

Training Needs Analysis Survey Report 2021

Introduction/background

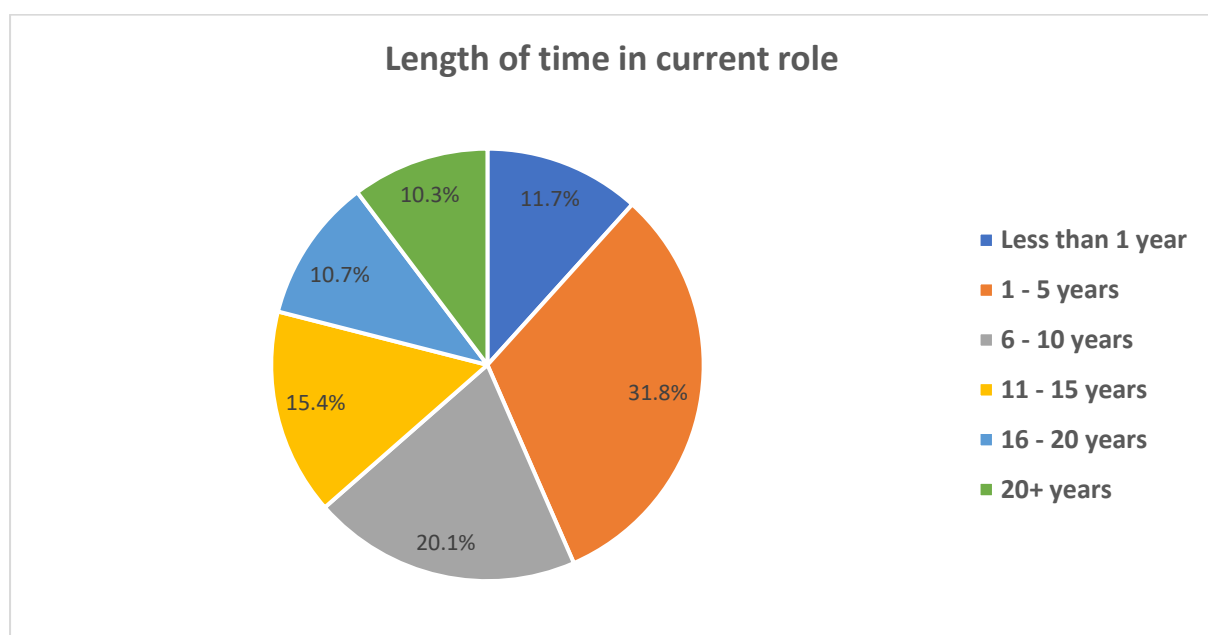
There are currently 1,295 SAS doctors and dentists employed by NHS Scotland and they make up approximately 25% of the medical workforce. The SAS Development Programme was established in 2012 as a result of Scottish Government funding to develop SAS doctors and dentists working in NHS Scotland.

The most recent Training Needs Analysis (TNA) had been carried out in 2017. Given the impact of the pandemic on training, professional and career development across the medical workforce, the SAS Development Programme wanted to update this and ascertain the current experience of SAS doctors and dentists across Scotland in relation to these areas. This would enable the SAS Development Programme to best develop and target its support and resources to help SAS doctors and dentists to meet the challenges they face in a remobilising NHS. The survey comprised of 60 questions via Questback, covering a mixture of preselected and free text options. It was opened on the 02/12/2021 and closed on 03/03/2022, accessible via a link provided by the SAS Development team and via the NHS Board SAS Education Advisers (EAs).

