



Association for
Palliative Medicine
Of Great Britain and Ireland

Progression from Specialty Doctor to Specialist Doctor: a development framework for doctors and employers

Palliative Medicine

APM SAS and Hospice doctors committee

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Written with reference to the Training & Development Framework
for SAS Doctors; Staff Grade, Associate Specialist & Specialty
(SAS) and Specialist Doctors working in Palliative Medicine
Generic version 2022.

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1. Introduction

The term “SAS doctor” encompasses Specialty Doctors, Specialist Doctors, and those on now closed contracts, such as Staff Grade doctors and Associate Specialists. Nationally, the SAS workforce currently accounts for 30% of all licensed doctors, and by 2030 the General Medical Council (GMC) predicts that SAS doctors will become the largest group on the medical register (AoMRC 2023).

Within specialist palliative care, SAS doctors are primarily employed within the Hospice sector. Entry into the Specialty Doctor grade requires a minimum of four years postgraduate experience, and many individuals remain in these roles for several years. As a result, SAS doctors bring a wealth of experience and represent a significant pool of talent, forming a vital component of the senior workforce in specialist palliative care.

Ensuring the educational and professional development of this group is essential to delivering the highest standard care, yet historically their development needs have been under-recognised. It is also critical to ensure that these doctors feel valued, as retention within the specialty is closely linked to recognition and support. Evidence from across the UK indicates that access to education and development opportunities contributes significantly to both job satisfaction and staff retention. In recent years, several national initiatives and Charters have been introduced to support the development of SAS doctors across the country in all specialties (see references). However, no initiatives to date have been developed specifically for palliative medicine.

It is recognised that the SAS doctor workforce is diverse, with a range of experience prior to becoming a SAS doctor. Some enter the grade from General Practice, others join after completing Core Medical Training, often with the intention of gaining further experience before applying for specialty training. Others may move into a SAS doctor role from another specialty. This variation in career backgrounds and job plans presents challenges when designing a standardised development framework that meets all needs.

The Specialist Doctor role was introduced in 2021 to recognise the experience of senior SAS doctors and to provide a clear opportunity for career progression. Specialists are autonomous workers and expert clinical decision makers, holding responsibility for patient care within their area of practice (NHS employers and BMA guidance on the establishment of the role can be found [here](#))

This framework seeks to guide and advise SAS doctors and employers on the specialty specific capabilities that should be demonstrated when considering suitability for a Specialist Doctor post. The career background, experience, job plan and learning opportunities available to an SAS doctor will depend on the setting(s) in which they work. An individual’s development should therefore be aligned with the objectives of their employing organisation. As such, this framework is not intended to be prescriptive, but should be used as guidance that can be adapted for individual needs.

All doctors are required to undertake annual appraisal and meet the requirements for revalidation. This framework can be used as part of the appraisal process and will help an SAS doctor to provide evidence towards these requirements. However, it does not replace appraisal and revalidation guidance produced by the General Medical Council, Association for Palliative Medicine or other relevant organisations.

This framework has been adapted and further developed from the Training & Development Framework for SAS Doctors; Staff Grade, Associate Specialist & Specialty (SAS) and Specialist Doctors working in Palliative Medicine Generic version 2022, which in turn was developed from the Cheshire & Merseyside SAS Doctor Training & Development Framework 2022. The APM SAS committee are extremely grateful to Dr Helen Bonwick and Dr Esraa Sulaivany for kindly granting permission to use their document as the basis for developing this framework.

2. Purpose and Scope

This development framework seeks to support both SAS doctors and their employers. For SAS doctors, it provides guidance on the development of relevant knowledge and skills, outlining the competencies they may wish to achieve, and the experience recommended to work towards a Specialist Doctor application. It aims to support SAS doctors to fulfil their potential and to maximise their contribution to the delivery of high quality palliative care.

For employers, this document seeks to build on the core generic (non-specialty specific) capability and skills [framework](#) (SAS contract reform 2021); providing more specific guidance for capabilities expected of a Specialist Doctor in Palliative Medicine. Doctors applying for Specialist Doctor posts in the specialty will need to demonstrate evidence that they meet the outlined criteria in order to be successfully appointed.

