

The four nation map

What remains UK wide

Aisha receives an attractive offer from a Welsh health board after working in England. The clinical duties look familiar, and the grade has the same name. She expects the move to be largely administrative. Her first questions concern the start date and rota. Only later does she discover that she needs to confirm different contractual documents, arrange access to a different appraisal system and understand a national progression process that colleagues describe in unfamiliar terms. The move is within the UK, but several of the systems surrounding her work have changed.

The starting point is to separate professional regulation from the organisation of healthcare employment. GMC registration and the licence to practise do not become Welsh, Scottish, English or Northern Irish credentials when a doctor moves. Good medical practice provides a common professional reference for doctors across the UK.^[3] The employment agreement and the systems through which a doctor demonstrates and supports practice still require local and national examination. Holding the same regulatory status does not mean that the employer, contract or administrative process remains the same.

Revalidation illustrates the distinction. The GMC makes the licensing decision; a responsible officer or suitable person may make the relevant recommendation under the applicable arrangements. Doctors need to identify their connection correctly, especially when working for several organisations or changing employment. The GMC's connection tool provides a structured starting point.^[9] Do not simply assume that the most familiar employer or the organisation used for the previous appraisal remains the correct connection. Confirm the position and arrange the transfer of relevant information through the appropriate channels.

An appraisal system is a means of organising the process, not a separate national licence. Changing the platform should prompt a practical review of access, information transfer and the next appraisal arrangements. It should not be interpreted as a need to begin professional evidence gathering from nothing. The doctor's previous work remains part of the whole scope of practice, but the receiving organisation may need it supplied in a particular way. Aisha should ask what information is required and who will coordinate

the transition, rather than trying to reconstruct the entire record without guidance.

UK tax rules also intersect with national variation. Pension tax questions may involve UK legislation and HMRC guidance, while personal income-tax treatment can differ according to the applicable national arrangements and individual circumstances. Scotland, for example, has different income-tax bands.^[10] The location of the hospital alone is not a complete tax analysis. A cross-border worker should avoid assuming that either the employment nation's payscale or a colleague's take-home pay explains their own position. Chapter 21 addresses pension mechanisms and the points at which specialist advice is needed.

Other laws and procedures cannot be assumed identical merely because the professional regulator is shared. Healthcare and employment questions may engage different legislation, institutions or processes across the nations. A book can provide a comparison method, but it should not invite the reader to transplant a legal provision without checking its territorial application. This is especially important when a deadline, statutory function or formal challenge is involved. General professional guidance may explain why a concern matters while a separate national source determines the route through which it must be addressed.

For Aisha, the practical consequence is a divided checklist. She needs to maintain the accuracy of her GMC information and confirm her revalidation connection. Separately, she needs to establish the Welsh employment terms, appraisal arrangements and local support. Completing one side does not complete the other. This approach also helps a doctor who remains with the same employer but begins a second role elsewhere. The professional account may encompass both roles, while each employment retains its own documents, duties and administrative requirements.

Plan the timing of access changes too. A departing employer's account may close before the next appraisal. Ask in advance how essential records will remain available through authorised channels, rather than attempting hurried personal downloads.

What is devolved or separately negotiated

The four nations do not provide four interchangeable versions of a single employment manual. They have their own health systems, contractual documents, pay arrangements and professional-support structures. Even where reforms share a history or familiar terminology, the operative documents must be checked separately. Similar wording is a useful clue about where to look, not proof that every schedule or implementation

decision is identical. The reader should establish the nation, grade and contract version before applying a provision found through an internet search.

Begin with the issuing organisation. A government circular, jointly agreed national term, employer implementation guide and professional association commentary have different functions. One may establish or communicate a rule; another may explain how it is put into effect; a third may help the reader understand a practical difficulty. Keep those functions visible in the source record. A helpful explanation can remain useful even when it is not the controlling authority, provided the reader knows where the operative provision is found and which circumstances it addresses.

Then establish the document's status. Is it current, superseded, proposed or retained for historical reference? A national page may link several versions because doctors remain on different contracts. The newest publication date does not mean that every existing doctor has moved to the newest terms. Conversely, a contract with an older name may have later amendments. Record the version and any relevant variation rather than relying on the filename alone. Where there is doubt, ask the employer or an appropriate representative to confirm the agreement that applies to the individual post.

