimate career goal was to be a consultant via

an Article 14 or CESR application. Only 16 per cent of staff grade/specialty doctor respondents have an ultimate career goal to remain as a staff grade or move to the new specialty doctor contract.

Study leave & CPD/CME

- Over a third of respondents reported that they had not been able to access their full study leave time entitlement in the last three years and four in ten respondents reported that they had not been able to access their full study leave funding entitlement in the last three years.
- The average number of hours of CPD/CME activities allocated per week as reported by respondents was 2.8 with a range from zero to 12 hours. 43 per cent of respondents reported that they are not able to utilise all the time for CPD/CME they are allocated per week. The main reason given for this was lack of time due to clinical workload or clinical cover arrangements for colleagues.

1 Reported by 930 of 939 respondents.

2 Reported by 377 of 939 respondents.

Results

Demographics

54.6 per cent (509 of 932) of respondents were male and 45.4 per cent were female. This is broadly representative of the UK population of SAS doctors but had a slightly higher proportion of females. 72.8 per cent (679 of 933) of respondents reported a full time contract, 24.9 per cent (232 of 933) reported a part time contract and only 2.4 per cent (22 of 933) of respondents reported a maximum part time contract, (Table 2).

20.2 per cent (188 of 930) of respondents reported their specialty as a general medicine specialty, 19.0 per cent (177 of 930) as Psychiatry (177 of 930), 18.6 per cent (173 of 930) as a surgical specialty, 12.2 per cent (113 of 930) as Paediatrics and 10.8 per cent (100 of 930) as Anaesthetics. Genito-urinary medicine (GUM)/Infections medicine was the most frequently reported general medicine specialty and General Surgery was the most frequently surgical specialty reported by respondents, (Tables 3,4,5).

The highest proportion of respondents (14.4 per cent, 134 of 930) reported they currently work in the London deanery area, followed by 11.8 per cent (110 of 930) in the West Midlands deanery and 10.0 per cent (93 of 930) in the North Western deanery area, (Table 6).

Four in ten respondents (40.6 per cent, 378 of 930) had worked in a SAS grade longer than they have worked in their current grade indicating a high level of movement between the different SAS grades. The average length of time spent in their current grade as reported by respondents was 6.4 years with a range of two weeks to 33 years¹. The average length of time spent working in a SAS grade for respondents who have worked in a SAS grade longer than their current grade was 12.2 years with a range of 1 year to 30 years². Figure 1 shows the distribution of time spent in current grade and time spent in a SAS grade for all respondents.

39.4 per cent (368 of 934) of respondents obtained their primary medical qualification in the UK, 7.2 per cent (67 of 934) from within the European Economic Area (EEA) and 53.4 per cent (499 of 934) from outside the EEA. This is broadly representative of the UK population of SAS doctors, but has a slightly lower proportion of UK graduate respondents and a slightly higher proportion of outside the EEA graduate respondents compared to the UK population of SAS doctors in 2007, (Figure 2).

Table 2 – What is the nature of your contract?

	Frequency	Per cent
Full time	679	72.8
Part time	232	24.9
Maximum part time (Associate Specialist only)	22	2.4
Total	933	100.0
No reply	6	

Table 3 – Which of the following deanery areas do you primarily work in?

	Frequency	Per cent
Surgery	173	18.6
General medicine	188	20.2
Anaesthetics	100	10.8
Pathology	5	0.5
Public Health	5	0.5
Obstetrics and gynaecology	33	3.5
Occupational medicine	4	0.4
Ophthalmology	59	6.3
Paediatrics	113	12.2
Radiology	2	0.2
Psychiatry	177	19.0
Emergency medicine (A&E)	57	6.1
Other	6	0.6
Community health	2	0.2
Community paediatrics	6	0.6
Total	930	100.0
No reply	9	

Table 4 – General medicine specialty

	Frequency	Per cent
Cardiology	9	4.8
Clinical neurophysiology	1	0.5
Dermatology	19	10.1
Endocrinology and diabetes mellitus	4	2.1
Gastroenterology	6	3.2
General (internal medicine)	3	1.6
Geriatric Medicine (medicine for the elderly)	32	17.0
Haematology	5	2.7
Genito-Urinary Medicine (GUM)		
/Infections diseases	56	29.8
Medical oncology	4	2.1
Neurology	2	1.1
Palliative medicine	26	13.8
Rehabilitation medicine	6	3.2
Renal medicine	4	2.1
Respiratory medicine	3	1.6
Rheumatology	2	1.1
Other	2	1.1
Clinical oncology	3	1.6
Microbiology	1	0.5
Total	188	100.0

Table 5 – Surgical specialty

	Frequency	Per cent
Cardiothoracic surgery	5	2.9
General surgery	58	33.5
Oral and maxillofacial surgery	2	1.2
Otolaryngology	31	17.9
Paediatrics	1	0.6
Plastic surgery	6	3.5
Trauma and orthopaedic surgery	45	26.0
Urology	20	11.6
Other	1	0.6
Transplant	4	2.3
Total	173	100.0

Table 6 – Which of the following deanery areas do you primarily work in?

