

Grade title contract role and scope

Five labels that answer different questions

An appointment letter, hospital directory and clinical rota can describe the same doctor in different ways. That is not necessarily an error. Each document may be answering a different question. The difficulty begins when a label designed for one purpose is used to settle another. A rota describes deployment. A contract establishes employment terms. A register records regulatory status. None should be expected to provide a complete account of professional capability, and none becomes irrelevant simply because colleagues use a more familiar title in conversation.

Start with contractual grade. This identifies the employment category under which the doctor is appointed. Its practical significance depends on the relevant terms and conditions and any applicable amendments. Grade can affect the framework for pay, progression and job planning. It does not give a complete description of the patient groups seen or the decisions made. When someone says that a duty is or is not appropriate to a grade, ask which requirement, capability or contractual provision they mean. The label alone is too blunt to settle a detailed question about work.

The contract is the agreement governing the employment relationship. A national model may supply much of its content, but the individual appointment and incorporated documents still matter. Identify the employing entity, the stated grade, the relevant national or local terms and subsequent variations. A doctor may hold several contracts at once. A national SAS contract for one post does not automatically govern a separately appointed educational or external role. Keep the documents distinct even where a single employer administers the pay for both.

The job title is the description used to identify the post or function. It should be accurate and useful, but a locally chosen title may not establish national contractual status. A service might describe someone as its lead doctor, senior clinical fellow or specialist clinician. Before drawing conclusions, ask what the title means in that organisation and which document supports it. The answer may be a formal appointment, an agreed functional description or simply habitual usage. Those possibilities have different implications when the doctor applies elsewhere or asks for a change in terms.

Scope of practice describes the work the doctor actually undertakes and is equipped to undertake safely. It includes the context and limits of that work. A narrow but advanced procedural scope can differ substantially from broad acute practice, although both may involve independent decisions. Scope changes with training, experience, recency and the service environment. It therefore needs a more precise account than a job title can supply. When a new duty is proposed, compare it with the doctor's current practice and the support available before assuming that it falls within an existing label.

Register status answers a regulatory question. The GMC medical register records a doctor's registration and licensing position and, where applicable, specialist or GP registration. An employer's use of Specialist as a grade does not itself confer entry on the Specialist Register.^[2] Conversely, the register does not tell a reader what contract the doctor currently holds. A person can have a regulatory qualification or status that is not reflected in the title of their present post. Understanding that distinction avoids using employment documents to prove something that only the register can establish.

In practice, five separate answers are more useful than an argument about which label is the real one. Write down the grade, the contractual source, the local job title, the defined work and the register position. Then state the decision under consideration. If the question concerns pay progression, the employment framework leads the inquiry. If it concerns a new procedure, capability and governance become central. If it concerns specialist registration, the GMC route controls. Several answers may be relevant, but their relevance must be explained rather than inferred from the most senior-sounding word.

Keep the date beside each answer. A record can accurately describe a previous appointment while being unsuitable evidence of the current position.

Specialty Doctor Specialist and Associate Specialist

The modern SAS workforce includes doctors on different generations of national terms. England's published 2021 materials distinguish the reformed Specialty Doctor contract from the Specialist contract, and separate national documents must be used for the other UK nations.^[1,4,5] Older arrangements remain relevant to doctors who continue to hold them. The date on which a colleague joined a service is not sufficient to identify the contract now in force; a transfer or later variation may have changed the position. Retrieve the individual record before making a comparison.

A Specialty Doctor post should be understood through its actual requirements and the relevant contractual framework. There is considerable

room for development within a career, and a doctor's work may become more complex over time. That growth needs to be recognised in the description of duties, support and evidence. It should not be used to assume that every person with the grade has the same scope. Nor should a narrow reading of the title prevent an employer from examining evidence of advanced practice. The proper discussion starts with what is required and demonstrated.

The Specialist grade concerns a senior employment role with an associated capability framework and the requirements of the particular post. Its significance should not be reduced to an additional pay point or an informal description of being experienced. A candidate needs to understand the role that the employer wishes to fill and the evidence against which suitability will be considered. The national framework provides a structure; the service context gives that structure practical meaning. Later chapters examine the different routes through which such appointments or regrading may be considered.^[6]

Associate Specialist is a distinct grade with its own historical and contractual position. It should not be used as a casual label for every experienced SAS doctor. A closed grade can continue to matter greatly to people who hold it; closure to new entry does not erase their existing employment or contribution. Equally, another doctor does not acquire that grade merely by working alongside an Associate Specialist or undertaking similar duties. The relevant national and individual documents need to establish the position, particularly when a transfer or change of contract is being considered.