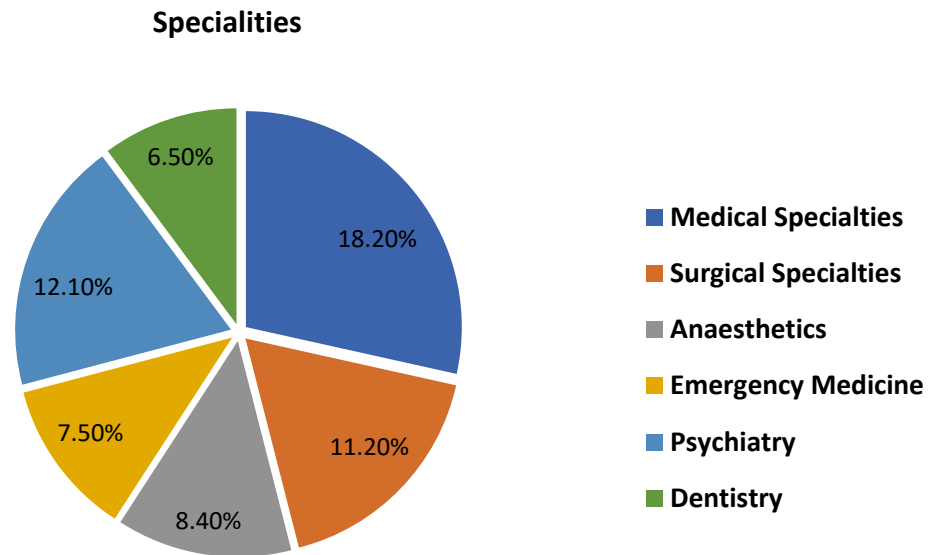
Findings

The survey received 214 responses which is a 16.5% return rate. Responses in general reflected the approximate SAS numbers in most of the Health Board areas. No responses were received from Orkney, Shetland, Western Isles, State Hospital or the Golden Jubilee. Of the respondents, 72.9% were Specialty Doctors, 15% Associate Specialist Doctors, 7% Specialty Dentists and 0.9% Staff Grade doctors. Associate Specialist numbers continue to reduce year on year, as this is a closed grade. Several respondents hold SAS roles alongside General Practice posts.

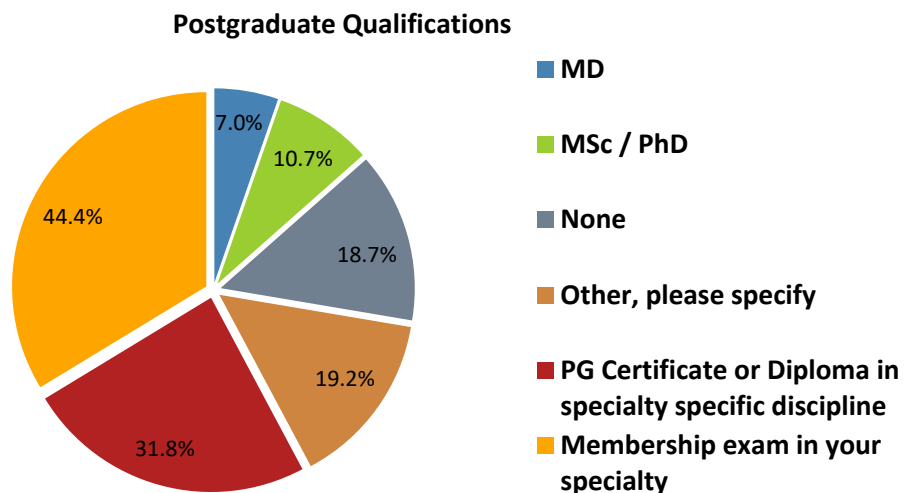
In terms of sessional commitment 26% of SAS doctors and dentists work 10 PAs a week, with the majority working between 6 and 12. Less than 1% work four sessions or less per week.



There is a wide range of experience with 31.8% having been in their post for between one and 5 years, and 11.7% being in post for less than a year. In contrast, just over 20% have been in their post for 6-10 years, 15.4% for 11-15 years, 10.7% for between 16 and 20 years, and just over 10% in post for 20 years or more



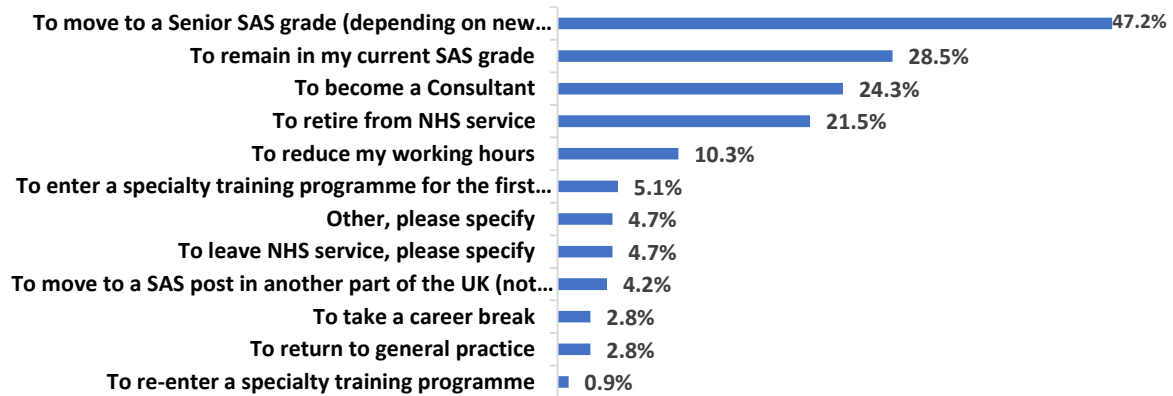
A wide range of specialities were represented: Medical Specialties (18.2% of respondents), Surgical Specialties (11.2%), Psychiatry (12.1%), Anaesthetics (8.4%) and Emergency Medicine (7.9%).