	Frequency	Per cent
Armed Forces	0	0.0
East Midlands Healthcare Workforce Deanery (North & South)	46	4.9
East of England	76	8.2
Kent, Surrey, Sussex	85	9.1
London	134	14.4
Mersey	38	4.1
North Western	93	10.0
Northern	48	5.2
Oxford	47	5.1
Severn	32	3.4
South West Peninsula	62	6.7
South Yorkshire & South Humber (SYSH)	35	3.8
Wessex	49	5.3
West Midlands	110	11.8
Yorkshire	68	7.3
Other	7	0.8
Total	930	100.0
No reply	9	

Figure 1 – Length of time spent in current grade and length of time spent in SAS grade

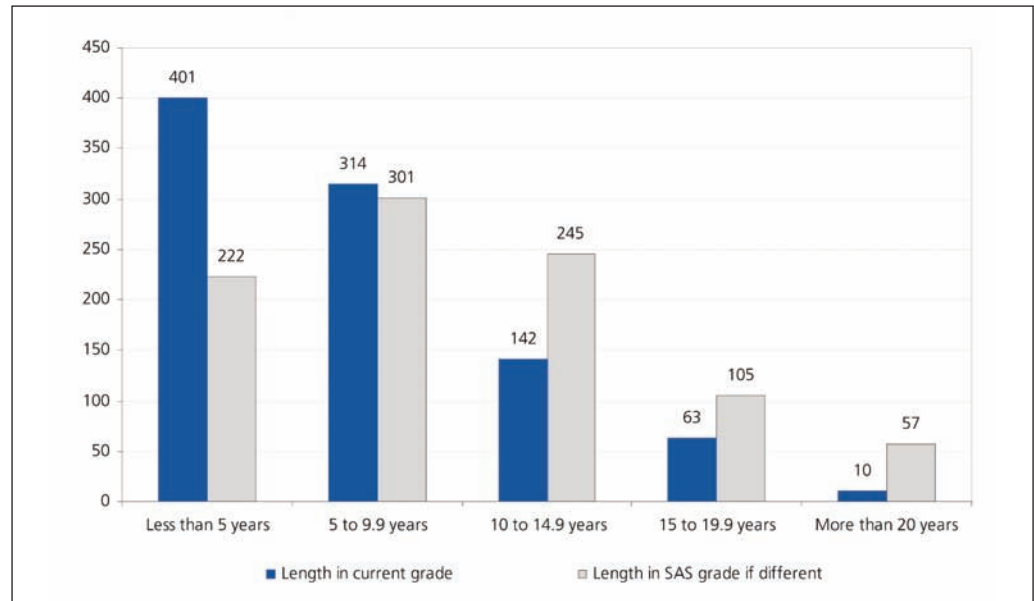
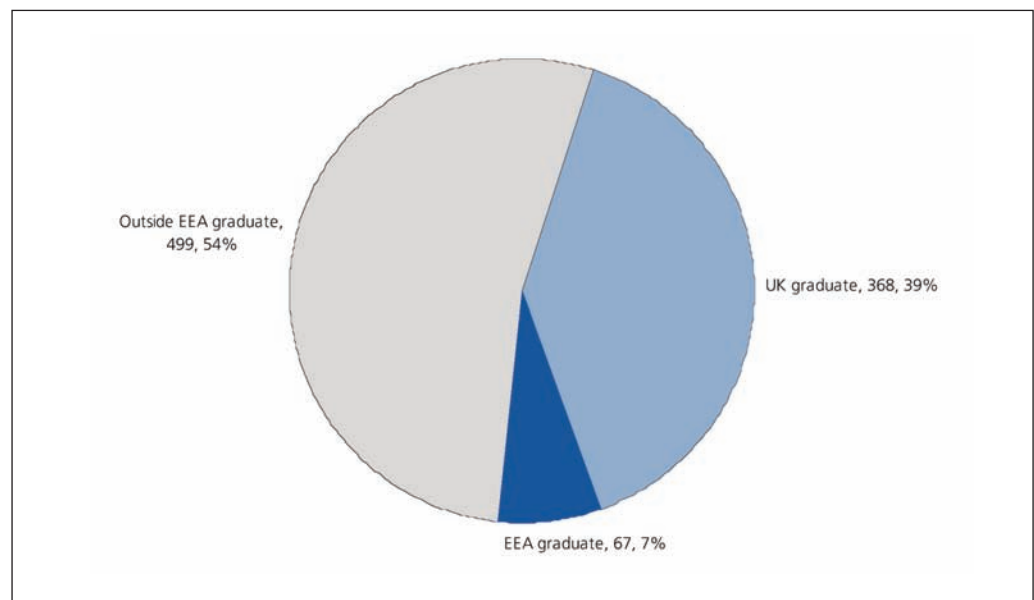


Figure 2 – Which of the following best describes your graduate registration status?



Additional funding use

In addition to the arrangements in the new contract for training and professional development for SAS doctors the Department of Health (DH) has allocated an additional £12 million of funding specifically for career and professional development of SAS doctors. Several possible training opportunities were identified that could be funded through this additional funding and these opportunities were tested on respondents.

Three quarters of respondents (73.8 per cent, 632 of 857) reported that they would be interested in a time-limited post/secondment for a specific training opportunity or requirement with only 5 per cent (43 of 857) of respondents reporting that had already received this opportunity or that it was not applicable to them. Leadership training, master classes, coaching/mentoring and management training were the next most popular opportunities with 71.4 per cent, 71.1 per cent, 69.9 per cent and 61.7 per cent of respondents respectively indicating they would be interested in undertaking further training and professional development in these areas (Table 7, Figure 3).