There is a temptation to arrange these descriptions as a universal clinical ladder. That can be misleading. Contractual structure and actual expertise are related, but they are not identical. A doctor may have exceptional knowledge in a defined field without holding the newest senior grade. A newly appointed senior doctor may need local induction and advice on unfamiliar systems. Recognising these facts does not make grades meaningless. It means that grade should be used for the question it answers, while capability and support are examined directly when clinical responsibility is being allocated.

Historical titles need careful translation. When preparing a curriculum vitae, retain the formal title used at the time and explain the relevant duties in plain language. Replacing an old title with a modern one may make the account look simpler while making it less accurate. If an appointment was local, say so. If national terms applied, identify them where relevant. A recruiter can then assess the experience without having to guess whether the

candidate is claiming an employment status or describing the level of work. Accuracy is more persuasive than an embellished equivalence.

Consider a department with a long-serving Associate Specialist and a more recently appointed Specialist. It would be unhelpful to decide their relative authority from those labels alone. Who holds a particular leadership appointment? What clinical decisions are each expected to make? What does the on-call arrangement require? Who has authority to approve a service change? Those questions may have different answers. A well-described service can respect both doctors' experience while identifying responsibility for each function. Ambiguity should be resolved through the role arrangements rather than through an informal contest over seniority.

For the individual, the practical check is straightforward. Compare the grade named in the appointment letter with the terms identified in the contract and the current payroll record. If they differ, ask for an explanation before assuming an error or an entitlement. Then compare the role described with the work expected. This produces two inquiries: whether employment administration accurately reflects the agreement, and whether the agreement adequately describes the service. Resolving the first does not automatically resolve the second, but keeping them separate makes both easier to investigate.

Locally employed doctors and local contracts

Locally employed describes an employment arrangement, not a uniform level of clinical ability. A clinical fellow may be early in a UK career, experienced overseas, developing a particular skill or contributing at a senior level within a defined service. The title alone cannot establish which of those circumstances applies. Local contracts may use familiar medical language or pay references, but resemblance to national SAS arrangements does not by itself incorporate every national term. The reader needs to establish the actual agreement and any documents expressly made part of it.

This distinction is particularly important when comparing offers. Two adverts may describe similar clinical work while providing different arrangements for development, pay progression, leave or review. A salary figure cannot answer all those questions. Ask for the written terms and a clear account of how the role is supported. If the employer refers to a national payscale, clarify whether that reference concerns salary only or a wider contractual framework. The answer should come from the agreement or an authorised clarification, not an assumption based on the way colleagues describe the post.

The boundary between an LED role and an SAS appointment can also be blurred by the rota. A doctor may cover duties usually performed by a Specialty Doctor, while another may rotate through assignments shared with doctors in training. Deployment is relevant evidence about actual work. It does not, by itself, settle the legal or contractual classification of the employment. If the arrangement raises a concern, gather the advert, contract, rota and duties, then seek advice on the precise discrepancy. Avoid converting a reasonable observation about comparable work into an unsupported claim of automatic status.

Development promises deserve the same examination. A post described as a fellowship may offer structured supervision and useful experience, or the educational element may be less clearly defined. Before relying on it, identify the supervisor, the intended learning, the time available and how progress will be assessed. A general statement that opportunities exist is weaker than an arrangement naming the activity and its dependencies. A doctor's effort cannot compensate for a service that has no capacity to provide the promised experience. This is an employment-design question as well as a personal planning issue.

A doctor wishing to move into an SAS post should identify the route that currently applies. This may involve competitive recruitment or a specific published employment framework where one applies to the employer and circumstances. Announcements about eligibility, permanency or transfer should be read for their exact scope and dates. They must not be treated as a general promise of promotion to the Specialist grade. Where a framework is time-limited or recently introduced, use the current authoritative text and obtain individual advice before relying on a summary or another doctor's outcome.

For an employer, accurate classification matters because it determines what is being offered and expected. A local title should not obscure a service requirement for sustained autonomous practice or make the support arrangements difficult to identify. For the doctor, accurate language matters when presenting the role in an application. Describe what was done, who supervised or verified it, and the circumstances in which decisions were made. That evidence can be valuable without relabelling the post. A clear account lets the assessor judge the contribution rather than first having to untangle the terminology.

The handbook's practical methods therefore apply across a useful boundary. An LED reader can use a workload diary, evidence index or career decision map. They should not assume that a chapter's national SAS contractual provision applies to their local agreement. An SAS reader

supervising or working alongside an LED should make the same distinction. Shared professional respect is compatible with precise employment language. Indeed, precision often helps identify where a local arrangement needs improvement without making an inaccurate claim about a right or process that belongs to another contract.

