PRACTICAL WORKBOOK 01

# Specialist progression: application & evidence workbook

A structured way to define scope, map capabilities, evidence service need and quality-check the central application.


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**How to use it**

Write in this workbook before completing the official form or preparing for the panel. The prompts help organise your own evidence; they are not model answers and do not determine eligibility.

**Important**

The current official all-Wales policy and application form take precedence. Do not include patient-identifiable information or material you are not authorised to share. Seek individual employment, professional, union or legal advice when needed.

SECTION 01

# Start with the four-part case

A large portfolio is not automatically a clear application. The panel needs a traceable answer to four distinct questions.

| Question | What to establish | Useful output |
|---|---|---|
| Eligibility | Registration, total experience and relevant specialty experience meet the policy. | Dated chronology and calculation. |
| Scope | The work, decisions, autonomy, boundaries, accountability and escalation arrangements. | One-page role and scope summary. |
| Capability | Sustained evidence meets the official generic capabilities within that scope. | Capability map and evidence index. |
| Service need | The service requires the Specialist-level responsibility described. | Separate, objective service-need statement. |

## A useful working order

1. Download and read the current policy, capability framework and form.
2. Complete the eligibility chronology before collecting a large portfolio.
3. Define the actual role and scope, including boundaries.
4. Map each capability using claim - evidence - impact.
5. Write service need separately.
6. Discuss the case with the manager and consider SAS advocate support.
7. Run confidentiality and submission checks, then retain the exact submitted version.

**Do not confuse the tests**

A doctor may demonstrate capability while service need is disputed, or the service may need higher-level work while capability gaps remain. Write and evidence each finding separately.

SECTION 02

# Eligibility chronology

Use month and year. Explain overlaps, career breaks, less-than-full-time work and differently titled or overseas posts. Do not rely on the panel to calculate relevance from a CV.

| Period | Grade / role | Specialty and organisation | FT / LTFT | Why relevant |
|---|---|---|---|---|
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## Eligibility check

- Full GMC or GDC registration with a licence to practise is evidenced.
- At least 12 years of medical or dental work since primary qualification is clearly calculated, continuously or in aggregate.
- At least six years of relevant specialty experience is mapped. Equivalent relevant work in other grades, including overseas, is explained.
- The current Specialist generic capabilities framework has been reviewed.
- The contract and policy scope have been checked against the latest official wording.

SECTION 03

# Define the role, scope and autonomy

Autonomy is accountable decision-making within a defined scope. It includes recognising limitations and escalating appropriately; it does not mean isolation or consultant equivalence.

| ONE-PAGE ROLE AND SCOPE SUMMARY |
| --- |
| **Current grade, specialty, contract, working pattern and sites**<br><br>– |
| **Main clinical activities and patient group**<br><br>– |
| **Decisions made independently**<br><br>– |
| **Activities requiring discussion, approval or escalation**<br><br>– |
| **Governance, leadership, education and improvement responsibilities**<br><br>– |
| **Exact progression request and proposed Specialist scope**<br><br>– |

# Autonomy evidence map

Use more than one source for important claims. A job plan shows expected work; activity records show delivery; governance or outcomes show quality; and appropriate corroboration can confirm responsibility and duration.

| Recurring activity | Decision / responsibility | Frequency / duration | Boundary / escalation | Evidence IDs |
|---|---|---|---|---|
| | | | | |
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**Test the wording**

Could a reader tell exactly what you decide, for which patients or service, how often, under what governance and when you seek advice? If not, the claim is too broad.

