Academy of Medical Royal Colleges

# SAS doctors / dentists and research

## Recommendations to increase the involvement of SAS doctors/dentists in clinical research

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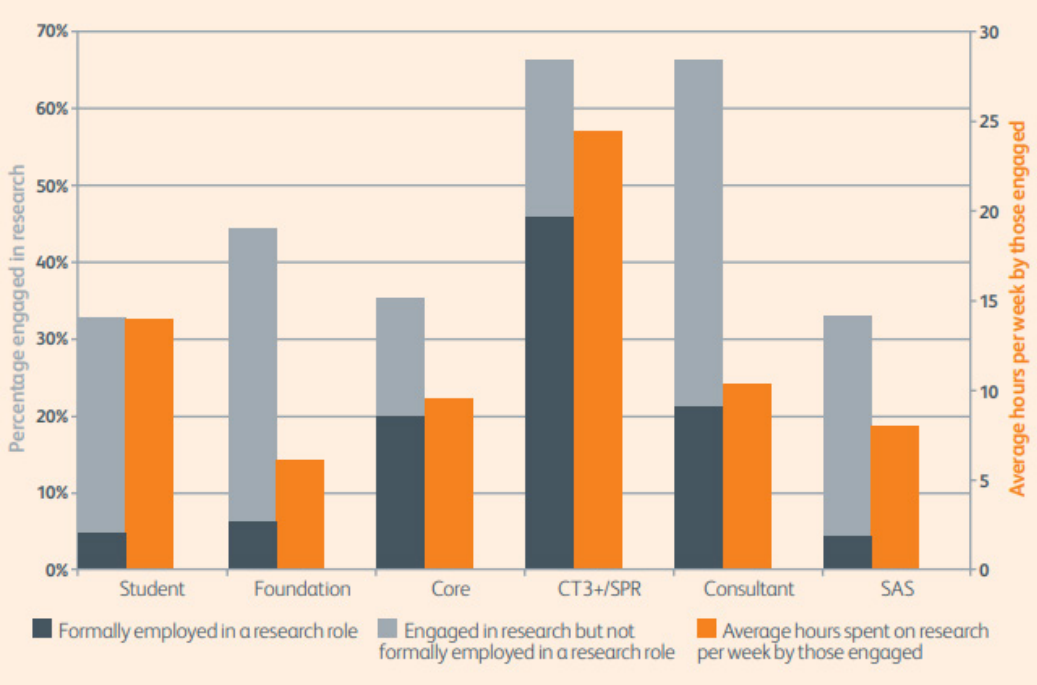
## Background

SAS doctors/dentists often work at a senior level, fulfilling many of the roles and responsibilities of consultants – working autonomously, leading services, training future consultants and other staff in their areas of expertise – but often are not able to undertake research.

The recent GMC survey showed that only 4.7% of SAS doctors are involved in research, the figures for England, Scotland, Wales and NI are 4.9%, 2.8%, 5.9% and 3.3% respectively. The Royal College of Physicians London 2015 survey gave the following data for participation in research in different grades.




It is therefore high time to maximise the potential of SAS doctors/dentists in research (where they wish to be more research-active) as well as in patient care.

## The importance of research

Research is essential to improve knowledge of the causes and treatments of diseases, to develop new treatments and ways of working, and to enable effective and evidence-based patient care.

Doctors who engage in research improve their knowledge of current literature, their ability to interpret and communicate risks, team-working, mentoring, leadership skills and thus become better doctors.

The research-active NHS Trusts have improved patient outcomes, find it easier to recruit and retain staff and therefore the CQC now examines for the extent of clinical research activities when they inspect NHS Trusts in England.

The Royal College of Physicians London paper *Benefiting from the 'research effect'* summarises the benefits of research as below:

| For patients | For trusts | For staff |
|---|---|---|
| Improved survival rates | Improved recruitment and retention of staff | Reduced level of burnout / emotional exhaustion |
| Improved sense of value through taking part in research | Meeting CQC inspections | Better morale and job satisfaction |
| Better overall care, as represented in higher CQC ratings | Cost-effective innovations and savings, and translation of research into practice | Building transferable skills and developing new networks |

The current COVID-19 pandemic has shown that it will be the scientific knowledge that is harnessed from research that will pull us through the challenging times and 'SAS rich' specialties such as geriatric medicine will be the focus of research moving forward.

## The opportunity for SAS doctors/dentists

There are two factors that make SAS doctors uniquely well placed to contribute to patient-centred research. First, their "hands-on" care enables them to observe patterns, identify the research needs and recruit and follow up patients for research. Second, their "permanent" positions give them the ability to carry out research projects through to completion and translate research results into day-to-day practice to make a difference for patients.

## The importance of research for SAS doctors/dentists

The recent GMC survey of SAS/LED doctors and NHS Employers survey of organisations identified a number of challenges faced by these groups of doctors. The surveys identified a lack of career progression opportunities, unsupportive environments, even bullying and undermining and burnout.

