

## Royal College of Surgeons of England Position statement on reopening the Associate Specialist grade

In April 2008, following the introduction of the current Staff, Associate Specialist and Specialty Doctor (SAS) Contract, the Associate Specialist (AS) grade was closed to new entrants and succeeded by the new Specialty doctor grade. There have been recent calls for the re-introduction of the Associate Specialist grade that would mirror the old Associate Specialist contract terms and conditions. This move has already been supported in the position statements of:

- The Royal College of Ophthalmologists<sup>1</sup>
- The Royal College of Anaesthetists<sup>2</sup> and Association of Anaesthetists
- The Royal College of Emergency Medicine<sup>3</sup>
- The Academy of Medical Royal Colleges<sup>4</sup>

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The Royal College of Surgeons of England (RCSEng) supports the re-introduction of the Associate Specialist grade. It agrees with the other Royal Colleges on the reasons for this move and makes the following comments:

- This step would raise the profile of SAS surgeons who are already working at senior levels within surgical teams and also stepping up to cover gaps in the consultant rota. This group of SAS surgeons would benefit from better support, recognition and inclusion. Many currently feel undervalued with a lack of career development and limited pay progression.
- 2. For patients, this would provide recognition that an SAS surgeon is a highly experienced member of the senior surgical team.
- 3. SAS surgeons are already involved with teaching and training within most specialty training programmes. Re-introduction of the Associate Specialist grade would bring recognition to their roles as clinical and educational supervisors for the surgeons in training.
- 4. For Audit, Clinical Governance and Quality Improvement purposes, the new Associate Specialist role would recognise the autonomous practice of SAS surgeons.
- 5. All doctors have the same requirements of appraisal and revalidation as their consultant colleagues. With an aspiration of becoming an Associate Specialist, there would be an

- added opportunity and aspiration for the SAS surgeons to enhance their educational and learning experience.
- 6. The new Associate Specialist grade would not replace the Certificate of Completion of Training (CCT). The route to Certificate of Eligibility for Specialist Registration (CESR) has been available for those wishing to appear on the GMC Specialist Register (and thus be appointable to RCSEng approved substantive Consultant posts). It is noted that this route is very intensive and is rarely used, with only 38 applicants in surgical specialities in 2016, with a 58% success rate<sup>5</sup>. This route should remain open to facilitate further opportunities for SAS surgeons who wish to be on the Specialist Register.
- 7. While there are resource and time implications for organisations, developmental supervision and mentoring should be available for all SAS doctors and non-standard grade doctors<sup>6</sup>. This will facilitate quality assurance and safe surgical practice by SAS surgeons, assisting further in the retention of senior doctors within many specialties.
- 8. The new Associate Specialist grade may also be attractive to younger or future surgeons with a varied portfolio career path, who may see either training for a consultant role or leaving their medical career as the only alternatives available.

## **References:**

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