

SAS development guidance

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Produced in partnership with



About us

NHS Employers is the employers' organisation for the NHS in England. We support workforce leaders and represent employers to develop a sustainable workforce and be the best employers they can be. We also manage the relationships with NHS trade unions on behalf of the Secretary of State for Health and Social Care.

What this guide is for

- This guide describes actions that can be taken to ensure that best practice is applied in the development of all SAS doctors.
- It looks at how different groups can work together to ensure this best practice is consistently applied across various organisations.
- It's for anyone involved in the development of SAS doctors, such as employers, medical royal colleges, the General Medical Council, consultants and SAS doctors themselves.
- Specific sections are targeted at:
 - NHS boards
 - medical directors/clinical directors/clinical leads
 - consultants
 - SAS doctors
 - medical staffing and human resources teams.
- While this document specifically uses the phrase 'SAS doctors', the principles also apply to dentists working in the SAS grades and other doctors, for example locally employed doctors (LEDs) who are employed on a local contract comparable with the national SAS terms and conditions of service (TCS).
- When applying the principles to a broader group of doctors (for example LEDs), appropriate funding arrangements will need to be made by the employing organisation in addition to the existing ring-fenced funding for SAS doctors.

Why developing SAS doctors matters

Sustaining high-quality patient care depends on doctors being supported in continuous learning and development. This goes beyond maintaining fitness to practise, it's about equipping them with up-to-date knowledge and new skills to deliver the best possible healthcare.

Supporting the personal development of doctors benefits not only the individuals themselves, but also the wider health service. For SAS doctors to succeed, this means access to effective annual appraisals, study and professional leave, and mutually agreed job plans with appropriate SPA time.

Investing in development helps create a motivated and engaged workforce, which is strongly linked to better patient experience and improved service delivery.

SAS Charter and job planning

SAS Charter

To demonstrate a shared commitment to supporting and developing the role of the SAS doctor as a valued and vital part of the medical workforce, each nation has developed a charter for SAS doctor development. The charter set out what SAS doctors can expect from their employer and what the employer can expect from them.

NHS Employers has jointly published with the BMA, SAS charter resources to help employers and SAS doctors work together to assess their organisation's progress and develop an action plan to support the implementation of the charter and incorporation of its principles into local procedures and policies.

The charter is in the process of being updated to incorporate the 2021 specialty doctor and specialist contracts and we expect a revised version to be published in 2025.

Job planning

SAS doctors are contractually entitled to job plans that are mutually agreed and relevant to their roles. Job plans should be completed in good time and be reviewed at least once a year. Their personal development plan (PDP) from the relevant year's appraisal should be considered at the time of job planning to ensure that the job planning process facilitates clinical development fulfilling aspirations within the PDP. Employers are responsible for ensuring that there are processes in place to

record the discussions and outcomes following national TCS and guidance.

Job plans are contractually required to include SPA time, which will allow doctors to undertake development activities which can include audit, clinical governance, training and research in addition to the activities required for revalidation. Job planning should be undertaken in a spirit of partnership and balance the needs of patients, the employer and the wider NHS with the needs of individual doctors to undertake the agreed range of clinical and professional activities required for them to develop in their career. Within this context, it is expected that all parties will participate openly in the process and actively consider alternative ways of working to enable service improvements to be introduced.

It is important that the activity delivered by doctors is aligned with the content of their job plans. The job plan sets out the scope of a doctor's work – that is, the combination of clinical and professional activities expected of their role – and their appraisal will consider activity delivered against this (see below).

See the [SAS job planning guide](#) for more information about job planning.

Appraisal and CPD

Appraisal

SAS doctors should have adequate time and support to allow them to fully participate in the annual appraisal process. This includes them being afforded the opportunity to gather sufficient evidence of the entire scope of their work.

Appraisal and revalidation requirements of SAS doctors are identical to all doctors that are not in training and therefore they should be recognised as being of equal importance and receive an equal amount of SPA time to engage with those processes.

