WELLBEING & WORKPLACE DIGNITY | MODULE 11

SAS, LED and IMG workplace experience

Address the additional power, identity, grade and employment pressures that can make support harder to access.

- ✓ 18 min reading
- ✓ Full teaching, practical next steps and reflection
- ✓ Six practice questions with answers and explanations
- ✓ Complete source list and jurisdiction notes

Prepared for SAS, locally employed and other UK doctors

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Using this module

Independent education	This is general professional information, not individual clinical, legal, employment, immigration, regulatory, tax or pensions advice. Current official instructions and the circumstances of the individual case remain controlling. Practice scores do not establish professional competence or accreditation.

The short answer

SAS, locally employed and internationally qualified doctors may face overlapping disadvantages linked to grade, insecure employment, sponsorship, race, accent, unfamiliar systems and reduced access to opportunity. Do not treat these as personal confidence deficits: examine decisions, structures, comparisons and outcomes.

Three next actions

- Map your formal grade, contract, supervisor and local support roles.
- Record unequal access to opportunity or support through specific decisions and comparators where available.
- Seek early advice before visa, fixed-term or capability concerns become entangled.

Learning objectives

- Recognise structural and interpersonal pressures affecting SAS, LED and IMG doctors.
- Distinguish grade disadvantage from legally protected discrimination.
- Build protective professional infrastructure.

Overlapping pressures

A doctor may simultaneously be locally employed, internationally qualified, racially minoritised, on a sponsored visa and working in a service-dependent role. Each factor can affect confidence to challenge, access to networks and how behaviour is interpreted. The experience cannot be understood by changing one name in a generic case study; the organisation must examine recruitment, induction, supervision, work allocation, progression, reporting and outcomes.

Intersection does not mean every difficulty is discrimination. It means apparently separate factors may combine to create a distinctive disadvantage. Ask whose voice is believed, who receives informal sponsorship, who is asked to absorb gaps, who gains acting opportunities and who is escalated into formal processes.

Grade, title and status

Specialty Doctors, Specialists, legacy Associate Specialists and locally employed doctors have different contractual positions. Local titles such as trust doctor, clinical fellow or senior clinical fellow do not automatically confer national terms or a recognised training level. Ambiguity can affect pay, supervision, autonomy, appraisal, development and accountability.

Confirm the written contract, job description, grade, duties, named supervisor, job-planning or work-schedule process, study leave, development time and route for review. Do not allow an impressive title to substitute for clear protections.

Sponsorship and employment security

A sponsored or fixed-term doctor may fear that raising a concern will jeopardise employment and immigration status. Managers and advocates should not dismiss this as anxiety: practical dependence on an employer changes the power relationship. The doctor should obtain employment and, where required, regulated immigration advice rather than relying on workplace reassurance alone.

Keep immigration questions separate from clinical or conduct allegations, while telling advisers about the overlap. Do not miss appeal, grievance or legal deadlines because a contract extension is being discussed.

Opportunity and recognition

Exclusion may be visible in who receives leadership roles, teaching, research time, committees, office space, administrative support, study leave, acting-up work or progression sponsorship. Informal selection based on familiarity can reproduce inequality without an openly discriminatory rule. Transparent criteria, recorded decisions and active review of outcomes are stronger than invitations to 'be more visible'.

Doctors should ask for criteria and developmental feedback, record relevant achievements and propose a supported plan. Organisations should compare access and outcomes by grade and relevant equality characteristics while protecting confidentiality in small groups.

Differential scrutiny and referral

Concerns must be examined fairly regardless of background. However, inconsistent thresholds, inadequate induction, poor cultural understanding or escalation before local support can expose some groups to avoidable formal processes. Fairness requires clear allegations, evidence, opportunity to respond, appropriate expertise and consideration of context without excusing unsafe practice.

If a formal concern arises, obtain representation early and preserve the distinction between a supportive conversation, local investigation and regulatory referral. Detailed GMC and employer-regulatory pathways belong in the later standalone programme.

Build protective infrastructure

Know the SAS Tutor, SAS Advocate, medical staffing contact, appraiser, clinical supervisor, local negotiating committee, staff networks, occupational health and speaking-up contact. Maintain an up-to-date portfolio and copies of contractual documents. Discuss goals and barriers at job planning and appraisal rather than waiting for crisis.