SAS doctors and dentists have a wide variety of post-graduate qualifications. 44.4 % have specialty membership exams and 31.8% hold a postgraduate certificate or diploma in a specialty specific

discipline. A further 10.7% hold an MSc or PhD, 7% have an MD, and just over 19% hold other relevant qualifications.

Future career aspirations in next 5 -10 years



When asked their future career aspirations in the next 5-10 years, most are intending to remain in SAS posts and within this the majority are looking to move to a senior SAS grade depending on the outcome of the current SAS contract negotiations. 24.3% are intending to become a Consultant and 6% are intending to enter a specialty training programme either for the first time or by appropriate re-entry route.

Almost a third are intending to reduce their hours or retire. Almost 10% expressed an intention to leave the NHS either to work in a related field or leave the profession entirely. Other intentions included a career break, move to another part of the UK to practice. Several respondents hold SAS roles alongside General Practice posts and intend to solely work in their GP role in the future.

Professional development

One third of respondents had no issues with Professional Development. For those who felt their professional development had been curtailed, the main barriers cited were staffing or service pressures (45%), lack of support from service (29%) and difficulty obtaining leave from work (15%).

Common themes

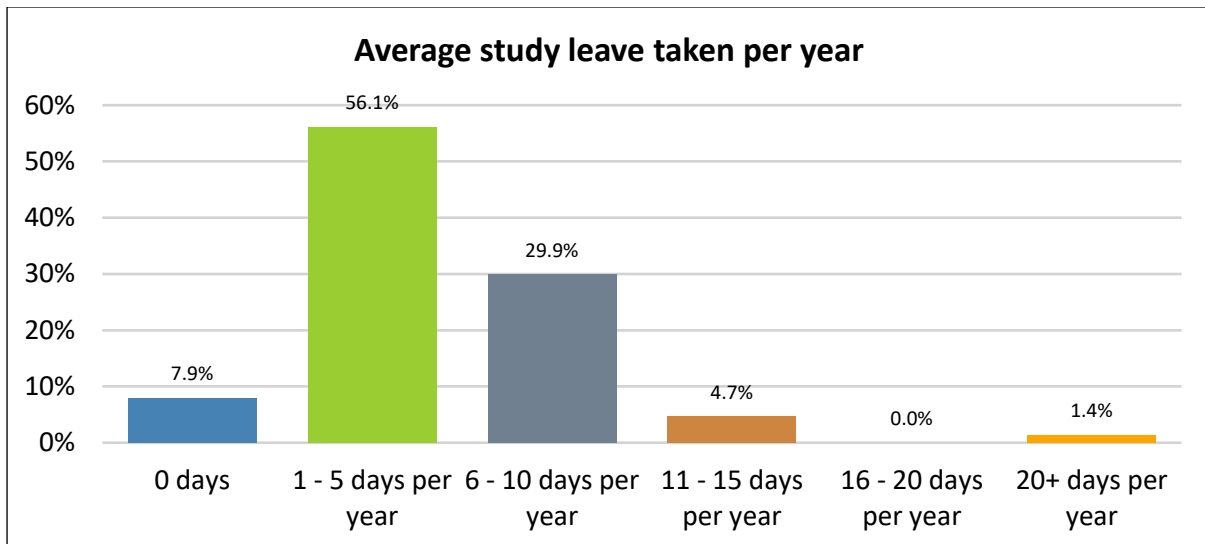
- Lack of support/encouragement 26%
- No staff cover/issues with arranging cover/have backlog upon return 17%
- Home or personal circumstances/childcare/family commitments 17%
- Covid pressures 8%
- Service needs/increasing workload pressure/service already stretched 4%

SAS doctors and dentists' opinions on issues that may affect professional development:

- "Focus always seem to be on trainees."
- "We as specialty doctors are told this is a service job and no training will be provided"

- “Not having a clear plan of how best to develop my role”
- “Lack of CESR route (dentistry)”
- “Unless you want CESR there are no opportunities for accreditation of further training”

Study Leave



The current study leave entitlement for SAS is 30 days over three years (an average of ten days per year). The majority (56.1%) take only one to five days of study leave per year, with a further 29.9% taking between six and ten days per year. Almost 8% of SAS take no study leave at all, 4.7% take 11-15 days per year and only 1.4% take more than 20 days per year.

