



Royal College of  
General Practitioners

Dr Amanda Doyle  
Director of Primary and Community Care, NHS England

Dr Kiren Collinson  
Interim Medical Director for Primary Care, NHS England

Cc:

Professor Sir Stephen Powis  
Marianne Monie  
Dr Justin Burdon  
Dr Ashwani Peshen

**By Email**

13 April 2023

Dear Amanda and Kiren,

I am writing again regarding the development of the role for doctors who are not GPs working in primary care, following my previous letter to NHS England on the 3 February 2023. I have been disappointed by the lack of meaningful information from NHS England regarding the advancement of this role over recent months, particularly as I have made it clear that the College is keen to engage.

It has come to my attention that NHSE is pursuing informal enquiries with ICBs regarding piloting the introduction of SAS Doctors in Primary Care, while you have told me that there is currently no funding to properly, formally pilot the scheme. I have concerns over this, as many of the questions in my previous letter have still not been addressed. Any piloting or scoping should be backed by adequate funding, as well as the introduction of the role more generally. As many important details have not been fully considered, I worry about the impact any piloting of this role could have on patient safety.

It is also highly concerning to see that regulations to the Performers List that were introduced in response to the Covid-19 pandemic are being utilised to allow some form of piloting to go ahead. They should be utilised to cope with a national emergency and not for other interests. Careful consideration needs to be given to how this role will fit into the Performers List. There needs to be a distinction between GPs and other roles in the legislation to reflect their different responsibilities and scopes of practice.

I wanted to reiterate some of the questions and concerns we have as a College. Firstly, our redlines are that these doctors must be supervised by a qualified GP and given a thorough induction to general practice. These doctors will need ongoing guidance and support in order to deliver safe care. There must also be a clear distinction between this role and the role of the GP, with clear scopes of practice, and doctors working in this role cannot be seen as an alternative to addressing the growing shortage of GPs.

In terms of the pilot scheme, the College is still unaware of what this would look like or how it will be monitored. A robust and external evaluation needs to be carried out and we strongly suggest that a formal stakeholder forum is set up, including RCGP, BMA, GMC, and SAS Doctor representatives.

It is still unclear whether the introduction of this role would be backed by any funding going forward. Sufficient funding is necessary for the success of this role, as well as addressing the increasing capacity constraints in general practice estates and amongst supervisors and educators.

As mentioned in my previous letter, the College is currently not in a position to support the introduction of this role or any pilots due to the fact that many of our concerns remain unresolved. We urgently require further information and engagement from NHS England to determine our future position.

These changes will not only significantly impact the daily lives of GPs and their teams, but it could also impact patient experience, and not necessarily for the better. GPs and their teams should not be blindsided by these changes.

I look forward to an upcoming meeting where we will discuss these developments in more detail. In the meantime, I do urge you to please keep the RCGP updated so that we can offer guidance.



Royal College of  
General Practitioners

Yours Sincerely,

**Professor Kamila Hawthorne**  
Chair of RCGP Council

Royal College of General Practitioners  
30 Euston Square, London, NW1 2FB

Tel: 020 3188 7400 | [info@rcgp.org.uk](mailto:info@rcgp.org.uk) | [rcgp.org.uk](http://rcgp.org.uk)

Patron: HRH The Duke of Edinburgh KG KT (1921-2021) | Registered Charity Number 223106