Where an offer remains unclear, ask for clarification before relying on an assumed equivalence.

Scope of practice and clinical autonomy

Scope should describe decisions, patients and circumstances, not simply list clinical settings. Saying that a doctor works in a ward or clinic leaves unanswered what they manage independently, which problems require consultation and what support is available. A useful description might identify the patient group, the common decisions, the limits of a procedural practice and the route for an unexpected presentation. It should be specific enough that another professional can understand the arrangement. Otherwise, the word autonomous may conceal different expectations among the doctor, manager and wider team.

Competence is also sensitive to context. A skill previously used regularly may require review after a prolonged gap. A procedure performed with established facilities and immediate support may create different risks in another setting. A doctor moving between services should identify these differences during induction rather than waiting for a difficult case. The purpose is to understand what can safely transfer, what needs orientation and what requires further development. This is a normal feature of professional practice, not a reason to discount prior expertise or treat every move as a complete restart.

Clinical autonomy and access to advice should support each other. A doctor can take independent responsibility within a defined scope while knowing when and how to obtain another opinion. The quality of the arrangement depends partly on whether that advice is realistically available. A written statement that support exists is incomplete if nobody can explain who provides it outside normal hours or how urgent contact works. The job description and induction should make these arrangements intelligible. Where they are unclear, the doctor should ask for clarification before the uncertainty becomes a recurring clinical problem.

Delegation adds a further distinction. Giving a task to another person does not remove the need to consider whether the task is appropriate, whether instructions are clear and whether suitable supervision is available. A doctor accepting a delegated task needs to recognise when help is

required. The GMC's detailed guidance on delegation and referral should be used for the professional obligations.^[7] The practical employment implication is that supervision is work. If the service expects a doctor to provide it regularly, the relevant role description and job plan should make the demand visible.

For example, a department may appoint a new clinical fellow and assume that an experienced SAS colleague will provide day-to-day support. The SAS doctor may be willing and capable, but several matters still need agreement. What decisions can the fellow make independently? When must the supervisor be available? Who covers absence? What educational assessment is expected? Does the supervisor have the access and authority needed to address concerns? Answering these questions helps both doctors. Leaving them implicit can make support depend on interruptions that nobody has included in the workload.

An expanded clinical scope should be approached as a planned change. Define the additional activity, the evidence of readiness, any required training or local authorisation, and the arrangements for initial review. Consider what existing work must change to make room. An employer's wish to improve capacity does not establish that a particular doctor is ready; the doctor's enthusiasm does not establish that the service is equipped. Both sides need an account of the conditions in which the new work can be undertaken. The result may be a staged arrangement rather than immediate independent practice.

Avoid describing a doctor as equivalent to an entire specialty merely because they undertake some work also performed by consultants. That phrase can obscure differences in breadth, recency and the intended role. The more useful account is concrete: the doctor manages a specified service independently, contributes to specified governance work, and obtains advice through a defined route. This evidence can support recognition and progression without an overbroad claim. It also allows areas for further development to be identified honestly, which is essential when preparing for a different post or regulatory application.

Finally, scope belongs in communication with patients and colleagues as well as in employment documents. People need an accurate understanding of the doctor's role and the arrangements for their care. A title may need a short explanation, especially when patients are unfamiliar with SAS grades. That explanation should be clear and confident without implying a status the doctor does not hold. The objective is to help the patient understand who is caring for them and how decisions are supported. It is not to reproduce the complexity of NHS employment terminology at the bedside.

Review the scope when a service changes its patient group, facilities or available support, even if the job title remains unchanged.

Formal authority and organisational responsibility

An experienced doctor may influence decisions because colleagues trust their judgement. Formal authority is different: it identifies the decisions the organisation has empowered a role to make. Influence can help a proposal succeed, but it cannot always authorise expenditure, change staffing or approve a policy. A doctor who accepts a leadership function should understand this distinction before accepting broad accountability for its results. Otherwise, the role can become a place to send unresolved problems without providing the means to resolve them.

Ask for the purpose of the role in terms that can be tested. Is the doctor expected to advise, coordinate, approve, investigate or deliver a defined service? Those verbs imply different arrangements. An advisory role may reasonably end with a recommendation to a decision-maker. A delivery role may require access to resources and authority to direct specified work. A coordinating role may need an agreed route for resolving disagreement between teams. None is inherently superior. The difficulty lies in using the language of one while giving the doctor only the powers of another.

