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HSC (TC8) 04 2025

Date: 04 November 2025

Dear Colleague

Terms and Conditions of Service: SAS Doctors and Dentists – Non-Pay Adjacent Agreement 2021 Contract

Introduction

1. This circular informs HSC Employers of the non-pay adjacent matters that were agreed with the SAS NI committee as part of the resolution regarding the pay dispute for 2023/24
   These are:

   - Reminding Employing Organisations of SAS Doctors and Dentists entitlement to a minimum of 1 Supporting Professional Activities (SPA)
   - The Recruitment of the SAS Advocate Role
   - The e extension of the transfer window, and
   - Guidance on the creation and recruitment of Specialist posts

SAS Doctors and Dentists eligible for one SPA per week

2. Employing organisations ae reminded that Doctors and Dentists employed under the 2021 SAS contract are contractually entitled to a minimum of one SPA per week which is specifically specified for the purposes of job planning, and the completion of CPD requirements for appraisal and revalidation.

3. Employing organisations must ensure that job plans for SAS doctors and dentists on the 2021 contract reflect this minimum entitlement. Any additional SPA time should be agreed (above the minimum contractual entitlement). Activities undertaken in additional SPA time underpin direct clinical work. These may include, but are not limited to, teaching and training, audit, research, clinical management, local clinical governance activities and statutory and mandatory training

4. Further guidance on the importance and scope of SPA is provided at **Annex A**.

Recruitment of the SAS Advocate role

5. Circular HSC (TC8) 2/2023 introduced a new strategic role for SAS doctors and dentists, the SAS Advocate. This role was designed to support the health and wellbeing of the SAS workforce.

6. Implementation was previously delayed due to funding concerns, as a consequence the Department of Health has now agreed to recurrently fund one SPA per acute HSC Trusts to support this role. Accordingly, HSC employers are now expected to proceed with the recruitment of the SAS advocate role without further delay.

7. This is an additional strategic role for an existing employee and is not intended to replace existing support available to SAS doctors and dentists, such as the SAS lead role. The updated job description for the SAS advocate role is included at Annex B. It supersedes the version issued in HSC (TC8) 2/2023.

8. The Department does not mandate that the SAS advocate role must be undertaken by the current SAS Lead. While SAS Leads may apply, the role must be advertised openly and fairly in line with normal internal recruitment processes.

9. To ensure consistency across the HSC, organisations are required to use the attached model job description and specification (detailed at Annex B) to internally advertise this post.

Extension of the transfer window

10. The Department confirms that the transfer window to the 2021 SAS contract, as originally set out in Circular HSC (TC8) 1/2023 will remain open for a further two years from the date of that agreement. Accordingly, the transfer window will formally close on **31 March 2027**, after which transfers to the 2021 contract will no longer be permitted.

11. HSC Employers are expected to communicate this information to all eligible SAS doctors and dentists, and that appropriate internal mechanisms are in place to support any remaining transfers during the extended window.

Creation and Recruitment of Specialist posts

12. The 2021 SAS contract introduced the specialist grade as a new career progression opportunity for SAS doctors. However, creation of these roles across HSC organisations has been limited. To support progress, the Department has developed guidance on the establishment and introduction of Specialist posts in Northern Ireland, which is attached at Annex C.

13. When vacancies arise or workforce reviews ae being undertaken HSC employers are expected to proactively review existing service delivery models and identify opportunities to establish Specialist posts, in line with service need and workforce planning priorities. A range of recruitment approaches may be adopted, depending on local circumstances and specialty requirements.

14. The Department will continue to monitor progress in the introduction of Specialist roles as part of its wider oversight of SAS contract implementation.

Enquiries

15. Employees should direct personal enquiries to their employer. The Department of Health cannot advise on individuals' personal circumstances.

16. Employers should direct enquiries about the content of this circular to, Workforce Policy Directorate, Room D1, Castle Buildings, Stormont, Upper Newtownards Road, Belfast BT4 3SJ (email: p&e@health-ni.gov.uk).

