

**The Scottish Government**  
Directorate of Health Workforce  
Culture, Pay and Partnership Division



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

Dear Colleague

## **PAY AND CONDITIONS OF SERVICE 2025-26**

### **Policy for the Career Progression/Regrading of Specialty Doctor/Dentist to Specialist Grade**

#### **Summary**

1. This circular provides updated guidance to NHS Employers in Scotland on aspects of the Policy for the Career Progression/Regrading of Specialty Doctor/Dentist to Specialist Grade for relevant medical and dental staff.

#### **Background**

2. As part of the 2024 Consultant and Specialty and Specialist (SAS) pay settlement, it was agreed to develop an all Scotland Policy to enhance career progression opportunities for Specialty doctors/dentists which allows them to request that their employer assesses their current roles against the generic capabilities of the Specialist grade.
3. The principle of the policy is that where a Specialty Doctor/Dentist can demonstrate that they possess and have been applying the skills and experience which meet the capability framework requirements for the Specialist grade and there is a service need for a specific Specialist grade post, that they will progress to the Specialist grade.
4. 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 leaves and/or when a new role is created.
5. The policy is effective from 1 August 2025. Pay should be backdated to 1 August 2025 for candidates who submit an application before 31 January 2026 and are successful in the process. Application forms can be viewed and downloaded at the NHS publications link below;  
<https://www.publications.scot.nhs.uk/files/dcsasapplication.docx>

2 December 2025

#### **Addressees**

##### For action

Chief Executives  
Directors of Finance  
Directors of Human Resources  
NHS Boards  
Special Health Boards  
NHS National Services Scotland  
(Common Services Agency)  
Healthcare Improvement Scotland

##### For information

Members, Scottish Partnership Forum  
Members, Scottish Terms and Conditions Committee  
Members, Scottish Workforce and Governance Group  
Management Steering Group  
British Medical Association (Scotland)  
British Dental Association (Scotland)

##### Enquiries to:

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6. As a result, the policy paper attached as Annex A below has been developed.
7. Annex B provides detail on the application process presented in the flowchart.
8. Annex C provides additional detail on the Specialist grade appointment guidance
9. Employers are asked to make their own arrangements for additional copies of this letter which can be viewed at <http://www.show.scot.nhs.uk/sehd/publications.asp> or on the MSG website at <http://www.msg.scot.nhs.uk/publications>.
10. Employees should direct their personal enquiries to their employing Board, Special Health Board, NHS Education for Scotland (NES), Healthcare Improvement Scotland (HIS) or NHS National Services Scotland (Common Services Agency).
11. NHS Employers in Scotland should direct enquiries to the Scottish Government contact detailed on page one of this circular.



**JANE HAMILTON**

Deputy Director for Culture, Pay and Partnership

## ANNEX A

### Policy for the Career Progression/Regrading of Specialty Doctor/Dentist to Specialist Grade

Policy scope, principles and benefits

#### 1. Introduction

In 2022, a new grade of Specialist was introduced as part of the wider contract reform for SAS doctors/dentists in NHS Scotland to provide an opportunity for career progression for highly experienced Specialty Doctors/Dentists. The introduction of the role is intended to help to recruit, motivate and retain senior specialty doctors/dentists and contribute to SAS grades being a positive and fulfilling career choice.

The principle of this policy is that where a Specialty Doctor/Dentist can demonstrate that they possess and have been applying the skills and experience and meet the capability framework requirements for the Specialist grade and there is a service need for a specific Specialist grade post, that they will 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 leaves and/or when a new role is created.

#### 2. Benefits

It is recognised by the Scottish Government, the BMA Scottish SAS Committee and NHS Scotland employers that a clear commitment to career development is required for Specialty Doctors/Dentists to create opportunities for them to progress in their careers which in turn will improve patient care and access to services.