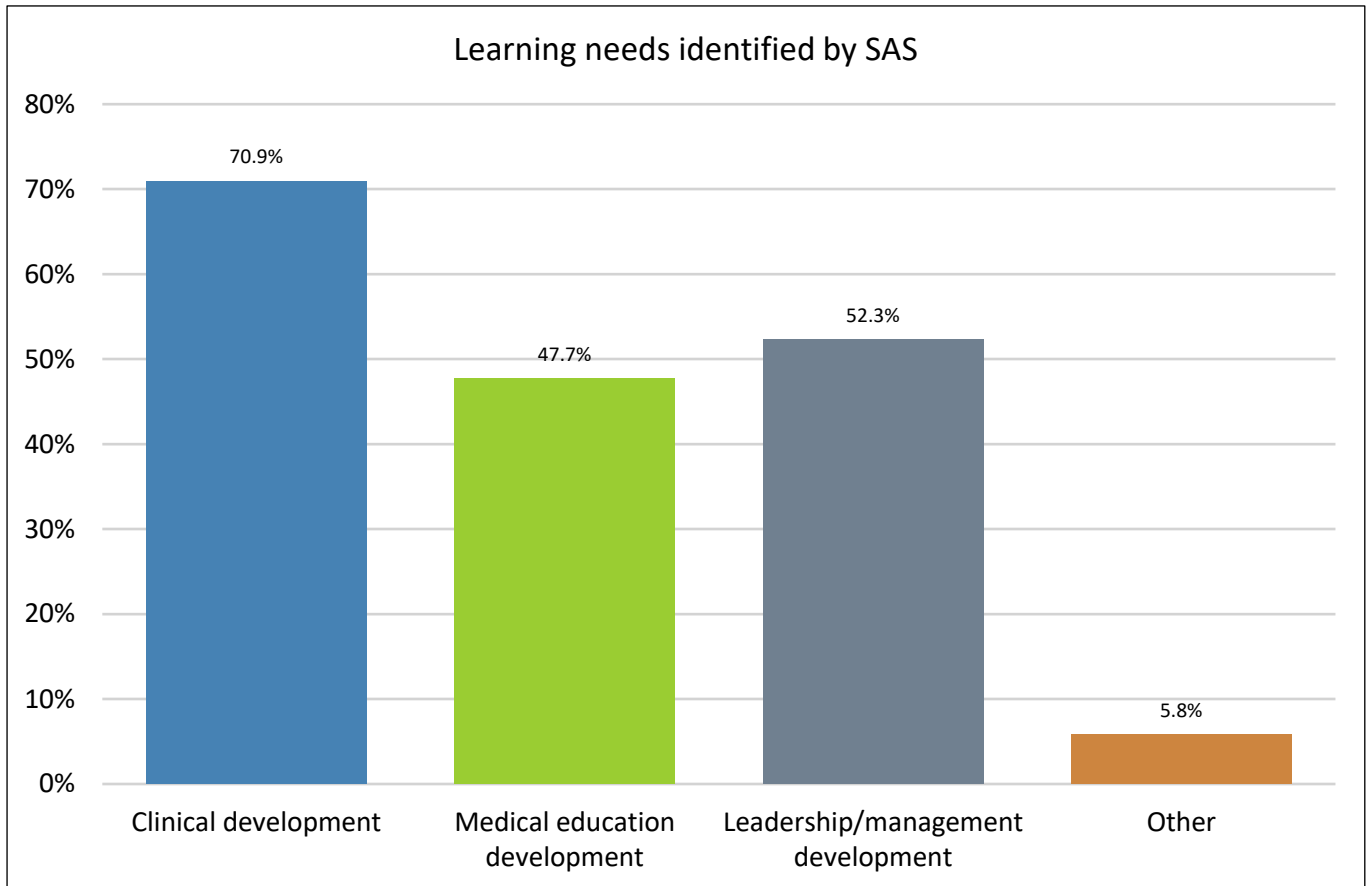
The COVID-19 pandemic and resultant clinical pressures had a significant impact on the ability of SAS to take their study leave entitlement, with 41.6% of respondents reporting that COVID-19 pressures had limited their opportunities for study leave. A further 28.5% noted that the courses they had been interested in were cancelled/postponed due to the pandemic. Distinct from COVID pressures, 29.4% did not see enough courses/events of interest to them, with 23.8% reporting that they didn't take the leave because taking time off on study leave adds to their workload upon return.

66% of SAS reported that they had to provide cover for other SAS when they had wanted to attend courses, and a further 50% that they had to cover for consultants.

