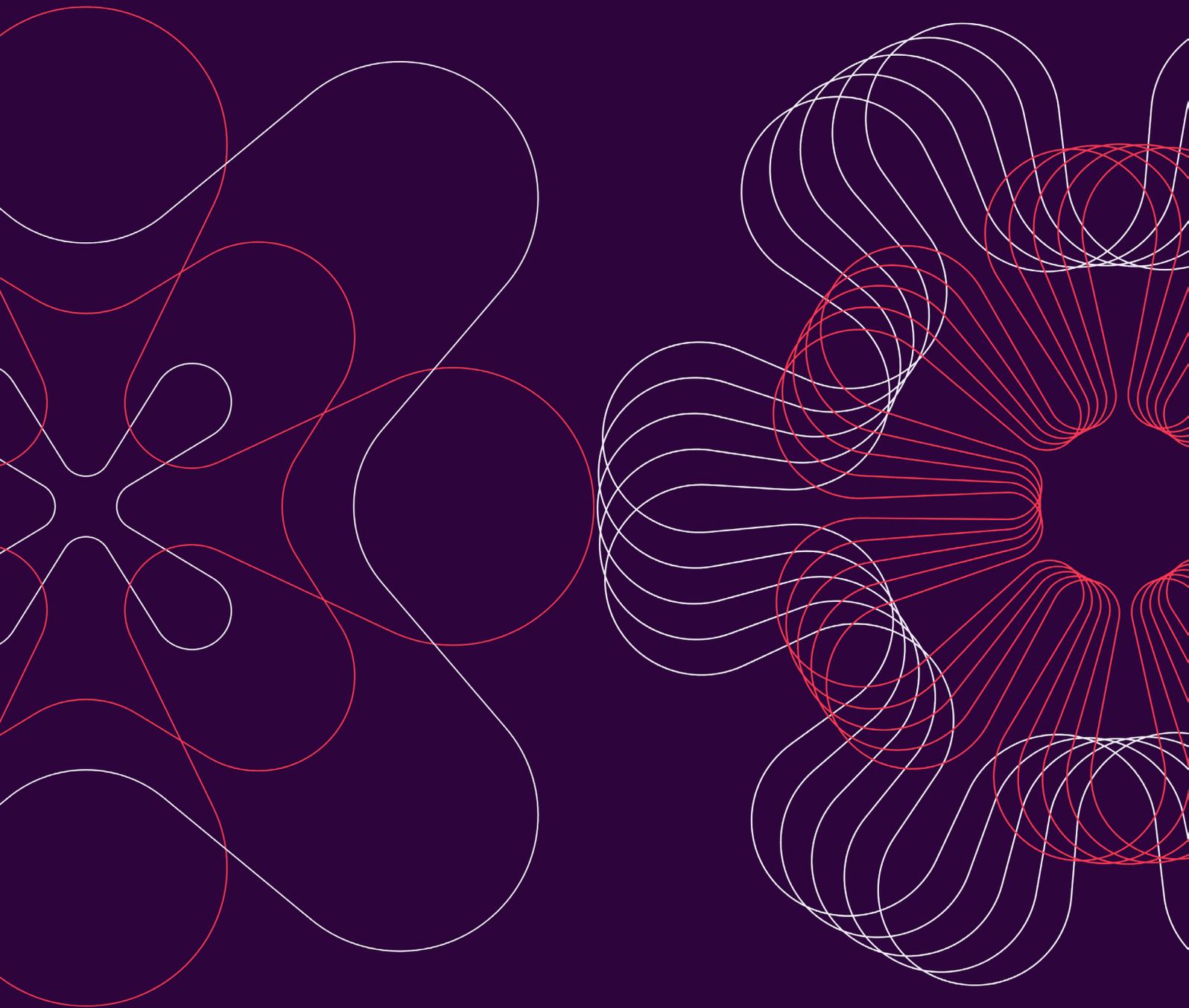




The Royal College of Radiologists

RCR SAS and Locally-Employed Doctors Engagement Strategy





We are delighted to launch the RCR’s strategy for engaging more effectively with specialty and specialist (SAS) and locally-employed (LE) doctors. At the RCR, we recognise and celebrate the invaluable contributions that SAS and LE doctors make to our workforce - and to patient care.

