

What do we know about Specialty and Associate Specialists and Locally Employed Doctors?

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Executive summary

In this paper we share the findings of our data on doctors that are neither on the GP or specialist registers and who aren't in training. This group encompasses Specialty and Associate Specialists (SAS), as well as Locally Employed Doctors (LEDs). We investigate their demographics and whether some groups have a greater risk of being complained about or being investigated. The identification of such groups is an important first step in finding a more nuanced way to interact with doctors that could help to reduce risk and complaints.

Over the past six years, SAS and LEDs have consistently made up a sizeable proportion of the total number of licensed doctors working in the UK. Despite just under a fifth of doctors working in this way, previous analysis has treated the group as a single entity.

There are patterns at a high level in the age, gender and primary medical qualification (PMQ) of SAS and LEDs that set them apart from other register groups. However, three clear subgroups emerge when their relationships with training programmes are considered. These are explained below and we will refer to these categories throughout this paper:

- Periodic SAS and LEDs – doctors who have started a training programme and then taken a break, predominantly young UK graduates in the early stages of their careers
- Career SAS and LEDs – typically 30-50 years of age, are mostly international medical graduates (IMGs) and have never entered a training programme
- Recent SAS and LEDs – doctors that registered less than three years ago and so far have not entered an approved training programme. They are typically IMGs and younger doctors from the European Economic Area.

As a whole, SAS and LEDs have a low rate of complaints in comparison to other register types. However, more than half of complaints about SAS and LEDs were investigated,

which is unlike complaints about specialists or GPs. Furthermore, almost a quarter of investigations ended in the most serious outcome (a sanction or warning) which is the highest rate for any register type. Periodic SAS and LEDs self-refer to us far more than Career SAS and LEDs. We also see for both groups that about a quarter of investigated complaints from employers concerned professional performance, honesty or fairness.

The size of the SAS and LEDs group, and the apparent seriousness and nature of complaints made about them, show that better support of this type of doctor should be a priority for healthcare systems across the UK. With this research, we can start to consider SAS and LEDs and the work they undertake in a more tailored and intelligent way.

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Why have we produced this report?

Our strategic aim is to support doctors in maintaining good practice. We want to focus our efforts in working with and supporting doctors to prevent harm and drive improvement, rather than simply acting once harm has occurred. To do that, we have to understand the experiences and challenges facing different groups of doctors practising in the UK. This analysis is part of a series of reports that aim to better understand what our data can show about distinct groups of doctors and the unique challenges they face.

In this paper, we explain what our data tells us about doctors that are on neither the GP or specialist registers and who are not in training. This group includes Specialty and Associate Specialists (SAS), as well as Locally Employed Doctors (LEDs).

We want this initial analysis to start a discussion about the working practices of SAS and LEDs and the challenges they face. We welcome all feedback on this analysis to insightandresearch@gmc-uk.org.

Why are we looking into SAS and LEDs?

SAS and LEDs are a very diverse group of doctors that make up approximately a fifth of all licensed doctors in the UK. They have been recognised as an important group to support in the recently published NHS Long Term Plan¹.

SAS and LEDs work in the acute sector exclusively. By definition, SAS and LEDs do not work in primary care. Performers' lists regulations mean that only doctors training to be GPs or doctors already on the GP register can provide primary medical services. They aren't recognised specialists and are also not currently involved in any approved training programme.

Some doctors choose to spend their career working entirely as a doctor on neither register, but build up considerable expertise in a defined area of practice. Others are on a break from a training programme and some are IMGs who are participating in time-limited programmes such as the Medical Training Initiative (MTI) for a maximum of 24 months, after which they return to their home country. The Department of Health and Social Care in England launched the MTI scheme in 2009, and by the end of 2018, 3,950 doctors had completed it². At the same time, health ministers have agreed to significantly expand the number of doctors who are allowed to come and work in Britain under the MTI³.

Other SAS and LEDs are gathering experience and waiting for an opportunity to enter the training of their choice or are building the type of work history for entry to the specialist or GP register. Others are predominantly working as locum doctors (see "what our data tells us about locum doctors"⁴ on this mode of practice). Altogether, this is a diverse cohort of doctors whose skills and experience can vary enormously and who therefore face unique workplace challenges and risks. However, analysis to date has tended to treat them as a singular group, which runs contrary to our aim to better understand and support all doctors.

What data can we use to describe SAS and LEDs?

We identified SAS and LEDs using the medical register, with data as of June 30th for 2012 – 2018. We also used data from the national training survey (NTS) for trainees, completed by all doctors in an approved training post. As the NTS is mandatory for trainees, doctors were defined as not in training if they did not appear in it for the given year.

Other data used in this analysis includes our fitness to practise dataset. Doctors were only counted if licensed or involved in fitness to practice in a given year and therefore, figures throughout this paper may vary from other publications.

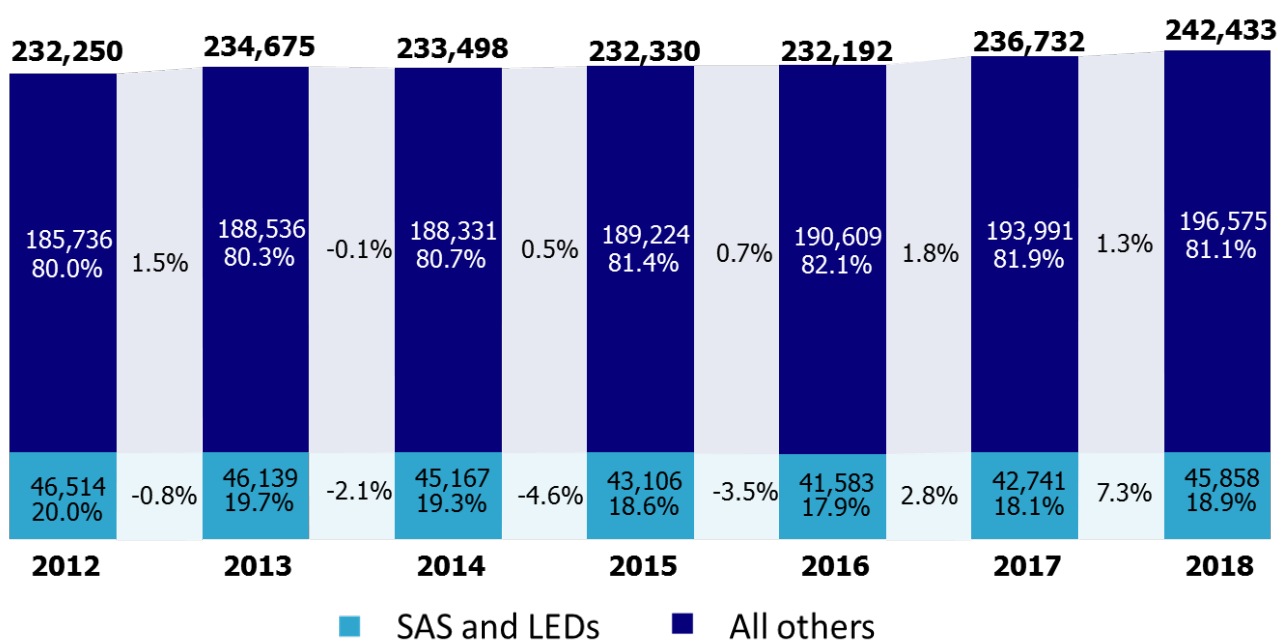
Make-up of the SAS and LED workforce

A substantial proportion of licensed doctors are SAS and LEDs

The number of licensed doctors has been relatively constant from 2012 to 2016, before a marked increase in the last two years (Figure 1). The proportion of all doctors working as SAS and LEDs has been on a slight decline – from 20% in 2012 down to about 18% in 2016 and 2017. It's important to note that revalidation was introduced during this time. This is a cause of the fall in total licensed doctors after 2014, due largely to non-practising doctors relinquishing their licences.

