

NHSGGC

# Core Brief



**Daily update**  
**(29 December 2025, 11.20am)**

Topics in this Core Brief include:

- [NHS Circular PCS\(DD\) 2025/02 Policy for the Career Progression/Regrading of Specialty Doctor/Dentist to Specialist Grade](#)
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## **NHS Circular PCS(DD) 2025/02 Policy for the Career Progression and Regrading of Specialty Doctor/Dentist to Specialist Grade**

As part of the 2024 Consultant and Specialty and Specialist (SAS) pay settlement, it was agreed to develop a policy to enhance career progression opportunities for Specialty Doctors/Dentists, which allows them to request that their employer assesses their current roles against the generic capabilities of the Specialist Grade.

The principle of the policy is that where a Specialty Doctor/Dentist can demonstrate that they possess and have been applying the skills and experience which meet the capability framework requirements for the Specialist grade and there is a service need for a specific Specialist grade post, they will progress to the Specialist grade.

A copy of the PCS (DD) 2025/02 can be accessed using the following link:  
<https://www.publications.scot.nhs.uk/files/pcs2025-dd-02.pdf>

On 23 December 2025, we wrote out to all Specialty Doctors and Dentists employed directly by NHSGGC, to offer them the opportunity to apply for regrading. We also wrote out to all General Managers/Heads of Service to advise of the application process.

Eligible doctors will be asked to submit their applications by no later than 31 January 2026. If successful, the regrading will be backdated to 1 August 2025.

If you have any questions regarding the above please email:

[ggc.sascontracts@ggc.scot.nhs.uk](mailto:ggc.sascontracts@ggc.scot.nhs.uk)

## Message from NHSGGC HEPMA team and Antimicrobial Team: Mandatory Indication Recording

On 5 January 2026, we will be introducing mandatory indication recording for five more antibacterials. Currently this functionality is in place for antiviral, antifungal and antiparasitic prescribing. It will initially be introduced for the following antibacterials – Amoxicillin, Clarithromycin, Doxycycline, Levofloxacin and Co-amoxiclav.

If you are unfamiliar with this functionality please access the [short training video here](#) (1 minute 05 long).

The screenshot shows the 'Fluconazole 200 mg Capsules' prescribing interface. At the top, there are tabs for 'INDICATION SEARCH', 'DRUG SEARCH', 'CLINICAL DRUG INFORMATION', and 'HELP'. Below these are five status indicators: 'Drug Notes' (green), 'Formulary' (red), 'Drug Conflicts' (green), 'Order Entry' (red), and 'Confirmation' (red). The main content area has a header 'This drug is on formulary.' and a 'Prescribing Rationale' section. Below this is a form with a dropdown menu labeled 'Indication' with a red circle and a question mark icon, and a text input field labeled 'Indication Search'. An orange box highlights the dropdown menu, with an orange arrow pointing to it and the text 'Select the relevant indication from this dropdown menu'. Below the dropdown is a section labeled 'Diagnostic Confidence' with four radio button options: 'Confirmed', 'Differential', 'Provisional', and 'Unconfirmed'. A blue box highlights these options, with a blue arrow pointing to them and the text 'Select confidence in the diagnosis from this list'. At the bottom right, there is a green button labeled 'Next' and a grey button labeled 'Cancel'. A green arrow points to the 'Next' button with the text 'Click "Next" to continue with the prescription as usual'. A small asterisk and text '\* required order information.' are at the bottom left.

Mandatory indication recording is being implemented to clearly document the antimicrobial treatment plan for each patient. This enhancement facilitates continuity of care during transitions between wards or departments and enables the multidisciplinary team to discuss the rationale for antimicrobial therapy with patients, without the need to access detailed clinical notes. While prescribers are encouraged to provide the most accurate indication possible, it is recognised that some uncertainty may exist at the time of prescribing. The indication can be updated at any point of the course of treatment to clarify. This is shown in the training video.

Recording of indication for antimicrobials within HEPMA is being introduced across Scotland and is being led by the Scottish Antimicrobial Prescribing Group (SAPG). Recording of indication is one of the key Scottish Government National Antimicrobial Prescribing targets to support better prescribing and underpins the 2024-2029 UK Antimicrobial Resistance National Action Plan.

