



# **Policy for the Management of Specialty to Specialist Career progression - Regrading**

**Fforwm Partneriaeth Cymru**  
**Welsh Partnership Forum**

GIG Cymru yn  
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NHS Wales  
Working in Partnership



*Approved May 2025*  
*Welsh Partnership Forum*  
*Medical and Dental Business Group*

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## Section 1

### Policy scope, principles and benefits

#### 1. Introduction

In 2021, a new role/grade of Specialist was introduced as part of the wider contract reform for SAS Doctors in NHS Wales to provide an opportunity for progression for highly experienced specialty doctors. The introduction of the role was intended to help to recruit, motivate and retain senior doctors and contribute to SAS grades being a positive and fulfilling career choice.

The principle of this policy is that where a doctor can demonstrate that they possess and have been applying the skills, experience and meet the capability framework requirements for the Specialist grade and the grade is required against service need that they will automatically progress to the Specialist grade.

This policy does not cover or replace the process to be followed in the event of competitive recruitment into a vacant role, for example when an Associate Specialist retires and/or when a new role is created.

#### 2. Policy statement

It is recognised by the Welsh Government, the BMA Welsh SAS Committee and NHS Wales Employers that a clear commitment to career development is required for Specialty doctors to create opportunities for doctors to progress in their careers which in turn will improve patient care and access to services.

All parties recognised the need to develop an All Wales Policy that sets out the process for specialty doctors (2021 and pre-2021 contracts) to request that their employer assesses them against the generic capabilities of the Specialist grade to properly recognise the role being undertaken.

If the doctor is assessed as eligible against the skills and experience required for the grade and the grade is required against service need, then the doctor will be offered the opportunity to automatically progress to the Specialist grade.

#### 3. Scope

This policy applies to all existing and new Specialty Doctors, regardless of contract (2008 or 2021), employed within NHS Wales.

## Section 2

### Process for application, decision making

#### 4. Eligibility criteria

Shall have full registration and a licence to practice with the General Medical Council or Shall have full registration and a Licence to Practice with the General Dental Council
A minimum of 12 years' work (either continuous period or in aggregate) since obtaining a primary qualification or A minimum of 12 years' dental work (either continuous period or in aggregate) since obtaining a primary dental qualification
A minimum of six years in a relevant specialty in the specialty doctor or closed SAS grades. Equivalent years' experience in a relevant specialty from other medical grades including from overseas will also be accepted
Meet the criteria set out in the <a href="#">Specialist grade generic competencies framework</a> .  Guidance on supporting evidence is available from Specialist grade <a href="#">appointment guidance</a> and BMA <a href="#">role comparison of SAS Doctors</a> .

#### 5. Criteria for Progression/Regrading

Two key elements must be satisfied for successful progression/regrading:

- Meeting the eligibility criteria set out in section 6.
- Demonstrating service need for a specialist post.

Following submission of the application, the line manager, in consultation with the Clinical Director, should explore the service need for a specialist within the team. Where a specialty doctor can evidence that they are already working wholly or partially at the level of clinical responsibility of a specialist this will be taken as sufficient evidence of a service need. This may include, but is not limited to, independently conducting outpatient clinics, theatre lists etc, even when under a named consultant.

Where a specialty doctor is not currently working at the level of clinical responsibility of a specialist but would otherwise meet the eligibility criteria for the grade, there still may be an evidencable service need for a specialist within their department. This may include gaps in the senior rota or need for more autonomous clinicians within the department.

#### 6. Application Process

##### 6.1. Preparing for application

Specialty doctors and their line managers should be continuously discussing career development as part of regular appraisals and job planning. These discussions should include, especially when the specialty doctor reaches the higher pay progression threshold, consideration of the competencies and skills described in the generic capabilities of the Specialist grade. The line manager will, in consultation with the specialty doctor, proactively identify and support opportunities within the specialty doctor's existing role for them to develop these competencies and skills where they do not

currently meet them. This should include supporting hybrid or full-time secondment opportunities to develop clinical and other skills where services can support this safely.

### 6.2. Discussion with line manager

Where a specialty doctor feels that they can demonstrate they meet the eligibility criteria of the Specialist grade, they should request a meeting with their line manager to discuss an application for progression/regrading to a specialist role/grade. This meeting should be constructive and supportive. The specialty doctor may request that the SAS advocate attend that meeting with them.

Where the line manager feels able to support the application, they should support the Specialty Doctor in completing the MST application form Specialty Doctor Career Progression Application Form and provide a statement of support setting out the way in which they believe the eligibility criteria has been met.