The appraisal meeting is important to help agree and monitor professional and personal development. The process helps to identify learning needs and provide time for reflection of individual practice and performance. The Academy of Medical Royal College's (AoMRC) guidance on [supporting appraisal for SAS doctors](#) (PDF) can be used as a resource by the appraisers for an effective appraisal, irrespective of one's specialty.

Continuing professional development (CPD)

Continuing professional development is vital for SAS doctors to keep up to date with their skills and competencies. There are many ways SAS doctors can develop, either through their own personal learning or via facilitated development sessions or away days.

The General Medical Council (GMC) continuing professional development guidance sets out:

54. Employers and contractors of doctors' services are responsible for making sure their workforce is competent, up to date and able to meet the needs of the service. They should maintain and develop the skills of all of their medical staff whether they are consultants, staff grade¹, specialty or associate specialist (SAS) doctors, sessional general practitioners (GPs), locum doctors or trainees. They should also facilitate access to the resources (including the time to learn) that will support this.

CPD opportunities should be equitable irrespective of the grade with a mix of formal and informal learning, for example:

- reflection on data from audits, assessments, and feedback
- training courses
- peer reviews or peer tutoring
- specialty networks or programmes run by medical royal colleges
- collaborative working with other more senior clinicians for at least one session a week
- secondments or opportunities to act up into more senior roles for periods of time when required (for example, to cover absent colleagues).

SAS doctors have a contractual right to SPA time in their job plan, which covers participation in continuing professional development activities. SAS doctors are allowed up to thirty days of study leave (pro rata) in any period of three years, which could be used to undertake training that might support their professional development as per the TCS.

In addition, professional leave can be agreed to accommodate any external NHS duties.

Chapter footnotes

1. Acknowledgement of the outdated reference to staff grade but included as quoted.

Role of the SAS tutor and the SAS advocate

SAS tutor

The SAS tutor sits on local SAS doctor committees and local negotiating committees (LNC). This post was created to support and guide SAS doctors on education, training and career development.

They are responsible for working within and reporting to those in the Trust's education directorate to oversee the development needs of SAS doctors. SAS doctors who wish to discuss professional development such as the Portfolio Pathway or job planning can contact the SAS Tutor in addition to their line manager.

We would recommend that trusts appoint a SAS tutor to promote and support SAS doctors with professional development processes. Although not mandatory, it is desirable to have a SAS doctor in this role.

SAS advocate

The SAS advocate works with the SAS tutor to improve the overall SAS doctor experience, but takes on more of a holistic role. The SAS advocate is responsible for promoting a high standard of health and wellbeing for SAS doctors and improving the recruitment, retention and visibility of SAS doctors. The SAS advocate reports to the chief medical director/officer and works with LNC representatives to raise the profile of SAS doctors and feedback any issues.

The SAS advocate acts as a champion for the grade and is the liaison between the SAS workforce and the employer. The SAS advocate understands their workforce and its wellbeing and development needs more than anyone else. For example, when vacancies arise in a trust, it is best practice to involve the SAS advocate in the appointment process with an option of using it as an opportunity for the trust to create a specialist post.

We would recommend that trusts appoint a SAS advocate in addition to the SAS tutor role. For more information, see our guidance on SAS advocates and how they are distinguished from SAS tutors.

Autonomy and coding / tariffs for clinical activity

Autonomy

Autonomous working means the capability of making medical decisions for patient care and carrying full clinical responsibility without direct supervision when working within one's competencies. It could be defined as an individual's self-governance that, with engagement from senior management, peer support and recognition, enables doctors to independently provide safe and effective patient care.

In the interest of patient safety, all NHS staff are subject to some form of supervision, whether from peers or lead clinicians. The terms and conditions do not prevent SAS doctors from working independently and ensuring staff are used to their full potential is beneficial for the employer, individual doctor, and patient care.

The specialist grade is expected to work autonomously to a level of defined competencies, as agreed with local clinical governance frameworks.