The indication is displayed when hovering over the antimicrobial name:

REGULAR

**AMOXICILLIN\_ 500 mg Injection**

Dose 1000 mg

RESP - PNEUMONIA COMMUNITY ACQUIRED (Confirmed)

11-NOV-2025 12-NOV-2025 13-NOV-2025 14-NOV-2025 15-NOV-2025 16-NOV-2025

17-NOV-2025

Directions THREE TIMES DAILY 7am:12pm:10pm

PNB

In the prescription summary screen:

AMOXICILLIN\_ 500 mg Injection

Communication zone

ORDER HISTORY ADMIN HISTORY INDICATION CLINICAL DRUG INFORMATION HELP

Order Information Verification Order Modify Order Notes Order Tasks

REGULAR NON STOCK

**AMOXICILLIN\_ 500 mg Injection**

Dose 1000 mg Route Intravenous Slow Bolus Injec...

Frequency THREE TIMES DAILY 7am:12pm:10pm

Rx on 08-Jul-2025 13:52 Stop on

BNF Broad-spectrum penicillins Prescriber TT Doctor

Indication: RESP - PNEUMONIA COMMUNITY ACQUIRED (Confirmed)

- Order History
- Administration History

Date October 2025 November 2025

Day	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
07:00	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!
12:00	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!
22:00	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!

And in the administration screen:

REGULAR NON STOCK

**AMOXICILLIN 1000mg (1g) Injection**

Dose 1000 mg Route Intravenous Slow Bol...

Frequency THREE TIMES DAILY 7am:12pm:10pm

Indication RESP - PNEUMONIA COMMUNITY ACQUIRED (Pro...

Date

Day

07:00

12:00

22:00

If you have any questions about this functionality, please contact the HEPMA team at [nhsggc.hepma@nhs.scot](mailto:nhsggc.hepma@nhs.scot)

## Improving career progression and safety for administration staff

Workplace equality means everyone has the same chance to get ahead. Through our [Equally Safe at Work \(ESaW\)](#) programme, we recently held a staff survey and focus groups for administrative staff. The feedback showed that

33% of our administration colleagues were unsure on how to progress in their careers.

NHSGGC wants to further highlight the existing [Professional Administration Transformation Programme](#), specifically the [Career & Education Pathway](#). This workstream ensures you have the right skills and equal access to development opportunities.

What this means for you:

- **Learning Passports:** Comprehensive guides to your role, outlining the knowledge and skills you need to work safely and confidently, and providing a clear plan for your future development.
- **Structured Pathways:** Defined routes for mandatory learning, specialist qualifications, transferable skills, and management development.
- **Role Clarity:** Every post is aligned with the Knowledge and Skills Framework (KSF). This defines the exact skills needed for your current role and what is required to move to the next.
- **Practical Support:** Access to work shadowing, internal training, and guidance for achieving formal qualifications and leadership roles.
- **PDP&R Integration:** These pathways are a core part of the [PDP&R](#) process, ensuring you and your manager have a consistent plan for your career goals.

You can find more information on the [SharePoint page](#), contact one of the [Administration Governance Managers](#) for advice, or discuss your goals with your manager during your next [PDP&R](#).

A list of Frequently Asked Questions on the Professional Administration Transformation (PAT) Programme are available on [Staffnet](#).

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## The Significant Adverse Event Review Process – from a family's perspective

There has been a strong focus in NHSGGC recently on closing overdue Significant Adverse Event Reviews (SAERs), and on our ongoing commitment to carrying out timely, high-quality SAERs.

Paula's husband died suddenly and unexpectedly in a NHSGGC hospital two years ago. She was told the day after his death that a SAER would be undertaken.

In this video, Paula shares her experience of the SAER process, from the initial notification, to receiving the final report, around 500 days later. She talks about

communication, how delays in the process impacted her, and the relief of receiving the final report to help her understand what happened and why.

Paula wanted to share her story in her husband's name and memory, and hopes her experience will evidence the impact delays in the SAER process had on her, so this message is for all staff involved in any part of the SAER process and how individuals whether commissioner/lead reviewer/review team member/contributor can really make a difference to a family at what may well be the most distressing time they have ever experienced. Her aim now is to help improve the SAER process and timelines for other families affected.

Paula's story is available [here](#).



Remember, for all your latest news stories, visit the Staffnet Hub:  
[GGC-Staffnet Hub - Home \(sharepoint.com\)](#)



\*\*\*Staff are reminded to make sure their personal contact details are up to date on eESS.\*\*\*

It is important to share Core Brief with colleagues who do not have access to a computer.

A full archive of printable PDFs are available on the [website](#)