The above is illustrative of the wider disruption during the pandemic of the availability of in person courses / experiential training. Clinical pressures resulted in periods of suspension of study leave and the provision of extra cover often at senior/consultant level. This has impacted SAS as it has similarly across the medical profession. As services remobilise the provision of opportunities for clinical and non-clinical development needs must be a continued focus to ensure equitable access and support to enable SAS to progress their identified development needs and maximise their potential within the medical workforce. The SAS Development Programme is well placed to support them to try and achieve those aims. We would encourage individuals to approach their local SAS

Educational Advisers to explore the support and resources available to help them achieve these goals.

Professional Development Needs



83% of SAS had an appraisal within the last year, and of these, 40.2% of individuals had learning needs identified at their appraisal. Of these, Clinical Development (70.9%) and Leadership & Management Development (52.3%) were the most frequently reported. Other learning needs identified included medical education, research skills, CESR and quality improvement.

This was echoed in terms of interest in potential courses that could be delivered/ commissioned by the SAS Development Programme.

The top ten topics were:

- Extended Roles for SAS (55.1%)
- Leadership & Management (54.6%)
- Quality Improvement (52.2%)
- Communication & Being Influential (46.4%)
- Developing your Career (43.0%)
- Active Bystander training (42.5%)
- Human Factors (37.2%)
- Job Planning (32.9%)

- Personal wellbeing e.g., mindfulness & sleep (30%)
- Time Management (29%)

Eighty-six percent of SAS stated they usually meet their college requirements, but 6.1% do not meet these and 7.9% are not aware of the college CPD requirements for their specialty. Barriers to not meeting college CPD requirements were again noted to be difficulty in getting time away from work (30.8%), with a significant number stating ‘other’ as a reason, which included clinical pressures getting in the way of study leave/SPA, and not being able to attend annual conferences.

Opportunities for clinical update /upskilling was expressed by several SAS. Many were interested in attending specific courses or clinical placements to enable them to learn and consolidate their skills.

Job planning

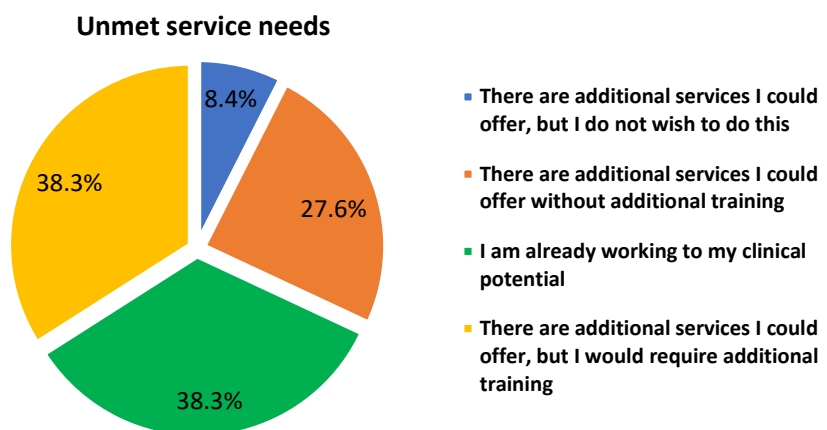
Fifty-seven percent of SAS respondents confirmed they had an up-to-date job plan with agreed personal objectives. It is concerning that 43% of respondents said they do not. This is significantly higher than the 27.6% without a recent job plan in 2017. Job plans have been a contractual requirement since the introduction of the 2008 SD and AS contracts. The pandemic has impacted on job planning but all SAS should have an up-to-date job plan and it is important that this is addressed.

Unmet service needs

Fifty-eight percent of SAS doctors and dentists felt there were unmet service needs that could be delivered by SAS, which could improve services delivered and improve patient care. This could involve developing new clinics, learning new skills to develop services, improving patient pathways. The SAS development Programme aims to address these needs and assist SAS doctors to contribute their full potential.

Common themes:

- Staffing shortages 43%
- Current services / clinics that SAS could be more involved in 13%
- New services / clinics that SAS could lead on 12%
- Leadership roles 11%
- Help with reducing waiting list / waiting list initiatives 10%
- Non -clinical roles 7%



Although 38.3% of respondents felt they were working to their clinical potential, there are still over 50% that believe there are areas where an enhanced aspect of their role / job plan review could improve patient care. 38.3% of respondents would require further training to enable them to offer additional services.

The common themes of the type of additional training required from free text responses are displayed below

- Clinical 88%
- Medical education 12%
- Leadership & Management 10%
- Research, Audit, Quality Improvement 7%

The SAS programme is well placed to support SAS to try and achieve those aims. We would encourage those individuals to approach their local SAS Educational advisers to explore how to achieve their aims.