However across all years, SAS and LEDs are a substantial part of the workforce. The temporary inflation in the numbers of licensed doctors caused by the introduction of revalidation will have disappeared from mid-2016 onward, and we see the number of SAS and LEDs grow 7.3% from 2017–18.

Figure 1: Number of all licensed doctors per year and the proportion that are SAS and LEDs



A greater proportion of SAS and LEDs are under 30

In 2018, 20% of SAS and LEDs were aged between 20-29. This is an increase of around two thirds from 2012, when only 12% belonged to the age group. This is related to the recent growth in the number of doctors taking a break from training, which is covered later in this section. All other age groups have seen a decline in the number of SAS and LEDs, with older age groups having a more sizeable decrease (Figure 2). This may be related to revalidation as the greatest decreases were just after its introduction in 2012.

Figure 2: Number and proportion of licensed SAS and LEDs by age group

	2012			2018	
	% of age group	Doctors	% change in number of doctors	% of age group	Doctors
20-29	12%	5,566	67%	20%	9,294
30-39	36%	16,952	-3%	36%	16,408
40-49	24%	11,385	-6%	23%	10,692
50-59	16%	7,248	-12%	14%	6,375
60-69	8%	3,886	-35%	6%	2,543
70 or more	3%	1,477	-63%	1%	546
Total	100%	46,514	-1%	100%	45,858

The proportion of SAS and LEDs that are female is increasing

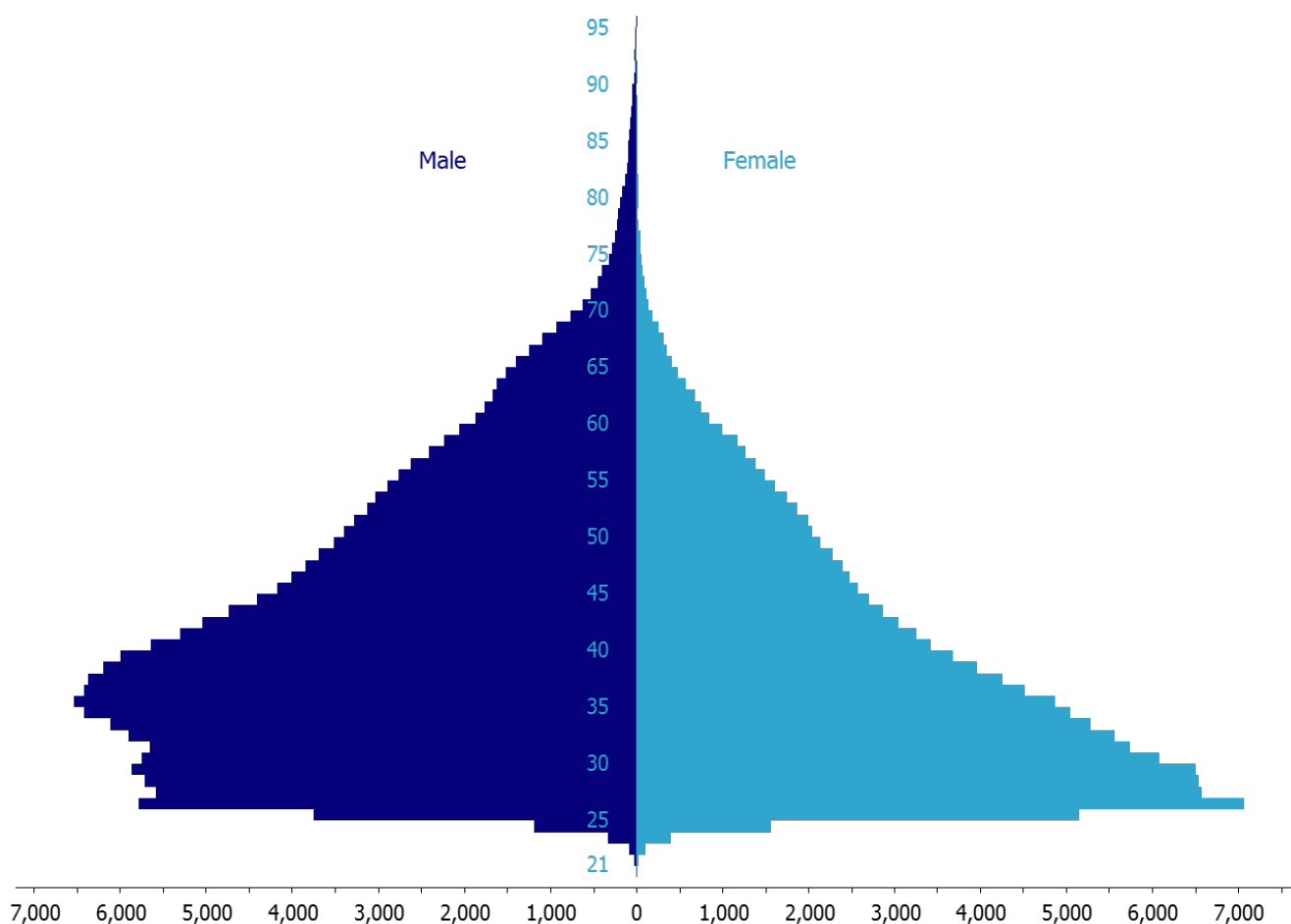
Although there are still more male SAS and LEDs, the difference between male and female the two genders reduced from 60%-40% in 2012 to 56%-44% in 2018 (Figure 3). This could be linked to the increased number of female graduates in recent years (see Annex Table 2).

Figure 3: Number and proportion of licensed SAS and LEDs by gender

	2012			2018	
	% of gender group	Doctors	% change in number of doctors	% of gender group	Doctors
Female					
	40%	18,464	9%	44%	20,187
Male					
	60%	28,050	-8%	56%	25,671
Total					
	100%	46,514	-1%	100%	45,858

Proportionally, more males are SAS and LEDs across all age groups, except below 30 years of age where females are more prevalent (Figure 4).

Figure 4: Licensed SAS and LEDs by gender and age in the period from 2012 to 2018.



The number and proportion of UK graduates who are SAS and LEDs has risen, while EEA graduates and IMGs have reduced

The total number of licensed SAS and LEDs declined by 1% between 2012 and 2018. This was driven by reductions in EEA graduates* and IMGs† (figure 5) who were more likely to be licensed, but not present or practising in the UK.

The number of UK graduate‡ SAS and LEDs increased by 12%. However, they still only made up one third of all SAS and LEDs in 2018, compared to over half having an IMG PMQ. There's a higher proportion of IMGs working as SAS and LEDs in comparison to those on the specialist or GP register (around 54% compared to 25%).

Figure 5: Number and proportion of licensed SAS and LEDs by PMQ world region

	2012			2018	
	% of PMQ group	Doctors	% change in number of doctors	% of PMQ group	Doctors
UK					
	30%	13,946	12%	34%	15,592
EEA					
	15%	7,098	-21%	12%	5,613
IMG					
	55%	25,470	-3%	54%	24,653
Total					
	100%	46,514	-1%	100%	45,858

Most SAS and LEDs are BME

In 2018, half of all SAS and LED were black and minority ethnic and one out of three was white (Figure 6). The number of doctors without recorded ethnicity is on the decline, as the number of older doctors who did not typically declare their ethnicity has also fallen.