3. Definitions

SAS doctors (Specialty and Specialist Doctors) include Specialty Doctors, Associate Specialists (national and trust grades), Staff Grades, and several other non-training career grade roles.

- Specialty Doctor - a doctor with at least four years' clinical experience and at least two years' experience in the relevant specialty.
- Associate Specialist – An experienced doctor working at an advanced level, often with a sub-specialist interest and the necessary skills to support this. Associate Specialists are recognised as being able to practice with defined clinical autonomy if agreed within their job plan. The Associate Specialist role (national and local contracts) closed in 2008 and is no longer available for new appointments.

• Specialist Doctor– this role replaces the Associate Specialist grade. A Specialist Doctor is a senior and experienced clinician who can work autonomously, to a level of defined competencies, as agreed within a local clinical governance framework. They may act as senior responsible clinician and must have at least 12 years of clinical experience, including a minimum of six years in the relevant specialty. Further information on the grade can be found on NHS employers website [here](#).

4. Job role Comparison – Specialty doctor, Specialist doctor and Consultant

A comparison of the roles of Specialty Doctors, Specialist Doctors and Consultants can be found [here](#).

5. Core Capabilities

The Specialist grade generic capabilities [framework](#) includes the following headings, with suggested evidence within each domain listed below:

1. Professional values and behaviours, skills and knowledge
2. Leadership and teamworking
3. Patient safety and quality improvement
4. Safeguarding vulnerable groups
5. Education and training
6. Research and scholarship

5.1 Professional values and behaviours, skills and knowledge

- Experience within setting(s) relevant to job role (inpatient hospice, community or hospital palliative care).
- Evidence of clinical experience leading a team / demonstrating clinical decision-making skills of a senior and independent/autonomous practitioner e.g. independent clinic management, leading MDT meetings, increased complexity of clinics, evidence of providing senior immediate cover for the workload of the department (acting up).

- Assessments and reflective work linked to key clinical areas as defined in JRCPTB Palliative Medicine [Curriculum](#).
- Completion of further training e.g. Advanced symptom management course, Postgraduate Diploma or Masters, Advanced communication skills course, attendance at national palliative medicine conference.
- CPD evidence encompassing the holistic nature of palliative care, as well as non-clinical development.
- Evidence of engagement with appraisal and revalidation, inclusive of 360 degree colleague feedback and patient survey results.

5.2 Leadership and teamworking

- Evidence of ‘acting up’ roles, providing planned or emergency senior cover for the workload with reflection on learning.
- Demonstration of inter-disciplinary collaborative working skills e.g. through MDT (evidenced through 360 degree feedback).
- Shadowing experience, shadowing those in leadership roles, with reflection or 1:1 mentoring time if available.
- Evidence of engagement with appraisal and revalidation, inclusive of 360 degree colleague feedback and patient survey results.
- Taking on supervisory and training roles e.g. managing volunteers, Resident doctors, medical students (rather than simply involvement in teaching), allied healthcare professionals e.g. supervision of CNS colleagues doing their prescribing or clinical examination courses.
- Completion of a Leadership/Management course.
- Horizon scanning – awareness of key issues facing the relevant setting (hospital, hospice, community) and engagement in service development projects relevant to the changing population / future predicted challenges in the sector.

5.3 Patient safety and quality improvement

- Participation in clinical audit/quality improvement project – ideally demonstrating involvement in design, completion, supervision of others, service change evaluation and closing of the cycle.
- Participation in other clinical governance activities; may include policy and SOP creation and revision, participation in patient safety forums and incident review, risk management.

5.4 Safeguarding vulnerable groups

- Professional accreditation and learning – maintenance of up to date knowledge via safeguarding courses and webinars or mandatory training.
- Demonstrate reflective learning of difficult cases with learning logs (keep a portfolio or log of safeguarding contributions especially any involving multi-agency collaboration).

- Conduct safeguarding audits or compliance reviews and evidence impact from action plans.
- Contribute to reviews of policies and procedures relevant to safeguarding/vulnerable groups.

