

Specialist grade appointment guidance – A template for collating evidence against the capabilities framework

A [generic capabilities framework](#) for the Specialist grade has been developed in partnership between the Academy of Medical Royal Colleges, the British Medical Association and NHS Employers. It outlines the core capabilities and skills expected across all specialties for safe working practices at this Specialist grade. The terms and conditions for the Specialist grade state that doctors will need to evidence they meet these criteria to successfully enter the grade.

This document provides an easy-to-use template, along with accompanying guidance, on how doctors can evidence that they meet these criteria. Doctors should be able to demonstrate their suitability for the role by any means available to them. Demonstration of capabilities could be evidenced through several ways including logbooks, job planning activities, 360-degree reviews, appraisal history, e-portfolios and references from senior colleagues. Whilst it is up to the individual doctor to provide evidence, it is expected that evidence is provided through more than one of these sources. References should include a reference from the most recent job, written by a senior doctor on the GMC specialist register with whom the doctor worked (a consultant, Specialist, clinical director, medical director etc) and their clinical manager.

Domain	Capabilities	Doctors evidence of capabilities (examples of appropriate evidence to be removed)
Professional values and behaviours, skills and knowledge	1.1 Practises with the professional values and behaviours expected of all doctors as set out in GMC Good Medical Practice and the Generic Professional Capabilities Framework (or equivalent for dentists).	<ul style="list-style-type: none"> Participation in annual appraisal Multi-source feedback Patient feedback Mandatory training as set out in UK Core Skills Training Framework Interview (an interview may not be appropriate for Associate Specialists transitioning to the Specialist grade – please see section below)
	1.2 Demonstrates the underpinning subject-specific competences i.e. knowledge, skills and	<ul style="list-style-type: none"> Work-based evidence using appropriate existing tools for example, scope of practice and workload as evidenced in job plan, logbooks, audit of personal practice, references from

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	behaviours relevant to the role setting and scope.	<ul style="list-style-type: none"> colleagues, evidence collected for annual appraisal and job planning Knowledge-based evidence e.g. accredited courses, CPD diary, professional or higher qualifications
	1.3 Clinically evaluates and manages a patient, formulating a prioritised differential diagnosis, initiating an appropriate management plan, and reviewing and adjusting this depending on the outcomes of treatment.	<ul style="list-style-type: none"> Multi-source feedback Patient feedback Reflective pieces References from colleagues Personal clinical audit Evidence collected for annual appraisal and job planning
	1.4 Manages the difficulties of dealing with complexity and uncertainty in the care of patients; employing expertise and clinical decision-making skills of a senior and independent/ autonomous practitioner. (All senior doctors/dentists (including consultants and GPs) work independently/ autonomously to a level of defined competencies, as agreed within local clinical governance frameworks).	<ul style="list-style-type: none"> See 1.3 for examples
	1.5 Critically reflects on own competence, understands own limits, and seeks help when required.	<ul style="list-style-type: none"> See 1.3 for examples
	1.6 Communicates effectively and is able to share decision-making with patients, relatives and carers; treats patients as individuals, promoting a person-centred approach to their care, including self-management.	<ul style="list-style-type: none"> See 1.3 for examples

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	1.7 Respects patients' dignity, ensures confidentiality and appropriate communication where potentially difficult or where barriers exist, e.g. using interpreters and making adjustments for patients with communication difficulties.	<ul style="list-style-type: none"> • See 1.3 for examples • EDI training • Unconscious bias training • Interview
	1.8 Demonstrates key generic clinical skills around the areas of consent; ensuring humane interventions, prescribing medicines safely and using medical devices safely.	<ul style="list-style-type: none"> • See 1.3 for examples • Relevant courses • Interview
	1.9 Adheres to professional requirements, participating in annual appraisal, job planning and reviews of performance and progression.	<ul style="list-style-type: none"> • Evidence of appraisal and addressing objectives
	1.10 Awareness of legal responsibilities relevant to the role, such as around mental capacity and deprivation of liberty; data protection; equality and diversity.	<ul style="list-style-type: none"> • Interview • Evidence of learning/courses/ qualifications in specific specialties
	1.11 Applies basic principles of public health; including population health, promoting health and wellbeing, work, nutrition, exercise, vaccination and illness prevention, as relevant to their specialty.	<ul style="list-style-type: none"> • Job plan • Interview
Leadership and teamworking	2.1 Awareness of their leadership responsibilities as a clinician and demonstrates appropriate leadership behaviour; managing situations that are unfamiliar, complex or unpredictable and seeking to build collaboration with, and confidence in, others.	<ul style="list-style-type: none"> • Examples of initiatives taken that have effected change • Examples of involvement in collaborative leadership work • Interview