Charters and development frameworks need their own reading. They can describe expectations about support, recognition and professional opportunity, and they can provide a useful basis for reviewing local practice. Their wording should not automatically be presented as an individually enforceable contractual clause. Ask how the commitment is implemented, what the relevant contract says and which local mechanism provides the promised support. This preserves the practical value of the document without overstating its legal effect. A gap between a commitment and delivery may require organisational attention even when the remedy is not a simple contractual claim.

Progression is an area where comparison must be especially precise. Wales and Scotland have published national regrading or career-progression frameworks, while the England and Northern Ireland chapters focus on preparing for competitive Specialist posts under the relevant arrangements.

^[4,5,11] The existence of one country's route does not establish the same route elsewhere. Nor does a route's existence mean that every doctor can use it successfully. The later chapters examine the criteria, evidence and process. Here, the task is to find the correct route before investing effort in a submission designed for a different system.

Pension administration provides a practical example of a split that does not follow a simple four-column pattern. NHSBSA is the relevant NHS pension administrator for England and Wales; Scotland uses the Scottish Public Pensions Agency, and Northern Ireland has the HSC Pension Service.^[12–14] An employment move may therefore be within the same administrative scheme context or involve another administrator. Do not infer what happens to existing benefits, transfers or records from that broad map alone. Obtain the appropriate scheme information and an individual explanation where the move has financial consequences.

Local implementation remains a necessary final layer. A national term may establish a process while the employer identifies its contacts, forms and meeting arrangements. The local layer should be consistent with the applicable source, but it can still contain details essential to action. Record both: the national authority for the requirement and the employer's current method of handling it. If they appear inconsistent, ask for clarification with the relevant passages and dates. Avoid allowing an undocumented local custom to be treated as national policy simply because it has been followed for years.

A useful source navigator therefore records the topic, nation, issuing body, document title, operative date and relevant section, followed by the local contact. Add the date on which the source was checked. For a time-sensitive action, save the version relied on through appropriate arrangements. This takes a little preparation but makes subsequent advice much more efficient. Instead of asking which rule is correct in the abstract, the reader can ask whether this particular provision applies to this contract and these facts at this time.

Check the status again when a decision is delayed. A document retrieved during an early career conversation may have changed by the time an application is submitted. Keep the earlier version for the record, but verify which version governs the action.

England

For a national SAS contract in England, NHS Employers is an important source of contractual and implementation materials. Its 2021 resource collection links the Specialty Doctor and Specialist documentation.^[1] Start with the terms that apply to the post, then use the accompanying material to understand implementation. Do not treat every document in the collection as interchangeable: a model contract, capability framework and practical guide answer different questions. An individual appointment still needs to identify the relevant agreement and any later changes.

The first local contacts will commonly include medical staffing and the clinical manager responsible for the role, with professional representation where required. Ask medical staffing to confirm the contract and relevant employment records. Ask the clinical manager to explain the service, duties and review arrangements. A question may need both perspectives. For example, the manager may confirm that a regular teaching responsibility is expected while staffing clarifies how the additional role is recorded. Neither answer alone necessarily establishes the complete arrangement.

England's SAS Charter provides a further reference for considering the quality of the employment environment.^[15] Use it to structure questions about how the employer supports SAS practice and development. Ask who owns local implementation and how doctors can raise a gap. The most useful conversation connects a stated commitment to an observable arrangement, such as access to an appropriate development discussion or a recognised local support role. Avoid leaving the inquiry at the level of whether the organisation generally values SAS doctors; most organisations will agree with that statement without it determining what happens next.

For appraisal and revalidation, the doctor should confirm the designated-body connection and the employer's process rather than assuming one universal software platform. NHS England's medical-appraisal resources provide supporting material, but the actual submission arrangements need local confirmation.^[16] Before changing posts, ask how completed appraisals and relevant governance information will be transferred. A doctor with external practice should explain that work to the appropriate appraisal and revalidation contacts so the professional account remains complete. The existence of an employer portal does not define the entire scope of practice.

Senior progression should begin with the destination. If the aim is a Specialist post, examine the role, the applicable person specification and the evidence of capabilities. If the aim is specialist registration, use the GMC route. If a doctor on a local contract is considering a published transfer or permanency arrangement, establish its current eligibility and scope separately. These discussions may involve some of the same people, which makes careful naming even more important. A manager's support for development is not itself confirmation that a particular appointment process has been completed.