As part of the 2024 pay settlement, it was agreed to develop an All Scotland Policy that sets out the process for specialty doctors/dentists 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/dentist is assessed as eligible against the skills and experience required for the grade and the grade can be shown to be required against service need, then the doctor/dentist will be offered the opportunity to progress to the Specialist grade.

#### 3. Scope

This policy applies to all existing and new Specialty Doctors/Dentists, regardless of contract (2008 or 2022, or earlier staff grade contracts), employed within NHS Scotland.

Process for application, decision making

#### 4. Eligibility criteria

Specialty Doctors/Dentists applying for regrading shall have

- full registration and a licence to practice with the General Medical Council or General Dental Council
- A minimum of 10 years' work (either continuous period or in aggregate) since obtaining a primary qualification.
- A minimum of six years in a relevant specialty in a current or closed SAS grade. 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 [Specialist grade generic competencies framework](#).

Guidance on supporting evidence is under Annex C of the document and [BMA role comparison of SAS Doctor/Dentists](#).

#### 5. Criteria for Progression/Regrading

Two elements must be satisfied for successful progression/regrading:

- Meeting the eligibility criteria set out in section 4.
  - Demonstrating service need for a Specialist post.
- a) Where a Specialty Doctor/Dentist can evidence that they are already working wholly or substantially at the level of clinical responsibility of a Specialist, and this is in the individual's job plan, 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. This applies equally to those working in generalist or advisory roles where their contribution demonstrably influences patient care, clinical pathways, or service delivery, such as writing guidelines or teaching and training.
- b) Where a practitioner indicates that they wish to progress with a regrading application, the line manager, in consultation with the Clinical Director, should explore the service need for a Specialist within the team.
- c) Where the applicant can demonstrate they are working at the level of Specialist, but those elements have been carried out beyond the job plan, then an immediate job plan review should be undertaken to assess whether or not those elements are required in the department or not and the job plan adjusted to reflect the outcome of those discussions.

#### Application Process

##### 6.1 Preparing for application

Specialty Doctor/Dentists and their line managers should be discussing career development as part of regular appraisals and job planning. These discussions should include consideration of the competencies and skills described in the generic capabilities of the Specialist grade., especially when the experiential elements of the eligibility criteria have been met.

As part of ongoing appraisal and PDP, the line manager will, in consultation with the Specialty Doctor/Dentist, help to identify and support opportunities within the Specialty Doctor/Dentist's existing role for them to develop these competencies and skills where they do not currently meet

them. This may include supporting secondment opportunities to develop clinical and other skills where services can support this safely. Consideration should be given to whether the [SAS Development Fund](#) may be a source of support for this development.

## 6.2. Discussion with line manager

a) Where a Specialty Doctor/Dentist feels that they can demonstrate they meet the eligibility criteria of the Specialist grade, they should request a meeting with their line manager to progress an application to be regraded to Specialist. This meeting should be constructive and supportive. The Specialty Doctor/Dentist may request that a BMA representative or a work colleague attend that meeting with them. The accompanying person would attend as an observer and the normal expectation would be that the Specialty Doctor/Dentist and their line manager meet on a 1:1 basis.

b) Where the line manager supports the application, they should support the Specialty Doctor/Dentist in completing the Specialty Doctor/Dentist Career Progression/Regrading Application Form and provide a statement of support setting out the way in which the eligibility criteria have been met. The application is then sent to the panel (see 6.3 below). Where more than one Specialty Doctor/Dentist in a team is applying for regrading, each application should be considered on its individual merits.

c) Where the line manager does not support the application, they must confirm their position in writing and provide the specialty doctor/dentist 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 on which elements of the eligibility criteria are not currently met or demonstrated. The Specialty Doctor/Dentist may still choose to complete and submit the Specialty Doctor/Dentist Career Progression/Regrading Application Form and should, in such instances, include the written reasons from the line manager for not supporting the application.

d) Where the reason for not supporting the application relate to the applicant's level of experience, skill or autonomous practice rather than a lack of a demonstrable service need, as part of PDP the line manager and applicant should identify areas for further development and outline an action plan to assist the Specialty Doctor/Dentist in meeting the competencies. This is particularly important where the applicant accepts the decision that they do not currently meet the eligibility criteria and they therefore decide not to progress their application at that stage.

e) Once development areas are achieved, the applicant should recommence their application through steps a) to b) above.

