

Policies, Procedures, Guidelines and Protocols

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1.0 Introduction

- 1.1 From April 2025 a new pay progression process will be in place for consultant doctors and dentists reflecting changes to the 2003 consultant contract which introduced provisions to move to a new pay structure supported by a new pay progression system. This is outlined in Schedule 15 of the Consultant terms and conditions.
- 1.2 This policy outlines the process that must be undertaken to progress consultant doctors and dentists through the pay grade at the relevant pay points.
- 1.3 It should be the norm for consultants to achieve pay progression and the intention of these new arrangements is not to prevent consultants who are achieving expected standards from moving through the pay scale.
- 1.4 The Trust is committed to promoting Equality, Diversity, and Inclusion, taking a zero-tolerance approach to discrimination. We are committed to fairness with the aim of eliminating discrimination and ensuring equity of outcome for all employees. The Trust will monitor pay progression outcomes in line with the NHS' Medical Workforce Race Equality Standard (MWRES) and Equality and Diversity and Inclusion improvement plan.

2.0 Scope

- 2.1 This policy applies to doctors and dentists employed by Shropshire Community Healthcare NHS Trust on the 2003 consultant contract and will apply to consultants with a pay progression date of 1 April 2025 onwards.
- 2.2 This policy defines the responsibilities of key staff involved in medical/dental pay progression and sets out the process to be followed.
- 2.3 The policy outlines the criteria required to progress through the relevant pay point and to recognise the achievement of expected standards, ensuring consistency of approach for all consultants.

3.0 Responsibilities

- 3.1 **Medical Director:** Is responsible for:
 - Confirming with the relevant clinical manager that the doctor has met the required criteria before progression is granted via the pay system.
 - Ensuring that clinical managers and staff are aware of this Policy and adhere to its requirements.
- 3.2 **Clinical/Service manager:** Is responsible for:
 - Communicating with eligible doctors regarding pay progression and ensuring they are aware of this policy.
 - Organising pay progression meetings with eligible doctors in line with the time scales set out in this policy.
 - Undertaking pay progression meetings and liaising with the medical director on the outcomes of those meetings.
 - Maintaining accurate records of discussions.
 - Recording the outcome on ESR/relevant ESR forms and advising pay services that the pay progression point has been achieved so that they can process the outcome.
- 3.3 **Consultant Doctor/Dentist:** Is responsible for:
 - Ensuring they are aware of this policy.
 - Engaging with their clinical/service manager in the pay progression process.

4.0 Process

- 4.1 Managers and consultants will receive notifications from the pay system (ESR) at 6 months, 3 months and 1 month before the consultant's next pay progression date.
- 4.2 The meeting should take place six months but no later than three months prior to the consultant's next pay progression date. The manager will be responsible for arranging a pay progression review meeting giving six weeks' notice, to review whether the requirements for progression have been met. The pay progression meeting may be held immediately after the job planning meeting if it is mutually agreed. This allows for sufficient time for any issues to be addressed before the pay progression date and ensures pay services can take any necessary action to ensure the new pay values are applied on time for the doctors pay progression date.
- 4.3 Managers and consultants will be expected to identify problems affecting the likelihood of meeting the pay progression criteria as they emerge, rather than wait until the pay progression meeting.
- 4.4 The standardised form in Appendix 2 will be used in electronic or paper format to record the meeting and should be signed by the clinical manager and the consultant. This will then be used as the basis for confirmation of movement to the next pay point.
- 4.5 If a doctor is absent from work for reasons such as parental or sickness leave when pay progression is due, the principle of equal and fair treatment should be followed so that no detriment is suffered as a result.
- 4.6 In the case of planned long-term paid absence such as maternity, adoption and shared parental leave the pay progression review can be conducted early if this is reasonable and practical, allowing the pay progression to be applied on their pay progression date in their absence. If a pay progression review cannot be conducted prior to the pay progression date, pay progression should be automatically applied in the individual's absence from the pay progression date.
- 4.7 Clinical managers and doctors will be expected to identify problems affecting the likelihood of pay progression as they emerge to allow time for possible solutions to be found.
- 4.8 The one exception to this is that no pay progression review meeting will be required for progression from Pay Point 2a to Pay Point 2b.