Where the line manager does not feel able to support the application at that time, they must confirm their position in writing and provide the specialty doctor with their reasons for declining to support their request at that time within 5 working days of the meeting.

It is important that the reasons are set out clearly and focus elements of the eligibility criteria not met or demonstrated.

This should identify areas for further development that are required and outline an action plan to assist the specialty doctor in meeting the competencies within a defined period.

The specialty doctor may still choose to complete and submit the MST application form Specialty Doctor Career Progression Application Form. They are advised to include the written reasons for declining to support the application.

All Applications are submitted to the [Central Specialty Doctor Career Progression Portal](#), administered by NHS Wales Employers.

### 6.3. Assessment of application

The application form will be forwarded from the Specialty Doctor Career Progression Portal to the employer's medical workforce team who will progress it. All the information required to consider the application should be included in the form.

The Medical Workforce Team will confirm receipt to the Specialty Doctor and line manager and set out the timescale for the next stage of the process.

A panel, including at least one senior independent clinical lead, a staff member with clinical oversight of the team in question, and a member of HR, will be identified within 20 working days to consider the application and either accept or reject the application, or request further information from the specialty doctor and their line manager. This may include, but is not limited to, an invitation to discuss the application with the panel. No doctor should be rejected without first having been invited to an interview; however, an interview is not a prerequisite of acceptance where the application form has sufficiently demonstrated the case for regrading.

### 6.4. Outcome

All applications must be considered within 20 working days of the panel being convened. Lack of identified budget alone for any increased costs because of the regrade will not constitute reason for refusal of a request to be regraded.

If the application is accepted, the specialty doctor will be regraded to a specialist. The date of application of the regrading will be the date of submission of the form to the central portal. A job plan review may be required if the specialty doctor's existing job plan is not compatible with the working limits of the specialist TCS, or where additional or different duties are entailed in the regrading. This should not unduly delay the regrading taking place.

If the application is rejected, the specialty doctor must be provided with detailed in-person feedback on their application, the reasons for rejection, and, where applicable, areas for improvement of competencies required to meet the eligibility criteria. This should be further set out in writing following the meeting.

*Figure 1 - Outcomes*

Outcome 1	Both conditions satisfied – the doctor becomes a specialist and job plan agreed accordingly to ensure both specialist and specialty service/work are both covered.
Outcome 2	The doctor does not meet the criteria, but the service need for specialist doctor is confirmed. Support is put in place for the doctor to develop the skills and competencies to allow them to successfully reapply for the specialist role.
Outcome 3	The doctor does meet the criteria, but the service does not have the requirement for an autonomous specialist doctor anywhere within the health board. The service is supported by operational and workforce teams to identify a suitable specialist post that the doctor can be slotted into within a reasonable time and recruitment for alternative autonomous practitioners within the same subspecialty may be suspended until the doctor is appropriately appointed.
Outcome 4	The doctor does not meet the criteria, and service does not need a specialist role. Feedback regarding further development will be provided but no other action is required, unless service workforce planning identified a future need in which case outcome 2 is enacted.

In any event where further development is required to meet criteria, the health board should put in place a plan to help the doctor develop the necessary competencies as part of the CPD processes. This should begin with detailed feedback from the application on how they were measured against the competencies and how they need to improve. The health board will oversee the progress of the plan and provide support to the doctor for up to two years. If no significant progress is made towards achieving the plan's objectives, the health board may discontinue its support.

## 7. Appeals Process

### 7.1. Lodging an Appeal

Unsuccessful applicants can appeal in writing within twenty working days of written outcome of their application, detailing the points of dispute.

### 7.2. Appeal Panel

The panel will include an appropriate Senior Clinical lead, the SAS Advocate and a senior member of HR. No panel member may have previous involvement in the application. If there is a conflict of interest a SAS Advocate of another health board can be asked to attend instead. Consideration should be given to seeking advice from the SAS rep from the relevant Royal College

### 7.3. Appeal Hearing

Written submissions must be received one week before the hearing. Doctors can present their case personally or with assistance. Expert witnesses may be included if necessary.

### 7.4. Decision

The decision must be provided to the doctor within 15 working days from the date of the appeal hearing. If the appeal is upheld, the implementation date will be backdated to the date on which the application was submitted to the online portal.

## 8. Monitoring

This policy will be regularly audited and fully reviewed every two years by the Medical and Dental Business Group, or sooner if legislative changes occur. Health boards will report twice a year to MDBG on the number (and demographic information) of specialty doctors who apply for regrading, the number of accepted and rejected applications, the number of appeals and the results of the appeals.