Further copies

17. Copies of this Circular can be obtained from the Department's website at Workforce Policy Guidance

Issued by

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- **Annex A - SAS Doctors and Dentists – Supporting Professional Activities (SPA)**
- **Annex B - The recruitment of the SAS Advocate Role in Northern Ireland**
- **Annex C - Guidance: the creation and recruitment of the specialist role in Northern Ireland**

Annex A

SAS Doctors and Dentists – Supporting Professional Activities (SPA)

1. SAS doctors/dentists are contractually entitled to a job plan, which is a mutually agreed document and is specific and relevant to their roles. The 2021 SAS contract states that there should be a minimum of one programmed activity (SPA) designated for Job planning and meeting the requirements for appraisal and revalidation.

2. All SAS doctors on the 2021 contracts must have an annual appraisal, to this end, employers must review SAS job plans and ensure there is a minimum of one supporting professional activity in their job plans as outlined above in paragraph 1.

3. The job plan should also allow time for SPA that will allow SAS doctors/dentists to undertake development activities which can include audit, clinical governance, training, and research. As well as enabling eligible SAS doctors/dentists to meet the criteria for passing through the higher pay threshold (between point 3 and 4). The higher pay threshold recognises the higher level of skills, experience and responsibility of those doctors/dentists working at that level.

4. It is important that Managers ensure that boundaries around supporting professional activities (SPAs) are recognised and that SPA time is protected.

Access to study leave/training/professional development opportunities

5. In addition to the contracted SPA time as outlined in paragraph 1 above , SAS doctors are entitled to professional or study leave as outlined in the terms and conditions of service as 'a maximum of 30 days (including off-duty days falling within the period of leave) in any period of 3 years'. Employers should ensure that SAS doctors are aware of this entitlement and that they are encouraged to make full use of it.

6. Support should be offered by employers to those SAS doctors wishing to develop skills and competencies towards a portfolio pathway to specialist registration or to applying for a specialist post when available.

Why is this important

7. Used effectively SPAs will benefit the individual, the organisation and the wider HSC as SAS doctors and dentists take time to enhance skills, extend knowledge, work on quality improvement initiatives, undertake research and lead and develop each other, in pursuit of the common aim of improving the patient experience. Everyone benefits from SAS doctors/dentists receiving appropriate supporting professional activity time and study leave.

Examples of SPA Activities

8. The following are examples only of the type of activities that could be included in SPA time, (list is not exhaustive)

Continuing professional development (CPD)

- Educational meetings
- Reading and other self-study, on -line learning
- Post graduate meetings
- External training events
- Meeting the requirements set by the appropriate royal college
- Review of papers and journals

Teaching and training

- Education supervision
- Formal teaching and training of other staff

Audit & Research

- Clinical Audit
- Clinical Research opportunities

Contribution to service management and planning

- Clinical management
- Service Development
- Clinical Governance Activities

Annex B

The Introduction of the SAS Advocate Role in Northern Ireland

Foreword

Through the 2021 contract negotiations, the Department of Health (NI), HSC Employers and BMA (NI) had many conversations about the health and wellbeing of SAS doctor/dentists and in particular the experience of SAS doctor/dentists with bullying and harassment in the workplace. Whilst processes are in place to support SAS doctor/dentists, there are all too often reports of a poor experience of the working environment with instances of bullying and harassment and difficulties with receiving adequate support for their health and wellbeing. This has also been evident in numerous surveys by the BMA, and the GMC.

It was agreed that further action was required to improve the experience of SAS doctor/dentists. The introduction of new SAS contracts was seen as an opportunity to address longstanding workplace culture factors, to further empower SAS doctor/dentists and to highlight their value within the HSC.

It was agreed that SAS doctor/dentists needed a named individual in their Trust who would act as a nexus point for SAS Health and Wellbeing issues. The SAS Advocate is intended to fulfil this function. The Advocate will act as an important additional interface between SAS doctor/dentists and management, complementing existing structures and processes as well as taking forward their own programme of work. They will act as a point of contact for SAS doctor/dentists in relation to Health and Wellbeing issues, as well as advocating on their behalf.