## 6.3. Assessment of application

The application form will be forwarded to the employer's medical workforce team who will make arrangements for a panel to consider the application. 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/Dentist and line manager and set out the timescale for the next stage of the process in line with the requirements below. 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 to consider the application and either accept or reject the application, or request further information from the Specialty Doctor/Dentist and their line manager within 20 working days. Where further information is requested, this period can be extended to a maximum of 30 working days from the date the medical workforce team originally received the application. This additional information may include, but is not limited to, an invitation to discuss the application with the panel.

No Specialty Doctor/Dentist should be rejected without first having been invited to a discussion with the panel; however, such a discussion is not a prerequisite of acceptance where the application form has sufficiently demonstrated the case for regrading. When attending a panel discussion, the Specialty Doctor/Dentist may be accompanied by a BMA representative or work colleague, although they should take no active part in the discussion.

#### 6.4. Outcome

All applications must be fully considered and an outcome confirmed within 35 working days of the date the medical workforce team received the application.

If the application is accepted, the Specialty Doctor/Dentist will be regraded to a Specialist. The date of implementation of the regrading will be the date of submission of the form to the Medical Workforce Team. A job plan review may be required if the Specialty Doctor/Dentist's existing job plan is not compatible with the working limits of the Specialist Grade TCS, or where additional or different duties are entailed in the regrading. This should not delay the regrading taking place.

Lack of identified budget for any increased costs because of the regrade will not constitute sufficient grounds for refusal of a request to be regraded.

If the application is rejected, the applicant 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 must be further set out in writing following the meeting.

Where more than one Specialty Doctor/Dentist in a team submits a regrading application, all applications must be considered individually. All could be accepted if each individual meets the criteria; equally all or some could be rejected.

*Figure 1 – Outcomes of panel discussions*

Outcome 1	Both conditions satisfied – the Specialty Doctor/Dentist becomes a Specialist and job plan agreed accordingly to ensure both Specialist and Specialty service/work are covered. The date of regrading/progression will be the date the application was submitted by the applicant to the Medical Workforce Team The applicant is advised in writing of outcome and HR/Payroll are advised of change to role and effective date.
Outcome 2	<ul style="list-style-type: none"> <li>a) The Specialty Doctor/Dentist does not meet the criteria, but the service need for a Specialist Doctor/Dentist is confirmed. A new Specialist Grade vacancy is created for open application. The applicant must also have an interim job plan review to re-assess the duties being undertaken by the practitioner to ensure they align with a SD level position.</li> <li>b) The Specialty Doctor/Dentist does not meet the criteria, and service does not need a Specialist role. Feedback and support in identifying further development opportunities will be provided but no other action is required. A job plan review should be undertaken to re-assess the duties being undertaken by the practitioner to ensure they align with a SD level position.</li> </ul>

Where further development is required to meet criteria, the Health Board should put in place a plan to help the Specialty Doctor/Dentist 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 Specialty Doctor/Dentist to help them achieve these competencies.

## 7. Appeals Process

### 7.1. Lodging an Appeal

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

### 7.2. Appeal Panel

The appeal panel will meet within 20 working days of receipt of the written request from the applicant.

The panel will include an appropriate Senior Clinical lead, a member nominated by a BMA Local Negotiating Committee from a different Health Board, and a senior member of HR. The HR representative role is to support the chair of the panel and ensure correct processes are followed. No panel member may have previous involvement in the application. If there is a conflict-of-interest appropriate representative(s) from 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 where clinical expertise or knowledge of the Specialty or sub-Specialty would assist the panel in reaching a decision.