* EEA graduates are doctors who gained their PMQ in the EEA but outside the UK, and who are EEA nationals or have European Community rights to be treated as EEA nationals

† International medical graduates (IMGs) are doctors who gained their PMQ outside the UK, EEA and Switzerland, and who do not have European Community rights to work in the UK

‡ UK graduates are those who gained their PMQ in the UK

Figure 6: Number and proportion of licensed SAS and LEDs by ethnicity

	2012			2018	
	% of ethnicity group	Doctors	% change in number of doctors	% of ethnicity group	Doctors
BME					
	41%	19,089	26%	52%	24,027
White					
	34%	15,703	2%	35%	16,004
Not recorded					
	25%	11,837	-50%	13%	5,918
Total					
	100%	46,629	-1%	100%	45,949

Trainees are increasingly taking breaks from training

There's a growing number of doctors in training that decide to take a break to gain clinical experience or explore career options before they commit to a programme.

Our *Training pathways 2: why do doctors take breaks from their training?* report⁵ found that breaks are becoming normal. Discussions with trainees who took a break after their foundation training show key factors influencing their decision, including:

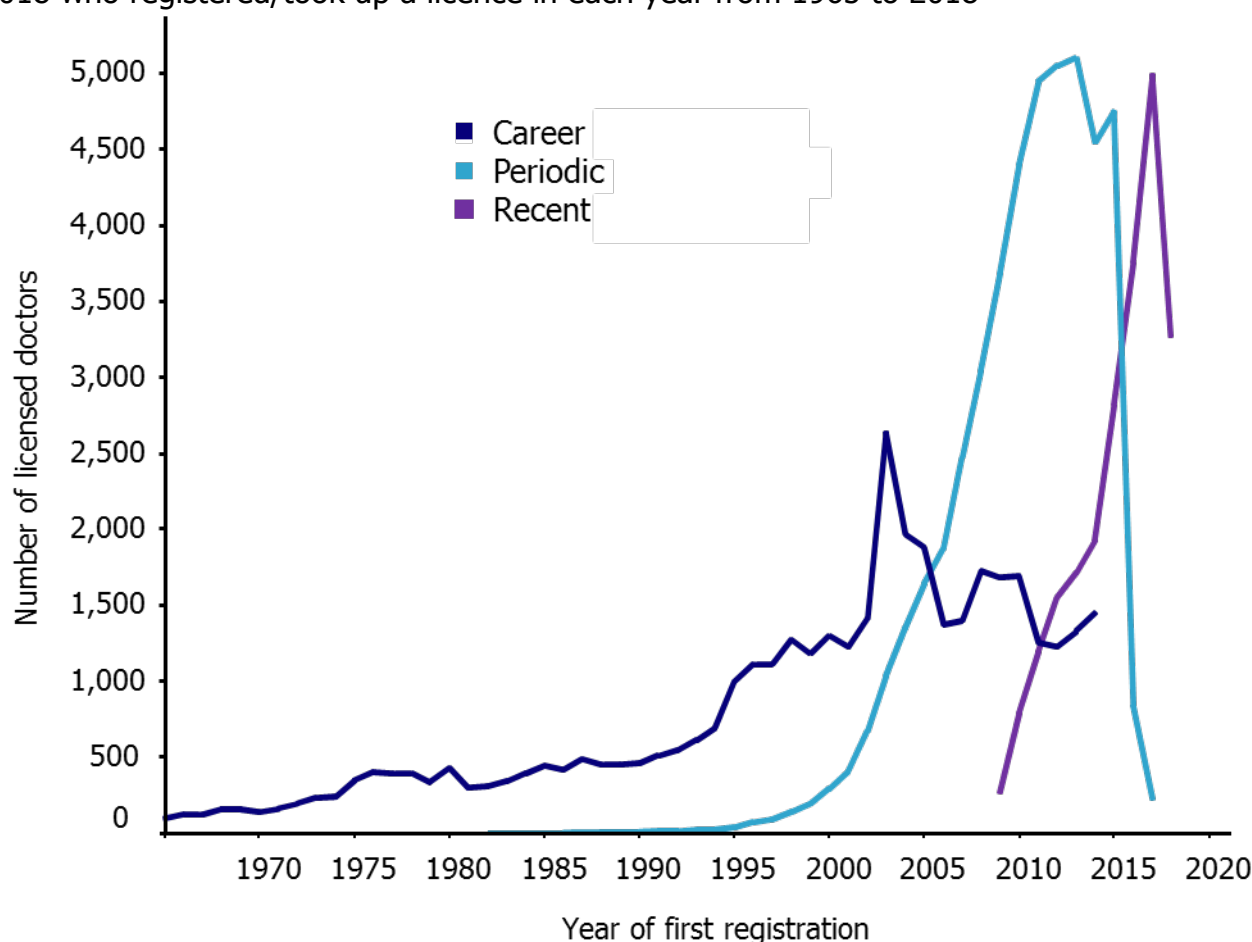
- being unsure of specialty choice
- feeling burnt-out,
- seeking a better work life balance than formal training currently offers,
- wanting to exercise some autonomy before committing to a long training programme⁶.

Three clear groups of SAS and LEDs

Combining all of the characteristics mentioned above does not lead to intuitive and mutually exclusive groups of SAS and LEDs. However, in relation to their career choices, there are three distinct groups:

- Periodic SAS and LEDs
- Career SAS and LEDs
- Recent SAS and LEDs

Figure 7: Number of licensed doctors belonging to the three groups of SAS and LEDs in 2018 who registered/took up a licence in each year from 1965 to 2018



The first are predominantly young (under 35) UK graduates in the early stages of their careers, who have either started a training programme and then taken a break, or joined a training programme after a break. For the remainder of this report, we refer to this group as periodic SAS and LEDs to reflect the short-term nature of their work as a SAS and LED.

The second group consists of doctors who are typically 30-50 years of age, are mostly IMGs (Figure 7) and, crucially, don't enter a training programme within the study period. We have named this group career SAS and LEDs.

The third group consists mostly of young overseas doctors who are licensed for three years or less. They could still enter a training programme or they could decide to remain in their SAS or LED role throughout their career. As there is a common rule among many specialty training programmes that a doctor can't have more than three and a half years without training following Foundation Year 2 (FY2), we have defined the recent group as doctors that have been licensed for three years or less and have not entered into any approved training programme. Health Education England state in their guidance on entry to specialty training, '...doctors need to have evidence of achievement of foundation competences in the three and a half years preceding the advertised post start date for the round of application'⁷.

The three groups also differ by the years in which the majority of their doctors registered for the first time. Most periodic SAS and LEDs were licensed for the first time between 2005 and 2016, whereas career SAS and LEDs comprise a more diverse group with doctors registering between 1940 and 2014. Those licensed between 2014 and 2018 by definition belong to recent SAS and LEDs group.

The trends in the numbers of career SAS and LEDs are related to changes in policy regarding licensing, Visas, training post availability or other parts of workforce planning. For instance, the peak of career SAS and LEDs in early 2000 corresponds with the high influx of EEA doctors following accession of 10 EU countries (Figure 7).

More Career SAS and LEDs are male than female, except for those aged under 35

Within the career SAS and LEDs group, there are far more male than female IMG doctors in all but the youngest age groups (Figure 8). By contrast, in the under 35 age range, there are more female than male EEA graduate doctors. In these younger age groups of career SAS and LEDs, UK graduates are not common but do increase in number as age increases for both male and female doctors.