Transitional arrangements

- 4.9 Pay progression notifications from ESR will commence from 1 April 2025. Therefore, those consultants with pay progression dates from 1 April 2025 to 1 May 2025, will not receive notifications before their pay progression date. Consultants with pay progression dates from 1 May 2025, will receive at least one notification.
- 4.10 Where a pay progression review meeting was not held with sufficient notice, due to the lack of automatic ESR notifications, this should be taken into consideration as part of the pay progression meeting discussion.

Moving Employers

- 4.8 If a consultant is due to move employers and the pay progression meeting is due within six months of their last working day, the pay progression meeting shall take place before the consultant moves to their new employer.
- 4.9 The completed pay progression review meeting record will be sent to the new employer.

5.0 Pay progression criteria

- 5.1 The pay progression requirements are set out below:

- Doctors have made every reasonable effort to meet the time and service commitments in the job plan
- participated satisfactorily in the appraisal process
- participated satisfactorily in reviewing the job plan and the setting of personal objectives; (including any service and quality improvements, or teaching and training) that may have been agreed as personal objectives
- met the personal objectives in the job plan, or where this is not achieved for reasons beyond the consultant's control, made every reasonable effort to do so
- worked towards any changes agreed in the last job plan review as being necessary to support achievement of the employing organisation's objectives
- taken up any offer to undertake additional programmed activities that the employing organisation has made to the consultant in accordance with Schedule 6 of terms and conditions
- met the standards of conduct governing the relationship between private practice and NHS commitments set out in Schedule 9 where this has been agreed
- engaged and participated with statutory and mandatory training or where this is not achieved for reasons beyond the doctors' control, made every reasonable effort to do so
- no formal disciplinary sanctions active on the doctor's record
- no formal capability processes ongoing.

5.2 The expectation is that all consultants will meet the required criteria and will therefore be able to progress on their pay progression date.

Meeting outcome – all criteria has been met

5.3 Where the pay progression review meeting identifies that the criteria for progression is met they will take the appropriate action: record on ESR/ESR change form to ensure pay point is opened, report to the Medical Director the outcome.

Meeting outcome – all criteria has not been met

5.3 In the event of pay progression criteria not being met at the pay progression meeting and the clinical manager and the consultant agree that remedial action is needed (and can be achieved before the pay progression date) an action plan will be agreed to set out how the consultant can meet the criteria. If the remedial action is completed by the pay progression date, they will progress to the next pay point without delay on the pay progression date. (i.e. one year after they were initially eligible for pay progression). The clinical manager will take the appropriate action.

5.4 If the remedial action plan is not met then the clinical manager will escalate this to the medical director for a decision.

5.5 If the clinical manager feels one or more of the criteria have not been met and there are no mitigation factors or remedial action that can be achieved before the pay progression date this is escalated to the medical director to decide appropriate next steps. If the medical director disagrees and feels the criteria have in fact been met, they will inform the clinical manager to take the necessary action to open the pay point and ensure the consultant reaches the next pay threshold. If the medical director upholds the decision of the clinical manager, the pay point will remain closed, and the consultant will not progress to the next pay point. Pay progression is delayed by one year and will be reviewed before the next incremental date.

5.6 A consultant has the right of appeal against a decision by the medical director that they have not met the criteria in respect of any given pay progression year.

5.7 Progression cannot be withheld due to financial or other non-performance related issues. Consultants should not be penalised if criteria have not been met for reasons beyond their control. The absence of an agreed job plan owing to reasons beyond the consultant's control, or there is an open job-plan dispute process will not prevent pay

progression. Where the job plan has not been agreed, it is the responsibility of the clinical manager to work with the consultant to agree a job plan as soon as is practicable.

- 5.8 If a capability process (as set out in the Maintaining High Professional Standards agreed Policy) is in place at the time of the pay progression date and is subsequently repealed, the pay progression will be backdated to the pay progression date if all other requirements have been met
- 5.9 If a doctor is absent from work for reasons such as parental or sickness leave and pay progression is due, principle of equal and fair treatment should be followed so that no detriment suffered as a result. In the case of long-term paid absence, the pay progression review can be conducted early if this is reasonable and practical, allowing the pay progression to be applied on their pay progression date in their absence. However if a pay progression review cannot be conducted prior to the pay progression date, pay progression should be automatically applied in the individuals absence.
- 5.10 Managers will ensure that all consultants can utilise the system that detail their competency requirements for statutory and mandatory training (via ESR). This will assist with the take-up of training in preparation for pay progression meetings. Consultants will be given the appropriate time and resource to meet the pay progression criteria.

