<table>
<thead>
<tr>
<th>Title</th>
<th>Specialty and Associate Specialist (SAS) doctors Lead – Voluntary Role</th>
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<td>Reporting to</td>
<td>Vice President Specialty, Council and Workforce Development &amp; Support Committee (WDSC) Chair</td>
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<td>About FSRH</td>
<td>We are the largest UK professional membership organisation working at the heart of sexual and reproductive health (SRH), supporting healthcare professionals to deliver high quality care.</td>
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|                               | **What do we do?**  
|                               | We work together with our members, the RCOG and other partners to shape sexual and reproductive health for all. |
|                               | **How do we do it?**  
|                               | ► We develop and maintain high quality evidence-based guidance, clinical and service standards, training and research in sexual and reproductive health (SRH).  
|                               | ► By raising the profile of SRH, we ensure that it becomes established, recognised, and influential across the UK.  
|                               | ► We are the voice of sexual and reproductive health.  
|                               | ► We promote and protect the work and practice of our members.  
|                               | ► We provide a platform for collaboration and community in SRH.  
|                               | Want to know more about FSRH? [http://www.fsrh.org](http://www.fsrh.org) |
| Role overview                 | SAS doctors make up a large proportion of doctors working within the field of Sexual and Reproductive Healthcare. They often work in senior roles within their departments and there are many SRH services lead by SAS doctors.  
|                               | Unlike trainees or Consultants, SAS doctors do not have the same support for career development. SAS doctors are often described as the “backbone” or “work-horses” of a service but are sometimes not given recognition for their commitment. When they are ready or want to pursue further training, they can be hampered by service obligation, lack of funding or management support.  
|                               | A joint publication by the Academy of Royal Colleges, BMA, Health Education England and NHS Employers entitled “SAS doctor development – Summary of resources and further work” (2017) highlighted some of the struggles which face SAS doctors, namely, career progression and support from employers, CESR application, recognition and respect of the skills and contribution made to the service in which SAS doctors work.  
|                               | Most Colleges and Faculties recognise that designated SAS representation from within their membership body to lead on these issues and support the specific needs of SAS doctors is desirable. |
| Terms of role | Two-year tenure  
|---------------|-----------------  
|               | To attend Council and WDSC meetings (3 per year)  
|               | To commit to actions and discussions outside of meetings  
|               | To represent the FSRH and its charitable aims.  
|               | To read documents in advance of meetings to enable effective use of time.  

This is a voluntary role. There is no remuneration for the post. Expenses will be covered in line with FSRH policy.

| Role and responsibilities | FSRH Council has agreed to support a piece of work to identify possible actions to better engage and support SAS SRH doctors in their roles. In order to do this a designated SAS doctor is needed to lead on this work. The focus of their work will be to:  
|--------------------------|-------------------------------------------------------------------------------------------------  
|                        | Identify the needs of SAS doctors in Faculty membership – using for example a survey and possibly via meetings/focus groups.  
|                        | Discuss with Faculty staff and relevant Officers what might be realistic to do/achieve with/for SAS doctors  
|                        | Engage with SAS doctor reps in other Colleges in order to learn from the experience of others and to explore partnership and potential collaboration  
|                        | To identify SAS Doctors who would be in a position to apply for CESR, advise about availability of top up training funds and liaise with FSRH Vice President to support SAS workforce development.  
|                        | Develop recommendations for discussion by Council and, when costed, the FSRH Trustee Board. These should include how to ensure this work is sustainable and how to measure its impact.  
|                        | Attend Council & WDSC meetings and bring a perspective from SAS doctors in relation to the WDSC agenda items  
|                        | Attend meetings on behalf of FSRH and represent the FSRH SAS doctor membership. This currently includes the Academy of Medical Royal Colleges SAS committee and the BASHH SAS meetings - both of which happen quarterly.  
|                        | Give written and verbal feedback on these meetings to the CEO/Officer Group/Council as appropriate  
|                        | Liaise with other committees/organisations needing FSRH SAS representation or looking to work with FSRH  
|                        | Lead on the development of a proposal to Council on how the FSRH might best meet the needs of SAS doctors going forward.  
|                        | Advise the Membership and Marketing team on effective communication to/from SAS doctors.  

| Eligibility – criteria | Be an FSRH member  
|------------------------|-------------------  
|                        | Be a practising doctor on the GMC register  
|                        | Have time to carry out this role  
|                        | Be willing to listen to your peers/represent their views  
|                        | Currently a SAS doctor working in SRH services in the UK  

| Skills and | Some knowledge of the FSRH (and induction will be provided) |
| experience required | Knowledge of the workforce in SRH services  
|                     | Ability to communicate well with peers  
|                     | Time to attend meetings/feedback appropriately  
|                     | Influencing skills  
| FSRH support/working together | The role holder will work closely with:  
|                            | ▶ Council  
|                            | ▶ WDSC members  
|                            | ▶ Officers  
|                            | ▶ SAS doctors in membership of FSRH  
|                            | ▶ Counterpart at BASHH and RCOG  
|                            | ▶ Education & Training Team at FSRH  

Travel and subsistence expenses incurred on official duties is reimbursed according to the FSRH policy in effect at the time.

The role is not paid.

| Process/next steps | If you are interested in applying to this role, please complete the form on the vacancy webpage. **The deadline for applications has been extended to 31 May 2021 10.00 am.** |

Last Updated: May 2021

Approved by: Workforce Development & Support Committee Chair (MS)

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1 SAS doctors are staff grade, associate specialist and specialty doctors. They typically are four years post qualification with at least two years in a given specialty and spend the majority of their time working in the NHS (BMA 2017)