Writing SAS job descriptions

Guidance for creating high-quality JDs for specialty doctor and specialist grade posts

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Contents

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1 Introduction

This guidance is designed to help employers write attractive and career-supportive job descriptions (JDs) and job plans for SAS roles in the NHS and other relevant organisations. It aims to help employers and physicians distinguish clearly between specialty doctor and specialist doctor roles by defining the scope of practice and autonomy explicitly for each.

The RCP no longer reviews JDs submitted by employers for approval, as this service has been discontinued. Instead, we hope to provide clear standards, guidance, advice and information through a variety of materials. This document forms part of a suite of resources being developed to help employers create fair, inclusive and compelling job descriptions for SAS posts.

This guidance will support NHS employers to include all the essential elements of a high-quality SAS JD prior to advertising the role. These elements include a description of the nature of work at this level, capability expected, level of autonomy on offer, governance arrangements, job plans and development support. JDs should not rely on labels such as 'senior', 'consultant-like' or 'SAS role' without defining what those terms mean in practice.

Those preparing job descriptions should also consult the RCP guidance *Empowering physicians: effective job planning for better patient care*, which outlines the core principles for effective job planning.

1.1 Who is this guidance for?

- Employers creating new or attempting to fill existing SAS posts, i.e. NHS trusts, health boards and others.
- Clinical directors, service leads, medical directors and responsible officers.
- Medical staffing and HR teams.
- SAS advocates, tutors, representatives and local negotiating committee members.
- Regional and specialty advisers where professional input is sought.
- Doctors applying for or considering specialty doctor and specialist doctor posts as a next step in their medical career.

1.2 Distinguishing between specialty doctor, specialist doctor and consultant roles

SAS-grade physicians are a vital part of the medical workforce comprising two distinct grades, each with their own scope of practice.

Employers must first recognise and enumerate the difference between types of SAS posts. Specialty doctors and specialist doctors have different entry criteria, contractual frameworks, career purposes and expected levels of senior responsibility.

Defining the purpose of different roles

Role	Core purpose	Implication for JD design
Specialty doctor (Eligibility: a minimum of four years post-graduate experience)	An SAS career grade with a wide range of experience and development needs. Some specialty doctors practice with significant autonomy; others require more structured support depending on their experience and the role.	The JD should describe workload, supervision/support arrangements, development opportunities, career progression, SPA and how responsibilities may evolve.
Specialist doctor (Eligibility: a minimum of 12 years' medical work after a primary medical qualification, of which six years should have been in a relevant specialty.)	A senior SAS grade for experienced doctors who meet specialist grade criteria with a high degree of autonomy within a defined area of practice. The level and nature of autonomous practice should be determined by evidence of acquired competencies and skills, service needs and governance arrangements. A specialist doctor's scope of practice may be more limited than that of a consultant in some posts, while in others a highly experienced specialist doctor may have a job plan that overlaps substantially with senior consultant practice.	The JD should define the scope of practice, autonomous responsibility, leadership/governance/education expectations, SPA time and relationship with consultant colleagues. Employers should ensure that the agreed job plan reflects the doctor's current skills and competencies, as well as service need.
Consultant (Eligibility: must have completed full medical training in a specialised area and be on the GMC's specialist register.)	A separate appointment category, usually linked to specialist registration and consultant appointment frameworks, with broader whole-service or specialty responsibilities depending on the post. Consultants also work within a defined scope of practice in the specialty, and the job plan agreed with the employer is based on the ability to perform and lead certain work within a specialty. A new consultant's job plan may be more limited in scope than one for a highly experienced consultant.	SAS job descriptions should *not* simply be a reproduction of consultant JDs. They should be redesigned taking into account the level of the post, and expectations of senior level SAS doctors.

2 Job descriptions

2.1 Secretarial/IT/office facilities

The job description should:

- define the support available to deliver both clinical and non-clinical duties. This should be expanded upon rather than limited to a generic statement that 'support will be available'.
- include a commitment to and detail the availability of:

- an adequately equipped office, clarifying whether office space is individual or shared, and whether private desks are available (where office space is shared, confirm that the arrangement is realistic for confidential clinical and professional work)
- information technology (IT) and telecom facilities, including phone, computer, secure storage, dictation or voice-recognition facilities
- adequate secretarial support and other administrative support for clinics, correspondence, results, referrals, governance, teaching and leadership duties.

