



Association style guide for describing types of anaesthetist and staff groups

Association output, whether written or spoken, needs to be accurate and inclusive.

The terms used to describe different 'groups' of anaesthetists are varied, may be confusing and at worst can convey a message of non-inclusivity. It is unfortunately common to think of the specialty as being divided simply into consultants and trainees, but this overlooks a large cohort of doctors who are not in either category. These are the SAS doctors and the locally employed doctors (both of which groups encompass a range of job titles). This exclusion is contrary to the Association's ethos and to its equality and diversity principles.

Here are some common examples, with alternatives:

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| <i>'This course is open to consultants and trainees with an interest in...'</i> | Implies that it is not open to other groups, such as SAS or locally-employed doctors with the same specialist interest, or that only consultants and trainees can have a legitimate interest. | <i>Alternative: 'This course is open to anaesthetists with an interest in...'</i> |
| <i>'... the consultant supervising...'</i> | Fails to acknowledge the fact that senior SAS doctors may practice autonomously and may indeed be supervising more junior colleagues. | <i>Alternative: '... the anaesthetist supervising ...'</i> |
| <i>'... provides an opportunity for trainees to ...'</i> | Excludes doctors who aren't in formal training programmes, who may have a legitimate claim to access the same opportunity. | <i>Alternative: '... provides an opportunity for anaesthetists to ...'</i> |

Where possible, it is preferable for the Association's output simply to refer to 'anaesthetists'

However, when it is necessary to delineate particular groups, these should be described clearly, using the words 'consultant', 'trainee', 'SAS doctor' and 'locally employed doctor (LED)' as befits the situation. In Ireland, the term 'non-consultant hospital doctor' (NCHD) is also in use, literally comprising all doctors who are not consultants. The definitions for all of these groups are in the table. Ideally, where the output allows, the information in the table should be included as an appendix or footnote to make clear what we mean by these words.

It should be remembered that SAS doctors, LEDs and NCHDs include a diverse range of colleagues from very junior to very senior and so, for example, those in their early career should be included when we are writing about development opportunities and those who are more experienced should be included when we are talking about leadership opportunities.

Terms to avoid, which are considered either controversial, unhelpful, demeaning or derogatory by some are: 'middle grades', 'non-training grades', 'non-trainees', 'non-consultant career grades'.

It may sometimes be necessary to differentiate between 'autonomously practicing' doctors or anaesthetists (comprising consultants, (SAS) specialists, and other 'senior' SAS doctors where this autonomy has been agreed within local governance arrangements) and/or 'non-autonomously practicing' doctors or anaesthetists (comprising trainees, other SAS doctors and locally employed doctors) although this is rather clunky and is not preferred. When used, it will be necessary to define the groups as above on first use.



Table of definitions

UK

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| 'Consultants' | Substantive consultants are doctors on the GMC Specialist Register in the UK employed on a consultant contract. There are also some locum consultants who may not be on the specialist register, but who are employed and working as consultants. |
| 'Trainees' | ('Doctors in anaesthetic training', 'anaesthetists in training', 'doctors' and 'postgraduate doctors' each also used): Doctors in formal, recognised training programmes, including foundation doctors, core trainees and specialty trainees. |
| 'SAS Doctors' | Specialty Doctors, (SAS) Specialists, Associate Specialists, Staff Grades and other closed SAS grades. |
| 'Locally-employed Doctors' (LEDs): | Doctors on local, employer-based contracts, commonly based on a current or historical version of the trainee contract. Examples of these roles include Trust Doctors, Trust Grades, Clinical Fellows, and Medical Training Initiative doctors. Some doctors are in this position short-term, between stages of training, or before becoming SAS doctors or consultants. Others are now in this position longer-term. |

Ireland

Ireland has adopted the term 'anaesthesiologists'. In output which exclusively refers to Ireland or Irish practice, 'anaesthesiologists' is acceptable, otherwise 'anaesthetists' should be used.

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| 'Consultants' | Substantive consultants are doctors on the Specialist Division of the Irish Medical Council register, employed on a consultant contract. (There may be a small number of consultants not on the Specialist Division, having gained a 'contract of indefinite duration' by undertaking historic serial locum posts.) |
| 'Trainees' | Doctors in formal, recognised training programmes. Trainees are now 'SATs' (Specialist Anaesthesiologists in Training), and are designated by training year: SAT 1, SAT 2, etc. |
| 'Non-Consultant Hospital Doctors' (NCHDs) | An officially sanctioned term which encompasses both trainees in the College training scheme and doctors employed in roles akin to SAS and LED posts in the UK. The colloquial term 'non-scheme NCHDs' is sometimes used to describe NCHDs who are not in formal training programmes. |



Suggestions for survey options

To capture responses from all anaesthetists, surveys must include at least the following:

- Consultants
- SAS doctors
- Trainees
- Locally-employed doctors/locums/non-consultant hospital doctors

The following provides additional detail, where this is desirable:

Locally-employed doctors/locums/non-consultant hospital doctors outside of recognised training programmes

Where we have multiple options covering doctors in formal training programmes, we might add “...or equivalently experienced locally-employed/locum/non-consultant hospital doctors” to each option, or add an explanatory note along the lines of:

“Locally-employed/locum/non-consultant hospital doctors outside of recognised training programmes are encouraged to select the option that aligns with their level of experience”

Where we have only one option covering all doctors within formal training programmes, we might group the above anaesthetists with this group, or as a separate option of its own. The latter is probably preferable, as it would potentially allow better understanding of how the experiences of this group differ from those in formal training programmes e.g.

- Locally-employed doctor/locum/non-consultant hospital doctor

SAS doctors

The 2021-2022 SAS contract reform in all four nations includes the less senior “Specialty Doctor” contract, which carries an expectation of ongoing supervision, and the senior “Specialist” contract, which carries an expectation of autonomy. The “Specialty Doctor” contract also contains a “higher threshold” in its pay scale, which potentially delineates doctors working with more direct supervision from those working without direct supervision, as per the contract terms and conditions of service.

In addition to these current contracts, some doctors remain employed on more historical contracts, which include the less senior “Staff Grade” and the senior “Associate Specialist”.

As a minimum, any survey should include at least one option that allows SAS anaesthetists to identify themselves. Ideally though, we should allow the opportunity to disaggregate our data by seniority e.g.

- SAS doctor: Specialist / Associate Specialist
- SAS doctor: Specialty Doctor / Staff Grade (or another closed SAS contract)

The following addition to our surveys might also allow some doctors who are uncertain of their status to choose the option that they feel best represents them:

“If you do not see your professional group represented in the above options, please select the option that most closely reflects your role.”

Board of Directors

Approved February 2024

Date of next review

February 2025