Other areas of training and professional development provided by respondents included further specialist clinical training, a postgraduate dean for SAS doctors or a body specifically supporting SAS doctors professional development, computer search skills, writing court reports training, training to sit for exams, time management, funding for proper office space and computer availability, support for revalidation and appraisal, funding for backfill of posts to be able to go on training, and funding to support working with organisations and colleges to define roles and responsibilities and recognise work of SAS doctors.

Of the respondents who indicated that they would be interested in a postgraduate qualification if it were available through the additional funding 57.7 per cent (173 of 404) of responses by respondents indicated that would be interested in a postgraduate diploma in their own specialty, 46.7 per cent (140 of 404) a master's degree, 17.3 per cent (52 of 404) in a PhD and 13.0 per cent (39 of 404) would be interested in a postgraduate diploma in another specialty (Table 8).

Respondents were asked to rank the top three opportunities they would like to see made available through the additional funding. The highest proportion of respondents (32.1 per cent, 285 of 887) chose top-up training to meet requirements for an Article 14 or CESR application as their first choice, followed by 14.2 per cent (126 of 887) who chose a time-limited post/secondment for a specific training opportunity or requirement and 9.4 per cent (83 of 887) of respondents who chose postgraduate qualifications as their first choice (Table 9).

Time limited post/secondment for a specific opportunity or requirement and top-up training to meet requirement for Article 14/CESR application were two most popular chosen by respondents as their second choice. Management training was the third most popular opportunity listed by respondents (Table 9).

Management training and a time-limited post/secondment for a specific opportunity or requirement were listed by respondents as the two most popular areas listed as by respondents as their third choice with 12.6 per cent (109 of 866) and 9.1 per cent (79 of 866) of respondents respectively choosing these areas. A specialist clinic or theatre placement and leadership training were third and fourth most popular opportunities (Table 9).

Overall, the five most popular choices by respondents of the opportunities they would like to see made available through the additional £12 million in funding were (Figure 4)³:

1. Top-up training to meet requirement for an Article 14 or CESR application.
2. Time limited post/secondment for a specific training opportunity or requirement.
3. Management training.
4. Specialist clinic or theatre placement.
5. Post graduate qualifications.

Appendix A includes a breakdown of the five most popular choices by respondents of the opportunities they would like to see made available through the additional funding by deanery.

³ Responses have been weighted to give a higher weight to first choice responses, then second and third choice responses.

Table 7 – Please indicate for each of the following whether or not you would be interested in undertaking this professional development opportunity if it were made available through the additional funding:

		Interested	Not interested	Not applicable already received	Total
A	Time-limited post/secondment for a specific training opportunity or requirement	632	182	43	857
B	Specialist clinic or theatre placement	592	182	114	888
C	Sessional commitment to a specific unit	504	224	95	823
D	Top-up training to meet requirements for an Article 14 or CESR application	549	251	82	882
E	Support and advice for re-entry to specialist training from the deanery	421	356	81	858
F	Master classes	609	190	58	857
G	Postgraduate qualifications (specify level below)	333	253	240	826
H	Fellow/member/associate of your college/faculty	372	207	260	839
I	Management training	624	193	78	895
J	Leadership training	624	199	51	874
K	Training the trainers/teaching for clinical teachers	541	195	118	854
L	Advanced communication skills	566	206	87	859
M	Coaching/mentoring	592	200	55	847
N	Research skills	503	283	74	860
O	Preparing for regulatory inspection	458	278	56	792
P	Other	73	217	127	417

Figure 3 – Please indicate for each of the following whether or not you would be interested in undertaking this professional development opportunity if it were made available through the additional funding (%):

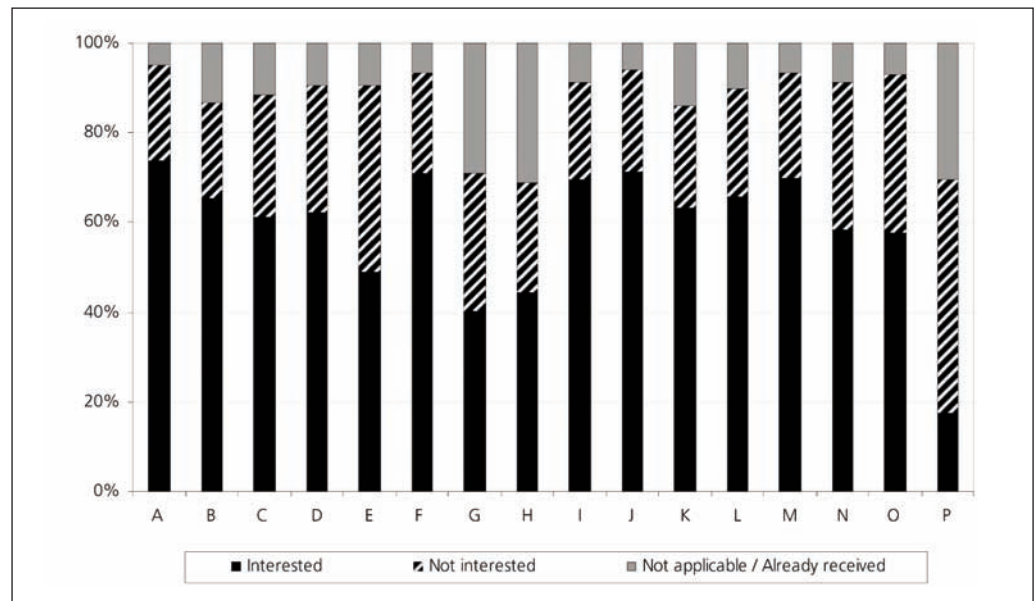


Table 8 – Which of the following postgraduate qualifications would you be interested in?

