

The establishment and introduction of the specialist role in England

Guidance

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NHS Employers
British Medical Association

About

This document provides guidance on how NHS organisations in England should consider the introduction of the specialist role and embed this into their workforce.

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Introduction

This specialist grade was created as part of the contract reform negotiations for specialists, associate specialists and specialty doctors and dentists (SAS), and agreed in England between the BMA, the Department of Health and Social Care and NHS Employers. The grade presents an opportunity to both specialty doctors seeking career progression and employers that wish to fully utilise the potential of SAS doctors. Introducing specialist roles can:

- attract, recruit, and motivate senior doctors, and help retain their talent within the health service
- promote SAS career pathways
- improve the delivery of healthcare at a local level.

As referenced in the NHS Long Term Workforce Plan (LTWP), the shape of the medical workforce is expected to change over the next 15 years, with more SAS doctors and doctors in training choosing alternative career paths rather than core and specialty training routes. Within the LTWP there is a commitment to working with relevant stakeholders to support SAS doctors to have a better professional experience, by improving equitable promotion and ensuring options for career diversification; the specialist grade presents an opportunity to support this aim.

This document will assist in supporting NHS employing organisations to identify the circumstances in which a specialist role could be established within an organisation's medical and dental workforce structure.

It is worth noting that leaders who are seeking to introduce any new roles within workforce structures are advised that social partnership discussions with workforce or medical workforce departments and trade union partners occur through local established forums.

The specialist grade

Specialists are autonomous workers (as agreed with the Academy of Medical Royal Colleges) who can work to a level of defined competencies that are set out by mutual agreement within local clinical governance frameworks. Specialists are expert clinical decision makers, and doctors who have responsibility for a patient in their area of practice. They can establish a diagnosis, define a care plan, treat and discharge a patient without reference to a more senior clinician.

They provide expertise in a specialised area, whether delivering care in a specific specialty or in a generalist service, and they can manage the full range of presentations in their area of practice.

The scope of practice of the [specialist post](#), including the role and responsibilities, have been developed in partnership between the Academy of Medical Royal Colleges, the British Medical Association and NHS Employers. The [core capability and skills framework](#) expected across all specialties for safe working practices at this senior level can be found in the [terms and conditions and resources for SAS contract reform 2021](#), in addition to a [template job description](#).

The terms and conditions for the specialist grade state that doctors will need to evidence they meet these criteria to successfully be appointed to the role through the organisation's selection and recruitment process.

While the focus of a specialist will be on direct clinical care, meeting service delivery and improvement requirements, their scope is broader. There is an expectation that the role will also be augmented by development opportunities, including management roles and leadership responsibilities in teaching, academia, research and service development.

Establishing the specialist role

The creation of the specialist role will be driven by local service needs (including the needs to recruit, retain and motivate the SAS workforce), and appointments made will be by competitive entry through the NHS organisation's selection and recruitment processes. Note that while entry is competitive, a specialist role should be advertised internally in the first instance (see below).

When NHS organisations are considering the structure and make-up of its workforce it is recommended that this document is read in conjunction with its own local workforce policies. This document builds on previous national policy to demonstrate how employers can create and benefit from specialists.

Role of the SAS advocate

As will be described in greater detail, vacancies can provide an opportunity to establish specialist roles, but this possibility can be overlooked – especially if there is no-one championing the grade within the trust.

This is why it is imperative to involve SAS advocates in the process. A trust's advocate should be asked to review vacancies and provide the opportunity to make the case for them to become specialist roles.

We are aware that some trusts do not currently have a SAS advocate, despite the creation of the role as part of the 2021 SAS contract negotiations. We would encourage these employers to appoint an advocate at the earliest possible opportunity. More information on this role can be found [in our SAS advocate guidance](#).

If a trust does not have a SAS advocate, another process could be considered (for example, vacancies reviewed by the SAS LNC representative and SAS tutor). It would, however, be best practice to have a SAS advocate in role, and we would encourage a trust to take steps to achieve this.

Rationales for creating a specialist establishment

There are several circumstances in which a specialist role could be established.

The following scenarios provide further examples of such circumstances, but please note this is not an exhaustive list.

When an associate specialist role is vacated, or has been vacant for some time

Vacant, or whole-time equivalent roles which have been reduced following partial retirement or a reduction in hours, should be converted to specialist vacancies as a matter of course, whether the role is recently vacated or has been empty for some time.

