

So you want to be a Specialty Doctor

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SO, WHAT EXACTLY IS A SPECIALTY DOCTOR?

Specialty Doctors are doctors and dentists who generally work within one specialty, invariably in secondary care, under the supervision of one or more Consultants. Estimates suggest that there are probably more than 20,000 doctors within this grade in the UK and more than 500 here in Northern Ireland.

The term Specialty Doctor appeared in 2008 with the inception of the new terms and conditions of a national contract for this group of doctors, who are neither trainees nor Consultants. This group used to be called the “Non-Consultant career grades” and more recently have been known as “SAS” doctors.

So, the term “Specialty Doctor” is new but the grade is certainly not. SD equivalents have been around for a long time, with many different titles but all under the umbrella of the NCCGs and more recently SAS doctors (Staff Grades, Associate Specialists and Specialty Doctors). There are still some Staff Grade and Associate Specialist doctors around however these particular job titles are now closed to new applicants and their numbers will continue to dwindle as these doctors leave the workforce.

The minimum criteria necessary to become a SD include, full registration with the GMC and at least 4 years, full time, post graduate training (or its equivalent on a part time basis), at least 2 of which should be in a training post in a relevant specialty. Many in this grade, however, have extensive experience, postgraduate qualifications, and some may even be on the Specialist Register or GP Register.

The terms and conditions (T&Cs) for SDs are very similar to those of consultants, with a few minor differences. Just like our GP and Consultant colleagues, SDs are obliged to engage in the appraisal process, keep their CPD up-to-date and of course have the same responsibility to go through the revalidation process on a five yearly basis. The biggest difference of the contract, however, is the pay scale, with the top of the SD pay scale being just below the start point of the Consultant scale.

The standard 40 hour, (10PA*) full time, SD job plan would in general have 9 PAs for direct clinical care (DCC) and 1 for Supporting Professional Activities (SPA). Holiday and study leave entitlements are similar to those of Consultants and for those who want to take on leadership or teaching roles, and have the capability to do so, there should be nothing to hinder this.

The role of the SD differs from trainees and Consultants in that the vast majority of their working week is involved with direct patient care. This may be entirely in an outpatient setting, it may be more inpatient based, sometimes a mix of both and in some specialties there may be significant numbers of theatre or interventional sessions each week, as would be the case in the surgical specialties and radiology etc.

SO, WHY WOULD ANYBODY WANT TO BE A SPECIALTY DOCTOR?

There are many reasons why this grade can be an attractive career choice to a wide variety of individuals. Most of these relate to the invaluable benefits of being able to control a better balance between your work pattern and your personal life. Your job plan can be adapted to your own particular needs, and changed, during the annual job planning process, each time your personal situation changes, as it will undoubtedly do during a career that may span up to 40 years. An example of this would be an annualized contract where unpaid leave is taken during school holidays but the deduction in salary is spread evenly over 12 months. Or you can opt for flexible leave whereby the extra time taken in school holidays is paid back during the school term so that no salary reduction is necessary.

Specialty Doctor status can be achieved within 4 years of graduation and it is not essential to have any postgraduate qualifications. This provides the option of a permanent job in a specific specialty, early in your career, without the stress of chasing training posts, moving frequently and taking postgraduate exams. SDs can become very experienced clinicians and often work with high levels of autonomy and, as such, are very valuable members of their team. SDs can, if they choose to, develop their role clinically, in management or in teaching, all of which helps to maintain high levels of job satisfaction, personal achievement and respect from our colleagues.

I have worked within this grade for a long time, I have maintained a healthy work/life balance throughout and I have been able to develop my own career within my specialty, within management and within medical politics.

Would I recommend the new generation of doctors to, at least, consider this career pathway?

I most certainly would.

[* Programmed Activity = 4 hours]