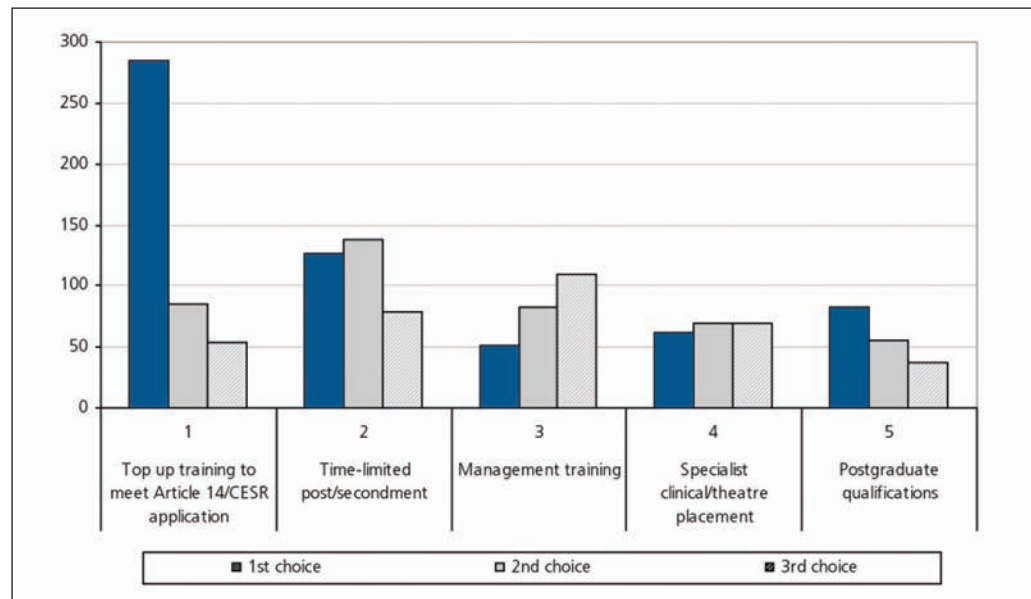
	Frequency	Per cent
Postgraduate diploma in own specialty	173	57.7
Postgraduate diploma in other specialty	39	13.0
Master’s degree (MA, MSc, MS, MRes, MD)	140	46.7
PhD	52	17.3

Note: multiple response question

Table 9 – Please indicate the top three opportunities that you would like to see made available through the additional funding (%)

		1st choice	2nd choice	3rd choice
A	Time-limited post/secondment for a specific training opportunity or requirement	126 (14.2)	138 (15.7)	79 (9.1)
B	Specialist clinic or theatre placement	62 (7.0)	70 (8.0)	70 (8.1)
C	Sessional commitment to a specific unit	21 (2.4)	61 (6.9)	61 (7.0)
D	Top-up training to meet requirements for an Article 14 or CESR application	285 (32.1)	85 (9.7)	54 (6.2)
E	Support and advice for re-entry to specialist training from the deanery	58 (6.5)	70 (8.0)	64 (7.4)
F	Master classes	67 (7.6)	57 (6.5)	57 (6.6)
G	Postgraduate qualifications (specify level below)	83 (9.4)	56 (6.4)	37 (4.3)
H	Fellow/member/associate of your college/faculty	23 (2.6)	25 (2.8)	32 (3.7)
I	Management training	51 (5.7)	83 (9.5)	109 (12.6)
J	Leadership training	21 (2.4)	51 (5.8)	72 (8.3)
K	Training the trainers/teaching for clinical teachers	33 (3.7)	43 (4.9)	47 (5.4)
L	Advanced communication skills	15 (1.7)	28 (3.2)	31 (3.6)
M	Coaching/mentoring	16 (1.8)	43 (4.9)	49 (5.7)
N	Research skills	9 (1.0)	45 (5.1)	59 (6.8)
O	Preparing for regulatory inspection	12 (1.4)	19 (2.2)	31 (3.6)
P	Other	5 (0.6)	4 (0.5)	14 (1.6)
	Total	887	878	866

Figure 4 – Top five most popular opportunities which should be made available through the additional funding & proportion of respondents who chose it as their 1st, 2nd and 3rd choice



Previous training and qualifications

Four of five respondents (736 of 928) had undertaken accredited training in the UK at the SHO level. Of these respondents the average length of training undertaken was three years with a range from five months to ten years⁴ (Table 10). There was no significant difference in the average length of accredited training in the UK at the SHO level across the different SAS grades.

Over one third of respondents (331 of 932) had undertaken accredited training in the UK at the registrar level. Of these respondents the average length of training undertaken was 2.9 years with a range from three months to 11 years⁵ (Table 11). Associate specialist respondents reported an average of 3.2 years spent in accredited training in the UK at the registrar level compared to an average of 2.4 years for staff grade/speciality doctor respondents and 3.7 year for other SAS grade respondents (Table 12).

85.6 per cent (752 of 879) of respondents reported at least one qualification in addition to their primary medical qualification. Over half of respondents (55.5 per cent; 488 of 879) reported one additional qualification, over a quarter (27.2 per cent; 239 of 879) reported two additional qualifications and 2.8 per cent (25 of 879) reported three additional qualifications (Table 13).

⁴ Reported by 707 of 939 respondents.

⁵ Reported by 321 of 939 respondents.