### 7.3. Appeal Hearing

Written submissions must be received one week before the hearing. The Specialty Doctor/Dentist can present their case personally or with representation. Relevant witnesses may be included if called by either side.

### 7.4. Decision

The decision must be provided to the Specialty Doctor/Dentist 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 Medical Workforce Team.

## 8. Monitoring

This policy will be regularly audited and fully reviewed every two years by JNC Scotland, or sooner if legislative changes occur. Health Boards will report twice a year to JNC Scotland on the number of Specialty Doctor/Dentists who apply for regrading, the number of accepted and rejected applications, the number of appeals and the results of the appeals.

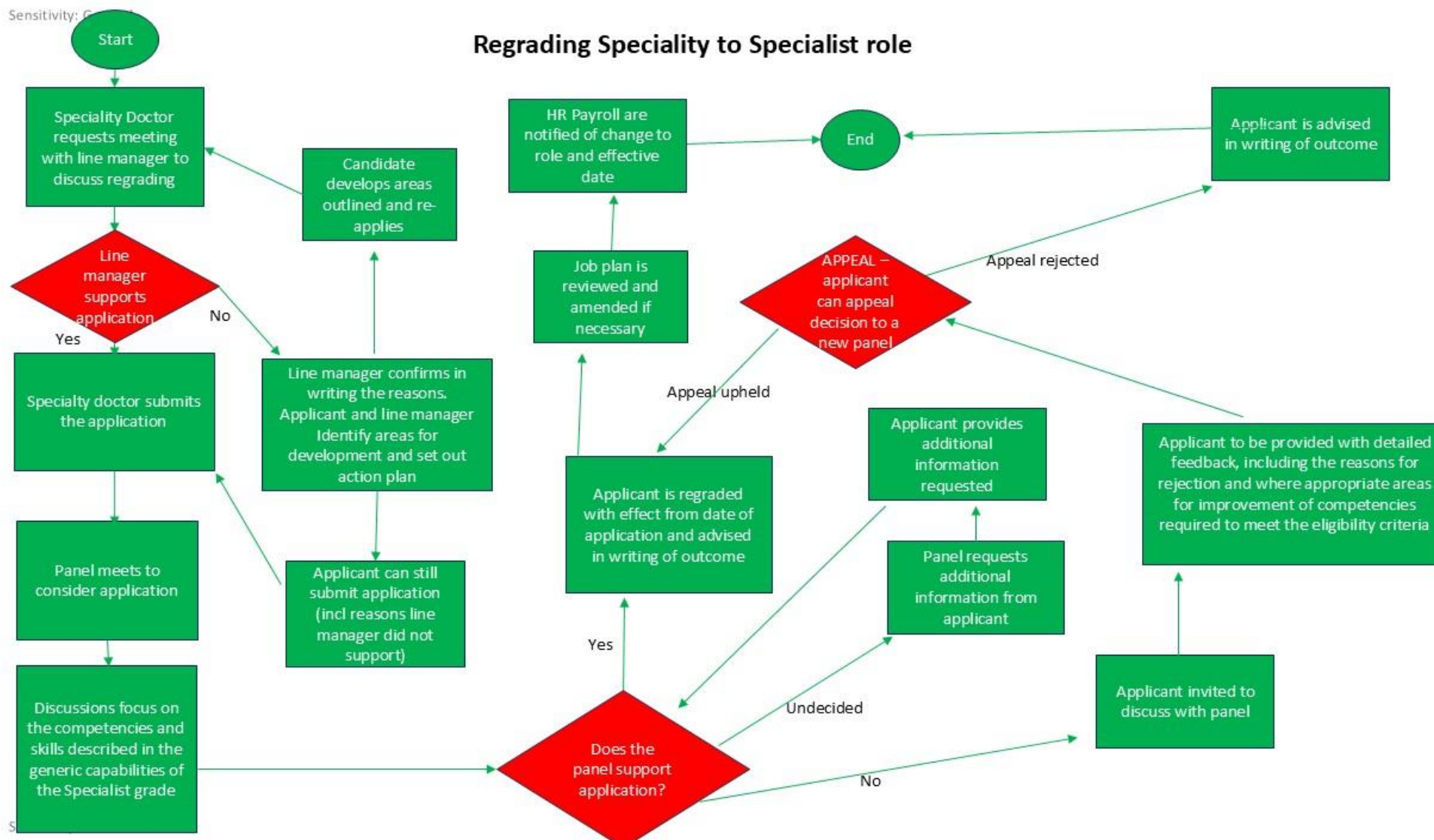
## Appendix A

### Summary of process

1. Specialty Doctor/Dentist requests a meeting with line manager to discuss regrading, including applicant's evidence that they are currently working at the level of a Specialist (see Section 5a, 6.1, 6.2a)
2. Line manager considers evidence and discusses with Clinical Director the service need for a Specialist (see Section 5 b)
3. If line manager supports the application then the Specialty Doctor/Dentist submits their application form to the medical workforce team (see Section 6.2 b)
  - a. If the line manager does not support the application, they must advise the Specialty Doctor/Dentist in writing of the reasons, specifying which of the eligibility criteria have not been met. Where the applicant's level of experience, skill or autonomous practice is the reason for declining to support, then a development plan should be identified with the applicant.
  - b. Even where the line manager does not support the application, if the Specialty Doctor/Dentist disagrees with that decision they may still submit an application to the medical workforce team (see Section 6.2 c)
4. Medical workforce team makes arrangements for panel to consider the application. The panel should include at least one senior independent clinical lead, a staff member with clinical oversight of the team in question, and a member of HR. The panel may request additional information from the applicant, which may include an invitation to discuss the application with the panel (see Section 6.3).
5. Panel decides whether to accept or reject the application. Before rejecting the applicant must be invited to a discussion with the panel (see Section 6.3)