Disputes

- 5.11 Where a doctor disputes a decision that they have not met the required criteria to progress to the next pay point, a mediation procedure and an appeal procedure are available.

Mediation

- 5.12 The consultant may refer the matter to the Medical Director, or to a designated other person if the Medical Director is one of the parties to the initial decision.
- 5.13 Where a consultant is employed by more than one NHS organisation, a designated employer will take the lead. The purposes of the referral will be to reach agreement if at all possible.
- 5.14 The process will be that:
- the consultant makes the referral in writing within two weeks of the disagreement arising;
 - the referral will set out the nature of the disagreement and his or her position or view on the matter;
 - where the referral is made by the consultant, the clinical manager responsible for making the recommendation as to whether the criteria for pay thresholds have been met, will set out the managements position or view on the matter;
 - the Medical Director or appropriate other person will convene a meeting, normally within four weeks of receipt of the referral, with the consultant and the responsible clinical manager to discuss the disagreement and to hear their views;
 - if agreement is not reached at this meeting, then the Medical Director will make a recommendation to the Chief Executive and inform the consultant and the responsible clinical manager of that decision or recommendation in writing;
 - in the case of a decision on whether the criteria for a pay threshold have been met, the Chief Executive will inform the consultant, the Medical Director and the responsible clinical manager of his or her decision in writing;
 - if the consultant is not satisfied with the outcome, he or she may lodge a formal appeal

Formal appeal

- 5.15 A formal appeal panel will be convened only where it has not been possible to resolve the disagreement using the mediation process. A formal appeal will be heard by a panel under the procedure set out below.
- 5.16 An appeal shall be lodged in writing to the Chief Executive as soon as possible, and in any event within two weeks, after the date of the letter notifying the outcome of the mediation process. The letter of appeal should set out the points in dispute and the reasons for the appeal, together with an indication of the desired outcome.
- 5.17 The Chief Executive will, on receipt of a written appeal, convene an appeal panel to meet within four weeks and will invite the parties to submit their written statements of case.
- 5.18 The membership of the panel will be:
- a chair nominated by the appellants employing organisation (CEO); [it is anticipated that this role would normally be undertaken by a senior person such as a non-executive director of the trust]
 - a second panel member nominated by the appellant consultant;
 - a third member chosen from a list of individuals approved by the ICB and the BMA and BDA.
- 5.19 No member of the panel should have previously been involved in the dispute.
- 5.20 If there is an objection raised by either the consultant or the employing organisation to the first representative from the list, one alternative representative will be allocated.
- 5.21 The parties to the dispute will submit their written statements of case to the appeal panel and to the other party to be received no later than one week before the appeal hearing. The appeal panel will hear oral submissions on the day of the hearing. Management will present its case first explaining the position on the reasons for deciding that the criteria for a pay threshold have not been met.
- 5.22 The consultant may present his or her own case in person, or be assisted by a work colleague or trade union or professional organisation representative, but legal representatives acting in a professional capacity are not permitted.
- 5.23 Where the consultant, the employer or the panel requires it, the appeals panel may hear expert advice on HR or matters specific to a speciality. The consultant or employer, as appropriate, shall be responsible for arranging the attendance of their expert witness on the day of the appeal hearing. It is expected that the appeal hearing will last no more than one day.
- 5.24 The appeal panel will make a recommendation on the matter in dispute in writing to the Board of the employing organisation, normally within two weeks of the appeal having been heard and this will normally be accepted. The consultant should see a copy of the recommendation when it is sent to the Board. The Board will make the final decision and inform the parties in writing.
- 5.25 The decision of the appeal panel is final. If the panel deems that the consultant has met the pay progression criteria, the consultant will advance to the next pay threshold with payment of back pay to the relevant incremental date. If the panel upholds the medical director's decision, the consultant will remain on their current pay point but will be eligible for pay progression if they meet the criteria at their next incremental date (that is, 12 months after they were first eligible for pay progression).
- 5.26 Where a criterion has not been achieved for reasons beyond the consultant's control, the consultant will not be prevented from progressing onto the next pay point if the other criteria have been met. This includes where remedial action is not possible before the pay progression date for reasons beyond the consultant's control.