There are fewer older female than male SAS and LEDs

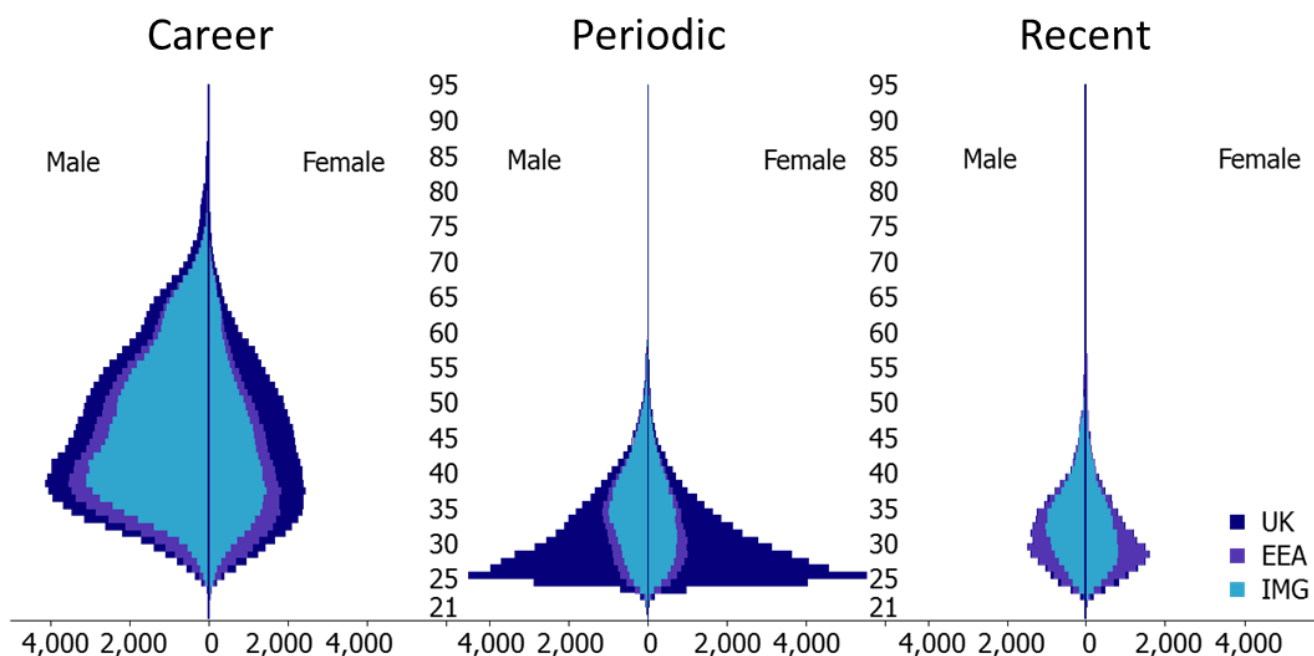
It appears that female UK graduate career SAS and LEDs retire earlier than their male counterparts. There are notably more female career SAS and LEDs aged 35-60 with a UK PMQ in the left side of Figure 7. The proportion career SAS and LEDs with a UK PMQ falls away very steeply with age compared to EEA and IMG, meaning that more UK graduates retire at a younger age than their EEA and IMG counterparts.

Female periodic SAS and LEDs tend to return to training more than males

Periodic SAS and LEDs are mostly UK graduates and are at their largest numbers around 26 years old. This corresponds to the ages that doctors typically finish the foundation programmes. The steep reduction in their numbers show that they quickly return to training, especially among females.

EEA and IMG differ as the number of EEA doctors declines steeply at higher ages, indicating either a high rate of starting or returning to a training programme or leaving medical practice in the UK altogether (Figure 8). The changing distribution of EEA SAS and LEDs is explored further in Table 1 in the Annex.

Figure 8: Proportion of licensed SAS and LEDs by training, gender, age and PMQ in the period from 2012 to 2018.



SAS and LEDs demographics, experience and workforce planning

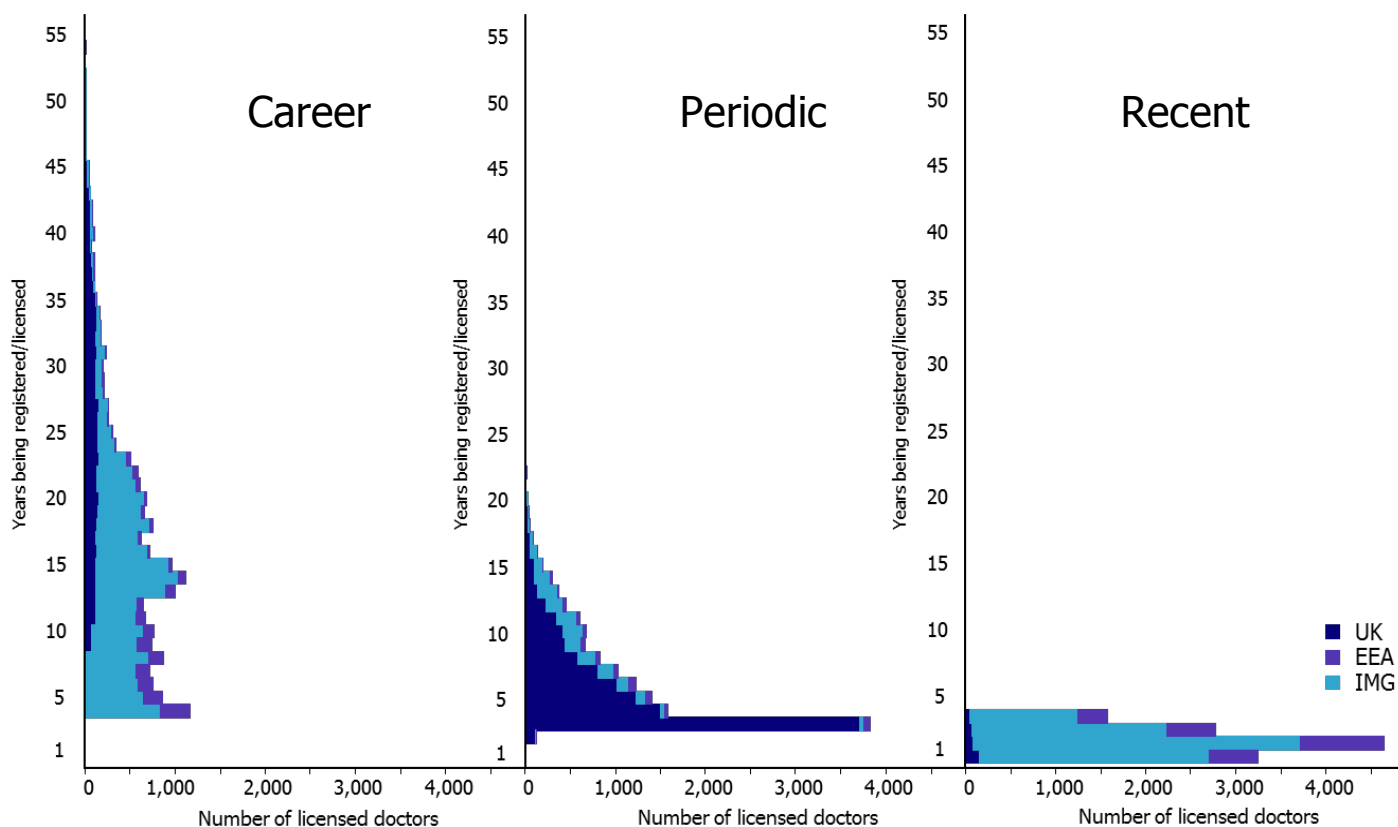
Most licensed SAS and LEDs in 2018 had held their license for less than five years. This isn't surprising given that some doctors consider working as a SAS or LED as an early career step where they can explore different possibilities, take a break from training or try out another field they may want to train in. Some doctors can be defined as career SAS and LEDs as they have been licensed for three or more years without entering a training programme but most are periodic and recent SAS and LEDs. Of the 25,275 periodic SAS and LEDs in the period from 2012 to 2015, 15% either relinquished their licence or returned to training, while 85% were still periodic SAS and LEDs in 2018.