Consider Priya, who is interested in a Specialist vacancy in another English trust. She should compare the actual service with her current scope before preparing the application. A familiar specialty name may conceal different clinical breadth, on-call expectations or governance duties. She can then identify evidence relevant to the vacancy and questions for the

prospective employer. This is more useful than submitting the same generic senior-career narrative to every post. Chapter 17 develops the application method; the national map establishes which contractual and recruitment sources should inform it.

NHSBSA's member hub is the starting point for the relevant NHS pension information, alongside the doctor's own records and employer pension contact.^[12] A change of grade, employer or working pattern is a reason to check records and identify potential questions, not to assume a particular tax outcome. Keep pension and employment inquiries connected but distinct. Payroll can explain reported pay and service; an administrator can explain scheme records and procedures; tailored financial or tax advice may be needed to compare choices. Sending every question to one contact can leave important parts unanswered.

Finally, check the source owner and date when an English organisation or process is changing. A webpage may remain useful during a transition, but an old contact or form may no longer be the right route for action. Use the current official signposting and retain the underlying document reference. This habit is more durable than memorising an organisational chart. It also prevents a proposed reform, a communication about future change and an operative requirement from being treated as if they have the same status.

Wales

NHS Wales Employers' SAS resource page is the main starting point for the national contractual map. It distinguishes the 2008 arrangements from the post-2021 framework and links updated 2024 terms. It also identifies the All-Wales career-progression or regrading policy approved in May 2025 and the centrally managed application route.^[4] These facts establish where the reader should look. The precise eligibility, evidence, timescales and outcome provisions must come from the operative documents, not from a general statement that Wales offers regrading.

Aisha should therefore request confirmation of the terms for her new appointment rather than assuming that her English contract transfers unchanged. The offer, job description and initial job plan need to be read together. She should ask how previous service is assessed for relevant employment purposes and which information is needed to establish her starting position. Those are questions to resolve through the applicable agreement and authorised advice. A colleague's experience of a different move may help her identify a question but cannot determine the answer to her own appointment.

Health Education and Improvement Wales provides the Medical Appraisal Revalidation System, known as MARS, to support appraisal and revalidation in Wales. Medical MARS and GP MARS have separate routes.

^[17] Aisha needs the appropriate registration and local appraisal arrangements for her role. The practical transition should include confirmation of access, the planned appraisal date and the relevant information from her previous employment. She should not assume that an existing appraisal record will appear automatically in a new system simply because both organisations recognise the same professional purpose.

The employment and appraisal conversations should remain connected without being collapsed. If Aisha identifies a development need at appraisal, she may need a separate agreement about experience or time in the job plan. If the manager changes her duties, the appraisal account may need to reflect the altered scope. The platform can support the record, but it cannot replace either discussion. A useful first-year plan identifies the manager, appraisal contact and any educational support, then shows which person is responsible for each practical arrangement.

For Eleri, an experienced Specialty Doctor in Wales, the national progression route raises a different question. She should begin by identifying the current policy and application route, then assess how her practice and the service relate to its requirements. A general claim that she has worked at a senior level for years may be insufficiently precise. The evidence needs to address the actual criteria and the nature of the proposed work. Chapter 15 develops that preparation in detail. The introductory map deliberately does not turn the existence of the route into a promise of regrading.

Eleri can prepare usefully before submitting anything. She can make an accurate account of her current role, gather appropriate evidence of capability, identify the relevant service context and ask how local discussions connect with the national process. She should distinguish verified achievements from planned development and distinguish the service's present requirement from a personal aspiration. This is original preparation work, not a substitute for the prescribed form. Where the policy asks a specific question, the evidence should answer that question rather than rely on a broad narrative of commitment or popularity.

The Wales SAS Charter and associated materials can help the reader examine the support available locally.^[4] They should be used with the current contractual framework and employer arrangements. Ask how a stated commitment is delivered, who coordinates it and what evidence would show whether the arrangement works. A doctor seeking development may need

access to experience rather than another generic course. A doctor undertaking leadership may need a clearer remit and time. These distinctions make a charter-based conversation practical and help the organisation identify what it can change.