Many SAS doctors already work as autonomous practitioners. There are several benefits to encouraging and enabling autonomous practice, where it is appropriate. These can include:

- recognition of the high level of clinical skills and professionalism in the SAS doctor grade
- provision of personal and professional development opportunities for SAS doctors within the trust/organisation
- the opportunity to have greater medical engagement of SAS grades

- support for the recruitment, retention and motivation of highly skilled clinicians
- empowerment of doctors to work to their highest potential, benefiting the service and patients
- improved governance and accountability.

In practice, the level of supervision will depend on several factors, including personal competence and agreed accountability arrangements for all aspects of the role.

All specialist doctors can work autonomously to a level of defined competencies, as agreed within local clinical governance frameworks.

Specialty doctors at the highest level will have gained specialist knowledge and expertise. They may seek to work autonomously within established boundaries of responsibility, with such agreements being determined locally and according to local practices.

Where SAS doctors are working as autonomous practitioners, this should be formally recognised through coding of clinical activities. This can then be referred to as accurate data to aid the revalidation and appraisal process.

Trusts' clinical governance arrangements should reflect this guidance, and trusts should have an autonomous working policy in place. Those SAS doctors who would wish to develop into autonomous practitioners should be encouraged to do so and these aspirations should also be incorporated into both their job planning and appraisal processes. The Academy of Medical Royal College's (AoMRC) guidance on [autonomous working](#) (PDF) can be used alongside [BMA guidance](#).

Coding / tariffs for clinical activity

Personalised information on activity and outcomes was a feature in Sir Keith Pearson's review of medical revalidation. It is vital for patient safety to know how many procedures an individual doctor has done to demonstrate on an ongoing basis that they are up to date and fit to practise. It is also important for medical appraisal to accurately audit who has undertaken what work. If the numbers of procedures and outcomes are known, supervisors can support individual doctors in identifying learning through an agreed PDP to improve their practice.

Accurate patient coding is extremely important for a number of other reasons:

- it is good medical practice for patients and their families to know the name of the senior doctor in charge of caring for a patient
- it is important for appraisal and pay progression to accurately audit who has undertaken what work
- it is important for staff morale, recognition and job satisfaction.

The NHS e-referral service has a patient coding function that enables the coding of named clinicians, including SAS doctors. In some hospitals, where patients are under the care of a SAS doctor, this is accurately reflected in the local records, however this can be sporadic. Further work is needed to ensure this becomes common practice across the UK.

Mentoring and the Portfolio Pathway

Mentoring

Mentorship is beneficial to all SAS doctors regardless of career stage as it supports both personal and professional development. It's particularly helpful for those new to an organisation or department and those in the early stages of their SAS career.

The GMC's Good Medical Practice recommends that it's good practice to find and take part in structured support opportunities, such as mentoring or coaching schemes.

As set out in the AoMRC's SAS Workforce and mentorship publication, mentoring has benefits to doctors, both the mentor and mentee, their employers, the wider NHS and patients. This activity promotes a sustainable SAS career, and appropriate recognition should be given to its professional and organisational value by being included in job plans.

Many Royal Colleges offer their own mentoring and leadership programmes. Clinical leaders are encouraged to explore the possibility of mentorship for SAS doctors within departments. Senior SAS doctors can provide mentorship with the support from employing organisations.

Portfolio Pathway (previously CESR)

Although the majority of SAS doctors wish to actively pursue careers in the SAS grades and should be supported and

developed in their roles within these grades, some may wish to progress their careers by qualifying for the GMC's specialist register or general practice registration via the Portfolio Pathway (previously CESR). To do this, SAS doctors need to demonstrate that they have the knowledge, skills and experience (KSE) for specialist practice in the UK. The framework for assessing KSE will reflect the high-level learning outcomes of the relevant specialty curriculum.

Most Royal Colleges provide access to e-portfolios for SAS doctors, which are a good way to log all work-based assessments and obtain multiple consultant reports. The AoMRC has worked with the Royal Colleges to encourage access to e-portfolios for SAS doctors who require it. The AoMRC's guidance, [Access to college education e-portfolios for SAS doctors](#), provides more information.

There are routes by which a SAS doctor can apply for specialist registration. Details of these are available on the [GMC's website](#).