The respondents to the survey expressed interest in a range of training delivery, both taught courses and experiential, which they felt would enhance aspects of their role, deliver improved service, and achieve personal development. This ranged from a training course (43.5%), a short-term secondment in another hospital/role (40.2%), a formal accredited qualification (35%), a period of supervised training to learn new skills unrelated to CESR (27.6%), period of supervised training related to CESR (24.8%).

The SAS Development Programme aims to support these needs through the provision and funding of a variety of group and individual opportunities.

Specific Areas of Professional Development

Recognition of Trainer Status

Of respondents 15.5% are recognised GMC Trainers with 23.9% aspiring to this. The SAS Development Programme offers access to appropriate training to achieve this.

Fifty percent of respondents thought that they would be supported in their department to deliver GMC training if they were qualified, with 45% unsure and 5% felt that they would not be supported.

Specialist Registration and CESR

Only 12.6% of SAS are already on the specialist register, with 44.4% achieving this via CCT, 22.2% via mediated entry and 7.4% through CESR.

Going forward, 20% are hoping to achieve CESR in the future, with a further 23.5% undecided. The remaining 34.5% did not have an interest in pursuing this, or felt it was not applicable to them.

For those considering CESR, 28% felt they had too many commitments at present to do this, with a further 28% interested, but unsure where to start. A further group (16%) felt they were new to their

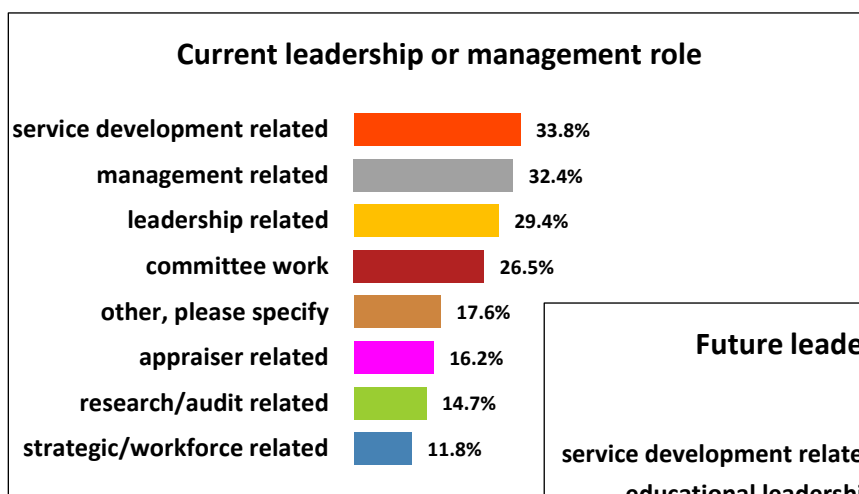
role but might consider it in the future, with 24% in the process of applying for CESR, and of these, 6% were far enough along to have submitted their applications.

The process of going through CESR is often lengthy, costly and time consuming, particularly when trying to achieve this on top of an existing workload.

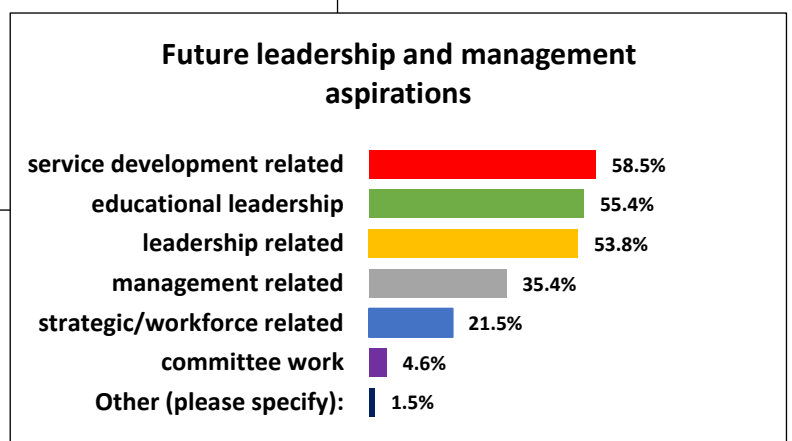
When asked about the main challenges to pursuing CESR, a large proportion (78%) stated that commitment and use of personal time were a consideration, followed by a large amount of training needs (52.6%), uncertainty as to how to go about it (39.5%), and cost (50%). Many (47.4%) were concerned about a lack of support from their department and only 5% felt that there were no challenges.