Connection is not only personal networking. It gives the doctor routes for clarification, challenge and development and gives the organisation earlier sight of systemic problems. Leaders should ensure locally employed doctors are not excluded because a programme is labelled only for SAS doctors.

Worked example: an opaque opportunity

A leadership opportunity is repeatedly offered through informal invitation. A long-serving SAS doctor is told to be more visible but is not given criteria or feedback. The doctor records the advertised and unadvertised opportunities, asks for transparent criteria and proposes an open expression-of-interest process with developmental feedback.

The SAS Advocate can examine whether this pattern affects the wider SAS group and raise aggregate themes. The doctor may separately seek union or equality advice about individual treatment. The advocate should not decide the legal merits or disclose the doctor’s identity in a board report without consent and a clear need.

Questions for leaders

Ask whether every doctor has a named supervisor, induction, appraisal route, development time and access to acting opportunities; whether locally employed doctors are included in relevant programmes; whether outcomes differ by grade or protected characteristic; and whether small-number reporting could identify individuals.

The goal is not identical treatment regardless of need. It is transparent, proportionate opportunity and support, with explanations that can withstand scrutiny.

Common mistake

Avoid this	Advising a disadvantaged doctor simply to become more confident or visible can leave opaque selection, unequal access and power imbalance untouched.

Pause and reflect

Which opportunity, support or decision in your workplace would look different if outcomes were reviewed by grade and relevant equality characteristics?

Takeaways

- Overlapping identities and employment conditions shape power.
- Clarify formal grade and protections rather than relying on a local title.

- Transparent criteria and outcome review are essential for fair opportunity.

Knowledge check

Choose one best answer. These practice questions support reflection; they do not assess a real case or confer accreditation. Answer positions match the browser edition.

1. What does an intersectional approach ask?

A. Which single identity caused everything

B. How overlapping factors shape the person's experience

C. Whether evidence can be ignored

D. Whether all IMGs have the same experience

2. What does a 'senior clinical fellow' title automatically guarantee?

A. National Specialist terms

B. Nothing beyond the written contract and role

C. A training number

D. Consultant status

3. What should a sponsored doctor obtain where immigration consequences may arise?

A. Employment and, where required, regulated immigration advice

B. No advice until dismissal

C. A social-media opinion

D. Only reassurance from a colleague

4. Which improves fair access to opportunity?

A. Transparent criteria and recorded decisions

B. Unpublished acting roles

C. Informal selection by familiarity

D. Telling excluded doctors to network harder

5. What supports fairness in a formal concern?

A. Different thresholds by grade

B. Assuming unfamiliar communication is misconduct

C. Clear allegations, evidence, response and context

D. Skipping local support automatically

6. What is protective professional infrastructure?

A. Avoiding appraisal

B. One trusted friend only

C. Known support, contractual, developmental and speaking-up routes

D. Keeping no portfolio

Answers and explanations

1. B — How overlapping factors shape the person's experience

Overlapping status and identity can create a distinctive power and opportunity pattern.

Review overlapping pressures.

2. B — Nothing beyond the written contract and role

Local titles must be checked against the actual contract, duties and protections.

Review grade and title.

3. A — Employment and, where required, regulated immigration advice

Specialist advice helps separate overlapping risks.

Review sponsorship and security.

4. A — Transparent criteria and recorded decisions

Transparent criteria reduce reliance on insider access.

Review opportunity and recognition.

5. C — Clear allegations, evidence, response and context

Fair process applies consistently while considering relevant context.

Review differential scrutiny.

6. C — Known support, contractual, developmental and speaking-up routes

Multiple known routes reduce isolation and enable earlier action.

Review the infrastructure map.

Official and professional sources

Confirm the current source version and applicable nation, contract, scheme or specialty. A source list is not a statement that every rule applies to every reader.

Good medical practice 2024
UK · https://www.gmc-uk.org/cdn/documents/good-medical-practice-2024---english_pdf-102607294.pdf

Acas: Discrimination and the law
Great Britain · https://www.acas.org.uk/discrimination-and-the-law

HEIW support for SAS doctors and dentists in Wales
Wales · https://heiw.nhs.wales/updates/news/supporting-sas-doctors-and-dentists-in-wales-resources-guidance-and-professional-development/

Edition and verification

Editorial edition: 9 September 2026. The page source-review date is 2026-09-07. A publication date, editorial edit and substantive source check have different meanings. See sasdoctors.com/corrections for material corrections and the scope of review.

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