NAVIGATING THE NHS | MODULE 08

# Locally employed doctors and job titles

Understand what LED means, decode local titles and keep a temporary post from becoming an accidental career.

✓ 20 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

Locally employed doctor describes an employment arrangement, not a level of ability. Titles vary widely, so judge each post through its contract, duties, rota, scope, supervision and development.

## Three next actions

- Write down what your current title actually means in duties, level, supervision and contract.
- Set a three-, six- and twelve-month review with an intended destination or useful outcome.
- Ask whether a substantive SAS, training, Portfolio Pathway or other career route fits your evidence and aims.

## Learning objectives

- Decode common locally employed titles and determine the actual level, scope and contract.
- Recognise career drift and use structured three-, six- and twelve-month reviews.
- Understand how national developments in England may affect permanence, appraisal and transfer to SAS terms.

# Locally employed describes the contract, not one level of doctor

A locally employed doctor is appointed directly by an organisation on local terms rather than occupying a recognised national training post or necessarily a national SAS contract. The group includes doctors at very different career stages. Local titles can include trust doctor, clinical fellow, teaching fellow, research fellow and locally chosen senior grades.

Do not infer capability from the label alone. Identify the job's real duties, rota, supervision, decision-making, length and employment terms. Some posts provide excellent structured development; others rely heavily on service delivery with limited progression. The same title can mean different things in neighbouring organisations.

- Local contractual status.
- Actual clinical level and scope.
- Supervision and governance.
- Rota and workload.
- Development purpose and expected outcome.

# Use a role decoder at appointment and review

Write a one-page role map: patient group, sites, clinical decisions, procedures, rota tier, senior support, teaching, improvement work, development time and evidence expected. Compare it with the job description and person specification. If the job changes, update the map and discuss whether title, pay or contract should also be reviewed.

Terms such as 'equivalent to ST3' may describe a rota level without making the post part of an approved training programme. Ask whether workplace assessments, courses or portfolio evidence are available and who signs them. Avoid assuming that time served will automatically be recognised by a future training or regulatory process.

- What do you decide independently?
- What needs review or supervision?
- Which competencies can be evidenced?
- What protected time is available?
- What is the intended next destination?

# Prevent service contribution from becoming career drift

Career drift occurs when a doctor becomes essential to a rota but gains little new evidence, responsibility or security. Reliability can paradoxically make release for clinics, courses or projects harder. Set objectives early and review them before the end of a fixed term is close. Ask for specific access rather than a general promise of support.

At three months, check induction, scope and immediate evidence. At six months, review competency, feedback, development and contract intentions. At twelve months, decide whether the role is producing a credible route to training, SAS, specialist registration, academia or another chosen destination. Remaining in an LED career can be positive when terms, progression and development are deliberate.

- Three months: safe scope and systems.
- Six months: evidence and development delivered.
- Twelve months: destination, contract and progression decision.
- Do not wait for the final month of a fixed term to ask what comes next.

# Understand current England reforms without confusing the routes

England's 2026 resident-doctor agreement introduced important commitments for in-scope LEDs, including movement towards more consistent terms, greater permanence and an enhanced appraisal route connected to competency and pay progression. Separately, the SAS Eligibility and Permanency Framework allows eligible doctors who have undertaken comparable SAS work with the same employer for at least 24 months to seek transfer to permanent national Specialty Doctor or Specialist terms.

These are distinct mechanisms. Moving to a repurposed resident-doctor-style contract does not itself make someone an SAS doctor. The EPF has eligibility, competency and role-comparability requirements; Specialist transfer also engages the generic capabilities framework. Doctors should compare pay, out-of-hours arrangements and protections before accepting a transfer and seek individual advice where consequences are complex.

- Confirm whether the arrangement applies to your nation and contract.
- Do not confuse enhanced LED appraisal with SAS appointment.
- For EPF, evidence actual duties, scope and experience.
- Compare total terms, not only basic salary.
- Keep employer notification and application deadlines.

# Label the nation before applying contract guidance

Health services and medical employment arrangements differ across England, Wales, Scotland and Northern Ireland. A national development announced in England does not automatically change an LED contract elsewhere. Even within one nation, a local contract may incorporate only part of a national template.