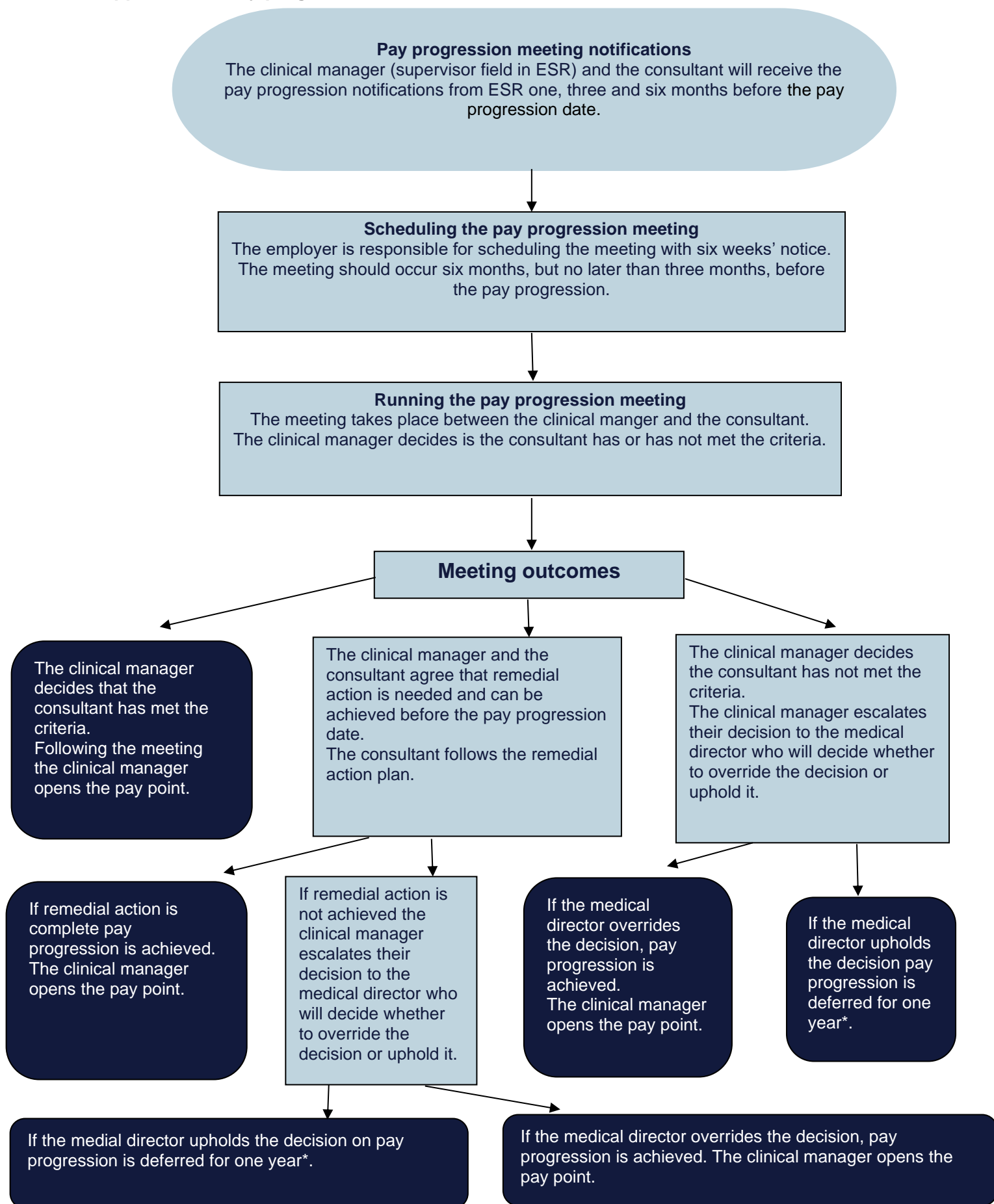
Capability processes

- 5.27 Capability and disciplinary process can have a significant impact on the health and wellbeing of doctors who are being investigated. The Trust has a duty of care and will

ensure that such processes are conducted in a timely manner and that there are no unnecessary delays.

