

Notes on person specification template

Examples of specialty-specific criteria and guidance for reference

The following list contains illustrative examples and is not intended to be exhaustive. It shows ways in which the template person specification may be amended or extended to be made suitable for different specialties. Employers should work with the relevant Royal College or Faculty to ensure the specialty-specific content of their person specifications is suitable for the post.

The notes correspond to the domains and capabilities listed in the template person specification.

Professional values and behaviours, skills and knowledge

1.1. For dental roles, employers should refer to the General Dental Council's (GDC), Standards for the Dental Team (2014):

<https://www.gdc-uk.org/docs/default-source/standards-for-the-dental->

[team/standards-printer-friendly-colour86d42fee1e2f440e8faaa3b80983334a.pdf?sfvrsn=98cffb88_5](https://www.nhs.uk/standards-printer-friendly-colour86d42fee1e2f440e8faaa3b80983334a.pdf?sfvrsn=98cffb88_5)

1.2. It has been acknowledged that while oral and maxillofacial surgery (OMFS) is a surgical specialty regulated by the General Medical Council (GMC), over 99 per cent of the SAS workforce working in OMFS are dentists regulated by the GDC. Their competencies and areas of practice are much wider than the scope of practice of a general dentist and SAS dentists working in oral surgery (OS) - a dental specialty.

Within an agreed clinical governance structure, the specialist grade in OMFS will follow competencies stated in the OMFS curriculum in addition to the OS curriculum, depending on the roles they will be undertaking for the employer.

1.3. The appropriateness of this criterion will be specialty dependent. For example, formulating a differential diagnosis may be less relevant for lab-based specialties (eg, pathology) or certain areas of public health and anaesthesia.

1.4. All NHS employing organisations should have an autonomous practice policy in place for SAS doctors and dentists. Should no such local policies exist, employers are encouraged to consider the British Medical Association's guidance template for the development of autonomous practice for SAS doctors and dentists (2015):

<https://www.bma.org.uk/media/1640/bma-guide-to-autonomous-practice-sas-updated-2015.pdf>

1.5. Addition for psychiatry posts - the understanding and utilisation of the legal framework provided by both the Mental Health Act (MHA) 1983 and the Mental Capacity Act (MCA) 2005 is essential. A specialist grade postholder in psychiatry would need as a minimum to be section 12(2) MHA 1983 approved, if not have approved clinician (AC) status/approval and be on the AC register. (NB: MHA 1983 only pertains to England and Wales. Equivalent in Northern Ireland would be the Mental Health (Northern Ireland) Order 1986 and 2016 Mental Capacity Act.)

For paediatrics, evidence for this domain can be attendance of level 3 or 4 children safeguarding courses, safeguarding multi-disciplinary team (MDT) meetings, child protection reports, clinic letters and reflective pieces.

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