The left panel of Figure 9 shows that most career SAS and LEDs are non-UK graduates, with most of those being IMG. Despite the consistent number of doctors in this group with more than 10 years' experience, there is a large proportion with four to 10 years of experience in the UK.

The central panel of Figure 9 shows that most periodic SAS and LEDs are UK graduates. In 2018 there were very few of these doctors with one or two years' experience after gaining a licence. There is then a large cohort of periodic SAS and LEDs who have held a licence for three years and this is the time that corresponds to taking a break after foundation programme. As those are mostly UK graduates, that group most probably constitutes

doctors who, upon finishing their FY2, took a break to either gather experience, decide which training programme to apply for, or to wait another year for a specific training programme if they didn't get into the training they wanted. Doctors taking a break after FY2 has risen from just under a third in 2013 to over half in 2017⁸.

Figure 9: SAS and LED groups by number of years licensed in 2018 and PMQ world region



SAS and LEDs in the UK countries

UK countries differ in the make-up of their workforce and some have higher proportions of SAS and LEDs among their licensed doctors than others (Figure 10). In 2018 Wales and England relied more on SAS and LEDs with almost one in five doctors belonging to that group. At the other end of the scale, this figure is about one in seven for Northern Ireland and only one in eight for Scotland.

Almost two thirds (61%) of licensed doctors that we could not locate to a UK country for 2018 were SAS and LEDs. This is a sign of how mobile SAS and LEDs are because our method for locating doctors to a country requires them to have a contract, training record, designated body or registered address at the time of a snapshot. These can be missing for doctors that move around frequently.

In the period from 2012 to 2018, all UK countries except Scotland have seen greater increases in numbers of SAS and LEDs than other types of doctors. That increase was most prominent in Wales, where the number of SAS and LEDs increased by 15% and number of all other licensed doctors by only 2% (Figure 10).

Figure 10: Number and proportion of licensed SAS and LEDs and other licenced doctors UK country.

	2012			2018	
	Number of doctors	% SAS and LEDs	% change in number of doctors	Number of doctors	% SAS and LEDs
England					
SAS and LED	31,093	17%	18%	36,840	18%
All other	148,461		10%	162,836	
Scotland					
SAS and LED	2,314	12%	5%	2,439	12%
All other	16,874		6%	17,832	
Wales					
SAS and LED	1,722	18%	15%	1,974	19%
All other	7,967		2%	8,157	
Northern Ireland					
SAS and LED	807	14%	12%	906	14%
All other	5,091		6%	5,376	
Other					
SAS and LED	10,578	59%	-65%	3,699	61%
All other	7,343		-68%	2,374	

In all four countries there were more career than periodic SAS and LEDs in 2012. By 2018, in Scotland and Northern Ireland, more SAS and LEDs were periodic than career.

In the same year, a quarter of SAS and LEDs in England were recent to these roles. In Wales that was true for one in five in 2018, while less than one in ten of SAS and LEDs in Scotland and Northern Ireland were recent to these roles. This significant increase to the proportion of recent SAS and LEDs – who are mostly IMGs – could be one consequence of intense overseas recruiting by NHS England⁹ (Figure 11).

Figure 11: Proportion of three groups of SAS and LEDs by UK country.

	2012	2013	2014	2015	2016	2017	2018
England							
Total SAS and LED	31,093	31,611	32,741	32,527	32,864	34,010	36,840
Career	73%	68%	61%	58%	53%	49%	44%
Periodic	23%	28%	34%	36%	37%	34%	31%
Recent	4%	4%	5%	7%	10%	17%	25%
Scotland							
Total SAS and LED	2,314	2,342	2,339	2,264	2,296	2,404	2,439
Career	74%	67%	61%	56%	50%	46%	42%
Periodic	23%	30%	36%	41%	44%	46%	46%
Recent	4%	3%	3%	4%	6%	8%	11%
Wales							
Total SAS and LED	1,722	1,834	1,765	1,744	1,733	1,861	1,974
Career	75%	68%	64%	61%	58%	52%	46%
Periodic	23%	29%	34%	35%	34%	34%	32%
Recent	3%	2%	2%	4%	8%	14%	22%
Northern Ireland							
Total SAS and LED	807	839	900	872	871	920	906
Career	79%	70%	60%	56%	51%	47%	46%
Periodic	19%	29%	39%	43%	47%	49%	47%
Recent	2%	1%	1%	1%	2%	4%	7%
Other							
Total SAS and LED	10,578	9,513	7,422	5,699	3,819	3,546	3,699
Career	76%	72%	64%	53%	45%	42%	32%
Periodic	4%	7%	9%	12%	15%	13%	7%
Recent	20%	21%	27%	35%	41%	44%	61%

Complaints about SAS and LEDs

Our annual *The state of medical education and practice in the UK* report¹⁰ provides information about major trends in doctors' fitness to practise. In comparison to other register types, SAS and LEDs had a rate of complaints at 6%. This is 2% more than the least complained group - doctors on neither register and in training - and almost half of the rate received by specialists (12%).

Unlike complaints about specialists or GPs, where only a third were investigated, more than half of complaints about SAS and LEDs resulted in us opening an investigation. Also,

almost a quarter of investigations ended in a sanction or warning, which is the highest rate across all register types.

We've also previously reported that the sources of complaints about SAS and LEDs were slightly different than for GPs or specialists. A much greater proportion of the complaints made about SAS and LEDs come from their employers compared to other register types. We see 16% of SAS and LED complaints are from employers while the trainees have just 5% from that route.

The rate of self-referral was around three to four times greater for SAS and LEDs than for GPs or specialists.

Across all register types, the public contribute the greatest proportion of complaints. However, just over a third of complaints about SAS and LEDs come from that source, compared to around two thirds for GPs or specialists.

Career SAS and LEDs are less complained about than other register types

Among the three types of SAS and LEDs, career SAS and LEDs are the only subgroup with a lower rate of complaints than all other register types pooled together. However, the rates of doctors being investigated are similar to other register types.

Both periodic and recent SAS and LEDs have higher rates of being complained about and almost double the rate of being investigated when compared to all other register types pooled together (Figure 12).

Differences between the three SAS and LED groups

When comparing the rates of complaints about the three SAS and LED groups, the number of years a doctor has been licensed must be considered. A career SAS and LED will have had far more exposure than those on a career break or who have recently started the role. These are shown in Figure 12 where the complaints about career SAS and LEDs per years licensed is lower than for periodic SAS and LEDs. Under the same metric, periodic SAS and LEDs who are IMG have the highest rates of being complained about and investigated.

