BMA

Specialty doctor, specialist and consultant – role comparison*

	Specialty doctor	Specialist	Consultant
Profile, Criteria and Experience	• Specialty doctors are a diverse group with different levels of knowledge, clinical skills, training, responsibilities and needs (both educational and career wise). They may be working towards joining a more senior grade e.g. specialist doctor • They range from four years post-graduate experience to 20+ years.	• A senior and experienced clinician who can work autonomously to a level of defined competencies, as agreed within local clinical governance frameworks. • They shall have completed a minimum of 12 years' medical work (either continuous period or in aggregate) since obtaining a primary medical qualification, of which a minimum of six years should have been in a relevant specialty.	• A senior and experienced clinician who works autonomously in one of the medical or surgical specialties and manages the delivery of care by other doctors (e.g. resident and some SAS doctors). • Consultants have completed full medical training in a specialised area of medicine and are listed on the GMC's specialist register.
Responsibilities	• Whilst a great portion of specialty doctors' time is directed towards patient care (clinical duties) and less to other clinical and non-clinical responsibilities required of a consultant or trainee, they too may fulfil additional responsibilities within their organisations as well as nationally. • At the top of the scale, specialty doctors may have increasing abilities to take decisions about patient care and carry responsibility.	• Specialists serve as 'expert decision-makers' responsible for the full range of patient care within their specialised area, with the potential to work independently, including in on-call settings, if their competencies cover the breadth of presentations expected in their role. • Specialists, when working autonomously, can be the responsible named clinician. • The role will primarily focus on providing direct clinical care, meeting service delivery and improvement requirements, and they will manage the full range of presentations in their area of practice. • The role will be supported by suitable development opportunities including management roles and leadership responsibilities in teaching, academic research and service development. The details of the balance between clinical care and other elements of the role would be discussed during the job planning process. • They will be able to work as a member of a MDT (multi-disciplinary team), leading MDTs where appropriate i.e. clinical leads.	• Consultants serve as experts in their specialty and they accept responsibility for the care of patients referred to them, even when care is carried out by others, so it is a position of considerable responsibility. • The work of the consultant goes beyond caring for patients. A key aspect of the role is leading MDTs delivering care. This involves being able to take an overview of the care pathway and managing other team members accordingly.
Teaching	• Speciality doctors may fulfil a wider role engaging in teaching and training of others, research and academic work, service development modernisation, audit, and committee/representative work.	• Specialists are expected to be involved in delivering teaching and training of others (e.g. students and resident doctors).	• Consultants are expected to be involved in the teaching and training of students and resident doctors, and to contribute to their specialty field through research and leadership.
CPD	• Required to actively engage in continued professional development activities (CPD) both internally and externally to their organisations.		

*Most aspects of this table will also apply to SAS/Consultant dentists e.g. SAS dentists can act as clinical leads like SAS doctors