Responses by respondents indicated that the highest proportion of respondents held a postgraduate diploma in their own specialty. Over one quarter of respondents reported a master's degree and over one fifth reported a postgraduate diploma in another specialty. Less than five per cent of responses by respondents indicated that respondents held a bachelor's degree, PhD or other type of qualification in addition to their primary medical qualification. Other qualifications reported by respondents included a LLB and psychotherapy practitioner (Table 14).

7.1 per cent (66 of 927) of respondents reported that they are on the specialist register and therefore eligible for a consultant post. Of the respondents on the specialist register, 72.3 per cent (48 of 66) are in the associate specialist grade and 27.3 per cent (18 of 66) are in the staff grade/specialty doctor grade. Overall, 10.9 per cent (48 of 440) of respondents in the associated specialist grade and 3.8 per cent (18 of 468) of respondents in the staff grade/specialty doctor grade reported they were on the specialist register (Table 15).

Table 10 – Have you undertaken any accredited training in the UK at the SHO level?

	Frequency	Per cent
Yes	736	79.3
No	192	20.7
Total	928	100.0
No reply	11	

Table 11 – Have you undertaken any accredited training in the UK at the Registrar level?

	Frequency	Per cent
Yes	331	35.5
No	601	64.5
Total	932	100.0
No reply	7	

Table 12 – Length of time spent in accredited training in the UK at the Registrar level (years)

	n	Mean	Median	Min	Max
Associate specialist	197	3.2	3.0	0.3	11.0
Staff Grade/Specialty doctor	117	2.4	2.0	0.3	9.0
Other SAS grades	7	3.7	3.0	1.0	7.0
Total	321	2.9	3.0	0.3	11.0

Table 13 – Do you hold any qualifications in addition to your primary medical qualifications?

	Frequency	Per cent
None	127	14.4
1	488	55.5
2	239	27.2
3	25	2.8
Total	879	100.0
No reply	60	

Table 14 – If yes, what qualifications do you hold in addition to your primary medical qualification?

	Frequency	Per cent
Postgraduate diploma in own specialty	564	64.2
Postgraduate diploma in other specialty	199	22.6
Master's degree (MA, MSc, MS, MRes, MD)	237	27.0
PhD	10	1.1
Bachelor's degree	22	2.5
Other	9	1.0

Note: multiple response question

Table 15 – Are you on the specialist register; by grade? (%)

	Yes	No
Associate specialist	48 (10.9)	392 (89.1)
Other	0 (0.0)	19 (100.0)
Staff grade/Specialty doctor	18 (3.8)	450 (96.2)
Total	66	861

Membership/Fellowship/Associate membership of college/faculty

72.0 per cent of all respondents reported that they were a member, fellow and/or associate member of their college/faculty with half of respondents (49 per cent; 457 of 933) being one of the three, 21.3 per cent (199 of 933) being two of the three and 1.7 per cent (16 of 933) of respondents being all three (Figure 5).

Almost half of all respondents (48.7 per cent; 451 of 926) reported they were a member of their college/faculty with associate specialist respondents most likely to be a member of their college/faculty compared to staff grade/specialty doctor and other SAS grade respondents (51.4 per cent compared to 46.8 and 35.0 per cent respectively). Responses by respondents indicated that respondents were most likely to not be a member of their college/faculty because they hadn't taken the appropriate exams (31.5 per cent) or they didn't see the need (23.6 per cent) (Tables 16 and 17).

One quarter of all respondents (25.6 per cent; 231 of 903) reported they were a fellow of their college/faculty with associate specialist respondents most likely to be a fellow compared to staff grade/specialty and other SAS grade respondents (31.2 per cent compared to 21.3 and 0.0 per cent respectively). Responses by respondents indicated that respondents were most likely not to be a fellow of their college/faculty because they were not eligible (40.4 per cent) or they hadn't taken the appropriate exams (23.5 per cent) (Tables 18 and 19).

One quarter of all respondents (25.1 per cent; 221 of 881) reported they were an associate member of their college/faculty with associate specialist respondents most likely to be an associate member compared to staff grade/specialty doctor and other SAS grade respondents (31.0 per cent compared to 20.1 and 15.0 per cent respectively). Responses by respondents indicated that respondents were most likely to not be an associate member of their college/faculty because they didn't see the need (50.5 per cent) or the cost was too high (18.1 per cent) (Tables 20 and 21).

Figure 5 – Are you a member and/or fellow and/or associate member of your college/faculty?