Figure 12: Patterns in our complaints data by the three groups of SAS and LEDs and PMQ between 2012 to 2017

		Licensed doctors	Doctors complained about	% doctors being complained	Doctors investigated	% doctors investigated
Career SAS and LED	UK	9,878	674	0.26%	282	0.11%
	EEA	8,481	410	0.63%	233	0.36%
	IMG	24,896	1,882	0.57%	1,080	0.32%
	Total	43,255	2,966	0.45%	1,595	0.24%
Periodic SAS and LED	UK	11,633	584	0.91%	257	0.40%
	EEA	1,139	71	1.14%	40	0.64%
	IMG	3,831	376	1.37%	232	0.85%
	Total	16,603	1,031	1.05%	529	0.54%
Recent SAS and LED	UK	201	2	0.62%	1	0.31%
	EEA	2,449	32	1.05%	19	0.63%
	IMG	6,610	63	0.91%	33	0.47%
	Total	9,260	97	0.94%	53	0.51%
All Others	UK	163,440	18,030	0.61%	5,185	0.17%
	EEA	23,913	2,132	0.79%	873	0.32%
	IMG	41,498	6,559	0.91%	2,625	0.37%
	Total	228,851	26,721	0.68%	8,683	0.22%
Grand Total		297,969	30,815	0.65%	10,860	0.23%

Complaints per years licensed are lower for older doctors

When adjusted for time of being licensed to practice, rates of being complained about and investigated for career SAS and LEDs decrease with age. This pattern is repeated among periodic SAS and LEDs, but not as drastically as for career SAS and LEDs (Figure 13).

Figure 13: Patterns in our complaints data by the three groups of SAS and LEDs and age groups between 2012 to 2017

		Licensed doctors	Doctors complained about	% doctors complained about	Doctors investigated	% doctors investigated
Career SAS and LEDs	20-29	2,031	42	1.00%	32	0.76%
	30-39	12,437	559	0.77%	319	0.44%
	40-49	12,270	950	0.64%	508	0.34%
	50-59	9,086	863	0.48%	462	0.26%
	60 or more	7,431	552	0.22%	274	0.11%
	Total	43,255	2,966	0.45%	1,595	0.24%
Periodic SAS and LEDs	20-29	7,018	329	1.39%	139	0.59%
	30-39	7,198	479	0.99%	253	0.52%
	40-49	2,065	195	0.88%	118	0.53%
	50-59	310	28	0.78%	19	0.53%
	60 or more	12				
	Total	16,603	1,031	1.05%	529	0.54%
Recent SAS and LEDs	20-29	2,346	21	0.98%	12	0.56%
	30-39	5,507	47	0.74%	23	0.36%
	40-49	1,209	18	1.17%	11	0.72%
	50-59	166	7	2.86%	5	2.04%
	60 or more	32	4	8.70%	2	4.35%
	Total	9,260	97	0.94%	53	0.51%
Total		69,118	4,094	0.53%	2,177	0.28%

SAS and LEDs get fewer complaints from the public but more from employers

Although the main source of complaints for all register types is the public, SAS and LEDs get more complaints from employers – around double of that for other register type). SAS and LEDs also self-refer more and career SAS and LEDs have higher rates of self-referral than GPs or specialists (Figure 14).

The three groups have distinct patterns in where their complaints come from

Almost half of complaints about career SAS and LEDs came from the public, compared to a third for periodic SAS and LEDs' and a quarter for the recent group. A quarter of periodic SAS and LEDs' complaints were self-referrals, compared to only one in twelve for career SAS and LEDs (Figure 14) and one in ten for the recent group.

Figure 14: Complaints by source about career, periodic, recent SAS and LEDs and other register types in the period 2012 to 2017.

	Public	Employer	Other doctor	Doctor self referral	Police, GMC and other sources
Career SAS and LED					
Doctors complained about	1,262	479	246	251	728
% of doctors complained about	43%	16%	8%	8%	25%
Periodic SAS and LED					
Doctors complained about	343	115	89	251	233
% of doctors complained about	33%	11%	9%	24%	23%
Recent SAS and LED					
Doctors complained about	29	23	9	15	21
% of doctors complained about	30%	24%	9%	15%	22%
TOTAL SAS and LED					
Doctors complained about	1,634	617	344	517	982
% of doctors complained about	40%	15%	8%	13%	24%
GP					
Doctors complained about	9,930	623	752	464	1,077
% of doctors complained about	77%	5%	6%	4%	8%
Specialist					
Doctors complained about	7,118	752	1,369	462	1,129
% of doctors complained about	66%	7%	13%	4%	10%
GP and specialist					
Doctors complained about	158	18	26	15	28
% of doctors complained about	64%	7%	11%	6%	11%
Neither register and in training					
Doctors complained about	1,051	209	175	753	612
% of doctors complained about	38%	7%	6%	27%	22%
TOTAL OTHERS					
Doctors complained about	18,257	1,602	2,322	1,694	2,846
% of doctors complained about	68%	6%	9%	6%	11%
GRAND TOTAL					
Doctors complained about	19,891	2,219	2,666	2,211	3,828
% of doctors complained about	65%	7%	9%	7%	12%

The types of allegation for complaints that were investigated differs between the three groups, depending on source

Overall, the most investigated complaints about SAS and LEDs were about honesty or fairness, but for other register types that was about clinical competence (Figure 15 a, b and c).

Complaints from doctors' employers accounted for almost a quarter of career SAS and LED complaints and only one in eight for periodic SAS and LEDs. In both groups, about a quarter of complaints from employers that were investigated concerned professional performance or honesty or fairness (Figure 15a, b and c).

Self-referral was more common among periodic SAS and LEDs. In both groups, most of the investigated complaints were about probity or criminality: one in three for career SAS and LEDs and one in four for periodic SAS and LEDs (Figure 15a, b and c).

Although most complaints for both groups of SAS and LEDs came from the public, that source was the least investigated. By contrast, the allegation types that resulted in investigation most frequently regarded clinical competence and communication or professional performance (Figure 15a, b and c).

Figure 15a: Sources and allegations of investigated complaints for career SAS and LEDs in the period 2012 to 2017.