To fulfil the contractual obligations, the SAS Advocate role will be introduced by each HSC Trust in Northern Ireland.

The SAS Advocate is a strategic role to promote and improve support for SAS doctor/dentist's health and wellbeing. It will be an additional role for an existing employee and is not intended to replace existing support for SAS doctor/dentists (i.e. the SAS Lead).

Additional information for HSC Trusts

- The post will be advertised internally within the organisation
- The Advocate will be interviewed and appointed by a panel that must include a SAS doctor/dentist.
- It is important that the post holder has the confidence of SAS doctor/dentists employed within their organisation.
- The post holder should be an existing SAS doctor/dentist. HSC Trusts must ensure the holder has adequate time (1PA) and resources allocated to devote to the role – it has both proactive as well as reactive functions.

- The advocate will report directly to the Medical Director/Deputy Medical Director who will agree the objectives of the role with the Advocate , they will also feed into the post holder's appraisal.
- The role of the Advocate will be discussed at the postholder's annual job planning meeting. It is expected that an Advocate will initially require at least one programme activity per week to fulfil the role effectively. Where possible, employers should respond positively to requests from Advocates for more resource/time if it is deemed necessary to carry out the role, this should be mutually agreed as part of the job plan.
- The advocate role should be held for up to three continuous years and then the post should be readvertised. SAS Advocates will be expected to work with each other to share best practice and ensure a joined-up approach is taken across HSC Trusts in Northern Ireland.
- SAS Advocate will be expected to work closely and collaboratively with the SAS Lead in their organisation

The attached job description has been agreed by the Department of Health, the BMA(NI) and HSC Employers, and should be used to recruit to this role. This is to ensure that a consistent approach to taken across the HSC.

Model Job Description

Trust SAS Advocate

Post:	Trust SAS Advocate
Grade:	SAS Grade Doctor
Hours:	A minimum of 1 PA initially (to be kept under review as part of the annual job plan process)
Reports to:	Medical Director/ Deputy Medical Director

Job summary:

The SAS workforce is a diverse group of doctors/dentists working in numerous specialties across the Trust including Specialists, Associate Specialists, Specialty Doctors, Staff Grades and Hospital Practitioners. The [insert name] Trust has developed a strategic new role to promote and improve support for the SAS workforce. This is an additional role for an existing employee and has been designed to ensure the effective co-ordination and provision of the Health and Wellbeing needs of SAS doctors/dentists across all specialties with the organisation. The successful applicant will initially be appointed for up to 3 years, with a commitment of a minimum of 1PA per week, (the PA value associated with this role, is to be kept under review as part of the job planning process).

The SAS Advocate will support the Medical Director in providing representation on behalf of this body of medical/dental staff in the assurance of their Health and Wellbeing and promoting role of SAS doctors and dentists within the Trust (advocating for their role) to the Senior Management team and the Trust Board.

The SAS Advocate will represent the Trust at a regional/national level networking with other Trust SAS Advocates, and their SAS Lead peers.

MAIN DUTIES AND RESPONSIBILITIES include:

- Provide help and support and be a visible point of contract for the Health and Wellbeing of SAS doctors/dentists within the Organisation.

- Signpost SAS doctors to the relevant departments, colleagues, or information within the employing organisation as well as, where relevant, trade union representatives to provide support on their health and wellbeing including actions to address concerns raised regarding working relationships.

- Work closely with the organisation's SAS Lead to strategically promote SAS doctors/dentists.

- Represent SAS doctors at medical engagement forums in relation to Health and Wellbeing of this group of staff.

- Work closely with the SAS Lead to maintain a data base of SAS doctors/dentists to facilitate communication and exchange of information.

- Work collaboratively with the SAS Lead to develop and introduce mechanisms to promote a greater understanding of the role of the SAS doctors/dentists across the organisation.

- Collaborate with the SAS Lead in creating forums for SAS doctors/dentists to exchange suggestions, seek and offer advice and discuss relevant topics.

