NAVIGATING THE NHS | MODULE 10

Preparing for a Specialist role

Connect capability, a defined scope and service need—then make the evidence coherent.

✓ 19 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

Specialist grade is a distinct senior SAS role. Readiness is not proved by long service or a large CV alone: the post needs a defensible service purpose and the doctor needs evidence of the required capabilities within its defined scope.

Three next actions

- Confirm the current national eligibility and local process for your UK nation.
- Write a one-page proposed scope and explain the service need it would address.
- Map current, specific and verifiable evidence against the generic and post-specific capabilities.

Learning objectives

- Understand the Specialist grade as a defined senior SAS role rather than a universal reward for time served.
- Separate eligibility, capability, current evidence, role scope and service need.
- Recognise national differences and use the detailed Wales pathway where appropriate.

What the Specialist grade is—and is not

The Specialist grade was introduced through SAS contract reform as a senior career grade for experienced doctors working within a defined specialist scope. Entry requirements and national processes must be checked in the applicable contract and employer guidance. The grade does not automatically follow after a set number of years and should not be used as a generic label for every experienced doctor.

A Specialist is expected to be an expert clinical decision-maker within the agreed area of practice. The role may be broad or focused, depending on service design and governance. It is distinct from specialist registration with the GMC: appointment to a Specialist post does not by itself add a doctor to the Specialist Register or confer a consultant appointment.

- Senior SAS employment grade.
- Defined scope and expert decision-making.
- Capabilities evidenced against the applicable framework.
- Not the same as the GMC Specialist Register.
- Not automatic recognition of length of service alone.

Separate five questions before preparing evidence

Applications and local discussions become confused when several tests are collapsed into one. First ask whether the doctor meets basic eligibility. Second ask what the role will require. Third map capability against the generic framework. Fourth show recent evidence that those capabilities are exercised safely. Fifth establish why the service needs the defined Specialist contribution.

A strong capability case does not create a service requirement by itself, and a workforce vacancy does not prove an individual meets the capabilities. Keeping the questions separate allows an honest outcome: ready now, capable but role not yet agreed, role needed but development required, or both capability and role requiring further work.

- Eligibility.
- Defined post and scope.
- Capability.
- Current supporting evidence.
- Service need and governance.

Show capability through current practice and consequence

Map evidence to the current generic capabilities framework and person specification. Strong evidence explains the activity, your decision, level of independence, complexity, outcome and verification. Appraisal summaries, job plans, multisource feedback, audit, QI, teaching, leadership outputs, guidelines and formal assessments can contribute, but volume is not a substitute for relevance.

Autonomous practice should be described precisely. State which patients or presentations you manage, what you diagnose or treat, what you discharge, which procedures you perform and when you refer or escalate. Leadership can include service design, governance, education, workforce coordination or improvement; it is shown by influence and outcome rather than attendance or title.

- Recent and representative evidence.

- Clear personal contribution.
- Defined independence and boundaries.
- Outcome, feedback or measure.
- Traceable source and date.

Turn service need into a role, not a slogan

Service need should describe work the organisation requires at Specialist level: the patient group, decisions, responsibility, contribution to pathways and governance, and how the role fits with consultants, other SAS doctors and the multidisciplinary team. 'The doctor deserves progression' and 'the department is busy' do not by themselves define a Specialist post.

A doctor may already perform some work at specialist level while the employer disputes whether a complete Specialist role is required. Separate current contribution from the proposed full scope. Identify which responsibilities are established, which are intermittent or unsupported, and what governance, time or authority would be needed. This creates a constructive service-design discussion without overstating the present role.

- Problem or population requiring senior expertise.
- Defined responsibilities and decisions.
- Benefit to quality, continuity, access or workforce resilience.
- Relationship with existing roles.
- Resources, accountability and outcome measures.

Check the national route before acting

Specialist appointment and progression arrangements differ across the four nations. England's SAS Eligibility and Permanency Framework may allow eligible locally employed doctors to seek a transfer where their role is comparable. Wales has an all-Wales Specialty-to-Specialist progression process that considers capability and service need. Scotland and Northern Ireland have their own contract and employer arrangements.

Do not take an application form or timescale from one nation and assume it applies elsewhere. Use the current national employer and union sources, then check local implementation. Welsh readers should use the dedicated Wales progression programme on this site for detailed application, panel, outcome, appeal and reapplication guidance.