Leadership and Management

Given over 50% of respondents have been in post for > 6 years and would be considered senior clinicians it's not surprising many will aspire to or already have a leadership role. Just under a third (31.3 %) of respondents currently have a leadership and management role, similar to 2017 results, 44.2 % aspire to such a role, with a further 27.2 % who may consider this in the future. This shows an overall increase from 2017 (24% and 30% respectively) indicating the continued desire of SAS to take on such roles. As can be seen in other sections of this report, leadership and management is an area frequently highlighted by respondents themselves and identified at appraisal as an area they wish further development and training in.



The nature of current roles held continues to be varied, illustrating the breadth of expertise within the SAS group.



Education and service development have emerged as specific areas of interest from respondents compared to the previous survey in 2017. This may reflect the specific current impact of the pandemic on these areas as specialities /services remobilise and focus on managing the related challenges in delivering these.

The seniority and significant contribution to day-to-day patient care SAS make, mean that they are ideally placed to have the knowledge and skills to progress in these areas e.g. scoping and facilitating new ways of working, delivering training, considering options for service delivery and workforce issues.

As with other areas of development recognition of potential contribution, opportunity and access for training were recurrent themes for respondents. The pandemic has impacted on availability of training e.g., LAMP (Leadership and Management Programme) course. The SAS Development Programme will continue to support access to this and other forms of leadership and management support/ resources.

Quality Improvement

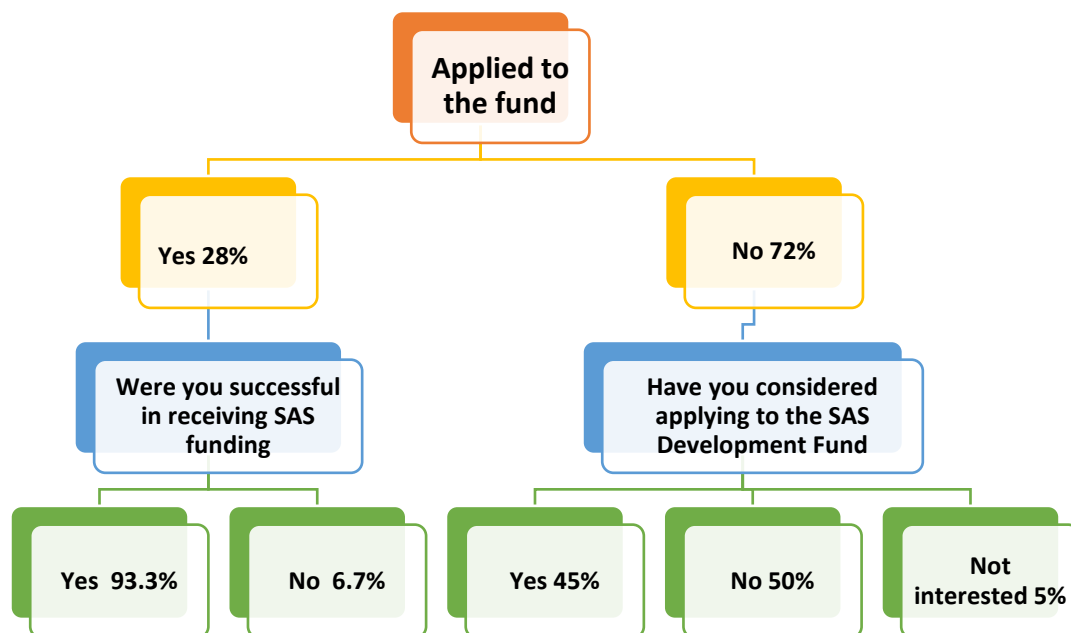
The opportunity to lead or gain additional training in improvement work has also been a recurrent theme. This is not surprising given its link to service development and the current focus on improvement work nationally. The SAS Development Programme will continue to support SAS with this by providing resources and information and promote involvement with local QI (Quality Improvement) teams.

Medical Education

SAS have expressed an interest in professional development related to delivering medical education. This ranges from wishing to undertake specific courses such as PG certificate /diploma in medical education to specific Recognition of Trainer training with a view to taking on formal roles such as Clinical and Educational Supervisor.

