

**The Scottish Government**  
Health Workforce Directorate  
Workforce Planning & Development



Dear Colleague

## **REGRADING: STAFF GRADE TO ASSOCIATE SPECIALIST**

### **Summary**

1. Following discussions between SGHD, MSG and BMA, it has been agreed the application form used for regrading from Staff Grade to Associate Specialist should be amended to better reflect the current guidance on the 10 year service rule, which confirms this rule to mean *“10 years’ medical work completed either in a continuous period or in aggregate since obtaining a primary medical qualification.”*

2. Reference to whole time equivalent (WTE) has been removed from section 6.1 of the current application form with immediate effect (revised application form attached).

### **Action**

3. Applications that previously did not meet the whole time equivalent criteria will now be reconsidered so long as the following conditions are met:-

- there is documentary evidence that the original application was submitted on or after 1 April 2003 and that it was rejected either by SACMW or the employer because the 10 year WTE qualifying criterion was not met although the applicant, at that time, had 10 years medical work since obtaining a primary medical qualification.
- all other application criteria were met at the time of application; and
- all necessary approvals were in place at the date the original application was made.

4. Should any resubmitted applications secure approval from SACMW, regrading will apply from the date the original application was made.

20 November 2008

### **Addresses**

#### For action

Chairs, NHS Boards and Special Health Boards and NHS National Services Scotland (Common Services Agency)  
Chief Executives, NHS Boards and Special Health Boards and NHS National Services Scotland (Common Services Agency)  
Directors of Finance, NHS Boards and Special Health Boards and NHS National Services Scotland (Common Services Agency)  
Directors of Human Resources, NHS Boards and Special Health Boards and NHS National Services Scotland (Common Services Agency)

#### For information

Members, Scottish Partnership Forum  
Members, Scottish Terms and Conditions Committee  
Members, Scottish Workforce and Governance Group

### **Enquiries to:**

Mr Kevin Hanlon  
Scottish Government Health Directorate  
Workforce Planning & Development  
Education and Training  
Ground Floor Rear  
St Andrew's House  
EDINBURGH EH1 3DG

Tel: 0131-244-3436

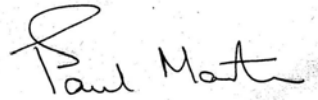
Fax: 0131-244-2837

[Kevin.Hanlon@scotland.gsi.gov.uk](mailto:Kevin.Hanlon@scotland.gsi.gov.uk)

## **Next Steps**

Individuals who applied for regrading from Staff Grade to Associate Specialist on or after 1 April 2003 and who meet the conditions as detailed above should make contact with their Employer to discuss and agree next steps for ensuring that their application for regrading is considered for retrospective approval.

Yours sincerely

A handwritten signature in black ink that reads "Paul Martin". The signature is written in a cursive style with a large initial 'P'.

**PAUL MARTIN**

Chief Nursing Officer and Interim Director for Health Workforce

**ASSOCIATE SPECIALIST APPLICATION  
(PERSONAL REGRADING)  
Revised November 2008**

**FOR OFFICIAL USE ONLY:** Application HME (AS) \_\_\_\_\_

**Personal Details of Applicant**

**(This information is requested for equality monitoring purposes only and will be removed by the Executive before the application is submitted to the Committee)**

Name of applicant:

Date of Birth:

Gender:

Nationality:

Address:

**Primary Medical Qualification**

Primary medical qualification:   
(e.g. MB ChB or equivalent)

Date of primary medical qualification:

Medical School:

**General Medical Council Registration**

GMC Registration type:   
(e.g. Full/limited/temporary)

GMC Registration No.:

Date of GMC Registration:

**FOR OFFICIAL USE ONLY:**

**Application HME (AS)**

**NOTE:** Please do not refer to the applicant by name or by gender anywhere below or on subsequent pages. Where necessary, please refer to the doctor seeking personal regrading only as 'The Applicant'.