SECTION 04

# Capability map: clinical, safety and professionalism

Use the official framework headings in the application. The categories here are working prompts only and do not replace the framework.

| Working area | Questions to answer | Possible evidence |
|---|---|---|
| Clinical expertise and autonomy | What complex work and decisions are sustained? What is your scope? How do you manage uncertainty and escalation? | Annotated job plan; duty schedule; non-identifiable activity; outcomes; role description; senior corroboration. |
| Patient safety and governance | How do you identify risk, act, communicate, learn and strengthen systems? | Governance contributions; incident learning; guideline or risk work; audit; reflection; documented actions. |
| Communication and patient partnership | How do you adapt communication, support decisions and manage difficult or uncertain conversations? | Feedback; pathway material; complaints learning; teaching; appraisal reflection; accessible resources. |
| Professionalism and equality | How are integrity, inclusion, boundaries, wellbeing and reflective practice demonstrated? | Appraisal; MSF; CPD; equality work; conduct evidence; development plan; appropriate feedback. |
| **CLAIM - EVIDENCE - IMPACT NOTES** | | |
| **Capability claim 1**<br><br>–<br>–<br>– | | |
| **Capability claim 2**<br><br>–<br>–<br>– | | |
| **Capability claim 3**<br><br>–<br>–<br>– | | |

SECTION 05

# Capability map: leadership, education and improvement

| Working area | Questions to answer | Possible evidence |
|---|---|---|
| Leadership and teamwork | What problem or goal did you influence? Who was involved? What action and impact followed? | Pathway, rota, MDT, guideline or service leadership; meeting outputs; team feedback; adoption or outcome data. |
| Education and supervision | What learning need did you address? What responsibility did you hold? How was quality assessed? | Programme plans; supervision roles; learner feedback; assessments; resources; changes made after evaluation. |
| Quality improvement | What was the aim, baseline, intervention, measure, result and next step? | QI records; completed audit cycle; service evaluation; pathway redesign; remeasurement; sustainability evidence. |
| Scholarship and wider contribution | What was your contribution and how is the output relevant to the capability or service? | Full citation; author role; presentation; guideline; research; article; adoption, education or service impact. |

## What leadership means here

Leadership is not the possession of a title. Show responsibility, influence, judgement and an effect. A concise example should identify the problem, your role, how you engaged others, the decision or change and the result or learning.

## Audit, QI and publications

- Call an audit an audit. Give the standard, baseline, action, remeasurement and learning.
- For QI, include aim, measures, tests of change, results and sustainability. An unsuccessful first test can still show insight if presented honestly.
- For publications and articles, provide a citation, your contribution and the capability supported. Do not assume the title proves relevance.
- Team projects require an individual contribution statement. Avoid claiming the entire outcome as your own.

SECTION 06

# Build the evidence index

Use stable evidence numbers and meaningful filenames. Every major claim should point to an exact document, page or section and explain what it demonstrates.

| ID | Document / period | Claim supported | Exact location | Relevance / limitation | IG check |
|---|---|---|---|---|---|
| E01 | | | | | [ ] |
| E02 | | | | | [ ] |
| E03 | | | | | [ ] |
| E04 | | | | | [ ] |
| E05 | | | | | [ ] |
| E06 | | | | | [ ] |
| E07 | | | | | [ ] |
| E08 | | | | | [ ] |
| E09 | | | | | [ ] |
| E10 | | | | | [ ] |

# Evidence quality review

| Quality | Ask | Action |
|---|---|---|
| Relevant | Does it directly support this claim? | Remove material that merely adds volume. |
| Current | Does it describe present practice? | Explain continuing relevance of older evidence. |
| Sustained | Is this a pattern rather than an isolated event? | Use evidence across an appropriate period. |
| Triangulated | Does another source corroborate a major claim? | Combine role, activity, outcome and attestation where proportionate. |
| Attributable | Is your contribution clear? | Separate team achievement from your action. |
| Proportionate | Is the amount necessary and readable? | Index, label and remove duplication. |
| Confidential | Is sharing authorised and non-identifiable? | Follow employer information-governance rules. |

| GAPS FOUND BEFORE SUBMISSION |
|---|
| **Gap, capability or disputed point**<br><br>–<br>– |
| **Action, support and responsible person**<br><br>–<br>– |
| **Evidence to produce and review date**<br><br>–<br>– |

SECTION 07

# Write the service-need statement

Capability does not automatically prove service need. Describe the required work objectively, including any Specialist-level responsibility already delivered wholly or partly.

| SERVICE-NEED CASE |
| --- |
| **What Specialist-level work does the service require?**<br><br>–<br>– |
| **How often and over what period is it delivered or required?**<br><br>–<br>– |
| **What clinical responsibility and judgement does it involve?**<br><br>–<br>– |
| **What objective records show the activity and dependency?**<br><br>–<br>– |
| **What is the effect on safety, access, continuity, capacity, flow or resilience?**<br><br>–<br>– |
| **If need is disputed, exactly which element appears to be in dispute?**<br><br>–<br>– |

**Policy point**

The May 2025 all-Wales policy states that existing wholly or partially Specialist-level clinical responsibility is sufficient evidence of service need. Quote or cite the current official wording rather than relying on this summary.