- Promote the role of Specialist throughout the organisation and working with colleagues regarding the creation of Specialist roles.

- Support the induction of SAS doctors/dentists by providing practical guidance and support to newly appointed SAS doctors/dentists regarding their role as Advocate, suggesting areas where they can be of assistance.

- Research and collate information on their organisation's performance in facilitating and supporting the health and wellbeing of SAS doctors and dentists e.g. doctors/dentists approaching the latter part of their career, occupational health and bullying and harassment. Highlight any issues or concerns or initiatives to the Medical Director for onward transmission to Senior Management and the Trust Board for noting/action.

- Collating information from staff surveys, exit interviews, informal and formal complaints and reviews to identify patterns and enable action to address factors impacting on the experience of SAS doctors/dentists in the workplace e.g. poor management practices or excessive workloads.

- Monitoring the implementation of guidance relating to SAS doctors and dentists, including the SAS Charter within their organisation.

- Engaging and sharing best practice with fellow Advocates through a facilitated network/event(s).

- The post-holder will prepare, no less than quarterly a report for the Medical Director which summarises and provides assurances on the health and wellbeing of SAS

doctors and dentists employed by the organisation. This report will be shared with Senior Management and the Trust Board for noting and or action.

- The SAS Advocate and SAS Lead may deputise for each other in meetings as required/appropriate.

- Liaise with key stakeholders on health and wellbeing issues, including the Medical Directors, educational/clinical supervisors, medical staffing/HR colleagues, occupational health, bullying and harassment officers and health and wellbeing leads. This may include involvement in local mediation processes, to input and advise where specific issues arise between SAS doctors/dentists and key stakeholders.

- Work with the Trust Board and local negotiating committees (LNCs) to address issues for SAS doctors and ensure a consistent approach to SAS doctors promoting role of SAS doctors and dentists within the Trust (advocating for their role), health and wellbeing is adopted across the organisation.

This list is not exhaustive and may be amended as part of the ongoing review of the programme.

Annex C

Guidance: the creation and introduction of the Specialist role in Northern Ireland

Introduction to the guidance

1. This document provides guidance on how HSC organisations in Northern Ireland should actively consider current service delivery models to support the introduction and creation of the specialist role and embed this role into their workforce. It will assist in supporting HSC employing organisations to identify the circumstances in which a specialist role could be established within an organisations medical and dental workforce structure.

2. The specialist grade was created as part of the contract reform negotiations for specialists, associate specialist and specialty doctors and dentists (SAS), and agreed in Northern Ireland between the BMA, the Department of Health and HSC Employers.

3. The grade presents an opportunity to both specialty doctors seeking career progression and employers that wish to fully utilize the potential of SAS doctors.

4. Introducing specialist roles can:

    1. Attract, recruit, and motivate senior doctors, and help retain their talent within the health service.
    2. Promote SAS career pathways, *without having to leave the SAS grade.*
    3. Improve the delivery of healthcare at a local level.

5. It is worth noting that leaders who are seeking to introduce any new roles within workforce structure are advised that social partnership discussions with workforce or medial workforce departments and trade union partners occur through locally established forums.

The specialist grade

6. Specialists are autonomous workers (as agreed with the Academy of Medical Royal Colleges) who can work to a level of defined competencies that are set out by mutual agreement within local clinical governance frameworks. Specialists are expert clinical decision makers, and doctors who have responsibility for patients in their area of practice. They can establish a diagnosis, define a care plan, treat and discharge a patient without reference to a consultant grade doctor.

7. They provide expertise in a specialised area, whether delivering care in a specific specialty or in a generalist service, and they can manage the full range of presentations in their area of practice.

