



The Royal College of Emergency Medicine

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Position Statement

Associate Specialist Grade

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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 1964ⁱ. 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)ⁱⁱ. 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^{iii, iv}.

Recent reviews, including the DDRB report of 2017, have recommended that the associate specialist grade be reinstated^v. NHS Employers reiterated that SAS doctors

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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

ⁱ BMA (2001) [The Associate Specialist Grade](#). London: BMA Marketing and Publications.
[Accessed 20 September 2018]

ⁱⁱ BMA (2016). [Memorandum of Evidence to the Review Body on Doctors' and Dentists' Remuneration](#). London: BMA.
[Accessed 20 September 2018]

ⁱⁱⁱ 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.
[Accessed 20 September 2018]

^{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.
[Accessed 20 September 2018]

^v Professor Sir Paul Curran (2017) [Review Body on Doctors' and Dentists' Remuneration: 45th Report](#). London: Crown copyright.
[Accessed 20 September 2018]