Employers should assist and support SAS doctors in meeting the requirements of a Portfolio Pathway application. Everyone will have unique circumstances and therefore different requirements of support. This could include secondment opportunities, support when sitting exams, or arranging for the applicant to be released from their post for a period of time to undertake top-up training.

SAS dentists can apply through the [Specialist List Assessed Application](#) route to join one of the specialist lists.

Regardless of whether the Portfolio Pathway is pursued, it should be standard practice to have development conversations with SAS doctors during their appraisal, with any agreed plans documented to track progression.

Non-clinical roles

While SAS doctors often primarily focus on the delivery of direct clinical care, they can also take on non-clinical roles to the benefit of both the doctor's personal development and the service more broadly. These roles could include:

- medical management (for example, medical director, associate medical director, clinical director, subspecialty lead, or taking a leadership role in trust clinical management meetings)
- governance leads (at departmental/divisional and director level)
- appraisers (for example appraisal lead)
- educational and clinical supervisors² (for example, training program director, college tutor, director of medical education)
- Caldicott guardian
- LNC SAS representative and LNC chair
- guardian of safe working hours (who is responsible for overseeing compliance with the safeguards outlined in the 2016 TCS for doctors and dentists in training)
- induction and recruitment (for example, being the point of contact on the job advertisement, being part of the shortlisting panel, and being on the interview panel)
- SAS tutors
- SAS advocates
- clinical leads in relevant specialty
- audit leads.

There are clear benefits to involving SAS doctors in these roles. For example, increasing the number of available appraisers has the benefit of increasing the flexibility of appraisal programs. SAS doctors will also be perfectly placed to understand what other new SAS doctors need in their induction. This could include providing information about the organisation, the department, or SAS development. The AoMRC has produced guidance, Leadership Development of SAS doctors which can be a useful reference document.

SAS doctors should be encouraged to apply for these roles and provided with training (e.g. to become an appraiser) as appropriate. At present, SAS doctors are underutilised in these positions³ and efforts should be made to ensure that the NHS is both recognising and fully tapping into the skills and expertise of this cohort.

Note the above list is not exhaustive. There are no medical leadership roles that should not be equally appropriate for SAS doctors, and other opportunities for SAS involvement in non-clinical roles should be considered as they arise.

Chapter footnotes

2. See the AoMRC publication, SAS as educators and NHS Health Education England's, Enhancing supervision for postgraduate doctors in training.
3. In January 2020, the GMC published the initial findings from its first survey of SAS and locally employed (LED) doctors. The findings showed that just one per cent of LED and two per cent of SAS doctors were involved in the induction of other SAS and LED doctors.

Career development and the SAS contracts

In 2021, the new specialist contract was introduced, creating a senior grade to which SAS doctors could be appointed and which appropriately recognised and remunerated them for their level of clinical experience and contribution. This once again established a clear pathway for career development in the SAS grades.

The specialist role presents the opportunity for highly experienced specialty doctors to progress in their career and work autonomously within their specialty. The scope and practice for the specialist grade, including the roles and responsibilities have been developed in partnership between the AoMRC, the BMA and NHS Employers.

Acting up clause

Schedule 19 in the 2021 specialty doctor (PDF) and specialist TCS (as well as Schedule 28 in the 2008 specialty doctor TCS and Schedule 21 in the 2008 associate specialist TCS) outlines the circumstances in which SAS doctors may be required to perform duties of a higher grade temporarily.

It is encouraged that organisations review their workforce and consider this Schedule when a colleague is absent for a period of one month or more. SAS doctors must be remunerated appropriately as set out in the Schedule.

Utilising Schedule 19 can help with temporary workforce issues, allowing existing members of staff to act up into a higher position and enabling them to develop and demonstrate their capabilities.

More information for SAS doctors acting up can be found on the [BMA's website](#).

SAS doctors may also provide cover for consultants as acting consultants. They do not need to be on the specialist register to do so. All SAS doctors who act up to consultant level should receive a separate, mutually agreed temporary job plan, distinct from their substantive one, and receive an acting up payment to bring their rate of pay up to the rate of pay they would receive on appointment to the consultant grade (as set out in Schedule 19 of the 2021 TCS).