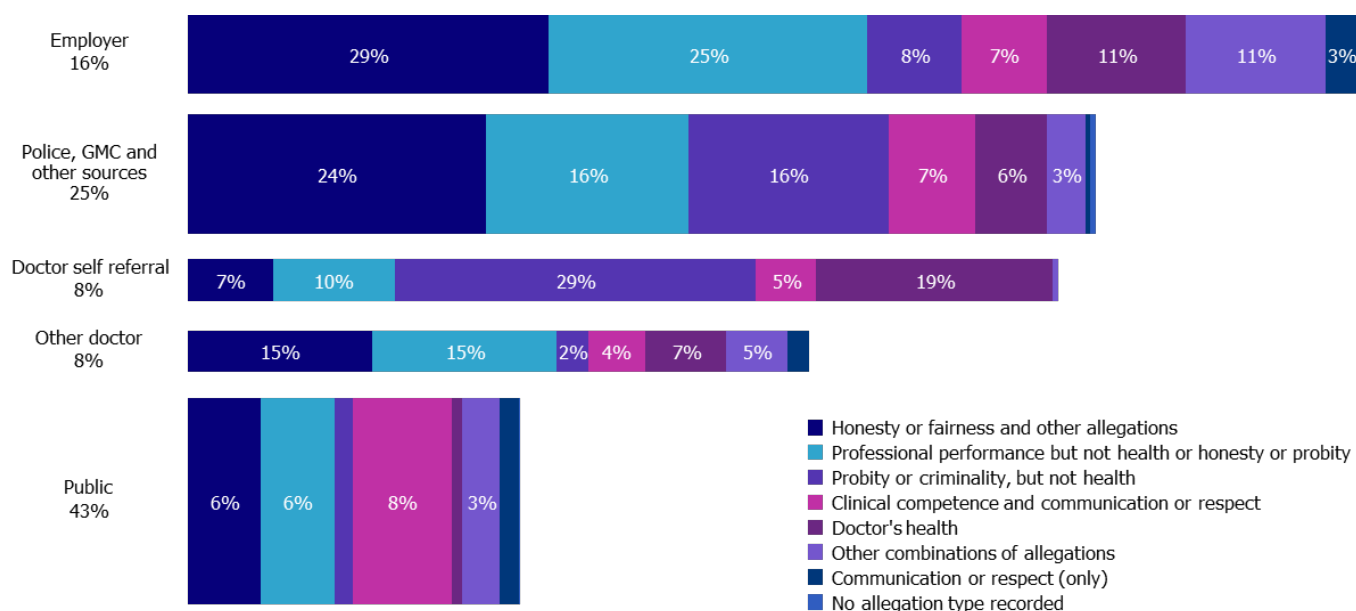
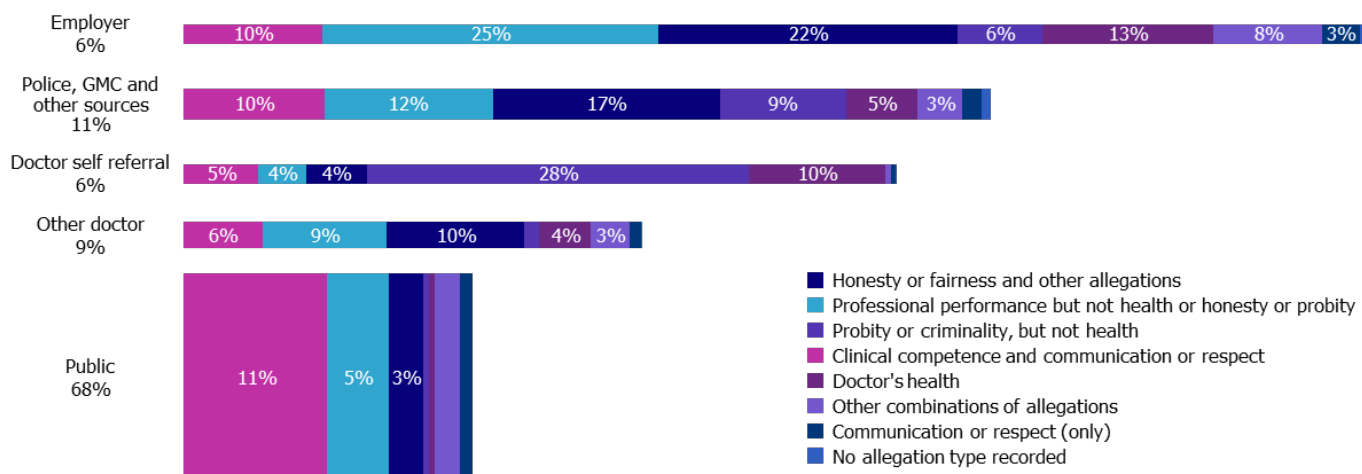


Figure 15b: Sources and allegations of investigated complaints for periodic SAS and LEDs in the period 2012 to 2017.



Figure 15c: Sources and allegations of investigated complaints for all register types except SAS and LEDs in the period 2012 to 2017



Limitations of this analysis

Due to a lack of reliable evidence about the makeup of this group of doctors and their scope of practice, we couldn't isolate SAS doctors from the SAS and LEDs group presented here.

We recognise that all doctors in this cohort play a vital part of the UK's medical workforce and are critical to patient care. We're exploring new ways to better understand and support them. As part of those efforts, we will undertake a UK wide survey of SAS and LEDs in 2019. This will give us a robust and rich data source, to help us and others develop evidence based initiatives and solutions.

A proportion of SAS and LEDs choose to collect evidence of their work as speciality doctors and work towards achieving the same competencies as specialists. Those alternative routes into GP or specialist registers are the Certificate of Eligibility for Specialist Registration (CESR) or Certificate of Eligibility for GP Registration (CEGPR). From the data we collected for this research, we can identify those doctors only by proxy and without sufficient accuracy to report.

Conclusions

Over the past six years, SAS and LEDs have consistently made up a sizeable proportion of the total number of licensed doctors working in the UK. Despite just under a fifth of the workforce working in this way, previous analysis has treated the group as a single entity.

Due to a lack of reliable evidence about the makeup of this group of doctors and their scope of practice, we couldn't isolate SAS doctors from the SAS and LEDs group analysed here.

However, the size of the SAS and LED group, and the apparent seriousness and nature of complaints made about them, show that better support of this type of doctor should be a priority for the healthcare system. With this research, we can start to consider SAS and LEDs and the work they undertake in a more nuanced and intelligent way.

We recognise that all doctors in this cohort play a vital part of the UK's medical workforce and are critical to patient care. We're exploring new ways to better understand and support them. As part of those efforts, we will undertake a UK wide survey of SAS and LEDs in spring 2019. This will give us a robust and rich data source, to help us and others develop evidence based initiatives and solutions.

Annex

Table 1: EEA change over time

			2012	2012/13	2013	2013/14	2014	2014/15	2015	2015/16	2016	2016/17	2017	2017/18	2018
SAS and LEDs	20-29	Number of doctors	1,161		1,263		1,301		1,139		994		1,056		1,155
		% of doctors	5.1%	8.8%	5.3%	3.0%	5.5%	-12.5%	5.0%	-12.7%	4.6%	6.2%	4.9%	9.4%	5.3%
	30-39	Number of doctors	3,359		3,497		3,583		3,364		2,820		2,577		2,474
		% of doctors	14.6%	4.1%	14.7%	2.5%	15.1%	-6.1%	14.7%	-16.2%	13.1%	-8.6%	11.9%	-4.0%	11.4%
	40-49	Number of doctors	1,441		1,433		1,325		1,206		1,049		1,051		1,041
		% of doctors	6.3%	-0.6%	6.0%	-7.5%	5.6%	-9.0%	5.3%	-13.0%	4.9%	0.2%	4.9%	-1.0%	4.8%
All others	50-59	Number of doctors	774		806		757		714		679		678		707
		% of doctors	3.4%	4.1%	3.4%	-6.1%	3.2%	-5.7%	3.1%	-4.9%	3.2%	-0.1%	3.1%	4.3%	3.2%
	60-69	Number of doctors	269		269		222		210		193		200		207
		% of doctors	1.2%	0.0%	1.1%	-17.5%	0.9%	-5.4%	0.9%	-8.1%	0.9%	3.6%	0.9%	3.5%	0.9%
	70 or more	Number of doctors	94		85		70		48		29		30		29
		% of doctors	0.4%	-9.6%	0.4%	-17.6%	0.3%	-31.4%	0.2%	-39.6%	0.1%	3.4%	0.1%	-3.3%	0.1%
Total	20-29	Number of doctors	461		445		522		518		562		596		620
		% of doctors	2.0%	-3.5%	1.9%	17.3%	2.2%	-0.8%	2.3%	8.5%	2.6%	6.0%	2.8%	4.0%	2.8%
	30-39	Number of doctors	4,713		4,945		4,996		4,854		4,683		4,648		4,537
		% of doctors	20.5%	4.9%	20.9%	1.0%	21.0%	-2.8%	21.2%	-3.5%	21.7%	-0.7%	21.5%	-2.4%	20.8%
	40-49	Number of doctors	6,036		6,062		5,949		5,751		5,465		5,510		5,499
		% of doctors	26.3%	0.4%	25.6%	-1.9%	25.0%	-3.3%	25.1%	-5.0%	25.4%	0.8%	25.5%	-0.2%	25.2%
Total	50-59	Number of doctors	3,561		3,758		3,927		3,974		3,986		4,086		4,219
		% of doctors	15.5%	5.5%	15.8%	4.5%	16.5%	1.2%	17.4%	0.3%	18.5%	2.5%	18.9%	3.3%	19.4%
	60-69	Number of doctors	942		1,005		998		986		981		1,070		1,188
		% of doctors	4.1%	6.7%	4.2%	-0.7%	4.2%	-1.2%	4.3%	-0.5%	4.6%	9.1%	5.0%	11.0%	5.5%
	70 or more	Number of doctors	156		149		142		109		98		107		115
		% of doctors	0.7%	-4.5%	0.6%	-4.7%	0.6%	-23.2%	0.5%	-10.1%	0.5%	9.2%	0.5%	7.5%	0.5%
Total		Number of doctors	22,967	3.3%	23,717	0.3%	23,792	-3.9%	22,873	-5.8%	21,539	0.3%	21,609	0.8%	21,791