2.3 Medical audit and CPD

The job description should include:

- a statement on expectations regarding medical audit and quality improvement (QI). Avoid listing audit, QI or teaching expectations without allocating SPA time
- a statement on expectations for continuing professional development (CPD). An example of suitable wording in a job description regarding CPD is: '*The trust supports the requirements for continuing professional development (CPD) as laid down by the Royal College of Physicians and is committed to providing time and financial support for these activities.*' It should also include details of study leave and financial support where applicable
- as part of the appraisal process a personal development plan (PDP) should be agreed and CPD should be aligned with this.

2.4 Revalidation

- The job description should state the arrangements for appraisal as specified by the Academy of Medical Royal Colleges (AoMRC), ensuring that all doctors have an annual appraisal with a choice of trained appraiser and appropriate support throughout the revalidation process.
- The employer should confirm the revalidation arrangements in place and whether the appointee will have access to organisational information required for supporting evidence.
- Appraisal should cover the full scope of practice, including leadership, management, education, governance and external duties, where these form part of the role.
- Where autonomous practice is expected, it should be reflected in appraisal and governance discussions.

2.5 A description of the department/directorate

The job description should:

- describe the clinical service, patient population, team structure and how the post contributes to the department
- list relevant consultant, SAS, locally employed and resident doctor colleagues where appropriate. Junior staff available to support the appointee should be clearly stated
- describe cross-cover, MDT, rota and reporting arrangements
- make clear whether the post is new, replacement, service redesign or progression-related.

2.6 Career progression

A suitable form of wording to include:

'The trust will ensure that specialty doctors have the support needed to develop skills, experience and responsibilities to enable them to meet the requirements of threshold one and two, so they can progress in their career.'

2.7 Workload figures

- Workload figures should be provided to help candidates understand the scale and nature of the role. Potential appointees will be keen to have some idea of the inpatient and outpatient workload (new and follow-up) of the department that they will be joining.
- JDs should include inpatient, outpatient, ambulatory, procedural, advice and guidance, virtual clinic, MDT and administrative workload where relevant.
- Describe expected personal workload, case mix and complexity.
- Outline emergency cover arrangements and policies where possible.

2.8 Supervision

- In the interest of patient safety, all NHS staff should be subject to some form of supervision. However, there is no contractual requirement for SAS doctors to be supervised by consultants.
- In practice, the level of supervision will depend on a number of factors, including personal competence and agreed accountability arrangements for all aspects of the role. The level and mechanism of supervision should be explicit. Usually, the supervision is provided by a single named consultant.

2.9 Time off in lieu

- The JD should make mention of the employer's TOIL policy. There are concerns about doctors not being allowed time off in lieu (such as for weekend working), and the trust should address rest requirements, particularly for new SAS doctors.

2.10 Mentoring

- The job description should always include a reference to information about access to mentoring for newly appointed specialty doctors.
- The RCP believes that every newly appointed specialty doctor should be offered a mentoring opportunity. While the format may vary by trust or specialty, the Advisory Appointments Committee (AAC) should discuss and agree the mentoring arrangements as part of its decision-making process.
- For specialist doctor posts, mentoring may include leadership, governance or transition support as well as clinical support. Where a specialist doctor is expected to undertake a broad range of duties that overlap substantially with consultant practice, the RCP recommends that employers

consider dedicated mentorship for an initial period after appointment or regrading. This should be reviewed during the annual appraisal.

- In Wales and Scotland, where specialty doctor-to-specialist doctor regrading policies are in place, transition into the specialist role should include structured mentorship, where appropriate to the scope and complexity of the role. This may be provided by a consultant, an experienced specialist doctor, an associate specialist or another senior doctor with relevant expertise.
- The mentorship should be planned according to the duties of the post, the doctor's existing experience, the level of complexity, and the employer's assessment of what support is needed to help the doctor consolidate and develop safely in the role.

  The mentoring section in a JD should:

  - describe local mentoring arrangements and how they will be agreed
  - mention access to SAS development funding or equivalent local resources where available
  - for senior roles, include support for leadership, management and service development duties.

2.11 Job plans

In considering job planning, the trust should refer to the NHS Employers' guidance Terms and conditions of service for specialist grade (England) 2021: SAS contract 2021 as well as Terms and conditions of service for specialty doctors (England) 2021: SAS contract 2021. The job plan of a specialist doctor should ideally mirror that of a consultant.

SAS job plans should enumerate the following:

Working week

- A standard full-time working week will be based on a job plan containing 10 programmed activities.