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	2.2 Demonstrates understanding of a range of leadership principles, approaches and techniques so can adapt leadership behaviours to improve engagement and outcomes – appreciates own leadership style and its impact on others.	<ul style="list-style-type: none"> Leadership courses Evidence of effective leadership
	2.3 Develops effective relationships across teams and contributes to work and success of these teams – promotes and participates in both multidisciplinary and interprofessional team working.	<ul style="list-style-type: none"> Evidence of participation in or leading MDT Evidence of teamwork Interview
	2.4 Critically reflects on decision-making processes and explains those decisions to others in an honest and transparent way.	<ul style="list-style-type: none"> Evidence of reflective practice Interview
	2.5 Critically appraises performance of self, colleagues or peers and systems to enhance performance and support development.	<ul style="list-style-type: none"> Examples of successful situations
	2.6 Demonstrates ability to challenge others, escalating concerns when necessary.	<ul style="list-style-type: none"> Interview
	2.7 Develops practice in response to changing population health need, engaging in horizon scanning for future developments.	<ul style="list-style-type: none"> Log book Outcome data/audit Interview
	Patient safety and quality improvement	3.1 Takes prompt action where there is an issue with the safety or quality of patient care, raises and escalates concerns, through clinical governance systems, where necessary.
3.2 Applies basic human factors principles and practice at individual, team, organisation and system levels.		<ul style="list-style-type: none"> Multi-source feedback Interview Evidence of attendance at Human Factors course

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	3.3 Collaborates with multidisciplinary and interprofessional teams to manage risk and issues across organisations and settings, with respect for and recognition of the roles of other health professionals.	<ul style="list-style-type: none"> • Examples of involvement • Multi-source feedback • Interview
	3.4 Advocates for, and contributes to, organisational learning.	<ul style="list-style-type: none"> • Interview
	3.5 Seeks feedback and involvement from individuals, families, carers, communities and colleagues in safety and quality service improvements reviews.	<ul style="list-style-type: none"> • Multi-source feedback • Patient feedback
	3.6 Leads new practice and service redesign in response to feedback, evaluation and need, promoting best practice.	<ul style="list-style-type: none"> • Examples of success
	3.7 Evaluates and audits own and others' clinical practice and acts on the findings.	<ul style="list-style-type: none"> • Examples of successful change • Interview
	3.8 Reflects on personal behaviour and practice, responding to learning opportunities.	<ul style="list-style-type: none"> • Examples of reflective practice • Interview
	3.9 Implements quality improvement methods and repeats quality improvement cycles to refine practice; designing projects and evaluating their impact.	<ul style="list-style-type: none"> • Audits • QI projects • Attendance at QI training
	3.10 Critically appraises and synthesises the outcomes of audit, inquiries, critical incidents or complaints and implements appropriate changes.	<ul style="list-style-type: none"> • Examples of involvement • Interview
	3.11 Engages with relevant stakeholders to develop and implement robust governance	<ul style="list-style-type: none"> • Examples of involvement • Multi-source feedback