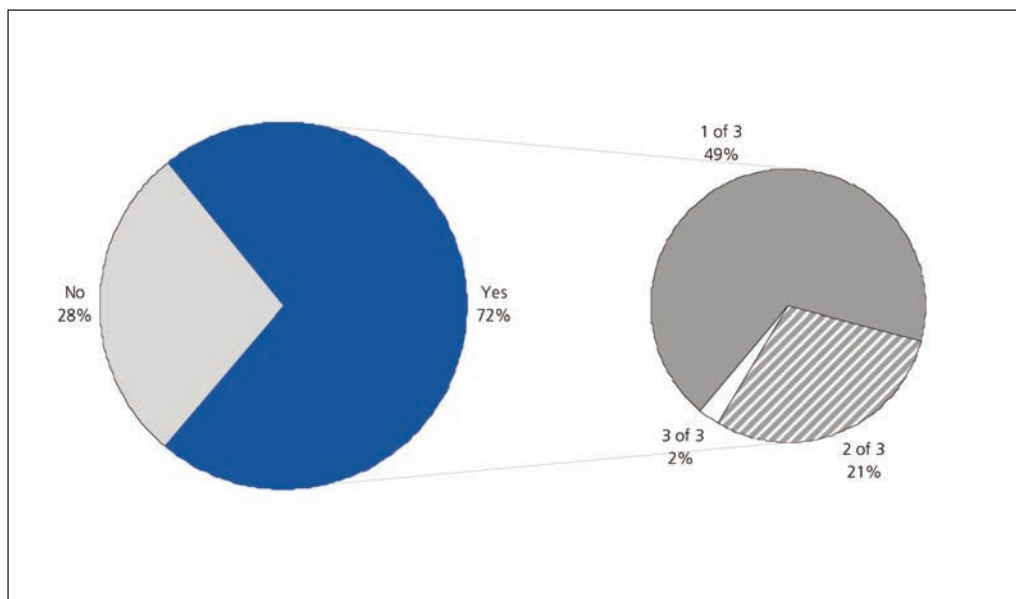


Table 16 – Are you a member of your college/faculty by grade? (%)

	Yes	No	Not applicable	Total
Associate specialist	225 (51.4)	159 (36.3)	54 (12.3)	438 (100.0)
Other	7 (35.0)	12 (60.0)	1 (5.0)	20 (100.0)
Staff Grade/Specialty doctor	219 (46.8)	203 (43.4)	46 (9.8)	468 (100.0)
Total	451	374	101	926

Table 17 – Why are you not a member of your faculty/college?

	Frequency	Per cent
Not eligible / didn't meet the requirements	77	20.9
Don't see the need	87	23.6
Don't have colleagues to propose me to college/faculty	8	2.2
Haven't taken the appropriate exams	116	31.5
Haven't passed the appropriate exams	85	23.1
Cost too high	60	16.3
Don't have necessary experience	3	0.8
Other	11	3.0
No applicable college or faculty for my specialty	3	0.8
Am already a fellow, affiliate or associate member	9	2.4

Note: multiple response question

Table 18 – Are you a fellow of your college/faculty by grade? (%)

	Yes	No	Not applicable	Total
Associate specialist	135 (31.2)	271 (62.6)	27 (6.2)	433 (100.0)
Other	0 (0.0)	19 (95.0)	1 (5.0)	20 (100.0)
Staff Grade/Specialty doctor	96 (23.1)	305 (67.8)	49 (10.9)	468 (100.0)
Total	231	595	77	926

Table 19 – Why are you not a fellow of your faculty/college?

	Frequency	Per cent
Not eligible / didn't meet the requirements	234	40.4
Don't see the need	115	19.9
Don't have colleagues to propose me to college/faculty	21	3.6
Haven't taken the appropriate exams	136	23.5
Haven't passed the appropriate exams	82	14.2
Cost too high	47	8.1
Don't have necessary experience	25	4.3
Other	9	1.6
Not aware/able to apply or hadn't considered applying	11	1.9
In the process or waiting for exam results	4	0.7

Note: multiple response question

Table 20 – Are you an associate member of your college/faculty by grade? (%)

	Yes	No	Not applicable	Total
Associate specialist	128 (31.0)	126 (30.5)	159 (38.5)	433 (100.0)
Other	3 (15.0)	12 (60.0)	5 (25.0)	20 (100.0)
Staff Grade/Specialty doctor	90 (20.1)	213 (47.5)	145 (32.4)	468 (100.0)
Total	231	595	77	926

Table 21 – Why are you not an associate member of your faculty/college?

	Frequency	Per cent
Not eligible / didn't meet the requirements	37	11.2
Don't see the need	167	50.5
Don't have colleagues to propose me to college/faculty	22	6.6
Haven't taken the appropriate exams	34	10.3
Haven't passed the appropriate exams	20	6.0
Cost too high	60	18.1
Don't have necessary experience	9	2.7
Other	10	3.0
Not aware able to apply	14	4.2
In the process of applying	5	1.5
Already a member or fellow of college/faculty	13	3.9

Note: multiple response question

Career goals

57.3 per cent (251 of 438) of associate specialist respondents stated that their ultimate career goal was to stay in the associate specialist grade, 81.3 per cent of whom (204 of 251) stated that their goal was to be on the associate specialist new contract. A third of associate specialist respondents (34.7 per cent; 152 of 438) stated that their ultimate career goal was to be a consultant via an Article 14 or CESR application (Table 22).

Over one third (35.5 per cent; 167 of 470) of staff grade/specialty doctor respondents stated that their ultimate career goal was to be an associate specialist by re-grading through the window of opportunity. A further 28.5 per cent (134 of 470) of staff grade/specialty doctor respondents stated their ultimate career goal was to be a consultant via an Article 14 or CESR application and only 16.1 per cent (76 of 470) of staff grade/specialty doctor respondents have an ultimate career goal to remain as a staff grade or move to the new specialty doctor contract. Almost one in ten staff (44 of 470) staff grade/specialty doctor respondents want to return to specialist training. Other career goals provided by staff grade/specialty doctor respondents included returning to general practice, starting and PhD, and working as a locum staff grade doctor (Table 23).

Of the staff grade respondents who reported that their ultimate career goal was to be an associate specialist by re-grading during the window of opportunity, if their application was unsuccessful 48.2 per cent (7 of 164) would then have an ultimate career goal of specialty doctor, 17.7 per cent (29 of 164) a consultant and 16.5 per cent (27 of 164) would remain in their current role as a staff grade doctor on the old contract (Table 24).