Research activity is one possible way of creating a better working environment. The GMC's *Adapting, Coping, Compromising* research report found that *"some doctors tried to keep a mixture of clinical duties and research to provide variety and avoid burning out from too much clinical work"*. When the Royal College of Physicians London asked consultants to rank potential measures to improve job satisfaction in 2018, they favoured protected time for work other than direct clinical care.

This was in line with the Royal College of Physicians London 2015 survey, where two-thirds of the consultants wanted to spend more time on research. The Royal College of Physicians 2020 survey showed that two-thirds (67%) of respondents said having dedicated time for research would make them more likely to apply for a role and the most popular reasons for engaging with research were intellectual stimulation (83%) and improving patient care (80%), followed by the ability to develop a wider set of skills (75%). If SAS doctors/dentists are able to conduct research like their consultant colleagues, they will also be less likely to suffer from burnout and their morale and job satisfaction will improve.

The GMC survey showed 62.8% of SAS doctors had been practising medicine for more than 15 years, the figures for England, Scotland, Wales and NI are 61.3%, 71.4%, 68% and 59.5% respectively. SAS

clinicians like other groups of clinicians need to have their job plans and on-call responsibilities reviewed as their careers progress and physical resilience alters. The transition of SAS clinicians from purely direct clinical care to a research-active career is one way to avoid premature loss of the experienced senior medical workforce.

The GMC *Fair to refer?* report of 2019 noted that SAS doctors/dentists were more likely to be isolated in their roles, and this was identified as one of the main reasons for being referred to the GMC. Traditionally, women and international medical graduates (IMGs) have not been part of professional networks. The DDRB Forty-Eighth Report 2020 notes that a higher proportion of SAS doctors/dentists are women compared with the consultant grade and a large proportion of SAS doctors/dentists have obtained their primary medical qualification from overseas. The GMC survey showed that 46.2% of SAS doctors are women and 70% of SAS doctors obtained their primary qualification from outside of the UK (59.8% IMG and 10.2% EEA). Research activities will allow SAS doctors/dentists to develop and strengthen professional networks.

## The challenges

There are three challenges facing SAS doctors/dentists to engage in research:

1. NHS Trust culture, where there is rhetoric regarding SAS doctors/dentists but no conducive action. The GMC SAS survey showed that only 31.7% of SAS doctors agreed that their Trusts had implemented the SAS charter which was published in 2014. The same survey further showed that only 27.3% of SAS doctors agreed that their Trusts had implemented the SAS development guide which was published in 2017.

2. Lack of time, this particularly affects those who work less than full time (LTFT). The GMC SAS survey showed that 6.5% SAS had no SPA time and 58.4% had only 1 SPA, falling below the AoMRC recommendation for revalidation, let alone of any other SPA activity. The Royal College of Physicians London SAS survey of 2018 showed that over a third of respondents worked LTFT and the vast majority (86%) were women, accounting for 50% of all women. Those working LTFT are much less likely to be formally employed in research roles.

3. Lack of credibility, as most SAS doctor/dentists have not had exposure to research in the earlier stages of their career.

## Recommendations

The Academy strongly believes that developing, delivering and driving research by SAS doctors/dentists is undoubtedly a great part of advancement in medical science and essential to patient care, professional development and recognition, and personal wellbeing.

The Academy recommends:

1. Trusts should take active steps to ensure that SAS doctors/dentists have the opportunities to be involved in research. In particular:
    a. SAS clinicians' appraisal should include exploration of research opportunities suited to the experience and aspirations of the appraised SAS clinician.
    b. SAS clinicians should have representation at the Research and Development (R&D) department of the Trust.
    c. SAS clinicians with relevant interest or experience in research should be offered a meeting with the R&D department of the Trust to discuss ways in which their involvement can be facilitated. This may be through being the principal investigator for a study.
    d. SAS clinicians who undertake research should have protected time and if the research is patient facing it should be considered a part of direct clinical care. SAS clinicians should be supported to make efficient use of this time.
    e. SAS clinicians should have equitable allocation of research SPA time allocated to their team.
    f. SAS clinicians should have access to research-oriented mentoring.

2. HEE (and its counterparts in devolved nations) should strengthen the role of SAS tutors (or local equivalent) so that the SAS tutors are better able to support their SAS clinicians.

3. The Royal Colleges/Faculties should promote courses they offer to aid research to SAS clinicians.

4. SAS clinicians should be supported to undertake credentialing which is being developed by the Royal College of Physicians London for certification in research design and statistical skills for clinicians, who usually have not completed academic training pathways to enter research at later stages in their careers. The credentialing will be open to all health disciplines.

5. The NIHR, Health Research Authority, R&D Forum and other stakeholders in the research eco-system should review the different ways research funding is managed within Trusts and produce guidance to ensure equal opportunities and regular reports on level of involvement for all clinicians including SAS clinicians.

6. All regular SAS national conferences and local meetings should have sessions on research skills and engagement.

7. SAS clinicians need to be proactive in research. They should actively associate with their R&D department and local research networks so they become aware and can avail themselves of the potential opportunities.

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