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	systems and systematic documentation processes.	
Safeguarding vulnerable groups	4.1 Recognises and takes responsibility for safeguarding children, young people and adults, using appropriate systems for identifying, sharing information, recording and raising concerns, obtaining advice and taking action.	<ul style="list-style-type: none"> Safeguarding courses completed (plus dates) Interview
	4.2 Applies appropriate equality and diversity legislation, including disability discrimination requirements, in the context of patient care.	<ul style="list-style-type: none"> EDI training Interview
Education and training	5.1 Critically assesses own learning needs and ensures a personal development plan reflects both clinical practice and the relevant generic capabilities to lead and develop services.	<ul style="list-style-type: none"> Audit Examples of success Interview
	5.2 Promotes and participates in individual and team learning; supporting the educational needs of individuals and teams for uni-professional, multidisciplinary and interprofessional learning.	<ul style="list-style-type: none"> Evidence of teaching and training of medical/dental students or trainees or allied health professionals. Examples of involvement Outcomes / audit
	5.3 Identifies and creates safe and supportive working and learning environments.	<ul style="list-style-type: none"> Guideline awareness and successful examples
	5.4 Can act as a role model, educator, supervisor, coach or mentor for medical and non-medical practitioners.	<ul style="list-style-type: none"> Examples of role
	5.5 Creates effective learning opportunities and provides developmental feedback, both verbally and in writing, to learners and doctors/dentists in training, as required by the role.	<ul style="list-style-type: none"> Examples of teaching successes Interview

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	5.6 Plans and provides effective teaching and training activities as required by the role.	<ul style="list-style-type: none"> Teaching experience examples
	5.7 Understands how to raise concerns about the behaviour or performance of any learner who is under their clinical supervision (leadership).	<ul style="list-style-type: none"> Examples of successful interventions Interview
	5.8 Takes part in patient education.	<ul style="list-style-type: none"> Examples Patient feedback
Research and scholarship	6.1 Up-to-date with current research and best practice in the individual's specific area of practice, through appropriate continuing professional development activities and their own independent study and reflection.	<ul style="list-style-type: none"> Examples of CPD – diary with reflection
	6.2 Critically appraises and understands the relevance of the literature, conducting literature searches and reviews; disseminates best practice including from quality improvement projects.	<ul style="list-style-type: none"> Participation in research training courses or recruitment for NIHR research studies Presentation/publication of conference abstract Reviewer of papers/ conference abstracts Publications, including guideline development Interview
	6.3 Locates and uses clinical guidelines appropriately.	<ul style="list-style-type: none"> Examples in clinical practice Interview knowledge of relevant guidelines
	6.4 Communicates and interprets research evidence in a meaningful way for patients to support shared decision-making.	<ul style="list-style-type: none"> Examples of implementation of evidence-based change
	6.5 Works towards identifying the need for further research to strengthen the evidence base or where there are gaps in knowledge, networking with teams within and outside the organisation.	<ul style="list-style-type: none"> Evidence of research activities and knowledge of current limitations in evidence Interview

Doctors transitioning from the Associate Specialist to Specialist grade

All doctors on national Associate Specialist Terms and Conditions (TCS), 2008 and pre-2008, will be given the option to transfer to the new Specialist grade. Whilst they will not undergo the competitive entry process as per the Specialist grade guidance for new roles that are created, it remains essential that the same standards are upheld.