NHS pension administration for Wales sits with NHSBSA, as it does for England.^[12] This shared administrator does not make every detail of two employments identical. On moving, check that the employer has the information required for accurate service and pay reporting and that the member's own details are current. Where there are existing benefits, additional employments or planned retirement choices, seek an explanation of the individual position. The fact that a move remains within one broad administrative setting should not discourage a basic reconciliation of the records.

Before Aisha's first review, she can test the move against a short practical sequence. Has the employing organisation confirmed her terms? Does the agreed work match the job description? Is support accessible in practice? Are appraisal and revalidation arrangements clear? Has the pension record been checked through the proper route? Are development ambitions being discussed with the person able to support them? None of these questions requires her to become an expert in every Welsh system. They require her to identify the correct source and obtain the confirmations that make the new role understandable.

Scotland

For Scotland, begin with the relevant Scottish contractual documentation and published circulars. A document from England may explain a familiar concept while providing the wrong operative terms. The national publications service is an important route to the Scottish source record. Retain the circular identifier, date and any annexes when a provision matters to a decision. If a later document amends an earlier one, the amendment must be considered with the underlying terms. A title or publication year alone cannot establish the complete current position.

The published circular PCS(DD)2025/02 sets out a policy for career progression or regrading from Specialty Doctor or Dentist to Specialist grade.^[11] It gives the Scottish progression discussion a specific national source. Because a circular can be amended or replaced, the reader must check the operative version before acting. This introductory chapter does not assume that a 2025 publication remains unchanged indefinitely. Chapter 16 examines the route separately from the Wales process and requires each procedural statement to be checked against the current Scottish policy.

Calum, an experienced Specialty Doctor in Scotland, wants to understand whether the route fits his circumstances. His first step is to establish the current eligibility and process, not to borrow a Welsh colleague's successful application. The Welsh document may illustrate how someone described their experience, but it cannot establish Scottish criteria or decision-making. Calum should build a preparation list from the policy that applies to him. That list should identify what is already evidenced, what needs clarification and what support or development may be necessary before an application can be assessed properly.

He should also separate an assessment of readiness from the organisation's handling of the process. A manager's encouraging view can be valuable but should not replace the specified steps. Equally, an unclear local answer should prompt a request for the relevant policy and contact rather than an immediate conclusion that no route exists. The useful question is precise: which operative document governs this application and how should it be initiated here? If different answers are given, retain them with dates and seek an authoritative explanation of the discrepancy.

Medical Appraisal Scotland provides national appraisal resources and information about the Scottish Online Appraisal Resource, SOAR.^[18] A doctor moving into Scotland should confirm the appropriate account, local administration and information-transfer arrangements. The professional purpose remains whole-practice appraisal, but familiarity with a previous platform does not establish how a new organisation manages its timetable. Ask what must be available before the first appraisal and how previous records are handled. Resolve access difficulties early enough that they do not become confused with a failure to prepare the professional information.

Where Calum undertakes work outside his principal appointment, he should make the whole scope clear to the appropriate appraisal and revalidation contacts. The practical question is how information from the other work is obtained and considered, not whether each job requires a completely independent reconstruction of the same professional year. Use the GMC connection guidance for the regulatory relationship and the local process for administration.^[9] If the answer is uncertain, obtain clarification rather than choosing the arrangement that seems easiest. Convenience cannot determine a prescribed connection.

The Scottish Public Pensions Agency administers the NHS Scotland Pension Scheme and provides member information about benefits, records, retirement and the public service pensions remedy.^[13] Someone arriving from another nation should use the Scottish administrator's material and obtain advice about the treatment of existing benefits where needed. Similar names

for scheme sections should not be used to assume identical forms, deadlines or administrative steps. Retain records from previous membership and establish what information must be supplied through the correct route. Do not make a transfer decision solely because a move makes consolidation appear convenient.

An employment comparison should also distinguish gross salary from the personal financial result. Tax treatment, pension contributions and other circumstances can alter the relationship between an advertised figure and take-home pay. Scottish income-tax arrangements are one reason to check the individual calculation rather than relying on a colleague's experience.^[10] This chapter does not provide a financial comparison between nations. It identifies the questions that should be taken to the correct source before a move is decided on the basis of an incomplete estimate.