8. The scope of practice of the **specialist post,** including the role and responsibilities, have been developed in partnership between the Academy of Medical Royal Colleges, the British Medical Association and HSC Employers. The core capability and skills framework expected across all specialties for safe working practices at this senior level can be found in the Terms and Conditions of Service and resources for SAS contract reform 2021, in addition to a template person specification [SAS 2021 Contract documentation and guidance | Department of Health]

9. The terms and conditions for the specialist grade state that doctors will need to evidence that they meet these criteria to successfully be appointed to the role through the organisation's selection and recruitment process. The entry criteria for the new role will be as follows: A doctor/dentist in this grade:

    a) Shall have full registration and a Licence to Practice with the General Medical/Dental Council; and

    b) Shall have completed a minimum of 12 years medical/dental work (either continuous period or in aggregate) since obtaining a primary medical/dental qualification of which a minimum of 6 years should have been in a relevant specialty in the Specialty Doctor and/or closed SAS grades. Equivalent years' experience in a relevant specialty from other medical/dental grades including from overseas will also be accepted.

c) Shall meet the criteria set out in the Specialist generic competency framework.

10. The role will primarily focus on providing direct clinical care and meeting service delivery and improvement requirements.

11. Employers are encouraged to ensure the role is attractive and motivating by providing an appropriate balance of clinical care and broader activities (such as management, additional responsibilities, academia and research) and doctors should be encouraged to take part in these activities to benefit the doctor's individual development but also benefit the wider team and service.

Establishing/Creating the Specialist role

12. The creation of the specialist role will be driven by local service needs (including the need to recruit, retain and motivate the SAS workforce), and appointments made will be by competitive entry through the HSC organisation's selection and recruitment processes. Note that while entry is competitive, a specialist role **should be** advertised **internally** in the first instance.

13. When HSC organisations are considering the structure and makeup of their workforce, it is recommended that this document is read in conjunction with their own local workforce policies. This document builds on previous contract documentation on how employers can create and benefit from specialists' roles in their organisation.

The role of the SAS Advocate in supporting the creation of specialist roles

14. As will be described in greater detail, medical and dental vacancies can provide an opportunity to establish specialist roles, but this possibility can be overlooked – especially if no one is championing the grade within the Trust.

15. This is why it is imperative to involve SAS Advocates in the process. A Trust's Advocate should be asked to review specialty **and** consultant vacancies and be provided the opportunity to make the case for them to become specialist roles.

16. We are aware that Trusts in Northern Ireland do not currently have a SAS Advocate, despite the creation of the role as part of the 2021 SAS contract negotiations. The Department of Health has, as part of the pay negotiations intended to settle the 2023/24 dispute, agreed to fund 1PA for the SAS Advocate role in each of the 5 acute Trusts. It is the expectation of the Department of Health that all Trusts appoint an Advocate at the earliest opportunity.

Rationales for creating specialist roles in an organisation

17. There are several circumstances in which a specialist role could be established. The following scenarios provide examples of such circumstances, but please note this is not an exhaustive list.

When an associate specialist role is vacated, or has been vacant for some time

18. Vacant, or whole-time equivalent associate specialist roles which have been reduced following partial retirement or a reduction in hours, should be converted to specialist vacancies as a matter of course, whether the role is recently vacated or has been empty for some time.

When other vacancies arise

19. Vacant posts within the medical and dental workforce at specialty, associate specialist or consultant grades, provide the opportunity for leaders, such as the SAS advocate, the Medical Director, to do something different. Whilst the same service may need to be delivered, all vacant posts at this level should be reviewed, and key questions asked, such as:

- Does the trust fill the vacancy with the same grade (that is, like for like) **OR** is this an opportunity to create a specialist role?
- Could the creation of a specialist role make efficiencies in time, money, and headcount?
- Does the trust need to retain or attract staff? Think about your existing workforce, in particular specialty doctors, could you give them the opportunity to progress to this higher grade where possible?
- How can the Trust utilize the talent in the organisation?

By reviewing a vacant post, alternative options may arise and enable the organisation to deliver the same service but through utilizing the specialist role.

Creation of a new service

20. When a new service is being developed and created, leaders need to determine how the service will be delivered. A key component for consideration is the workforce. This is the opportunity for leaders to work collaboratively with SAS doctors to think creatively and innovatively on the types of roles that will resource a department and deliver the required services. The SAS advocate would be best placed for this collaborative work.