- Identify the nation and exact contract.
- Confirm whether the route is vacancy, transfer or progression.
- Use the current form and capabilities framework.
- Check decision, feedback and review rights.

If not ready, turn the gap into a funded plan

An honest gap analysis is not a failed application. Identify the capability or service-design issue, the evidence required, the opportunity needed, who can authorise it and when progress will be reviewed. Examples include leading a full improvement cycle, obtaining broader multisource feedback, developing a defined clinic, completing a governance responsibility or formalising supervision.

The plan must be possible within the job. Telling a doctor to gain evidence while withholding the relevant activity is not meaningful development. Use job planning, appraisal and local SAS support to agree time

and access. Reapplication should be based on the reasons previously given and new evidence, not on resubmitting the same bundle with more pages.

- Exact gap and why it matters.
- Work opportunity or development activity.
- Protected time and support.
- Evidence of completion and impact.
- Review and reapplication date.

Common mistake

Avoid this	Do not begin with “I have worked here for many years”. Begin with the proposed scope, level, complexity and independence, then show the service case and the evidence that supports each claim.

Pause and reflect

Can you describe separately your eligibility, specialist-level capability, current evidence and the service's need for a defined Specialist role?

Takeaways

- Specialist grade is a defined senior role, not automatic seniority recognition.
- Capability and service need are related but separate decisions.
- A gap should lead to a specific opportunity, evidence plan and review date.

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. Does appointment as a Specialist automatically place a doctor on the GMC Specialist Register?

A. Yes.

B. No; these are separate employment and regulatory statuses.

C. After one year.

D. Only in Wales.

2. Which two questions must not be collapsed?

A. Annual leave and parking.

B. Name and address.

C. Capability and service need.

D. CPD and appraisal date.

3. Which best demonstrates autonomous practice?

A. Defined patients and decisions managed independently, boundaries and evidence of outcomes.

B. A senior title.

C. Working without asking advice.

D. Years employed.

4. Which is strongest service-need evidence?

A. A defined senior scope linked to patient or service requirements, accountability and measurable benefit.

B. The doctor has many certificates.

C. The doctor deserves promotion.

D. The department is busy.

5. Can the Wales progression form be assumed to govern England?

A. Only for LEDs.

B. Only if the employer agrees.

C. Yes.

D. No; confirm the national route and local implementation.

6. An application identifies a leadership gap. What is the best next step?

A. Wait for another vacancy.

B. Resubmit immediately unchanged.

C. Agree a relevant leadership opportunity, support, output, evidence and review date.

D. Collect more unrelated certificates.

Answers and explanations

1. B — No; these are separate employment and regulatory statuses.

The Specialist grade and specialist registration are distinct.

Review the employment and regulatory definitions.

2. C — Capability and service need.

A capable doctor may not yet have a defined role, while a needed role still requires a capable appointee.

Write separate evidence headings for capability and service need.

3. A — Defined patients and decisions managed independently, boundaries and evidence of outcomes.

Autonomy is demonstrated through scope, decisions, governance and outcome.

Create a detailed scope-and-decision map.

4. A — A defined senior scope linked to patient or service requirements, accountability and measurable benefit.

Service need concerns the role the organisation requires.

Write the proposed role before arguing for the grade.

5. D — No; confirm the national route and local implementation.

Devolved employment arrangements differ.

Label every source by jurisdiction.

6. C — Agree a relevant leadership opportunity, support, output, evidence and review date.

A development plan turns a reason into an achievable evidence pathway.

Specify the opportunity, owner, evidence and timetable.

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: generic capabilities framework
UK / nation-specific · https://www.nhsemployers.org/system/files/2022-09/Generic-capabilities-framework-for-new-specialist-grade.pdf

NHS Employers: evidence template
UK / nation-specific · https://www.nhsemployers.org/system/files/media/Specialist-grade-template-collating-entry-criteria-evidence_0.docx

GMC: Portfolio Pathway
UK / nation-specific · https://www.gmc-uk.org/registration-and-licensing/join-our-registers/registration-applications/specialist-application-guides/specialist-registration-portfolio

HEIW: SAS doctors in Wales
UK / nation-specific · https://heiw.nhs.wales/education-training/a-z/sas-doctors/

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