Calum's national source record should end with the local implementation details: the person coordinating the progression process, the clinical manager for job planning, the appraisal administration contact and the pension route. Keeping those contacts beside the relevant documents makes future reviews easier. If an organisation or service changes its name, update the contact without losing the source history. The purpose is to preserve a reliable chain from national provision to the action required in the employing organisation. That chain is more useful than a folder of undated guidance collected without a decision in mind.

Northern Ireland

Northern Ireland requires its own contractual source set. The Department of Health's SAS 2021 documentation page brings together Specialty Doctor and Specialist terms, model contracts, implementation material, capability documents and a Northern Ireland person-specification template.^[5] Use those materials for the relevant appointment rather than assuming that an English template is an exact substitute. Shared origins in contract reform do not remove the need to check national wording and subsequent changes. The individual employer's current recruitment and employment records supply the further context needed for a decision.

A doctor considering an HSC post should identify the employing organisation, clinical service and grade before comparing terms. Ask which contract governs the offer, how the role is supported and what the service expects outside scheduled clinical sessions. A familiar title can coexist with unfamiliar arrangements for cross-cover, advice and referral. Due diligence should therefore examine both the formal agreement and the practical service. A candidate does not need to know every local detail before

applying, but should know which questions require an answer before relying on an offer.

For a competitive Specialist post, the relevant person specification is the starting point for the application. Compare its essential and desirable criteria with evidence of actual capability. Identify which elements are national and which reflect the particular service. A generic account of long experience may leave the panel unable to judge the requirements that matter most to the vacancy. Chapter 17 provides the detailed method. The national map prevents the reader from preparing a submission to a regrading process that has not been established as applicable to that employment.

Take the example of a senior SAS doctor in England considering a Northern Ireland Specialist vacancy. The doctor should not assume that successful practice in a current role proves readiness for every duty in the advertised post. Compare the patient group, clinical breadth, out-of-hours work, leadership expectations and available support. Then ask which previous experience can be evidenced directly and which differences require induction or development. This approach values existing expertise while taking the new service seriously. It also creates better questions for an informal visit or discussion with the recruiting team.

The Department of Health provides information about revalidation in Northern Ireland.^[19] The doctor's current employing or designated body should confirm the practical appraisal arrangements, contacts and timetable. An older overview may remain a useful explanation of the system but should not be relied on for an unverified current deadline or platform. Obtain the operative local guidance before submission. As elsewhere, the GMC connection and licensing framework must be distinguished from the system used to collect and discuss professional information.^[9]

The HSC Pension Service is the relevant pension-administration starting point for Northern Ireland.^[14] A doctor arriving with previous NHS pension membership should retain the existing records and ask what happens under the applicable arrangements. The existence of another public-service scheme does not make a personal transfer or retirement choice self-evident. Identify the benefits already held, the information required and any time-sensitive options, then seek suitable advice. Employment induction is a useful prompt to begin this check, but the employer's welcome process should not be assumed to have resolved every pension question.

Legal and employment advice must also be appropriate to Northern Ireland. A general UK professional discussion can be helpful, but a statutory reference or process borrowed from Great Britain may not supply the correct rule. Where a concern involves a formal deadline or a proposed challenge,

obtain nation-specific advice early. Keep the national contractual documents and the employer's policy together so the adviser can see the basis of the decision. This is a practical safeguard against spending time preparing a response for the wrong procedure.

The four-nation navigator is now complete enough to use. For each employment, record the nation and employer, the current contractual documents, the local job-planning contact, appraisal arrangements, revalidation connection, progression route under consideration and pension administrator. Leave an explicit question where something is unconfirmed. Do not fill the gap with the arrangement used in another country. A blank marked for confirmation is safer and more useful than a confident answer copied from a superficially similar post. Give each outstanding question an owner and a review date, so that a careful comparison leads to a completed check rather than another unfinished list.

Before a move, compare the two navigators side by side. Identify what remains stable, what must be transferred, what must be agreed afresh and which decision needs advice before a date is fixed. After starting, review the record against what actually happens. Aisha's move, Calum's progression inquiry and the prospective Northern Ireland application all use this same method, but they do not produce the same national answer. The reader is now equipped to examine an offer or an existing employment with the right documents. Chapter 4 turns that preparation into a systematic assessment of an SAS post.