Use of the SAS Development Fund

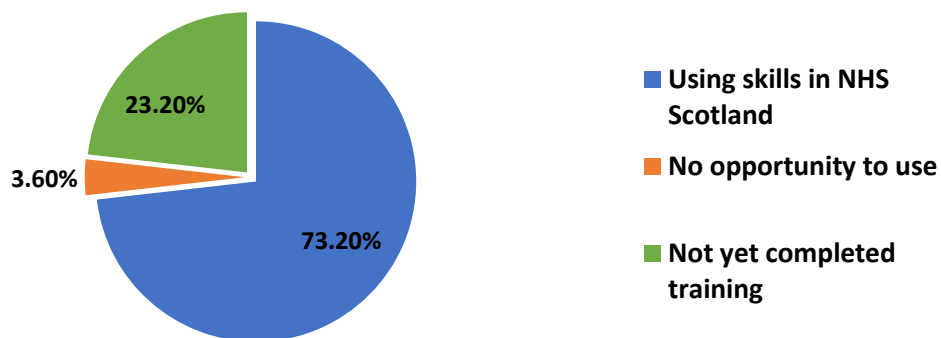
The Staff, Associate Specialist and Specialty (SAS) Doctors and Dentists Development Programme was established in 2012 supported by Scottish Government funding to develop SAS doctors and dentists working in NHS Scotland.



In this survey 28% of respondents have applied to the fund, a slight increase since 2017 (21.3%), with the vast majority (93.3%) making a successful application, up from 89% in 2017.

This demonstrates an ongoing interest in training and development across this group, which does not appear to have been impacted by the Covid pandemic. The increase in successful applications might be attributed to the support and guidance provided by the local Educational Advisors. Of those who have not yet applied to the SAS development fund, 45% felt it was something that they planned to do, 50% had no plans to, and a further 5% stated that they were not interested in this. These figures are similar to 2017. There is no limit on the number of applications that can be made by an individual to the fund.

Have you used the skills gained in NHS Scotland



Whilst most successful applicants are already using their new skills in clinical practice (73.2%); a sizeable number (23.2%) had either not yet completed their training or had been unable to utilise these skills at the time of the survey, due to Covid delays. It is concerning that a small proportion (3.6%) indicated that they had not been able to use what they have learned due to a lack of opportunity. This is disappointing, as their CD (Clinical Director) had originally approved their training and advised that these skills would be utilised.

At the time of the survey, almost a third of respondents took up the option to be put in contact with their local SAS Educational Adviser. In this group 14.5% were looking for general career advice, 17.8% for general development advice, 11.2% planned to apply for SAS funding, and the remaining 5.6% were not stated.

The combination of knowledge of their local area and the wider development resources and opportunities available, means the SAS Education Adviser is well placed to advise and support SAS doctors and dentists with their professional development needs.

Summary

The pandemic has highlighted the need for an adaptable and agile medical workforce to meet the current and future challenges of delivering high quality patient care in NHS Scotland. SAS doctors

and dentists represent a significant and valuable contribution to the medical workforce, however SAS more frequently have job plans that are more heavily weighted towards delivering direct clinical care, therefore it can be challenging for SAS to access opportunities for training and other forms of professional development. This has been compounded by the current service pressures being experienced across NHS Scotland. Despite this, there was still a clear desire amongst respondents to develop and progress various aspects of their careers.

Over the past year the SAS Development programme has continued to fund individual specific training to develop SAS doctors and dentists as educators, leaders and enhancing their clinical skills and knowledge. We have been working with educational and service partners at both health board and national level and provided generic courses such as the GMC Professionalism sessions as well as sessions on Bullying and Harassment and Active Bystander Training.

In response to need, we commissioned a SAS specific IMT (Internal Medical Training) bootcamp. We continue to promote and fund access to LAMP course. We have also made links within the Scotland Deanery to enable access to the deanery resources to support international medical graduates and highlight these at Health Board level.

We have established SAS representation on Specialty Training Boards, which has increased opportunities to access some of the existing specialty training resources and develop support for SAS.

The SAS Educational Adviser network has been key in identifying, developing and promoting resources and opportunities, strengthening links with partners, and supporting individual SAS at local board level.

Although there has been progress in several areas since the previous survey in 2017, the above responses have highlighted the difficulties many SAS doctors and dentists continue to experience. The wellbeing of this significant portion of the workforce depends on them feeling valued, respected, and included within their teams, specialities, and the wider NHS. Future opportunities should reflect this and aim to promote positive wellbeing amongst this group.

Over the coming year the SAS Development Programme will consider how best to build on our current work to further develop and target resources to address the findings highlighted above. In addition, with ongoing SAS Contract negotiations in Scotland, the SAS programme will continue to support all SAS to develop in their current Specialty doctor/ dentist roles, whilst aiming to be ready to respond to any new training needs identified for any more senior role. We will continue to promote equitable access to opportunities for professional development and career progression for all SAS doctors and dentists across Scotland.