Position Statement

Associate Specialist Grade

20 September 2018

The Royal College of Emergency Medicine believes that there is a role for the grade of associate specialist. It plays an important role in the maintenance of senior cover within emergency departments and we believe that it will assist in the retention of senior doctors within the specialty.

Background
The grade of associate specialist was introduced in 1981, replacing the medical assistant established in 1964. The grade was open to doctors who had completed 10 years medical work (a continuous period or in aggregate) since obtaining a primary medical qualification, having served a minimum of four years in the registrar, specialist registrar or staff grade, at least two of which should have been in the appropriate specialty. Equivalent service was also acceptable, with the agreement of the relevant college or faculty regional adviser and of the regional postgraduate dean.

The associate specialist grade was closed to new applicants after a short period of grace following the introduction of a new contract in 2008.

Evidence
In England, SAS doctors have concerns around the new junior doctor contract as it removes pay protection upon return for SAS doctors leaving the grades to take up training posts (except for hard-pressed specialties such as EM). The prolonged period of the specialty doctors incremental scale means that SAS doctors feel that the rewards do not reflect their experience and autonomy, and closure of the associate specialist grade further contributes to this.

In recognition of the fundamental role that SAS doctors hold in the delivery of high quality, safe medical care for patients, a charter for staff, associate specialist and specialty doctors was published in England. Similar charters jointly produced by the BMA and the NHS in the devolved nations have also been accepted.

Recent reviews, including the DDRB report of 2017, have recommended that the associate specialist grade be reinstated. NHS Employers reiterated that SAS doctors
felt undervalued and were unhappy. There was an issue with how to promote the
development of SAS doctors; while some were able to progress to consultant roles,
many felt that they were doing most of the work of consultants without the appropriate
recognition. NHS Providers was of a view that SAS grade contract reform was
necessary, given their crucial role and the lack of adequate development
opportunities for this group.

**Recommendation**

Although it is not within the gift of The Royal College of Emergency Medicine to grant
the reinstatement of the associate specialist grade, as a means of recognising and
retaining senior doctors within the specialty, it strongly supports the principle of its
reinstatement in a similar form as before or as an alternatively named grade of senior
specialist.

**References**

1 BMA (2001) *The Associate Specialist Grade*. London: BMA Marketing and
Publications.
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2 BMA (2016). *Memorandum of Evidence to the Review Body on Doctors’ and
Dentists’ Remuneration*. London: BMA.
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3 BMA, NHS Health Education England, NHS Employers and Academy of Medical
Royal Colleges (2014) *A charter for staff and associate specialist and specialty
doctors*. London: BMA.
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iv BMA, NHS Scotland Employers and Scottish Government Health and Social Care
Directorate (2014) *Recognition, Support and Development: A charter for SAS doctors
in Scotland*. Edinburgh: BMA.
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5 Professor Sir Paul Curran (2017) *Review Body on Doctors’ and Dentists’
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