Our aspiration for the future is one where SAS and LE doctors truly value the role of the RCR in supporting their professional needs, enabling their development as autonomous practitioners and enhancing their careers. We acknowledge that historically you have been underrepresented in our work, and we are committed to rectifying this by engaging you more extensively in our activities and fostering a sense of professional belonging.

While the number of SAS doctors working in our specialties is low compared to others, the number of SAS doctors across the medical workforce as a whole has grown by 40% in the past five years. We know that a significant proportion of SAS doctors are international medical graduates and that SAS doctors disproportionately experience discrimination, disadvantage and unfairness – it is imperative that we address this.

Dr Katharine Halliday, RCR President

Our goals

The RCR is committed to developing a better understanding of this critical part of our workforce: we want to understand your needs and how we can best support you. This strategy represents the first step in building that understanding and achieving the goals we have set ourselves:

- **Attract SAS and LE doctors to the RCR and create a thriving professional network.**
- **Promote the contribution of SAS doctors within the workforce and ensure their inclusion in workforce plans.**
- **Support SAS doctors’ educational and professional development.**
- **Continue to promote the parity of Certificate of Eligibility for Specialist Registration (CESR) and Certificate of Completion of Training (CCT).**



The Royal College of Radiologists

Specialty and Specialist (SAS) and Locally-Employed (LE) Doctors Engagement Strategy

Our vision

The RCR celebrates the varied and crucial contributions that SAS and LE doctors¹ make to the radiology and oncology workforce, and to the patients with whom they work. Our shared vision for the future is one in which SAS and LE doctors value the role of the RCR in defining and supporting their professional needs, enabling their development as autonomous practitioners, and supporting and enhancing their careers. Historically, SAS and LE doctors have been underrepresented in the work of the College, and we recognise that we have work to do to attract this vibrant and diverse group of highly skilled colleagues, engage them more extensively in the full range of our activities and create and sustain a sense of professional belonging. This strategy sets out what we hope to work together to achieve, and the specific goals and activities we will pursue with our ambitions in mind. It represents a starting point for ongoing conversations, and we aspire to develop our workplan against this strategy as we respond to what our SAS and LE doctors tell us is of the greatest importance to them.

Why do we need a strategy?

The number of SAS doctors across the medical workforce, and specifically in secondary care, has grown by 40% during the five years between 2017 and 2021² – the fastest-growing group of all doctors licensed by the General Medical Council (GMC). They represent 22.5% of the total number of doctors registered with the GMC, and 29.4% of those on the GMC's specialist register. A significant proportion (58.3%) of SAS doctors are international medical graduates (IMGs), compared with 28.7% of the medical workforce as a whole.

The GMC's Fair Training Cultures work, along with the feedback the RCR receives (albeit often anecdotally) from our own doctors, has highlighted the discrimination, disadvantage and unfairness that are experienced in training and beyond.

The RCR is committed to developing a better understanding of this crucial part of our workforce, their

1 Where we refer to SAS doctors in this document, we are referring to Specialty Doctors and Specialists. The Specialty Doctor contract was introduced in 2008, resulting in the closure of recruitment to the former Staff and Associate Specialist grades. As of 1 April 2021, all new SAS doctors have been appointed to either the new Specialty Doctor contract or (if eligible) the new Specialist contract. For further information, see www.aomrc.org.uk/sas-papers-guidance/sas-a-viable-career-choice/. Locally-employed (LE) doctors are employed by trusts on local terms, usually in non-permanent posts.

2 General Medical Council. The state of medical education and practice in the UK: The workforce report 2022. London: General Medical Council, 2022. Available at: www.gmc-uk.org/-/media/documents/workforce-report-2022---full-report_pdf-94540077.pdf.

particular needs, and how we can best address those. This strategy represents the first step in building that understanding and through that:

- Raising the profile of SAS and LE doctors in medical imaging and cancer care
- Highlighting the varied and crucial contributions they make – as senior clinical decision-makers – to both the radiology and oncology workforce, and to the patients with whom they work
- Developing and being able to showcase the resources that the RCR can offer to SAS and LE doctors at all stages of their careers, removing barriers to their progression and supporting them in becoming autonomous practitioners
- Actively supporting and promoting the development of SAS doctor roles within the workforce, as a crucial part of our response to the workforce crisis and to meet a range of individual and service needs.