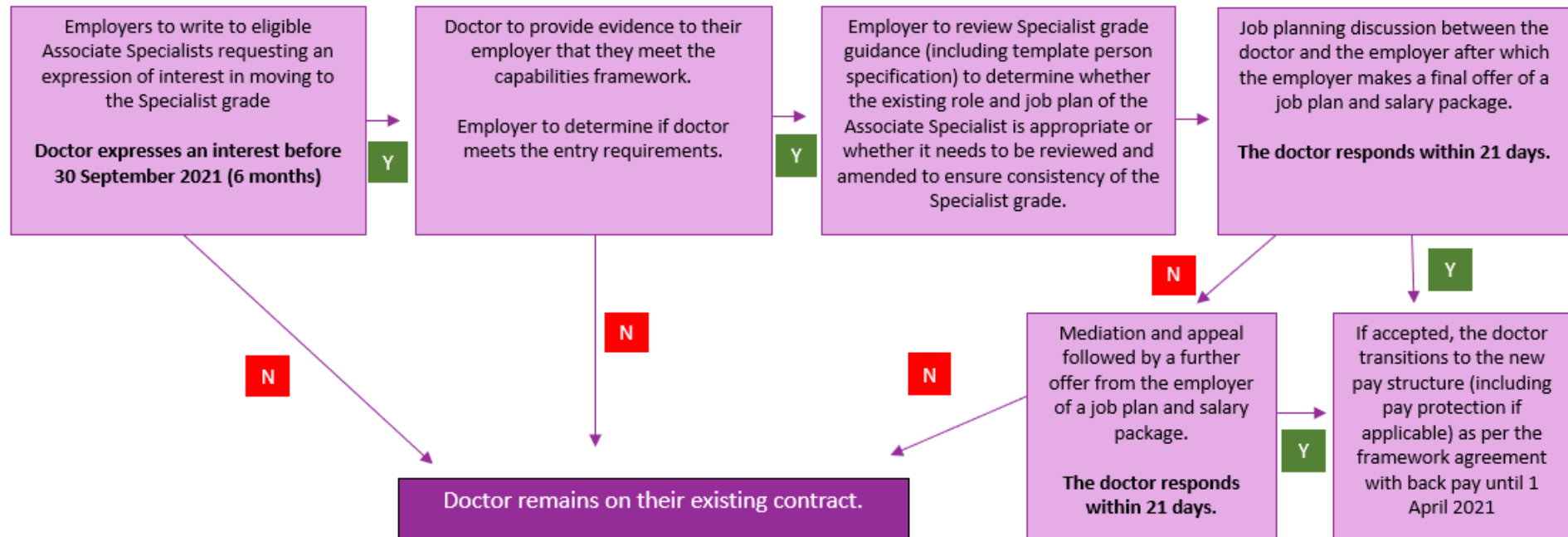
To successfully transfer to the Specialist grade, the Associate Specialist must be able to evidence that they meet the entry criteria in Schedule 1 of the TCS. This includes each individual being assessed against the [capabilities framework](#). If the Associate Specialist does not meet the capabilities set out in the framework they will not be able to transition to the Specialist grade as per the transition arrangements in the terms and conditions of service.

Whilst an interview is not an essential part of the transition process for Associate Specialists, it may be beneficial to undergo a similar process to assess some of the softer skills which are better attained through questioning. Alternatively, this could be managed through structured references with any additional specific questions on the skills that are required.

If the doctor meets the entry criteria, the doctor and the employer will undergo a job plan review. Depending on what the roles and responsibilities of the existing role were, the job plan may either require some changes or not need to change at all. Trusts should be using the [guidance](#) that has been developed on the Specialist grade to ensure that the new job plan is consistent with what is expected of a doctor in the Specialist grade. It is important that those transferring into the grade and those who will be appointed in future recruitment are undertaking a role of a similar level.

A [template person specification](#) is available and employers may find it helpful to review this before the job plan review with the doctor to ensure that the job plan being developed is appropriate to the new role. If the doctor accepts the offer of the new job plan and salary package (including pay protection if applicable) they will transition to the new Specialist grade as per the transition arrangements. If the doctor does not agree with the revised job plan, they have the ability to take this to mediation and appeal as per the transition arrangements and if there is still not agreement the doctor can remain on their existing associate specialist contract and associated terms and conditions of service.

Flowchart



Employer responsibilities:

- Write letters to seek expressions of interest.
- Support doctors collecting necessary evidence that the trust may hold.
- Review doctors' evidence against entry criteria.
- Ensure the roles and responsibilities of post are consistent with Specialist grade guidance.
- Undertake Job Plan review with doctor.
- Make offer to doctor in writing.

SAS doctors' responsibilities:

- Confirm expression of interest.
- Provide evidence of meeting the entry criteria.
- Engage in Job Plan review.
- Respond to offer in writing.