Later careers and retirement

While the age profile of the SAS workforce mirrors that of consultants, their scheduled work profile can often resemble that of trainees. This can affect their work-life balance choices during their later career and influence retirement decisions.

There should be equitable opportunities for SAS doctors to consider their choices and make decisions that benefit both parties. Employers need to create a system where conversations with SAS doctors about their later careers and retirement are standard practice.

Stakeholder actions to support the SAS workforce

Actions for NHS boards

Board members should consult regularly with the SAS advocate, SAS tutor and SAS doctors to understand the work they deliver and any necessary support they need.

Boards can ask their medical directors to report on a range of measures to gain assurance that the organisation is optimising the use of the skills and abilities of their SAS doctor workforce.

Assurance metrics for boards



Annual appraisal

The number of SAS doctors that have receive regular performance reviews.



Appraiser training

The number of SAS doctors that are trained and are acting as appraisers.



PDPs

The proportion of SAS doctors that have PDPs that are supported and monitored.



Job planning

The number of SAS doctors that have a mutually agreed job plan.



SPA inclusion

The proportion of SAS doctors that have a minimum of one supporting professional activity

SAS doctors should have parity of opportunity with other staff groups. Through the SAS tutor and SAS advocate, boards should ensure that SAS doctors are provided the same opportunity as their other medical colleagues to take part in essential activities, including SPA, revalidation and appraisal. In addition to collecting data on this, boards must ensure that the data is analysed to identify any areas of concern. Plans should be developed and implemented to address any such issues.

Additionally, boards should embed standard processes.

Standard processes for boards to embed

**Activity attribution**

Ensure clinical work can be coded to the individual doctor that performed the work.

**SAS identification**

Make sure there is a system in place to identify SAS doctors.

**Documentation tick box**

Make sure that trust documentation has a check box for SAS doctor (not just an 'other' category).

Further measures for boards to consider

Beyond this, we also recommend the board ensure the following further measures.

Career development

- Utilise the specialist grade appropriately to encourage the creation of specialist roles.
- Encourage and implement leadership roles for SAS doctors.

- Encourage and support applications for consultant and management posts or any other roles that are appropriate to their skills and expertise. This could be substantive consultant posts for SAS doctors on the specialist register, or locum consultant posts for a set period of time.
- Ensure that derogatory terminology such as ‘middle grade’ is not used across the trust.

Policy and culture

- Implement the SAS Charter trust wide.
- Support SAS doctors appointed to new management roles and appropriate consultant posts.
- Ensure SAS doctors are represented on all relevant medical committees.

Education and professional support

- Appoint a SAS advocate.
- Appoint a SAS tutor.
- Provide educational supervision for early-career SAS doctors.
- Ensure SAS doctors receive clinical supervision where appropriate.
- Enable SAS doctors to work autonomously where appropriate.
- Include SPA time in job plans tailored to individual needs.

Actions for medical directors/clinical

directors/directors of education



Appraisals and revalidation

SAS doctors must have an annual appraisal.

This provides evidence of a SAS doctor's current level of practice and is a requirement for medical revalidation.

We recommend that medical directors:

- ensure there is an accurate database of all doctors, and that appraisal documentation is communicated to SAS doctors appropriately
- reflect on how to optimise the number of available appraisers, including increasing the number of SAS doctors trained as appraisers
- consider how best to quality assure the process of appraisal, including through appraisee feedback after each appraisal
- review SAS job plans and ensure there is sufficient SPA time

- strive for a single, robust appraisal system for all doctors, applied to every doctor every year.

Autonomy and recognition

Empower SAS doctors in their roles.

- Encourage SAS doctors to work autonomously and take up extended roles where appropriate.
- Medical directors should ensure that local policies take account of this guidance.
- Update local policies to reflect autonomy guidance.
- Challenge outdated views of the capabilities and characteristics of SAS doctors.
- Open consultant posts to appropriately experienced SAS doctors. These could include substantive consultant posts for SAS doctors on the specialist register, or locum consultant posts for a set period of time.