Table 2: Age and gender

			2012	2012/13	2013	2013/14	2014	2014/15	2015	2015/16	2016	2016/17	2017	2017/18	2018	
SAS and LEDs	Male	20-29	Number of doctors	2,395		2,597		2,921		3,090		3,360		3,703		4,349
			% of doctors	1.03%	8.43%	1.11%	12.48%	1.25%	5.79%	1.33%	8.74%	1.45%	10.21%	1.56%	17.45%	1.79%
		30-39	Number of doctors	9,774		9,445		9,122		8,415		7,891		7,946		8,539
			% of doctors	4.21%	-3.37%	4.02%	-3.42%	3.91%	-7.75%	3.62%	-6.23%	3.40%	0.70%	3.36%	7.46%	3.52%
		40-49	Number of doctors	7,118		7,065		6,829		6,590		6,276		6,346		6,532
			% of doctors	3.06%	-0.74%	3.01%	-3.34%	2.92%	-3.50%	2.84%	-4.76%	2.70%	1.12%	2.68%	2.93%	2.69%
		50-59	Number of doctors	4,707		4,646		4,240		3,965		3,779		3,900		3,964
			% of doctors	2.03%	-1.30%	1.98%	-8.74%	1.82%	-6.49%	1.71%	-4.69%	1.63%	3.20%	1.65%	1.64%	1.64%
		60-69	Number of doctors	2,828		2,680		2,258		1,953		1,757		1,802		1,836
			% of doctors	1.22%	-5.23%	1.14%	-15.75%	0.97%	-13.51%	0.84%	-10.04%	0.76%	2.56%	0.76%	1.89%	0.76%
		70 or more	Number of doctors	1,228		1,071		837		590		422		422		451
			% of doctors	0.53%	-12.79%	0.46%	-21.85%	0.36%	-29.51%	0.25%	-28.47%	0.18%	0.00%	0.18%	6.87%	0.19%
	Female	20-29	Number of doctors	3,171		3,426		3,748		3,857		3,964		4,311		4,945
			% of doctors	1.37%	8.04%	1.46%	9.40%	1.61%	2.91%	1.66%	2.77%	1.71%	8.75%	1.82%	14.71%	2.04%
		30-39	Number of doctors	7,178		7,175		7,657		7,485		7,261		7,197		7,869
			% of doctors	3.09%	-0.04%	3.06%	6.72%	3.28%	-2.25%	3.22%	-2.99%	3.13%	-0.88%	3.04%	9.34%	3.25%
40-49		Number of doctors	4,267		4,255		4,121		4,021		3,875		4,025		4,160	
		% of doctors	1.84%	-0.28%	1.81%	-3.15%	1.76%	-2.43%	1.73%	-3.63%	1.67%	3.87%	1.70%	3.35%	1.72%	
	50-59	Number of doctors	2,541		2,539		2,400		2,301		2,237		2,330		2,411	
		% of doctors	1.09%	-0.08%	1.08%	-5.47%	1.03%	-4.13%	0.99%	-2.78%	0.96%	4.16%	0.98%	3.48%	0.99%	
	60-69	Number of doctors	1,058		1,018		860		726		680		669		707	
		% of doctors	0.46%	-3.78%	0.43%	-15.52%	0.37%	-15.58%	0.31%	-6.34%	0.29%	-1.62%	0.28%	5.68%	0.29%	
	70 or more	Number of doctors	249		222		174		113		81		90		95	
	% of doctors	0.11%	-10.84%	0.09%	-21.62%	0.07%	-35.06%	0.05%	-28.32%	0.03%	11.11%	0.04%	5.56%	0.04%		
All others	Male	20-29	Number of doctors	10,091		10,428		10,936		11,261		11,157		10,878		10,658
			% of doctors	4.34%	3.34%	4.44%	4.87%	4.68%	2.97%	4.85%	-0.92%	4.81%	-2.50%	4.60%	-2.02%	4.40%
		30-39	Number of doctors	27,894		27,316		26,268		25,878		25,468		25,372		25,311
			% of doctors	12.01%	-2.07%	11.64%	-3.84%	11.25%	-1.48%	11.14%	-1.58%	10.97%	-0.38%	10.72%	-0.24%	10.44%
		40-49	Number of doctors	28,526		28,520		28,176		28,063		27,997		28,440		28,735
	% of doctors	12.28%	-0.02%	12.15%	-1.21%	12.07%	-0.40%	12.08%	-0.24%	12.06%	1.58%	12.01%	1.04%	11.85%		
	50-59	Number of doctors	24,210		24,554		24,450		24,246		24,209		24,312		24,221	

		2012	2012/13	2013	2013/14	2014	2014/15	2015	2015/16	2016	2016/17	2017	2017/18	2018
	% of doctors	10.42%		10.46%		10.47%		10.44%		10.43%		10.27%		9.99%
60-69	Number of doctors	11,372	-0.40%	11,327	-4.63%	10,802	-4.21%	10,347	-0.25%	10,321	2.42%	10,571	2.01%	10,783
	% of doctors	4.90%		4.83%		4.63%		4.45%		4.45%		4.47%		4.45%
70 or more	Number of doctors	2,410	1.12%	2,437	-5.95%	2,292	-12.43%	2,007	-6.73%	1,872	9.83%	2,056	9.19%	2,245
	% of doctors	1.04%		1.04%		0.98%		0.86%		0.81%		0.87%		0.93%
Female	20-29	Number of doctors	16,606	1.01%	16,774	-0.36%	16,714	-1.47%	16,468	-3.00%	15,974	15,386	-4.52%	14,691
		% of doctors	7.15%		7.15%		7.16%		7.09%		6.88%	6.50%		6.06%
	30-39	Number of doctors	29,522	3.13%	30,447	1.50%	30,905	3.45%	31,970	3.88%	33,209	34,786	2.77%	35,748
		% of doctors	12.71%		12.97%		13.24%		13.76%		14.30%	14.69%		14.75%
	40-49	Number of doctors	20,602	3.48%	21,319	2.49%	21,850	2.82%	22,467	3.00%	23,141	24,001	4.69%	25,127
		% of doctors	8.87%		9.08%		9.36%		9.67%		9.97%	10.14%		10.36%
	50-59	Number of doctors	11,285	6.78%	12,050	4.46%	12,588	5.00%	13,218	5.04%	13,884	14,602	4.40%	15,245
		% of doctors	4.86%		5.13%		5.39%		5.69%		5.98%	6.17%		6.29%
	60-69	Number of doctors	2,805	5.67%	2,964	-0.10%	2,961	-0.24%	2,954	2.81%	3,037	3,202	6.34%	3,405
		% of doctors	1.21%		1.26%		1.27%		1.27%		1.31%	1.35%		1.40%
	70 or more	Number of doctors	413	-3.15%	400	-2.75%	389	-11.31%	345	-1.45%	340	385	5.45%	406
		% of doctors	0.18%		0.17%		0.17%		0.15%		0.15%	0.16%		0.17%
Total	Number of doctors	232,250	1.04%	234,675	-0.50%	233,498	-0.50%	232,330	-0.06%	232,192	1.96%	236,732	2.41%	242,433

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