21. Newly created medical professional roles such as the specialist should be considered to enable services to be delivered in an effective and transformative manner.

Rota and service delivery gaps

22. The resourcing of a rota and fulfilment of service delivery is a key requirement of employers, however, there will be circumstances which will give rise to gaps in the rota. Should rota gaps impact service delivery, leaders may decide to recruit and backfill. Again, this is an opportunity for leaders to do something different, review multidisciplinary working within the service and recruit to a newly created medical professional role such as the specialist grade doctor. Having a specialist on the rota helps improve the skill mix and ease pressure on other tiers of rotas, especially in a busy working environment. In addition, these Specialists can help impart skills and teach peers while on the job.

Talent management

23. A specialist role could be created within a department where there are already several highly experienced specialty doctors or associate specialists but where:

- The headcount of the department needs to remain the same,
- There is a need to retain talent within the department or team.

Therefore, the appointment to the specialist role could come within the existing members of the team. Employers should note that they do not necessarily need to back-fill a vacated specialty doctor post if the doctor becomes a specialist,

meaning headcount can be preserved (though this will depend on the requirements of individual rotas).

Organisational change or restructuring

24. Internal and external pressures can prompt departmental reviews leading to significant workforce changes. Trade Union involvement is crucial during this period. Leaders, along with local stakeholders, may need to restructure the workforce and introduce new roles.

25. In such scenarios local organisational change policies must be followed and their principles applied to avoid, where possible, the displacement of employees. Indeed, if there is organisational change, this may present as an opportunity to create and introduce the specialist role.

Hard to fill specialties

26. In instances where selection and recruitment processes have been exhausted and where the processes have failed to make an appointment to a specialised post, this may present as an opportunity to utilise the specialist role. A review of the current complement of the staff within the service could be undertaken and the resultant gaps assessed against the person specification of the specialist role.

Long-term medical and dental workforce planning

27. Workforce planning will develop workforce solutions that deliver services required for patients and service users, across the whole system and whole pathway. Whilst safety, quality and affordability will be equal key cornerstones of workforce planning, the introduction, establishment and embedding of the specialist role can play a key role in delivering transformative services.

28. Employers should consider, for instance, the benefit of having more autonomous doctors when it comes to tackling long waiting lists.

Advertisement of specialist roles

29. Doctors in the specialty doctor grade, who demonstrate the capabilities required for the specialist role, are prime candidates for this more senior grade, particularly those clinicians who are close to, or at the top of the specialty doctor grade.

30. Refusal to create specialist roles could, conversely, make an organisation unattractive as an employer (leading to the possible loss of workforce).

31. The creation of a specialist role can offer effective career progression for a specialty doctor, both benefiting the individual and helping to retain highly qualified SAS Doctors.

    - Employers should advertise these specialist roles **internally** in the first instance, to provide the opportunity for specialty doctors within the specialty and the organisation to progress in their careers.

    - A clear and transparent selection and recruitment process **must be** followed, and the successful candidate must meet the specialist generic capabilities framework and the person specification.

    - The SAS Advocate should be involved in the recruitment process as a means of promoting the SAS workforce. (albeit not necessarily on the interview panel), which should consist of a minimum of 3 panel members, two of which should be from the same specialty.

32. It is important to note that no specialty doctor or associate specialist within the team are placed at risk of redundancy nor advised to resign when applying for a specialist post.

Conclusion

The specialist grade can provide an opportunity for progression for highly experienced specialty doctors and help to recruit, motivate and retain senior doctors. Specialists work autonomously and their role should be seen as part of a solution to attrition among the medical and dental workforce. Trusts should develop and recognise autonomous practitioners, where appropriate to do so, by their contribution to patient care.

During workforce planning, the Department of Health strongly encourages employers to include and involve SAS doctors in looking critically at the overall clinical needs of the Trust and to creating specialist posts where there is workforce need.

The circumstances noted within this document are not exhaustive examples of how roles can be introduced and embedded within HSC employing organisations.

The creation of specialist grade roles is to be driven locally and needs to meet the requirements of the service and patients.