SAS Charter implementation

Support embedding values and principles.

- Proactively support implementation of the principles set out in the SAS Charter.
- Raise the importance of the SAS Charter with the board.
- Complete the SAS Charter evaluation toolkit to check the organisation's progress.
- Attend SAS forums and meetings.

Career development and the Portfolio Pathway

Support progression and role expansion.

- Support SAS doctors with the Portfolio Pathway.
- Appoint a SAS tutor to assist with making applications.
- Enable progressive development within the post by considering job swaps or opportunities in other departments.
- Support doctors to gather evidence for their Portfolio Pathway.

Leadership, management and educational roles

Doctors will benefit from taking advantage of the below opportunities and employers will benefit from a greater proportion of the workforce supporting wider organisational objectives. These roles also promote the role and visibility of SAS doctors. Trainees who work alongside SAS doctors in these roles will have a positive image of SAS as a career choice.

It is good practice to support eligible SAS doctors and encourage them to apply for roles such as:

- medical management (for example, medical director, associate medical director, clinical director, subspecialty lead, or taking a leadership role in trust clinical management meetings)
- governance leads (at departmental/divisional and director level)
- appraisers (for example appraisal lead)
- educational and clinical supervisors (for example, training program director, college tutor, director of medical education)
- Caldicott guardian
- LNC SAS representative and LNC chair

- guardian of safe working hours (responsible for overseeing compliance with the safeguards outlined in the 2016 TCS for doctors and dentists in training)
- induction and recruitment (for example being the point of contact on the job advertisement, being part of the shortlisting panel, and being on the interview panel)
- SAS tutors
- SAS advocates
- clinical leads in relevant specialty
- audit leads.

Include SAS doctors in:

- management meetings
- committees and panels (for example governance, audit, morbidity and mortality reviews, serious untoward incident panels, interview panels, directorate meetings, and the LNC).

Support and advocacy

Create a supportive environment.

- Appoint SAS advocates and tutors.
- Provide appropriate clinical supervision.
- Use case-based discussions and supervisor sessions for development.

Engagement

Promoting visibility and inclusion. Medical directors should:

- participate in initiatives that promote SAS roles

- take part in SAS Week activities and similar events.

Actions for SAS doctors



Charter engagement, advocacy and attributes

Promote shared values and accountability.

- Support SAS Charter implementation and assess progress.
- Engage with committees (for example, LNC, clinical advisory committee) and ensure they are aware of the provisions of the Charter and extent to which they have been implemented at their trust.
- Stay informed about the SAS Charter and assess their organisation's progress on implementation, identify areas requiring attention and create an action plan for improvement.
- Raise concerns with relevant figures such as the SAS advocate.
- Pursue available roles and advocate for fair opportunities.

Appraisal and professional standards

SAS doctors should maintain clinical quality and personal development.

- They must undertake an annual appraisal supported by a portfolio of evidence, including patient and colleague feedback collated by the employer.
- The outcome should result in clear objectives and a personal development plan (PDP).
- Encourage SAS doctor colleagues to engage with the appraisal process.
- Consider how they can supported to become a trained medical appraiser.

Autonomy and responsibility

Deliver safe, independent clinical care.

- Work confidently and autonomously where appropriate.
- Seek supervision when needed.
- The Academy of Medical Royal College's [guidance](#) on taking responsibility and the BMA's guide to [Autonomy of the SAS grade](#) assert that senior SAS doctors have the expertise and ability to take responsibility for patients without consultant supervision if they are able to do so.

Career development and extended roles

Expand skills and professional impact.

- Make use of full study leave and professional leave allowance (up to 30 days in a period of three years).
- Make use of available development funding which can be also used for other areas such as postgraduate qualifications in

medical education, where the individual has such a role.

- Seek extended roles (for example management, educational supervisor and appraiser roles).
- Challenge barriers to role access.

Engagement and networking

Build your visibility and collaborative relationships.