Use the employer's written terms, the relevant national employer body and current union guidance. When moving between nations, re-check pay scales, leave, working-time mechanisms, terminology and appraisal arrangements. Your GMC professional duties continue across the UK, but employment mechanisms do not become uniform because the regulator is UK-wide.

- Identify jurisdiction on every source.
- Check the actual contract rather than its informal label.
- Record the publication and review date.
- Seek local advice before relying on another nation's process.

# Build a portfolio that keeps options open

Record clinical scope, workplace assessment, feedback, CPD, audit and improvement, teaching, leadership, complaints, significant events and reflection. Ask supervisors to describe observed capability rather than provide only a character reference. Maintain accurate job descriptions, rotas and work

schedules because they may later help demonstrate level and duration of practice.

Choose evidence according to the intended route. A training application, EPF transfer, Specialty Doctor appointment and Portfolio Pathway application do not ask the same question. One organised evidence base can support several routes, but it must be mapped and interpreted for each rather than uploaded unchanged.

- Current CV and complete chronology.
- Scope, supervision and decision-making evidence.
- Workplace assessment and feedback.
- Governance, teaching and improvement.
- Career objective and next evidence gap.

# Common mistake

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|---|---|
| **Avoid this** | Do not let an impressive local title replace an honest assessment of scope, support, contract and progress. Title inflation can hide risk rather than remove it. |

## Pause and reflect

If your current LED post ended in six months, what new verified evidence would you have that was not present when you started?

## Takeaways

- LED is a contractual category covering many levels and purposes.
- Review the role at three, six and twelve months to prevent accidental drift.
- England's LED reforms and the EPF are related developments but not the same route.

# 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 the title 'clinical fellow' reliably establish?**

A. Specialist registration.

B. A national grade.

C. Approved training status.

D. Very little without the job description, contract, rota and scope.

**2. What does 'ST3-equivalent rota' necessarily mean?**

A. The employer places the doctor at that rota level; training recognition still needs separate confirmation.

B. The doctor will receive CCT.

C. The post is approved specialty training.

D. The contract is national.

**3. Which is an early sign of career drift?**

A. Clear development objectives.

B. Regular feedback.

C. A planned six-month review.

D. Increasing service dependence with little new evidence or protected development.

**4. Does a repurposed resident-doctor-style LED contract automatically confer SAS status?**

A. Only for IMGs.

B. No; SAS appointment or transfer is a separate mechanism.

C. Yes.

D. Only after one year.

**5. Can England's EPF be assumed to apply in Wales?**

A. Yes, after 24 months.

B. Only with employer permission.

C. Yes, because the GMC is UK-wide.

D. No; employment policy must be checked by nation and contract.

**6. Which evidence is strongest for later role comparison?**

A. A detailed record of actual scope, decisions, supervision and verified work.

B. Length of service only.

C. A colleague's informal opinion.

D. A job title alone.

# Answers and explanations

**1. D — Very little without the job description, contract, rota and scope.**

Clinical fellow is locally used across varied levels and purposes.

Complete the role decoder for your post.

**2. A — The employer places the doctor at that rota level; training recognition still needs separate confirmation.**

Rota equivalence does not create formal training status.

Ask what assessments, supervision and recognised evidence the post provides.

**3. D — Increasing service dependence with little new evidence or protected development.**

Service value should not make progression invisible.

Set one specific evidence or development outcome for the next quarter.

**4. B — No; SAS appointment or transfer is a separate mechanism.**

Contract reform and SAS transfer answer different questions.

Compare the enhanced LED appraisal and EPF routes side by side.

**5. D — No; employment policy must be checked by nation and contract.**

Devolved employment arrangements differ.

Label the jurisdiction on every contractual source.

**6. A — A detailed record of actual scope, decisions, supervision and verified work.**

Functional evidence demonstrates the level and nature of work.

Update your scope-of-practice and responsibility record.

# 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.

NHS Employers: SAS Eligibility and Permanency Framework
UK / nation-specific · https://www.nhsemployers.org/publications/sas-eligibility-and-permanency-framework

BMA: local-to-national SAS transfer
UK / nation-specific · https://www.bma.org.uk/pay-and-contracts/contracts/sas-doctor-contract/local-to-national-contract-transfer-sas-eligibility-and-permanency-framework

NHS Employers: SAS resources
UK / nation-specific · https://www.nhsemployers.org/sas

## Edition and verification

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