SAS Appraisals

What appraisers need to know — SPA, job planning, Portfolio Pathway, SAS Development Fund and progression to Specialist grade

For Medical Appraisers
NHS Scotland

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The appraiser's role: make development visible

Appraisal is where evidence, support and gaps become visible.

Appraisal conversation

A safe, annual space to connect evidence, role, development and support.

Evidence

PDP

Job plan signals

Support route

Outcome

A clear annual plan: what the doctor can evidence now, what they need next and who will help.

Sources and links on final slide

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Holding a supportive, developmental conversation

How you ask matters as much as what you ask.

In the room

- Open questions first "What's working? What's hard?" before closed ones
- Reflect back what you hear before offering your own view
- Focus on the evidence and the next step, not judgement of the person
- Leave space for silence — let them think rather than filling the gap
- Name difficult gaps directly, but kindly — vague hints don't help anyone plan

When it gets difficult

"Acknowledge the reaction before moving on. 'I can see that's landed hard' then return to what's next."

Reflect first. Advise second.

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What changed in the 2022 Scottish SAS contracts?

The contracts are not just about pay — they create a stronger development and planning framework.

1. A new Specialist grade for experienced SAS doctors/dentists
2. Clear minimum SPA for appraisal, revalidation and job planning
3. Team Service Planning is now built into SAS job planning
4. More explicit routes to discuss development, competencies and progression

Implication for appraisers

Annual appraisal should actively ask about:

- SPA sufficiency
- Job plan alignment
- Portfolio Pathway intentions
- Specialist-grade capability evidence
- Access to SAS development support

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Specialty Doctor → Specialist: supportive, evidence-based progression

The new Scottish regrading route should be framed as development and recognition — not a test to catch people out.

Eligibility

- Full registration and licence to practise
- At least 10 years since primary qualification
- At least 6 years in relevant specialty/SAS or equivalent
- Working wholly or substantially at Specialist level
- Evidence against Specialist generic capabilities framework

Appraiser stance

"What evidence already demonstrates Specialist-level practice? Where are the gaps? What development plan would close them?"

Not automatic. A fair process with feedback and appeal.

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Evidence matrix: turn appraisal evidence into progression evidence

Appraisers can help map "what I do" into "what I can evidence".

Capability area	Evidence examples	Appraiser prompt
Clinical autonomy	case mix, independent practice, MDT role, referrals, outcomes	Where do you practise at senior autonomous level?
Governance & quality	audit/QI, incidents, guidelines, risk work, patient safety	What impact can you show?
Leadership & teamworking	service lead, rota, pathway design, supervision, recruitment	How do others rely on your leadership?
Education & supervision	ES/CS role, teaching feedback, WBA, training courses	What supervision/teaching role is in the job plan?
Professional practice	CPD, appraisal, MSF/PSQ, complaints/compliments, reflection	Is there enough SPA and support?

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SPA: the minimum is not the whole SPA conversation

The 2022 contracts specify minimum SPA for appraisal, revalidation and job planning. Other SPA must be agreed separately.

Total job plan PAs including EPAs	Minimum SPA allocation
5 or more	1.0 PA
More than 2 but fewer than 5	0.5 PA
2 or fewer	0.25 PA

Not enough to say "1 SPA covers everything"

Minimum SPA is for the core professional requirements. Separate allocation should be agreed and visible for roles such as teaching, training, audit, QI, governance, appraiser, supervision and leadership.

Appraiser prompt

"Can you meet appraisal, revalidation, CPD and your agreed role responsibilities within your current SPA?"

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Additional SPA: make role work explicit

Appraisal is a good place to uncover hidden work and convert it into a development/job planning discussion.

Education	educational/clinical supervisor, departmental teaching, TPD, college tutor
Governance	audit, QI, M&M, guidelines, complaints, safety work
Leadership	clinical lead, rota lead, SAS lead, service redesign, recruitment
Portfolio	evidence building, workplace-based assessments, competency gaps, secondment
Appraisal	being an appraiser, appraiser training, appraisal preparation and outputs

Message for appraisers: if work is recurrent, essential or developmental, it needs to be named in appraisal and job planning.

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Team Service Planning: the bigger picture around appraisal

The 2022 contracts embed Team Service Planning in SAS job planning — it shapes what appraisal can protect.

How it works

- Starts from "what does the service need?", not just "what does each doctor want?"
- Demand (clinics, theatres, ward rounds, education, appraisal, governance) is mapped against capacity (PAs available)
- Any gap between demand and capacity should be named, not absorbed as goodwill
- Solutions are explicit: recruit, redesign, stop work, or redistribute
- Individual job plans should follow from the team plan, not be agreed in isolation

Appraiser prompts

"Have you participated in Team Service Planning this year? Is your SPA (appraisal, teaching, governance) visible in the team's demand, or just assumed?"

If it is undertaken, it should be named in the team plan.

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Portfolio Pathway: plan early, map evidence deliberately

Formerly CESR/CEGPR: a route to Specialist registration for doctors who have not completed a GMC-approved training programme.

Appraisal prompts

- Which curriculum and specialty guidance are you mapping to?
- What evidence already exists in appraisal?
- What gaps require training, supervision or secondment?
- Who has reviewed the portfolio plan?

Timing reality

Once opened, the GMC application window is 24 months; preparation should start before that. Applications can take 6–12 months before evaluation.