- Build relationships with senior colleagues to raise the SAS doctor profile and role.
- It can be useful to build relationships with resident doctors who, when they progress to more senior roles, will have an appreciation of the role of the SAS doctor.
- Keep leaders informed of SAS activities and invite them to attend SAS meetings.
- Network with other SAS doctors for peer support, to share information and raise awareness of opportunities.
- Participate in the induction of new colleagues.

Service contribution and job planning

Align roles with organisational goals.

- Take on responsibilities to work beyond role in service delivery that support wider organisational objectives such as clinical management, appraiser, and educational supervisor.
- Engage actively in job planning to align goals with the organisation and the aims of the doctor.

Actions for medical staffing and human resources



SAS charter collaboration

Support shared values and partnership.

- Work with SAS doctors at LNC meetings using SAS Charter resources.
- Assess organisational performance and create action plans.
- Ask SAS doctors to collaborate to support SAS Charter implementation.

Appraisal and revalidation

Ensure quality and consistency in professional development.

- Coordinate with medical director and revalidation office to ensure SAS doctors have an effective annual appraisal.

- Ensure annual appraisals are evidence-based and outcome-driven.
- Make sure appraisals are carried out by trained medical appraisers (not the doctor's line manager).
- Limit repeat appraisals with the same appraiser - no more than three appraisals in the five-year revalidation cycle can be with the same appraiser. This is set out in [NHS England guidance](#).
- Support SAS doctors to become trained medical appraisers.

Grade recognition and identification

Promote respect and visibility for SAS roles.

- SAS grades should be recognised as positive career choices.
- Avoid outdated or derogatory terminology and make sure it's not used on any rotas or communications.
- Update trust documentation to include SAS-specific options on forms so they are not included in an 'other' category.
- Maintain systems to identify and track SAS doctors so medical staffing departments are aware who their SAS doctors are and where they are working.

Development and career progression

Enable growth and fair access to opportunities.

- Ensure SPA time and study leave for CPD and revalidation.
- Assess training needs locally and offer formal training pathways.
- Monitor PDP progress and offer shadowing opportunities with consultants and other more senior clinicians.

- Use acting-up provisions that are in Schedule 19 in the 2021 specialty doctor and specialist TCS, Schedule 28 in the specialty doctor 2008 TCS and Schedule 21 in the associate specialist TCS.
- Ensure fair remuneration.

Facilities and resources

Provide the tools for success.

- Offer appropriate facilities and resources as per [SAS Job Planning Guide](#)
- Identify and agree supporting resources so objectives can be met during job plan reviews.
- For more information on supporting resources see chapter 4 of the [SAS job planning guide](#).

Hierarchy and inclusion

Challenge bias and open career pathways.

- Address outdated views of SAS capability and open up consultant posts to eligible SAS doctors.
- These could be substantive consultant posts for SAS doctors on the specialist register, or locum consultant posts for a set period of time.

Induction and onboarding

Welcoming and integrating SAS doctors.

- Include SAS doctors in induction programmes.
- Offer mentoring and follow SAS induction checklist.

- Involve SAS doctors in onboarding new colleagues.

Job planning

Aligning roles with organisational goals.

- Ensure all SAS doctors have a mutually agreed job plan, as set out in the TCS.
- Recognise SPA boundaries and job plan reviews should allow sufficient time for career discussions.

Recruitment and role creation

Help to build a strong and inclusive workforce.

- Involve SAS doctors in recruitment of SAS doctors. This could be by sifting job applications, sitting on the interview panel or playing a role in induction.
- Include SAS tutors or advocates when needed, for example if there are no suitable SAS doctors.
- Promote the creation of specialist grade roles, highlighting the benefits and look at how the role can be utilised with the workforce. Read the specialist role guidance for more information.
- Include SAS doctors on email lists for vacancies and roles.

Service contribution and time allocation

Support broader organisational impact.

- Challenge the idea that SAS roles are only service based.
- Support SAS doctors to take their agreed study leave.

- Ensure SPA time is used for wider responsibilities. See the [SAS job planning guide](#) for information.

Development at each career stage

As part of personal and professional development, SAS doctors may wish to consider the next steps in their career.