5.5 Education and training

- Planning and delivering teaching programmes to junior colleagues (across disciplines), medical students and the wider multidisciplinary team, with evidence of collated feedback.
- Supervision of junior colleagues in day to day practice and provision of constructive feedback aligned with their curricular requirements and developmental needs.
- Completion of a formal course in education, training or learning methods – for example, Train the Trainers, RCP educational supervisor accreditation or recognised coaching and mentoring courses.

5.6 Research and scholarship

- Participation in clinical research projects.
- Participation within a journal club or learning club scheme, demonstrating the ability to critically appraise and present data relevant to clinical practice and apply findings to local practice.
- Evidence of promoting innovation in healthcare through engagement in quality improvement projects and/or research projects.

6. Development programme

Summary of suggested experience by year (over 6 years as Specialty Doctor).

It is recommended that Years 1 and 2 are primarily focussed on building clinical experience, and participating in internal education and Quality Improvement work.

	Year 3	Year 4	Year 5	Year 6
Professional values and behaviours, skills and knowledge	Inpatients Day therapy Regional teaching Advanced communication skills course	As Year 1 + outpatients/ community/ hospital experience Advanced Symptom Control course Consider Diploma/ Masters	As Year 2 with increasing level of responsibility Palliative Medicine Conference	Work more autonomously Lead MDT meetings Legal/Ethics course
Leadership and teamworking	Participate in service innovation project	Leadership/management course	Participate in or lead service innovation projects	Consider Appraiser training Management project
Patient safety and Quality Improvement	Participate in audit or QI project	Complete an audit or QI project	Supervise an audit or QI project	Involvement in Governance
Safeguarding vulnerable groups	Maintain up to date mandatory training	As Year 1 + attend relevant webinar/course	Involvement in case meetings/debriefs	Involvement in Governance
Education and training	Participate in teaching medical students, doctors and other professionals	As Year 1 + attend Train the Trainer course or similar Consider coaching/mentoring course	As Year 2 + organise teaching sessions, mentor medical students	As Year 3 + Clinical /Educational Supervision course
Research and scholarship	Participation in journal clubs	As Year 1	Research course	Participate in research (including publication) if possible

7. Sources of advice and support for career planning

The SAS doctor should be supported by their line manager or direct supervisor, but they may also wish to seek advice and support from the local Training Programme Director for Palliative Medicine.

If the SAS doctor is a member of the Association of Palliative Medicine (APM), they may also use the APM SAS and Hospice Doctors committee for advice. Resources are available for members and non-members [here](#).

8. Funding

SAS doctors should have access to a study leave budget from their employer to support their continued professional development. The amount varies between employers and should be discussed with their line manager.

If additional funding is required, Health Education England SAS Development Funding may be available. The application process differs across regions, and the Associate Dean for SAS doctors in your area can provide guidance (contact information should be available via the Health Education England website). This funding should be accessible to doctors employed under national terms and conditions for SAS doctors and the new Specialist role, even if they are not on a standard NHS contract.

SAS doctors who work in a hospice may be eligible to apply for a Professional Development Grant through [Hospice UK](#).

10. References

[BMA SAS Charter](#)

[NHS Employers SAS Charter](#)

[NHS Employers Terms and Conditions](#)

[NHS Employers Generic capabilities framework](#)

[Academy of Medical Royal Colleges: Strengthening the SAS workforce](#)

[Establishment of the Specialist role \(NHS employers, BMA\)](#)

[Palliative Medicine Curriculum](#)

[BMA role comparison](#)