One quarter (25.0 per cent; 5 of 20) of the other SAS grade respondents stated that their ultimate career goal was their current grade, one quarter (25.0 per cent; 5 of 30) stated that their career goal was to re-grade to associate specialist during the window of opportunity and one in 5 (20.0 per cent; 4 of 20) stated that their ultimate career goal is to be a speciality doctor (Table 25).

84 per cent (773 of 921) of all respondents plan to move to the new specialty doctor/associate specialist contract. Of those respondents who plan to move to the new contract 76.3 per cent (590 of 773) have already expressed an interest and 23.7 per cent (183 of 773) have not yet expressed an interest in moving to the new contract. Staff grade/specialty doctor respondents were most likely to report that they were planning on moving to the new specialty doctor contract; however associated specialist respondents were more likely to have already expressed an interest in moving to the new associate specialist contract (Table 26).

Table 22 – What is your ultimate career goal? (Associate specialist respondents)

	Frequency	Per cent
Associate specialist – old contract	47	10.7
Associate specialist – new contract	204	46.6
Consultant (via Article 14 or CESR)	152	34.7
Return to specialist training	11	2.5
Leave the country	5	1.1
Leave medicine	2	0.5
Other	2	0.5
Retire	9	2.1
Unsure / undecided	6	1.4
Total	438	100.0
No reply	9	

Table 23 – What is your ultimate career goal? (Staff Grade/Specialty Doctor respondents)

	Frequency	Per cent
Staff grade – old contract	19	4.0
Specialty doctor	57	12.1
Associate specialist (re-grading during the window of opportunity)	167	35.5
Consultant (via CESR/Article 14)	134	28.5
Return to specialist training	44	9.4
Medical academic	2	0.4
Leave the country	12	2.6
Leave medicine	17	3.6
Other	8	1.7
Retire	2	0.4
Unsure / Undecided	8	1.7
Total	470	100.0
No reply	12	

Table 24 – If your application for re-grading to associate specialist during the window of opportunity is not approved what would your ultimate career goal then be? (Staff Grade/Specialty Doctor respondents)

	Frequency	Per cent
Staff grade – old contract	27	16.5
Specialty doctor	79	48.2
Consultant (via CESR/Article 14)	29	17.7
Return to specialist training	4	2.4
Medical academic	3	1.8
Leave the country	12	7.3
Leave medicine	7	4.3
Other	3	1.8
Total	164	100.0
No reply	3	

6 Reported by 862 of 939 respondents.

Table 25 – What is your ultimate career goal? (Other SAS grade respondents)

	Frequency	Per cent
Current grade	5	25.0
Specialty doctor	4	20.0
Associate specialist (re-grading during the window of opportunity)	5	25.0
Consultant (via CESR or Article 14)	3	15.0
Medical academic	1	5.0
Retire	2	10.0
Total	20	100.0

Table 26 – Are you a fellow of your college/faculty by grade? (%)

	Yes – have already expressed an interest	Yes – have not yet expressed an interest	No	Total
Associate Specialist	294 (67.7)	65 (15.0)	75 (17.3)	434 (100.0)
Other	8 (40.0)	6 (30.0)	6 (30.0)	20 (100.0)
Staff Grade/Specialty Doctor	288 (61.7)	112 (24.0)	67 (14.3)	467 (100.0)
Total	590	183	148	921

Study leave

Under the terms of both the old and new SAS contracts doctors are entitled to 30 days study leave and associated funding in a rolling three year period. Over a third of all respondents (36.5 per cent; 339 of 928) reported that they had not been able to access their full study leave time entitlement in the last three years and a higher proportion of 42.4 per cent (391 of 922) of respondents reported that they had not been able to access their full study leave funding entitlement in the last three years (Table 27).

Associate specialist respondents were more likely to report that they had been able to access their full study leave time and funding entitlements in the last three years compared to staff grade/specialty doctor and other SAS grade respondents (Table 27).

The average number of days of study leave taken in the last three years as reported by respondents was 16.5 days with a minimum of zero and a maximum of 90 days⁶. Associate specialist respondents reported the highest average number of days of study leave taken in the last three years compared to staff grade/speciality doctor and other SAS grade respondents (Table 28).

Almost three in ten respondents (265 of 928) reported that they had been denied a request for study leave or had been unable to undertake study leave. Of those respondents who had been denied a request for study leave or had been unable to undertake study leave half of those respondents (113 of 262) stated that the reason was lack of clinical cover, lack of on call rota cover or service requirements. A further third of respondents (96 of 262) stated that they had been denied a request for study leave or been unable to undertake study leave due to lack of funding (Table 29).

Table 27 – Have you been able to access your full study leave time/funding entitlement in the last three years by grade? (%)

	Time		Funding	
	Yes	No	Yes	No
Associate specialist	309 (70.2)	131 (29.8)	281 (64.2)	157 (35.8)
Other	10 (52.6)	9 (47.4)	9 (47.4)	10 (52.6)
Staff grade/Specialty doctor	270 (57.6)	199 (42.4)	241 (51.8)	224 (48.2)
Total	589 (63.5)	339 (36.5)	531 (57.6)	391 (42.4)

Table 28 – Have you been able to access your full study leave time/funding entitlement in the last three years by grade? (%)

	n	Mean (days)	Min	Max
Associate specialist	384	17.7	0.0	90.0
Other	19	10.6	0.0	30.0
Staff grade/Specialty doctor	417	15.6	0.0	62.0
Total	820	16.5	0.0	90.0

Table 29 – On what grounds have you ever been denied a request for study leave or been unable to undertake study leave?

