

FSRH position statement on reintroduction of the Associate Specialist Grade and support to SAS Doctors

Our beliefs

We believe that SAS doctors are vital to the sustainability of Sexual and Reproductive Healthcare (SRH) services. Before the closure of the Associate Specialist Grade in 2008, many medical service lead positions in SRH were filled by AS doctors who fulfilled a vital role in leading services where no consultant was available.

SAS doctors make up a large proportion of doctors working within SRH, with many often taking up senior roles within their departments. Data from the General Medical Council (GMC) shows that SAS doctors are performing enhanced roles, with a majority having responsibility for training others. However, more than a third of SAS doctors themselves report difficulties in accessing continued professional development (CPD) opportunities and often do not have the same support for career development and progression.

A small number of CSRH consultant posts unevenly spread across the country leaves whole areas without any SRH leadership to support delivery of care to the population. Often, SAS doctors are the only SRH leads supporting service provision across geographic areas. We believe that the Associate Specialist Grade should be reintroduced to recognise those Specialty doctors who are performing significant leadership roles.

Our Vision

FSRH champions a multidisciplinary workforce model where medical and non-medical healthcare professionals are supported by senior leadership to deliver frontline SRH services.

Our vision is a fit-for-purpose SRH workforce led by Consultants and SAS doctors, whose commitment to high standards of care is recognised by the medical profession as well as across Government and arms-length bodies with responsibility for workforce planning and development.

We support the pledge in the interim NHS People Plan to introduce a reformed Associate Specialist grade to provide new opportunities for progression within a SAS career, which would be a means to acknowledging the invaluable contribution made by this part of the SRH workforce.

A re-introduced grade would support local leads to get recognition of seniority from patients and staff, including senior team members. It also has the potential to address pay progression, introducing a mechanism to reward excellence through pay and affording more parity of esteem with Consultant salaries.

SAS doctors need to be afforded adequate funding and service management support to develop leadership skills and pursue further training and career interests.