## Avoid weak substitutes

- Length of service alone is not service need.
- High workload alone does not establish the level of responsibility.
- Personal aspiration is legitimate but is not workforce evidence.
- Budget alone is not a policy reason for refusal, but the application should still demonstrate the work and need.

SECTION 08

# Manager discussion and form writing

| Before the meeting | During the meeting | After the meeting |
|---|---|---|
| Bring the policy, role summary, capability map and service-need note. Decide whether to ask a SAS advocate to attend. | Ask which criteria are agreed, disputed or require more evidence. Keep capability and need separate. Record actions. | Confirm agreed points. If support is declined, request criterion-focused written reasons and a development plan within the policy process. |

## Write for a reader who does not know the role

- Use headings that mirror the official form and framework.
- Put the conclusion first, then evidence it.
- Use dates, numbers and defined responsibilities where appropriate.
- Cross-reference evidence IDs consistently.
- Acknowledge limitations or gaps; never overstate autonomy or outcomes.
- Explain abbreviations and local role titles.
- Keep the manager's position accurate and attach or transcribe it as required.

**Submission remains possible**

The all-Wales policy route permits an application with or without manager support. Lack of support should be addressed factually, not hidden or turned into a personal dispute.

SECTION 09

# Final submission audit

| Check | Complete |
|---|---|
| Current policy, capability framework and form versions checked | [ ] |
| Eligibility chronology and calculations are transparent | [ ] |
| Role and scope summary states decisions, boundaries and escalation | [ ] |
| Every capability claim uses claim - evidence - impact | [ ] |
| Service need has a separate evidence-based statement | [ ] |
| Manager support or written concerns are recorded accurately | [ ] |
| Evidence index uses stable IDs, dates and exact locations | [ ] |
| Patient-identifiable and unauthorised material excluded | [ ] |
| Attachments open, filenames are meaningful and duplication removed | [ ] |
| The final online text matches the reviewed working copy | [ ] |
| Exact submission, attachments, date and confirmation retained | [ ] |
| Support arrangements and contact details recorded | [ ] |

| FINAL NOTES |
|---|
| **The strongest three points in the case**<br><br>–<br>– |
| **The two questions the panel is most likely to ask**<br><br>–<br>– |
| **Any evidence available on request and who can authorise it**<br><br>–<br>– |

SECTION 10

# Official sources and disclaimer

**All-Wales Specialty to Specialist progression policy**
https://nhs-alliance.uksouth01.umbraco.io/media/ka0nx4bj/policy-for-the-management-of-speciality-to-specialist-career-progression-regrading.pdf

**NHS Wales Employers SAS resources and current forms**
https://thenhsalliance.org/resources/specialty-specialist-and-associate-specialist-sas-doctors-wales

**NHS Employers generic capabilities framework**
https://www.nhsemployers.org/system/files/2022-09/Generic-capabilities-framework-for-new-specialist-grade.pdf

**NHS Employers Specialist grade appointment guidance**
https://www.nhsemployers.org/publications/specialist-grade-appointment-guidance

**HEIW SAS education and development support**
https://heiw.nhs.wales/education-and-training/sas-doctors/

**BMA Cymru Wales SAS Charter**
https://www.bma.org.uk/media/7796/bma-2023_11_06-sas-charter-for-wales.pdf

**Independent guidance**

This workbook is a general educational aid. It is not an official NHS Wales document, does not establish eligibility or guarantee an outcome, and is not a substitute for the current policy, application form, individual judgement or professional advice.

No confidential cases, individual applications, employer-internal material or unpublished service information are used in this workbook.