To help form discussions with employers we have listed some suggestions split into early, mid and late career stages; this list is not exhaustive and is to be used to support conversations, some points can refer to all career stages.

Early career

A SAS doctor at the early stages of their career (entry level – five years) will be establishing themselves within their role. You may wish to consider:

- Engaging with an educational supervisor, if not offered straight away, speak with your employer.
- Asking your employer for mentoring, coaching or a buddy system.
- Networking and making connections within your organisation, especially the SAS advocate and SAS tutor.
- Identifying your support needs and discussing these with the relevant people in your organisation.
- Planning and preparing for your appraisal.
- Preparing for revalidation.

- Developing your interests in clinical and non-clinical work and meeting regularly with your seniors to discuss development.

Mid-career

Mid-career SAS doctors are more established and experienced within their roles. They may be looking towards the next point in their career or looking to enhance their current skills. In mid-career you may wish to consider:

- Engaging in more learning from senior colleagues, building on existing specialist knowledge and skills.
- Undertaking additional non-clinical roles, such as an appraiser or educational supervisor.
- Undertaking audit and quality improvement work.
- Taking on management responsibilities.
- If a specialty doctor, considering gaining experience to apply for a specialist role.
- Supervising early career stage colleagues.

Late career

SAS doctors in their late career will likely be working autonomously and able fulfil a range of duties. At this stage, you may wish to consider:

- Undertaking management roles at regional or national level.
- Supervising colleagues.

- Undertaking academic research and service development.

National resources

SAS charter

- [BMA: SAS charter resources](#)
- [NHS Employers: SAS charter resources](#)

Job planning

- [BMA: Job planning guidance](#)
- [NHS Employers: Job planning guidance for SAS doctors](#)

Revalidation and appraisal

- [AOMRC: Supporting appraisal for the SAS workforce](#)
- [BMA: guidance on revalidation for doctors](#)
- [BMA: guidance on medical appraisals for doctors](#)
- [NHS England: medical appraisal policy](#)
- [NHS: information management for medical revalidation in England](#)
- [Sir Keith Person's review of medical revalidation](#)

Continuing professional development

- [GMC: continuing professional development guidance for all doctors](#)

SAS tutor and SAS advocate roles

- [NHS Employers \(in partnership with the BMA and NHS England\): SAS advocate vs SAS tutor roles and responsibilities](#)

- NHS Employers: information about the SAS advocate role

Autonomous working

- BMA: guidance on autonomous working for SAS doctors
- AOMRC: autonomous practice of SAS doctors
- AOMRC: guidance for taking responsibility
- AOMRC: improved working for SAS workforce in later careers and retirement

Specialty and specialist grade

- [BMA: The 2021 specialist grade explained](#)
- [NHS Employers: specialist grade information and resources](#)
- [NHS Employers: specialty and specialist doctors – information and guidance](#)
- [NHS Employers: information on the specialist grade role](#)
- [NHS Employers: guidance on the establishment and introduction of the specialist role in England](#)
- [2021 national TCS for specialists](#)
- [2021 national TCS for specialty doctors](#)

Acting up

- [BMA: acting up guidance for SAS doctors](#)

Mentoring and coaching

- [GMC: Good Medical Practice Guidance](#)
- [AOMRC: SAS mentorship guidance](#)

Career and leadership development

- [AOMRC: leadership development for SAS doctors and dentists](#)

Portfolio Pathway/Specialist Lists

- [AOMRC: access to college education e-portfolio for SAS doctors](#)

- [GMC: Portfolio Pathway application guidance](#)
- [General Dental Council: specialist list application guidance](#)

Employer support for SAS doctors

- [NHS: maximising the potential: essential measures to support SAS doctors](#)
- [NHS Employers: SAS induction checklist](#)

Safe working hours

- [NHS Employers: guidance and resources for guardians of safe working hours \(GoSWH\)](#)

NHS Employers
2, The Calls,
Leeds,
LS2 7JU

0113 306 3000
www.nhsemployers.org
@NHSEmployers