When other vacancies arise

A vacant post within the workforce is an opportunity for leaders to do something different. Whilst the same service may need to be delivered, a vacant post can be reviewed, and key questions can be asked, such as:

- Do we fill the vacancy with the same post (that is, like for like)? Or is this an opportunity to create a specialist role?
- Could the creation of a specialist role make efficiencies in time, money, headcount?
- Do we need to retain staff or attract staff? Think about your existing workforce, in particular specialty doctors and give them the opportunity to progress where possible.
- How can we utilise the talent in the organisation?

By reviewing a vacant post, alternative options may arise and enable the department to deliver the same service but through utilising the specialist role.

Creation of a new service

When a new service is being developed and created, leaders will need to determine how the service will be delivered. A key component for consideration is the workforce. This is the opportune time for leaders to think creatively and innovatively on the types of roles that will resource a department and deliver the services required. Newly created medical professional roles such as the specialist should be considered to enable services to be delivered in an effective and transformative manner.

Rota and service delivery gaps

The resourcing of a rota and fulfilment of service delivery is a key requirement of employers, however, there will be circumstances which will give rise to gaps in the rota. Should rota gaps impact on

service delivery, leaders may decide to recruit and backfill. Again, this is an opportunity for leaders to do something different and review the multidisciplinary working within the service, and recruit to a newly created medical professional role such as the specialist grade doctor. Having a specialist on the rota helps improve the skill mix and ease pressure on other tiers of rota, especially in a busy working environment. These doctors can also help impart skills and teach peers while on the job.

Talent management

A specialist role could be created within a department where there are already several highly experienced specialty doctors and associate specialists, but where:

- the headcount of the department needs to remain the same
- there is a need to retain the talent within the department or team.

Therefore, the appointment to the specialist role could come from within the existing members of the team. Employers should note that they do not necessarily need to back-fill a vacated specialty doctor post if the doctor becomes a specialist, meaning head count can be preserved (though this will depend on the specificities of individual rotas).

Employers should advertise these specialist roles internally in the first instance, to provide the opportunity for local specialty doctors to progress in their careers.

The creation of a specialist role can offer effective career progression for a specialty doctor, both benefiting the individual and helping to retain them. Doctors in the specialty grade, who demonstrate the capabilities required for the specialist role, are prime candidates

for this more senior grade, particularly those clinicians who are close to, or at the top of, the specialty doctor grade.

Refusal to create specialist roles could, conversely, make a trust unattractive as an employer (leading to the possible loss of workforce).

A clear and transparent selection and recruitment process must be followed, and the successful candidate must meet the specialist generic capabilities framework and the person specification.

It is important to note that no specialty doctor or associate specialist within the team are placed at risk of redundancy nor advised to resign when applying for a specialist post.

Organisational change or restructure

Internal and external pressures on a department could lead to a review and result in significant changes that may affect the workforce. In these circumstances leaders in conjunction with relevant local stakeholders may deem it necessary to change the makeup of the workforce and introduce new roles. In such scenarios local organisational change policy must be followed, and its principles applied to avoid where possible the displacement of employees. Indeed, if there is organisational change, this may present as an opportunity to create and introduce the specialist role.

Hard to fill specialities

In instances where selection and recruitment processes have been exhausted and where the processes have failed to make an appointment to a specialised post, this may present as an opportunity to utilise the specialist role. A review of the current

complement of the staff within the service could be undertaken and the resultant gaps assessed against the person specification of the specialist role.

Long-term medical and dental workforce planning

Workforce planning will develop workforce solutions that deliver services required for patients and service users, across the whole system and whole pathway. Whilst safety, quality and affordability will be equal key cornerstones of workforce planning the introduction, establishment and embedding of the specialist role can play a key role in delivering transformative services.

Employers should consider, for instance, the benefit of having more autonomous doctors when it comes to tackling long waiting lists.

Advertisement of specialist roles

Specialist doctor roles should be advertised internally within trusts first, to provide local specialty doctors with more opportunities for career progression.

Conclusion

The specialist grade can provide an opportunity for progression for highly experienced specialty doctors and help to recruit, motivate, and retain senior doctors.

Specialists work autonomously and their role should be seen as a solution to attrition among the medical and dental workforce. Trusts should develop and recognise autonomous practitioners, where appropriate to do so, by their contribution to patient care. During workforce planning, we strongly encourage employers to look critically at their overall clinical needs and look to create specialist posts where there is workforce need.

The circumstances noted within this document are not exhaustive examples of how roles can be introduced and embedded within NHS employing organisations. The creation of specialist grade roles is to be driven locally and needs to meet service requirements.

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