	Frequency	Per cent
Lack of clinical cover/Service Requirements/lack of on call rota cover	133	50.8
Lack of funding	96	36.6
Not relevant to job or service	11	4.2
Other	12	4.6
Told already had max entitlement	3	1.1
No reason given	7	2.7
Total	262	100.0
No reply	3	

CPD/CME

Under the terms and conditions of the new specialty doctor/associate specialist contract doctors are entitled to a minimum of four hours (one professional activity session) per week to undertake CME/CPD activities. The average number of hours of CPD/CME activities allocated per week reported by respondents was 2.8 with a range from zero to 12 hours⁷.

Associate specialist respondents reported slightly higher average number of hours of CPD/CME activities per week compared to staff grade/specialty doctor respondents, 2.9 hours versus 2.8 hours respectively. Both grades reported a much higher average number of hours of CPD/CME activities per week compared to other SAS grade respondents who reported only an average of 1.0 hour per week; however the sample of other SAS grade respondents is quite low and therefore this result should be interpreted with caution (Table 30).

56.9 per cent of all respondents (480 of 844) reported that they are able to utilise all the time for CPD/CME they are allocated per week. Staff grade/specialty doctor respondents were the least likely to report that they are able to utilise all hours of CPD/CME activities they are allocated per week compared to associate specialist and other SAS grade respondents. Only slightly more than half of staff grade/specialty doctor respondents (53.4 per cent; 230 of 480) reported that they are able to utilise all of time allocated each week for CPD/CME activities (Table 31).

Of the respondents who reported that they are not able to utilise all the time allocated per week for CPD/CME activities responses by respondents indicated that lack of time because of clinical workload or cover arrangements was the most common reason, followed by not being allocated the time during the working week or in job plan and lack of time due to the need to do administration or attend meetings (Table 32).

⁷ Reported by 885 of 939 respondents.

Table 30 – How many hours of CPD/CME activities are you allocated each week by grade? (%)

	n	Mean (hours)	Min	Max
Associate specialist	420	2.9	0.0	10.0
Other	18	1.0	0.0	7.0
Staff grade/Specialty doctor	447	2.8	0.0	12.0
Total	885	2.8	0.0	12.0

Table 31 – Are you able to utilise all the time allocated per week for CPD/CME activities by grade? (%)

	Yes	No	Total
Associate specialist	240 (60.0)	160 (40.0)	400 (100.0)
Other	10 (76.9)	3 (23.1)	13 (100.0)
Staff grade/Specialty doctor	230 (53.4)	201 (46.6)	431 (100.0)
Total	480 (59.9)	364 (43.1)	844 (100.0)

Table 32 – Why are you not able to utilise all the hours per week of CPD/CME activities you are allocated?

	Frequency	Per cent of cases
Lack of time – clinical workload/cover arrangements	238	65.9
Lack of time – required to do administration or attend meetings	117	32.4
Not allocated time during the working week/in job plan	123	34.1
Unaware of training opportunities	12	3.3
Lack of suitable/relevant courses	26	7.2
Lack of funding – must self fund	22	6.1
Unable due to travel requirements	9	2.5
Other	8	2.2

Note: multiple response question

Appendix A – Top five most popular training opportunities which should be made available through the additional funding (by deanery)

	1	2	3	4	5
East Midlands Healthcare Workforce Deanery (North & South)	Top up training	Time limited post or secondment	Management training	Support for re-entry to specialist training	Leadership training
East of England	Top up training	Time limited post or secondment	Management training	Postgraduate qualifications	Master classes & Support for re-entry to specialist training
Kent, Surrey, Sussex	Top up training	Time limited post or secondment	Management training	Support for re-entry to specialist training	Specialist clinic or theatre placement
London	Top up training	Management training	Time limited post or secondment	Support for re-entry to specialist training	Specialist clinic or theatre placement
Mersey	Top up training	Time limited post or secondment	Management training	Sessional commitment to specific unit	Coaching/mentoring
North Western	Top up training	Time limited post or secondment	Specialist clinic or theatre placement	Postgraduate qualifications	Support for re-entry to specialist training
Northern	Top up training	Time limited post or secondment	Postgraduate qualifications	Support for re-entry to specialist training	Specialist clinic or theatre placement and Management training & Master classes
Oxford	Top up training	Time limited post or secondment	Management training	Postgraduate qualifications	Support for re-entry to specialist training
Severn	Top up training	Time limited post or secondment	Support for re-entry to specialist training	Master classes	Coaching/mentoring & Specialist clinic or theatre placement
South West Peninsula	Top up training	Time limited post or secondment	Master classes	Specialist clinic or theatre placement	Training the trainers
South Yorkshire & South Humber (SYSH)	Top up training	Support for re-entry to specialist training	Specialist clinic or theatre placement	Management training	Time limited post or secondment & Postgraduate qualifications
Wessex	Master classes	Top up training	Postgraduate qualifications	Time limited post or secondment	Management training
West Midlands	Top up training	Time limited post or secondment	Postgraduate qualifications	Specialist clinic or theatre placement	Training the trainers
Yorkshire	Top up training	Time limited post or secondment	Support for re-entry to specialist training	Specialist clinic or theatre placement	Postgraduate qualifications

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