Our proposed strategy focuses on the following primary goals:

- Attract SAS and LE doctors to the RCR and create a thriving professional network
- Promote the contribution of SAS doctors within the workforce, and ensure their inclusion in workforce plans
- Support SAS doctors' educational and professional development
- Continue to promote the parity of CCT and CESR.

Goal 1: Attract SAS and LE doctors to work with the RCR and create a thriving network

- 1.1 We will review how we talk about SAS doctors across the full range of our activities, ensuring that the language we use recognises that, while many may seek an SAS role as a stepping-stone towards a consultant post, a significant proportion of the workforce will wish to develop their career within specialty doctor and specialist roles, potentially with a narrower but deeper range of clinical responsibilities, and in leadership roles. This will include building in specific opportunities for SAS doctors to work with the RCR to regularly contribute blogs or other opinion pieces to relevant publications, and ensuring that all opportunities for involvement with the College (e.g. guidance, audit or other project work, educational offerings/workshops) are marked as available to all relevant audiences – Fellows, members, trainees, SAS doctors and/or consultants.
- 1.2 We will review the benefits of belonging to the College to ensure that these remain relevant to the needs of SAS and LE doctors.
- 1.3 We will work through our existing networks of radiology and oncology services to understand the size and shape of the SAS and LE workforce, to find ways of reaching out to SAS and LE doctors to encourage them to join the RCR and to establish direct lines of communication between our SAS leads and the (potential) membership base they represent. This includes consulting with SAS and LE doctors as we iterate this strategy.
- 1.4 We will review the RCR's governance structures to establish the opportunities that do, or could, exist for SAS and LE doctors to be represented at all levels of the College. This will include:
 - Ensuring that the Terms of Reference for all relevant Boards and Committees of the College are reviewed to ensure that they do not unduly exclude SAS and LE doctors
 - Raising awareness and encouraging appropriately experienced SAS doctors to stand for senior leadership posts within the RCR
 - Articulating the leadership contributions associated with such representation opportunities

- Considering how we can ensure SAS and LE doctors' engagement in the Insight Panel, and use that to seek views, shape ideas and understand the specific challenges they face while supporting service delivery
- Electing a steering group to support the establishment of – and provide direction to – an RCR Professional Network for SAS and LE doctors
- Considering how we get the balance right across Faculty-specific and cross-College sharing of ideas and good practice, and make our work relevant and visible to SAS and LE doctors.

Goal 2: Promote the contribution of SAS doctors within the workforce, and ensure their inclusion in workforce plans

- 2.1 We will continue to identify inspiring SAS doctors, whose career trajectories and varied roles we can profile as case studies, ensuring that these are woven into future RCR careers campaigns. This will include both current SAS leads, who were invited to guest edit our Spring 2023 RCR Newsletter with a focus on IMGs, and others who have been successful in progressing to head of service/clinical director or other similar departmental and/or national leadership roles, as well as breast clinicians.
- 2.2 We will work with our networks of clinical directors (in radiology) and heads of service (in oncology) to support them in recognising the opportunities presented by the specialist grade, not least in providing a clear and sustainable career trajectory that will improve progression and retention of the existing highly-skilled specialty doctor workforce and the wealth of talent they bring. Our aim is to influence leaders' practice, such that all services incorporate SAS doctors as a core component of their local workforce plans, and that recognised SAS posts replace insecure locum posts. Working in this way, we hope that clinical directors and heads of service will encourage SAS doctors and those undergoing CESR to engage with us.
- 2.3 We will develop our business intelligence, gained through our workforce censuses and Advisory Appointments Committee (AAC) process, to understand those services in which consultant posts have gone unfilled, and work with them to encourage the creation of specialist posts as a viable and sustainable alternative. We will also build on the insights available through those participating in the global radiologist scheme, as we look to build similar opportunities in oncology.
- 2.4 We will ensure a continued focus on standards by providing a forum for considering and shaping what 'good' looks like, in particular in relation to supporting specialty doctors to develop towards specialist roles, and autonomous practice (for example, through correct report and clinic coding and identification of the SAS doctor as the responsible clinician). We will look to develop RCR guidance for services on this theme, including the need to provide specialty doctors with opportunities to gain experience in leadership of clinical expertise, training, audit and quality improvement, and other ways to meet the requirements for progression to the specialist grade as outlined in the Generic Capabilities Framework³ while also helping to relieve key pressure points in services.

