

## **SAS report for April 19<sup>th</sup> 2012 BAD Executive meeting.**

### **For approval of the Executive committee:**

- The SAS committee has recently suggested the following form of words to define eligibility for SASs wishing to take the SCE:

**"SAS dermatologists who have worked full or part time, continuously or in aggregate, in one of the nationally recognized SAS grades for a minimum of 4 years" should be eligible to sit the Specialty Certificate Examination in dermatology. SAS doctors should not have been on the GP specialist register during this period.**

**SAS dermatologists wishing to take the examination and who meet the above criteria are not required to be in possession of MRCP.**

**SAS dermatologists in possession of MRCP and who successfully gain the Specialty Certificate in Dermatology will be entitled to apply for the post nominal "MRCP(UK) (Dermatology)" if they are also in possession of a Certificate of Eligibility for Specialist Registration (CESR)."**

### **For interest:**

- The GMC is reviewing the CESR application process and has produced a consultation document. They are suggesting reduced reliance on the enormous quantity of documentation required at the moment, a series of evaluations of performance by educational supervisors and a formal test of knowledge - presumably the SCE - in those specialties where a specialty certificate exam is available. The proposed eligibility criteria are full registration, a license to practice and a requirement to have practised within the UK for at least 6 months within the past 3 years – not necessarily within the specialty in which a CESR is sought. Responses to the document are invited by 14<sup>th</sup> June.
- "Specialty Doctor" is the new term for all SAS grades which in the past have included Staff Grade, Associate Specialist, Clinical Assistant and Hospital Practitioner grades as well as Clinical and Senior Medical Officer posts. General Practitioners working one or two weekly sessions in secondary care are increasingly being appointed to the Specialty Doctor grade. As a consequence, members of the medical profession and patients have difficulty determining the level of specialist expertise of the doctor concerned which could be that of a GPwSI or equivalent to the knowledge and experience of a consultant. This is demoralising for those SAS doctors who work exclusively in secondary care (approximately 130 in dermatology) who often have considerable specialist expertise. I have contacted the BMA and the RCP's SAS steering group asking for their views on this problem and await their response.