6. If the panel accepts the application, then applicant is regraded with effect from date of application and informed in writing. Where required, an updated job plan should be agreed between the applicant and their line manager. HR/Payroll are advised of the change to contract and effective date (see Section 6.4, outcome 1).
7. If the panel rejects the application the applicant should be provided with detailed feedback, including the reasons for rejection and where appropriate areas for improvement of competencies required to meet the eligibility criteria (see Section 6.4, outcome 2).
8. If rejected, the applicant may submit an appeal to the Medical Director. A new panel will be convened to hear the appeal, and the applicant must be advised in writing of the outcome (see Section 7). Where the appeal has been upheld, outcome 1 in Section 6.4 will apply.



## Flowchart of application process





Scotland



Management Steering Group

## 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 in England. 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, 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	DOCTOR'S EVIDENCE OF CAPABILITIES
1. 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"> <li>• Participation in annual appraisal ·</li> <li>• Multi-source feedback ·</li> <li>• Patient feedback ·</li> <li>• Mandatory training as set out in UK Core Skills Training Framework ·</li> <li>• Interview (an interview may not be appropriate for Associate Specialists transitioning to the Specialist grade – please see section below)</li> </ul>

DOMAIN	CAPABILITIES	DOCTOR'S EVIDENCE OF CAPABILITIES
	1.2 Demonstrates the underpinning subject-specific competences i.e. knowledge, skills and behaviours relevant to the role setting and scope.	<ul style="list-style-type: none"> <li>• 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 colleagues, evidence collected for annual appraisal and job planning ·</li> <li>• Knowledge-based evidence e.g. accredited courses, CPD diary, professional or higher qualifications</li> </ul>
	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"> <li>• Multi-source feedback ·</li> <li>• Patient feedback ·</li> <li>• Reflective pieces ·</li> <li>• References from colleagues ·</li> <li>• Personal clinical audit ·</li> <li>• Evidence collected for annual appraisal and job planning</li> </ul>
	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).	See 1.3 for examples
	1.5 Critically reflects on own competence, understands own limits, and seeks help when required.	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.	See 1.3 for examples