Premium time

- Any programmed activity undertaken outside of the hours 7am to 9pm, Monday to Friday, and all of Saturday and Sunday, and any statutory or public holiday, is usually regarded as taking place in 'premium time'. A programmed activity at these times lasts only 3 hours instead of 4 hours. However, as the definition of premium time differs between contracts and nations, the job description should use the correct contractual wording for the post and should clearly identify work undertaken during premium time.

Timetable

- The timetable should provide sufficient breadth and depth of clinical work and relevant professional activities to enable the specialist doctor to achieve and maintain relevant competencies and develop as a clinician.
- There should be a sample weekly timetable that takes account of the programmed activities outlined below and is broken down into AM and PM sessions with timings.

- It should show timings, DCC, SPA, on-call, administration, travel, lunch or breaks, external duties and additional NHS responsibilities where applicable.

Programmed activity

- Programmed activity (PA) means a scheduled period, normally equivalent to 4 hours (which may equate to 3 hours in premium time), during which a doctor undertakes contractual and consequential services.

Direct clinical care (DCC)

DCC is work that directly relates to the prevention, diagnosis or treatment of illness.

- PAs dedicated to direct clinical care should be stated.
- PAs dedicated to dictating letters, reviewing results, attending multidisciplinary team meetings and case presentations, and seeing relatives should be stated.
- Every 1 PA DCC clinic generally requires 0.25 PA of patient-related administration as part of the DCC, although complex clinics may require more.
- All non-face-to-face patient care may be included under virtual clinical activity (where a face-to-face consultation is replaced with communication via letter or telephone (eg to give results, diagnosis, medication changes, answer patient queries etc) in job plans, rather than under administrative time. Non-face-to-face clinical activity also includes telemedicine clinics, telemedicine triage and electronic Advice and Guidance.
- Where paperless (electronic) systems are introduced, the RCP recognises that such systems often increase the time taken to undertake the task and increased time should typically be agreed within the job plan in order to safely adopt these.

Supporting professional activities (SPAs)

SPAs are activities that underpin DCC.

- A minimum of 1.5 SPAs is included for revalidation only (a minimum of 1 if the post is less than 10 PAs). This includes audit, CPD, and appraisal. The terms and conditions of the specialist doctor contract state there should be a minimum of 1 SPA for full time doctors.
- The minimum requirement for revalidation is at least 1.5 SPAs and therefore the RCP will not approve full-time specialist doctor posts which have fewer than 1.5 SPAs. Good practice guidance in Wales advocates for 20% of time for SPAs for all SAS doctors.
- Additional SPAs have been allocated such as for teaching, research, assessment of resident doctors, clinical governance and service development.
- Jobs with 1.5 SPAs are clinical only, with no commitment to teaching, research, assessment of resident doctors, clinical governance and service development and are not typically appropriate to specialist doctor level appointment.

Additional NHS responsibilities

- Additional NHS responsibilities are special responsibilities within the employing organisation not undertaken by the generality of doctors, which are agreed between the doctor and the employer, and which cannot be absorbed in the time set aside for supporting professional

activities. These could include, for example being a clinical manager, clinical governance lead or clinical audit lead.

External duties

- External duties are activities that are not included in the definitions of 'direct clinical care' (DCC), 'supporting professional activities' (SPA) and 'additional NHS responsibilities', and not included within the definition of fee-paying services or private professional services, but are undertaken as part of the prospectively agreed job plan by agreement between the doctor and the employing organisation without causing undue loss of clinical time.
- They might include, for example, trade union duties, or a reasonable amount of work for royal colleges or government departments in the interests of the wider NHS.

On-call duties

- The frequency of on-call commitments should be clearly stated. Compensatory rest should be accommodated within the job plan.
- It would be helpful to include information on the number of patients that a SAS doctor should expect to see and information on the times that they should expect to be in the hospital. If acute on-take duties are part of the job description, there must be a specific commitment to post take ward rounds.

Additional programmed activities

- The terms and conditions provide flexibility for employers and SAS doctors to agree to contract for additional PAs for a variety of purposes, although a SAS doctor cannot be compelled to agree to a contract containing more than 10 PAs.

Entry criteria for SAS grades

Specialty doctor entry criteria

- Full registration with the General Medical Council and a licence to practise where required.
- At least 4 years' full-time postgraduate training, or equivalent gained on a part-time or flexible basis, at least 2 years of which should be in a relevant specialty training programme or as a fixed-term specialty trainee in a relevant specialty; or equivalent experience and competencies.
- Any specialty-specific requirements that are genuinely necessary for the role.