**1. NHS Board**

**2. Speciality**

(a) Main

(b) Sub-speciality  
(if appropriate)

(c) Special interests  
(if appropriate)

**3. Hospital(s)**

3.1 Base

3.2 Others

**4. Contract**

4.1 Whole-time or Part-time  
(number of Notional Half Days)

4.2 Supervision arrangements

4.3 Weekly job plan.  
(To include CPD, on-call rota and number of sites covered)

|                                 |          | <b>Location</b> | <b>Work done</b> |
|---------------------------------|----------|-----------------|------------------|
| Monday                          | AM<br>PM |                 |                  |
| Tuesday                         | AM<br>PM |                 |                  |
| Wednesday                       | AM<br>PM |                 |                  |
| Thursday                        | AM<br>PM |                 |                  |
| Friday                          | AM<br>PM |                 |                  |
| Weekend                         |          |                 |                  |
| Other duties<br>(incl. on-call) |          |                 |                  |

5. **Other staff in unit(s): honorary and NHS**

5.1 **Consultant**

Please enter details below:

| Name | Main location | Contract<br>(whole time/<br>part time) | Notional Half<br>Day | Specialist<br>Interests |
|------|---------------|--|----------------------|-------------------------|
|      |               |  |                      |                         |
|      |               |  |                      |                         |
|      |               |  |                      |                         |
|      |               |  |                      |                         |
|      |               |  |                      |                         |

5.2 **Non-consultant**

Please enter details below:

| Name | Grade and main hospital | Notional Half Day |
|------|-------------------------|-------------------|
|      |                         |                   |
|      |                         |                   |
|      |                         |                   |
|      |                         |                   |
|      |                         |                   |

6. **Entry criteria to the associate specialist grade**

Please confirm that the applicant meets the minimum entry criteria to the associate specialist grade.

6.1 **10 years medical work since obtaining a primary medical qualification**

Please enter details below, including clarification of medical work completed either in a continuous period or in aggregate since obtaining a primary medical qualification:

6.2 **4 years (wte) at Staff, Specialist Registrar or equivalent grade, at least 2 years (wte) of which are in the specialty**

Please enter details below, including clarification of aggregate wte experience if working or training less than full time:



**8. Stated case for personal regrading to Associate Specialist**

Please detail here the case for personal regrading to Associate Specialist. Refer to the doctor seeking regrading only as 'The Applicant'. Specific mention must be made here on:

- the implications of the proposal on:
  - consultant staffing; and on
  - the provision of suitable experience, education and training for practitioners in the training grades.
- additional relevant information not provided above, including if appropriate population served and annual workload of the unit.



## 9. **Statements of support**

Please provide confirmation below that the supporting documentation required to establish this post are in place and are held on file by the Health Board.

### **Statements of support:**

- I confirm that the applicant has contacted the Health Board directly seeking re-grading, and that we hold a record of this request on file.
  
- I confirm that, further to a meeting with the applicant, a letter from the Postgraduate Dean supporting this application has been received, and that we hold a record of this letter on file.
  
- I confirm that a letter supporting this application has been received from the Specialty Advisor, and that we hold a record of this letter on file
  
- I confirm that a letter supporting this application has been received from the local Committee for Hospital Medical Services, or equivalent, and that we hold a record of this letter on file.
  
- I confirm that funding is available for this regrading, and that we hold a record of this confirmation on file

Signed..... Date.....

Name..... NHS Board.....

**Signed on behalf of the Board**

All information requested on this form, including confirmation of each Statement of Support, is required before the application can be considered by SACMW-HCHS.

There is no requirement to provide any additional documentation beyond the information requested. Boards are asked to include all relevant information on this form, as additional documentation (including CVs for personal regradings) will not normally be accepted or forwarded to the Committee for consideration.

Boards should note that for quality assurance purposes the Committee Secretariat may on occasion ask NHS Boards to produce the supporting documentation referred to at item 9 above.

**Completed proposals should be sent to:**

SACMW Secretariat  
Scottish Government  
Health Workforce Directorate  
Ground Floor Rear  
St Andrew's House  
Regent Road  
EDINBURGH EH1 3DG