DOMAIN	CAPABILITIES	DOCTOR'S EVIDENCE OF CAPABILITIES
	1.7 Respects patients' dignity, ensures confidentiality and appropriate communication · See 1.3 for examples Domain Capabilities Doctors evidence of capabilities (examples of appropriate evidence to be removed) 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"> <li>• See 1.3 for examples</li> <li>• EDI training ·</li> <li>• Unconscious bias training ·</li> <li>• Interview</li> </ul>
	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"> <li>• See 1.3 for examples ·</li> <li>• Relevant courses ·</li> <li>• Interview</li> </ul>
	1.9 Adheres to professional requirements, participating in annual appraisal, job planning and reviews of performance and progression.	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.	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.	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.	Examples of initiatives taken that have effected change · Examples of involvement in collaborative leadership work · Interview

<b>DOMAIN</b>	<b>CAPABILITIES</b>	<b>DOCTOR'S EVIDENCE OF CAPABILITIES</b>
	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.	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.	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.	· Evidence of reflective practice · Interview
	2.5 Critically appraises performance of self, colleagues or peers and systems to enhance performance and support development.	Examples of successful situations
	2.6 Demonstrates ability to challenge others, escalating concerns when necessary.	Interview
	2.7 Develops practice in response to changing population health need, engaging in horizon scanning for future developments.	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.	Reflective practice with examples · Interview
	3.2 Applies basic human factors principles and practice at individual, team, organisation and system levels.	Multi-source feedback · Interview · Evidence of attendance at Human Factors course

<b>DOMAIN</b>	<b>CAPABILITIES</b>	<b>DOCTOR'S EVIDENCE OF CAPABILITIES</b>
	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.	Examples of involvement · Multi-source feedback · Interview
	3.4 Advocates for, and contributes to, organisational learning.	Interview
	3.5 Seeks feedback and involvement from individuals, families, carers, communities and colleagues in safety and quality service improvements reviews.	Multi-source feedback · Patient feedback
	3.6 Leads new practice and service redesign in response to feedback, evaluation and need, promoting best practice.	· Examples of success
	3.7 Evaluates and audits own and others' clinical practice and acts on the findings.	Examples of successful change · Interview
	3.8 Reflects on personal behaviour and practice, responding to learning opportunities.	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.	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.	Examples of involvement · Interview
	3.11 Engages with relevant stakeholders to develop and implement robust governance systems and systematic documentation processes.	Examples of involvement · Multi-source feedback

<b>DOMAIN</b>	<b>CAPABILITIES</b>	<b>DOCTOR'S EVIDENCE OF CAPABILITIES</b>
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.	Safeguarding courses completed (plus dates) · Interview
	4.2 Applies appropriate equality and diversity legislation, including disability discrimination requirements, in the context of patient care.	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.	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.	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.	Guideline awareness and successful examples
	5.4 Can act as a role model, educator, supervisor, coach or mentor for medical and non-medical practitioners.	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.	Examples of teaching successes · Interview
	5.6 Plans and provides effective teaching and training activities as required by the role.	Teaching experience examples

<b>DOMAIN</b>	<b>CAPABILITIES</b>	<b>DOCTOR'S EVIDENCE OF CAPABILITIES</b>
	5.7 Understands how to raise concerns about the behaviour or performance of any learner who is under their clinical supervision (leadership).	Examples of successful interventions · Interview
	5.8 Takes part in patient education.	Examples Patient feedback
Research scholarship and	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.	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.	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.	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.	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.	Evidence of research activities and knowledge of current limitations in evidence Interview