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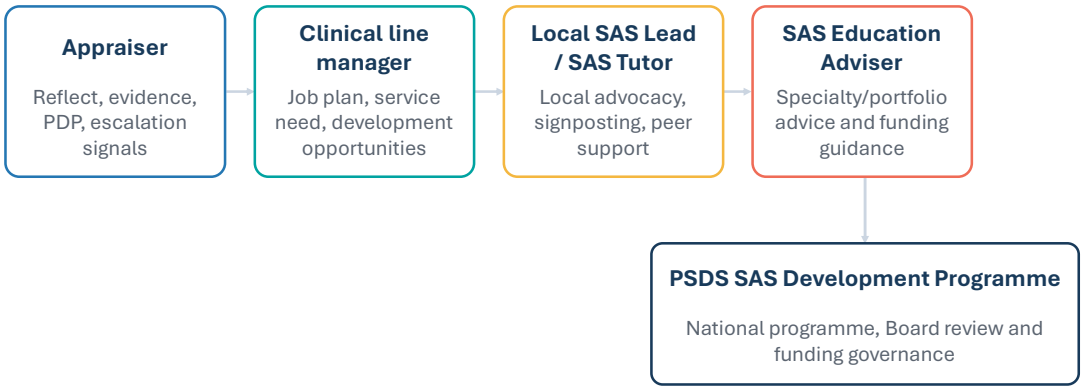
Support System: who helps with what?

Appraisers should know the route, not necessarily solve every issue themselves.



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SAS Development Fund: what appraisers should know

Scottish Government annual funding, administered through the SAS Development Programme in PSD Scotland, is for development beyond routine CPD.

Can support

- SAS in Scotland on a substantive SAS contract
- Quarterly application process, supported by Health Board's SAS Education Adviser
- **Funding for activities which enhance or improve service provision/ patient care/ patient safety** increasing contribution to the NHS both generally and locally
  - Online / in-person courses to upskill
  - Postgrad Qualifications - Cert/Dip/Masters *-must be in relevant clinical area or for current leadership/education role*
  - Short-term clinical secondments for additional experience of relevance to the service they support
  - Portfolio - **limited** top-up training for applications when **all the remaining competencies have been achieved**

not for

- Cannot support SAS who are employed on fixed term contracts
- Separate to study leave funding
  - not for general CPD
  - should use study leave to attend the specialty's annual conference
- Research, Audit, MBA ***not*** eligible
- Travel & accommodation costs ***not*** eligible

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Common appraisal scenarios and what to do

Appraisers can unblock progression by making the next step concrete.

"I have no time for Portfolio evidence."	Check SPA sufficiency; add PDP objective; signpost to job planning and SAS support.
"I need a competency I cannot get locally."	Signpost to CD to explore secondment/placement; identify supervisor; consider SAS Development Fund.
"My manager says I am not Specialist level."	Ask which capability areas are missing; advise them to request written feedback and development plan.
"I am doing ES/appraiser/governance work in goodwill."	Signpost to job planning: Name it; evidence it; ask for separate SPA/job plan allocation.
"I do not know who the SAS Lead is."	Sign post to CD and/or SAS educational advisor

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Real example: a route back to Consultant

Appraisal kept the door open long after training stopped. Details have been anonymised.

Starting point

Dropped out of specialty training at ST5 for multiple personal reasons. Came to appraisal with no plan for Specialist registration.

Curriculum mapping

Portfolio evidence

GMC application

Specialist register

Outcome

The appraiser showed that, while hard work, continuing to map the curriculum could still lead to the Specialist register. They did — and are now a Consultant.

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Real example: proving Specialist-level work

A disagreement became a development plan. Details have been anonymised.

Starting point

Felt they were working at Specialist level but their department did not agree.

Ask for feedback

Map to competencies

Capability gaps

Development plan

Outcome

The appraiser advised requesting written feedback and mapping evidence against the generic capabilities framework. This gave a clear plan to demonstrate that level of working.

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Appraiser checklist: the five questions to ask every SAS doctor

Build these into the appraisal conversation and PDP.

1. Do you have enough SPA for appraisal, revalidation and CPD?
2. Are additional roles visible in your job plan?
3. Are you considering Portfolio Pathway or Specialist progression?
4. What competencies or evidence gaps need a formal plan?
5. Do you know your local SAS Lead / SAS Tutor / SAS Education Adviser route?

Sources and links on final slide

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Sources and local adaptation

Core sources used

- **BMA Scotland: New contract offer for SAS Doctors and Dentists in Scotland (2022)**
  https://www.bma.org.uk/media/6339/sas-contract-offer-detailed-summary-28-october-2022.pdf
- **Scotland Deanery: SAS Development Fund Application Process**
  https://www.scotlanddeanery.nhs.scot/your-development/specialist-and-associate-specialist-doctors-and-dentists/sas-development-fund-application-process/
- **Scotland Deanery: Portfolio Pathway for SAS grades**
  https://www.scotlanddeanery.nhs.scot/your-development/specialist-and-associate-specialist-doctors-and-dentists/portfolio-pathway-for-sas-grades-formerly-cesr/
- **GMC: Portfolio Pathway application guidance**
  https://www.gmc-uk.org/registration-and-licensing/join-our-registers/registration-applications/specialist-application-guides/specialist-registration-portfolio
- **BMA Scotland: Regrading Specialty Doctors to Specialists in NHS Scotland**
  https://www.bma.org.uk/pay-and-contracts/contracts/sas-doctor-contract/how-specialty-doctors-can-be-regraded-to-specialists-in-nhs-scotland
- **NES: SAS Development Programme structure and governance**
  https://www.scotlanddeanery.nhs.scot/media/n2efzmvs/sas-development-programme-structure-governance-2025.pdf

SAS Educational Advisors