Specialist doctor entry criteria

- Full registration with the General Medical Council and a licence to practise where required.
- Minimum 12 years of medical work (either continuous period or in aggregate), of which a minimum of 6 years should have been in a relevant specialty.
- Specialty experience according to the applicable national contract or policy.
- Evidence that the doctor meets the specialist grade generic capabilities framework within the defined scope of the post.
- Specialty-specific, procedural or service requirements that are necessary for the scoped post.

- Person specifications should distinguish clearly between eligibility criteria, capability requirements and desirable development attributes. They should not use the consultant title, CCT or specialist registration as shorthand for capability, unless those requirements are genuinely necessary for the role and appointment route.
- Meets the criteria set out in the **generic capabilities framework for the specialist grade**, which has been developed by AoMRC, BMA and NHS Employers.

3 Grade-specific guidance

3.1 Specialty doctor posts

Purpose of specialty doctor posts: Specialty doctor posts should be designed as substantive SAS career roles. They should provide safe clinical service, fair development, clear supervision or support arrangements, appropriate SPA time and a route for career progression. They should not be written as static service-only posts with no recognition of development or increasing responsibility.

Specialty doctors enter the grade with varied experience. Some will be early in their SAS career; others may already be highly experienced and working with significant autonomy. The job description must therefore avoid one-size-fits-all assumptions about supervision or independence.

- State the expected starting level of responsibility and how it may be reviewed.
- Describe supervision, support and escalation arrangements according to experience and competence.
- Include career development, threshold progression and opportunities to develop towards specialist grade capability where appropriate.
- Ensure SPA time supports appraisal, revalidation, CPD, audit, governance and development.
- Avoid language that implies specialty doctors are always junior or always dependent on consultant supervision.

Supervision and support for specialty doctors

- There is no single supervision model for all specialty doctors. The level and mechanism of support should depend on the doctor's competence, experience, scope of practice and agreed duties. The JD should specify how support will work in practice, including named clinical support where appropriate, peer support, escalation routes and review arrangements.
- Preferred wording: 'The appointee will work within an agreed scope of practice. The level of support, supervision and escalation arrangements will be agreed according to the doctor's experience, capability and job plan, and will be reviewed through job planning, appraisal and local governance.'

3.2 Specialist doctor posts

A specialist doctor is a senior SAS post. It should not be described simply as a specialty doctor post with additional years of experience, nor as a consultant post with specialist registration removed. It should define the doctor's specialist scope of practice, expected level of autonomous clinical

decision-making, governance arrangements, leadership or service development contribution, and the job plan required to deliver those duties safely.

The specialist grade exists to recognise experienced doctors who can practise with a high degree of autonomy within a defined area of practice and who can contribute to senior clinical service delivery, governance, leadership, education or service development. The job description should therefore be more explicit than a generic SAS JD.

Defining the specialist scope of practice

The key question is not whether the doctor undertakes every function of a consultant across the whole specialty, but what specialist-level work the post requires within its defined scope, and what evidence and governance are needed to support it.

- Define patient groups, clinical settings and main work domains.
- State what sits inside and outside the role: clinics, lists, procedures, inpatients, acute take, MDTs, virtual work, cross-cover and leadership duties.
- Describe the escalation and collaboration model with consultants and other senior clinicians.
- Use existing autonomous work or service reliance, where relevant, as evidence of service need for the post.

Preferred wording: 'The specialist doctor will practise autonomously within the defined scope of this post, supported by local clinical governance, appraisal, revalidation and agreed escalation arrangements. The scope may include duties also undertaken by consultants in this service; this does not make the post a consultant post, but it does require explicit recognition in job planning and governance.'

Senior work in a specialist doctor JD

Where a specialist doctor post includes senior work, the JD should identify the components rather than relying on the label. Examples include:

- Independent or lead responsibility for defined clinics, lists, ward areas or ambulatory pathways.
- Complex decision-making within an agreed scope of practice.
- Leading or coordinating MDT discussions, pathways or service processes.
- Supervision, teaching, mentoring or assessment of other staff where appropriate.
- Audit, quality improvement, incident learning, guideline development and governance responsibilities.
- Rota, pathway, service improvement, workforce planning or other leadership responsibilities.
- External or college duties, where agreed as part of the job plan.

Relationship with consultant roles

The specialist doctor role should be described as complementary to consultant practice, not as a lesser version of it and not as a substitute created solely because consultant recruitment is difficult. Some duties may overlap with consultant duties in the same service. The boundary should be explicit, role-relevant and governed.