- 5.28 In instances where pay progression has been withheld due to an ongoing capability process, this must be kept under regular review. If the process does not find any significant cause for concern, pay progression should be actioned without delay and back pay should be paid where applicable.
- 5.29 In such cases, the pay progression review meeting should take place six months but no later than three months prior to the next pay progression date. This review will include appropriate details of why pay progression was withheld and outline the reasons why the process had not been concluded.

Appendix 1: Pay progression flow chart



For reporting purposes and to ensure fairness and consistency, the overall outcome is reported to the medical director and the chief executive. This can be done via a local reporting system. *A consultant has the right to appeal against a decision by the medical director that they have not met the criteria.

Annex 2 - Pay progression review meeting record template

Name:	
Role:	
Clinical Manager name:	
Date of pay progression meeting:	
Date pay progression is due:	
Date of last appraisal:	

Section 1 – Pay Progression Criteria Checklist

Pay progression criteria	Met	Not met for reasons beyond the consultant's control	Met subject to the achievement of remedial action	Not met
Made every reasonable effort to meet the time and service commitments in the Job Plan;				
Participated satisfactorily in the appraisal process;				
Participated satisfactorily in reviewing the Job Plan and the setting of personal objectives (including any service and quality improvements, or teaching and training) that may have been agreed as personal objectives.				
Met the personal objectives in the Job Plan, or where this is not achieved for reasons beyond the consultant's control, made every reasonable effort to do so;				
Worked towards any changes agreed in the last Job Plan review as being necessary to support the achievement of the employing organisation's objectives;				
Taken up any offer to undertake additional Programmed Activities that the employing organisation has made to the consultant in accordance with Schedule 6 of Terms and Conditions;				
Met the standards of conduct governing the relationship between private practice and NHS commitments set out in Schedule 9.				
Engaged and participated with statutory and mandatory training or where this is not achieved for reasons beyond the doctors' control, made every reasonable effort to do so.				
No formal disciplinary sanctions active on the doctor's record.				
No formal capability processes ongoing.				

Outcome 1 – All criteria have either been met or not met due to reasons beyond the consultant's control.

(Columns 1 and 2 of the Pay Progression Criteria Checklist)

Consultant's reflection

Manager's reflections

If the consultant did not meet the criteria due to reasons beyond the consultant's control, please describe the circumstances.

Pay Progression has been approved.

Signed (consultant) _____ Date _____

Signed (clinical manager) _____ Date _____

Signed (medial director) _____ Date _____

Outcome 2 – Pay progression criteria have been met subject to the achievement of remedial action.

One or more of the criteria have been met subject to the achievement of remedial action. All remaining criteria have been met or not met due to reasons beyond the consultant's control. (Columns 1, 2 & 3 of the Pay Progression Criteria Checklist)

Remedial action to be completed with timescales

Remedial action deadline _____

If remedial action has been completed by the required date (or could not be completed for reasons beyond the consultant's control), please complete the following page.
If remedial action has not been completed by the required date, please complete outcome 3.

Consultant's reflection

Manager's reflections

If the consultant did not meet the criteria due to reasons beyond the consultant's control, please describe the circumstances.

Pay Progression has been approved.

Signed (consultant) _____ Date _____

Signed (clinical manager) _____ Date _____

Signed (medical director) _____ Date _____

Outcome 3 – Pay progression criteria have not been met or remedial action has not been completed.

One or more of the criteria have not been met (Column 4 of the Pay Progression Criteria Checklist)

The consultant will remain on their current pay point but will be eligible for pay progression if they meet the criteria at their next increment date (i.e. no later than 12 months after they were first eligible for pay progression).

Clinical manager and consultant to agree an action plan and timescales on how the criteria will need to be met before the next incremental date.

Next incremental date _____

Pay progression has not been approved.

Signed (consultant) _____ Date _____

Signed (clinical manager) _____ Date _____

Signed (medical director) _____ Date _____

A review meeting should be scheduled three-six months prior to the next increment date to review if the action plan has been met. A new pay progression form can be completed to accompany this action plan