Appendix 1: Person Specification for Specialist Doctor applications

Attribute	Essential	Desirable
1. Professional Qualifications	<p>Recognised basic Medical Degree</p> <p>Full GMC Registration with license to practice</p>	<p>MRCP College membership/fellowship through examination</p> <p>MSc in Palliative Medicine</p> <p>Relevant higher academic, clinical, management or education qualifications</p>
2. Clinical Experience	<p>A minimum of 6 years full time service (or equivalent) in Palliative Medicine and 12yrs full time medical experience (or equivalent) since registration</p> <p>Experience of assessing and treating patients in in-patient & community Palliative Care settings</p> <p>Knowledge of both NHS and Independent Hospice services (or equivalent)</p> <p>Up to date CPD as evidenced by annual appraisal and a clearly developed PDP</p>	<p>Experience in more than one Palliative Care service and service locations</p>
3. Skills and Knowledge	<p>Ability to take a full holistic history, mental state and physical examination of the most complex patients and families in community, Hospice or hospital settings</p> <p>Understanding of ethical principles and key legislation, for example Mental Capacity Act</p> <p>Ability to manage own time and workload, and to prioritise appropriately</p>	<p>Evidence of performance that is above average</p> <p>Knowledge of recent developments and drug advances in Palliative Medicine</p> <p>Ability to demonstrate use of evidence based practise</p>

	<p>Ability to take on leadership roles and appraise own performance</p> <p>Excellent written and oral communication skills</p> <p>Ability to communicate effectively in spoken and written English</p> <p>Ability to work autonomously with personal professional accountability</p> <p>Ability to recognise the need to consult and escalate clinical and managerial problems as issues arise</p> <p>Advanced ability to use IT (including e-mail, internet and office applications), awareness of social media</p>	<p>Evidence of specific achievements that demonstrate leadership</p>
4. Teaching and Supervision	<p>Understanding of the principles of teaching and learning</p> <p>Commitment to and experience of undergraduate and postgraduate teaching, including evidence of positive training feedback</p>	<p>Enthusiasm for teaching</p> <p>Organisation of teaching programmes in medical or multiprofessional education</p> <p>Recognised Educational and/or Clinical Supervisor</p> <p>Appraiser</p>
5. Research and Audit	<p>Experience of developing and running quality improvement projects</p> <p>Ability to critically appraise published research</p> <p>Experience of developing, carrying out and overseeing audit projects</p>	<p>Experience of involvement in a research project and publication</p> <p>Experience in research</p> <p>Published audit project</p>
6. Management	<p>Basic understanding of the management and structure of the NHS and charity Hospices</p>	<p>Evidence of management training</p> <p>Previous management experience</p>

		Evidence of a management project
7. Aptitude and Personal Qualities	<p>Ability to deal effectively with stress</p> <p>Thoroughness and attention to detail</p> <p>Excellent interpersonal skills and the ability to communicate effectively</p> <p>Reliable and honest</p> <p>Flexible approach to working practise</p> <p>Positive approach to the job planning and appraisal process</p>	<p>Evidence of leadership attributes</p> <p>Motivational skills</p> <p>Commitment to service development</p>
8. Other	<p>Ability to fulfil the travelling commitment of the post with transport within the parameters of the Disability Discrimination Act</p> <p>Satisfactory DBS enhanced disclosure and Health check</p>	

Appendix 2: Suggested courses

This list outlines some of the courses that may be beneficial, but is not exhaustive.

The APM provides a range of courses (including Ethics and Research), webinars and study days which can be found here: [Events | APM](#).

Training is also available through the [Royal College of Physicians](#), [NHS Professionals Academy](#), [NHS Leadership Academy](#), [the Faculty of Medical Leadership and Management](#) and via Trusts (including Appraiser training) and private providers.

Clinical

- Advanced communication skills training
- Oxford or Guildford Advanced Pain and Symptom management courses
- RSM Applied therapeutics for palliative medicine
- APM Palliative Care Congress
- APM Senior Clinicians Development Series
- APM Clinical Update Series
- Hospice UK National Conference

Teaching

- RCP Educational Supervisor accreditation
- RCP Effective Teaching Skills workshops
- NHS Professionals Academy: Train the Trainer

Leadership and Management

- St Christopher's Hospice Management Course for StRs and SAS doctors in Palliative Medicine
- APM Management Workshop: A Practical Guide to Service Development in Palliative Medicine
- RCP SAS Leadership Programme
- NHS Leadership Academy Programmes
- NHS Professionals Academy: Management Essentials and other related courses
- Faculty of Medical Leadership and Management Programmes