3 NHS Employers. Generic Capabilities Framework for the new Specialist grade. London: NHS Employers, 2021. Available at: www.nhsemployers.org/sites/default/files/2021-06/sas-paper-2-specialist-grade-generic-capabilities-framework-2021.pdf.

- 2.5 We will build on the recent launch of the RCR job planning guidance for SAS doctors and Consultants⁴, through the development of SAS-specific resources. These resources will consider case examples reflecting a range of SAS experiences, including, for example:
- Support for doctors pursuing CESR within their job plan
 - How to guide rotations to get the range of experience required both to support CESR and career progression to the specialist grade
 - Providing SAS doctors with time to undertake non-clinical roles within their job plans, in addition to being able to access study leave and undertake the professional development required for revalidation and to support their progression to the specialist grade
 - Highlighting examples from those departments with several SAS doctors working at varying levels of seniority, where job plans work well.
- 2.6 We will create a leadership development framework for oncologists and radiologists that incorporates a pathway for SAS doctors seeking to build their leadership profiles, including through taking on clinical and educational supervision roles as well as College roles.

Goal 3: Support SAS doctors' educational and professional development

- 3.1 We will explore what support can be provided to SAS doctors to encourage them to apply for – and be successful in securing – specialist roles, and how they can encourage their departments to create these posts.
- 3.2 As part of a planned review of the College's mentoring schemes, we will consider how the needs of IMGs and SAS doctors can best be addressed, including through mentoring, peer-to-peer relationships and/or action learning sets.
- 3.3 We will ensure that opportunities for study funding, research, fellowships and other professional development support are promoted and made available to SAS doctors, and will review all relevant award, bursary and fellowship criteria to ensure their openness and application to SAS doctors.
- 3.4 We will set out the qualification and experience requirements that SAS doctors would need to meet in order to be able to get involved with setting exam questions/marketing criteria in their areas of specialist interest.
- 3.5 We will recruit and train SAS doctors to undertake job plan reviews and to represent the College on AAC panels, raising the profile of specialist roles and ensuring that standards are promoted and upheld, particularly to ensure that SAS doctors' job plans support their development.

4 The Royal College of Radiologists. Job Planning Guidance for Consultants and SAS Doctors in Clinical Radiology 2022. London: The Royal College of Radiologists. Available at: www.rcr.ac.uk/our-services/all-our-publications/clinical-radiology-publications/clinical-radiology-job-planning-guidance-for-consultant-and-sas-doctors-2022. The Royal College of Radiologists. Job Planning Guidance for Consultants and SAS Doctors in Clinical Oncology 2022. London: The Royal College of Radiologists. Available at: www.rcr.ac.uk/our-services/all-our-publications/clinical-oncology-publications/clinical-oncology-job-planning-guidance-for-consultant-and-sas-doctors-2022.

Goal 4: Continue to promote the parity of CCT and CESR

- 4.1 The RCR supports both our UK-trained workforce, and those whose primary medical qualification was gained internationally, in pursuing career progression to both specialist roles, and – through either CESR or CCT – consultant roles.
- 4.2 We will champion the skills that our SAS doctors bring to the workforce, encouraging those who choose to join the GMC specialist register via CESR are valued and respected for their expertise as much as those joining via CCT.
- 4.3 We will explore ways in which the College can offer additional support with the CESR process, on a group and/or one-to-one basis. This may include exploring how the RCR's e-portfolio system might be developed with the particular needs of these doctors in mind, as part of planned systems enhancement work.
- 4.4 We will continue to learn about other countries' training and service design models and consider how we can use that knowledge to support doctors who may have worked internationally for many years at a consultant (or equivalent) grade to develop, and gather evidence of, the understanding of the UK healthcare model that is required for successful CESR application.
- 4.5 As noted above, we will consider what can be put in place to enable specialty doctors to demonstrate the depth of expertise in their clinical roles required to support a case for progression to the specialist grade – for example, working with a specific tumour type – to address any gaps in knowledge or experience.
- 4.6 As part of our work with the GMC and other stakeholders, we will closely review any emerging alternative pathways to specialist registration to provide the support that is required for our workforce to thrive.