The reporting relationship should make the next step clear when action exceeds the role's authority. A leadership description that names a senior manager is useful only if the arrangement explains how decisions are escalated and reviewed. Who considers a request that cannot be funded? Who accepts a service risk that remains unresolved? Who can change the remit when assumptions prove wrong? These questions are particularly important when a doctor works across divisions or organisations. Personal relationships can facilitate action, but the role should remain workable when the people change.

Time belongs in the same discussion. A function cannot be assessed fairly if its duties are extensive but its practical time is undefined. Ask how the additional work will fit with clinical commitments, what meetings or preparation it requires, and which competing priorities take precedence. A title without such arrangements may give public recognition while leaving the work dependent on unpaid or unrecorded effort. Chapter 19 explores leadership in more depth; the essential point here is that an appointment should connect its purpose with the authority and capacity needed to fulfil it.

Daniel's governance meeting provides a useful example. If his role is to assemble information and make recommendations, the record should identify who decides whether those recommendations are accepted. If he is

expected to implement changes, he needs to know which staff, systems and budget he can use. The meeting minutes should distinguish a recommendation from an authorised decision. This protects the clarity of the governance record and avoids treating a doctor's attendance or signature as acceptance of responsibilities that were never explicitly delegated.

Some functions have specific statutory or professional eligibility requirements. Do not assume that a generic leadership appointment confers the authority to perform them. A role name familiar from one service may have a particular legal meaning in another. When that matters, retrieve the relevant legislation, professional requirements and appointment documentation. The safest general habit is to ask what establishes the authority for the precise decision, rather than to infer it from seniority. Individual advice may be necessary where an employer's expectation and the formal source do not agree.

It is reasonable to ask these questions before accepting a role. It is also reasonable to ask them when a role has changed. The request need not begin as a challenge to management. It can begin as a proposal to make the arrangements usable: confirm the remit, identify delegated decisions, record dependencies and set a review date. If an unresolved mismatch remains, preserve the correspondence and seek appropriate advice. The aim is an accurate allocation of responsibility, including the responsibilities that remain with other parts of the organisation.

Include an end or review date for temporary authority. A short-term appointment should have an identifiable point at which its continuation, handover or withdrawal is considered, rather than remaining indefinitely in an uncertain state.

Specialist grade and the Specialist Register

The distinction between Specialist employment and specialist registration deserves deliberate attention because the same word is used in ordinary conversation for both. The employment grade is established through an appointment or applicable regrading process under the relevant terms. The Specialist Register is maintained by the GMC and records a separate regulatory status. A doctor should never be presented as holding one merely because they hold the other. Check the employment documents for the grade and the GMC register for the regulatory position.^[2,6]

Imagine three doctors attending the same clinical meeting. Priya is employed as a Specialist and is not entered on the Specialist Register. Rowan is employed as a Specialty Doctor and is entered on the Specialist Register. Samira is called a specialist clinician locally, holds a local contract

and is not entered on the Specialist Register. All three may contribute valuable expertise. Their employment and regulatory situations are nevertheless different. Calling each of them specialist without explanation conceals precisely the distinctions that would matter in a contract discussion or an application.

Priya's appointment needs to be understood through the requirements of her post and the applicable employment framework. Her grade does not establish that the GMC has assessed her for entry on the Specialist Register. If she decides to seek that registration, she must identify the appropriate GMC route and its evidence requirements. Her current work may provide relevant evidence, but it will need to be mapped to the regulatory application. A successful employment assessment cannot simply be substituted for a different assessment by a different decision-maker.

Rowan's situation shows the converse. Entry on the Specialist Register does not rewrite the contract of the job currently held. It may be important to eligibility for another appointment, but it does not automatically change the existing grade or salary. Rowan may choose to remain in the current role, seek another post or discuss a different arrangement with the employer. The decision should be based on the relevant vacancy or employment process, not an assumption that a new register entry has already made that change. The distinction can prevent avoidable disappointment and an incorrectly framed request.

Samira needs to explain the local title accurately. If the term refers to a defined clinical function rather than a national grade, that explanation can sit alongside the formal employment title. Her experience should be described through the work, its context and supporting evidence. There is no advantage in obscuring the contract to make the title appear more familiar. A prospective employer needs to assess whether the evidence meets its requirements, and that assessment is easier when the candidate's account distinguishes a local description from an externally conferred status.

Consultant appointment is a further, related question. The GMC explains the role of specialist registration in NHS consultant appointments and identifies the exception concerning foundation trusts. That exception must not be generalised into a claim that every doctor can be appointed to every consultant vacancy, or that an employer has no other obligations. The employing organisation, post and applicable legal framework matter.^[2] Readers considering such an appointment should examine the exact requirements and obtain advice where necessary. The book's employment chapters do not treat one exception as a substitute for appointment due diligence.