Describing the role

Avoid this wording	Recommended alternative
'The specialist doctor will work under consultant supervision.'	'The specialist doctor will work autonomously within the agreed scope of the post, with access to consultant advice, peer discussion and escalation according to local governance arrangements.'
'The specialist doctor will perform duties similar to a consultant but is not a consultant.'	'The post includes senior clinical duties within a defined specialist scope. Some duties may overlap with consultant practice, but the role is appointed, governed and job-planned as a specialist doctor post.'
'The post is suitable for someone almost ready to be a consultant.'	'The post requires evidence of specialist-grade capability within the defined scope of practice and the ability to contribute to senior service delivery, governance and development.'

4 Criteria for guidance-compliant job descriptions

4.1 Checklists

A single checklist risks flattening the distinction between specialty doctor and specialist doctor posts. The following checklists should therefore be used to supplement the guidance given above.

Core checklist for all SAS job descriptions

Check	All SAS posts
1	Job description includes job plan and person specification.
2	Department/directorate and team structure described.
3	Workload figures and personal workload expectations included.
4	Secretarial, administrative, IT and office support defined.
5	Audit, QI, CPD, appraisal and revalidation expectations included.
6	Mentoring, induction and development support described.
7	Flexible working and LTFT adaptability considered.
8	TOIL, rest, premium time and on-call arrangements stated.
9	Scope of practice and escalation arrangements described where relevant.
10	SPA allocation matches duties described.

Additional checklist for specialty doctor posts

Check	Specialty doctor requirement
SD1	Specialty doctor entry criteria stated correctly.
SD2	Level of supervision/support tailored to experience and competence.
SD3	Career progression and threshold development described.

SD4	Opportunities to develop autonomy, leadership or specialist capability included where appropriate.
SD5	SPA supports CPD, appraisal, revalidation, audit and development.

Additional checklist for specialist doctor posts

Check	Specialist doctor requirement
SP1	Specialist doctor entry criteria and generic capabilities framework included.
SP2	Defined specialist scope of practice described clearly.
SP3	Autonomous clinical decision-making and accountability arrangements stated.
SP4	Relationship with consultant colleagues and escalation model described without implying routine subordination.
SP5	Leadership, governance, education, supervision or service development duties stated where expected.
SP6	SPA allocation sufficient for senior duties.
SP7	Person specification avoids inappropriate consultant-equivalence or whole-specialty comparator.
SP8	Job plan demonstrates a genuine senior SAS role, not a nominal title change.

4.2 Sample job plans

Important: the following example job plans are illustrative only. Actual job plans must be agreed locally, comply with the applicable contract and reflect service need, workload intensity, premium time, travel, rest, SPA requirements and the doctor's scope of practice.

Example 10 PA specialty doctor job plan

Activity	Example allocation	Notes
DCC clinics / ward / procedure work	6.0 PAs	Patient-facing clinical work according to specialty and service need.
Patient-related administration / MDT / results	1.0 PA	May be included within DCC and should be realistic for the workload.
SPA: CPD, appraisal, audit, governance	1.5 PAs	Supports safe practice, development and revalidation.
Development / teaching / QI	0.5 PA	May support progression, threshold development or specialist readiness.
On-call / emergency cover	1.0 PA equivalent	Frequency and premium time to be calculated locally.

Example 10 PA specialist doctor job plan

Activity	Example allocation	Notes
Autonomous clinical work within defined specialist scope	5.5 PAs	Independent clinics, ward areas, lists, procedures or pathway work according to the post.
Patient-related administration / MDT / advice and guidance	1.0 PA	Should reflect complexity and non-face-to-face clinical responsibility.
SPA: CPD, appraisal, audit, governance, QI	1.5 PAs	Core SPA for senior clinical practice and revalidation.
Leadership / education / service development	1.0 PA	May include pathway lead, governance, teaching, supervision, rota or service redesign duties.
On-call / emergency cover	1.0 PA equivalent	Frequency, intensity, rest and premium time to be calculated locally.

Glossary

Term	Meaning
AAC	Advisory Appointments Committee
ANR	Additional NHS responsibility
CPD	Continuing professional development
DCC	Direct clinical care
GCF	Generic capabilities framework for the specialist grade
JD	Job description
LTFT	Less than full time
PA	Programmed activity
SAS	Specialist, associate specialist and specialty doctors
SPA	Supporting professional activity
TOIL	Time off in lieu

References and further reading

- Royal College of Physicians. *Educational and career support for specialist, associate specialist and specialty doctors: guidance for doctors and employers.* RCP, 2024.
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