The Portfolio Pathway belongs on the regulatory side of this distinction. It is a route through which relevant training, qualifications and experience may be assessed for specialist or GP registration, subject to the applicable GMC requirements. The evidence needed is specialty-specific and must be checked against current guidance.^[8] An appraisal portfolio, a strong curriculum vitae or a senior job title may contain useful material but should not be assumed sufficient. Chapter 18 explains how to build the evidence map, obtain verification and plan the work without promising a successful outcome.

This distinction should appear in a doctor's own correspondence. If seeking a Specialist post, name the employment grade and the vacancy. If seeking specialist registration, name the GMC route and intended specialty. If asking for development support, specify which destination the evidence is intended to serve. Managers can then respond to the right question, and advisers can identify the controlling source. Precise language is especially valuable when the doctor is pursuing both routes, because the experience gained may overlap while the applications, criteria and decisions remain separate.

Feedback should be kept with the process that produced it. An employment panel may identify a need for stronger evidence of leadership in that particular service. A regulatory assessor may require material addressing a different curriculum requirement. Both comments can inform development, but neither should be paraphrased as a universal finding about the doctor's seniority. Retain the original wording and connect the proposed response to the criterion being assessed.

A document test for ambiguous situations

When documents appear inconsistent, resist the temptation to choose the one that supports the preferred answer. First define the discrepancy. Does the contract name one grade while payroll uses another? Does the job description omit a duty that the service routinely expects? Does a local title imply a function for which there is no appointment record? Different discrepancies need different inquiries. A short factual statement is more useful than a broad allegation that the records are wrong. It also makes it possible to check whether an apparent inconsistency is simply different terminology used for a legitimate purpose.

Build a comparison sheet with five entries: grade, contractual source, local title or role, scope of practice and register status. Under each, record the evidence and date. For grade, start with the appointment and any variation. For contract, record the national or local terms identified in the

agreement. For role and scope, compare the job description, job plan and current service arrangements. For register status, use the current GMC entry. The sheet is a preparation tool; it does not decide the legal effect of conflicting documents.

Add a separate line for formal organisational authority when the question concerns leadership or governance. Identify the appointment letter, role description, delegated decisions and reporting relationship. This prevents a clinical job description being used to answer a question about management powers. If no document can be found, record that absence as a question rather than evidence that the power either exists or does not exist. Ask the authorised person to explain the arrangement. An organisation may be able to supply a record that was not included in the doctor's own file.

Next, identify what changed and when. A dated chronology may show that a duty was added temporarily, extended later and never incorporated into the next job plan. It may reveal that payroll implemented a variation before the doctor received the final letter. It may show that a local title was introduced for patient communication without any intention to alter grade. These explanations lead to different actions. The chronology should separate documented events from recollection and should not include speculation about motives. Keep the underlying correspondence available through appropriate secure arrangements.

Daniel can use this test to prepare his second meeting. His grade is not disputed. The central discrepancy is between current service expectations and the recorded role. He can identify the additional site, supervisory function and governance work, with the relevant dates and available evidence. He can then ask for a revised description of duties and a job-plan review. A separate section records his interest in a Specialist role and asks which route the employer uses. The same evidence informs both discussions, but the requested decisions remain clearly separated.

Put a specific question to the person who can answer it. For example: please confirm whether the attached terms form part of my current contract; please identify the agreed authority for this additional responsibility; or please confirm how this duty is represented in the current job plan. Ask for a written response where the answer affects ongoing arrangements. This is usually more productive than circulating a large document bundle with a general request for recognition. It allows an adviser or manager to identify what they know, what needs checking and who else must respond.

Keep original records intact when preparing the comparison. Annotate a separate working copy or index, and distinguish later explanations from the document as issued. That preserves a reliable chronology for anyone asked

to review the question and prevents a helpful personal summary being mistaken for the agreement itself.

Preserve distinctions in the record of the meeting. Note what was agreed, what remains disputed, what information will be obtained and when the issue will be reviewed. Do not treat silence as agreement or a provisional discussion as a final contract variation. If a proposed change has important financial, professional or legal consequences, seek advice before relying on it. A short response deadline should be identified early. The document test is intended to improve preparation; it is not a reason to postpone timely representation while attempting to make the file perfect.

At the end of the exercise, the reader should be able to state the position without ambiguity. I am employed in this grade under these terms; I perform these duties within this scope; I hold this additional role and this register status; and the decision I am requesting concerns this particular discrepancy. Some questions will remain unresolved, but they will be visible. The next chapter adds the national context, because even a carefully defined question can produce a wrong answer if it is taken to the wrong country's contract or process.