

Policies, Procedures, Guidelines and Protocols

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1.0 Introduction

- 1.1 The new progression system for SAS doctors on the 2021 contract is intended to enhance and strengthen existing processes, underlining the employer and doctors' mutual obligations. There is an expectation that certain standards must be met, and the new system will help ensure that all SAS doctors have the appropriate knowledge and skills they need to carry out their roles.
- 1.2 This policy outlines the process that must be undertaken to progress SAS doctors through the pay grade at the relevant pay points.
- 1.3 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 The new pay progression system is ONLY applicable to Specialist and Specialty doctors employed on the 2021 contracts and associated terms and conditions of service. The pay progression system and process forms part of the 2021 national terms and conditions of service
- 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 SAS Doctors.

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 **SAS Doctor:** 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 Not every pay progression date (previously known as incremental date) will result in a pay increase, a pay progression increase will occur at a minimum of every three years after 1st April 2023.
- 4.2 Operational managers will receive notification from ESR before a doctor's next pay progression date and will be required to initiate a meeting to review whether the requirements of progression have been met.
- 4.3 This meeting will draw on the most recent medical appraisal and job plan review and consider the progression standards which are highlighted in Section 5 below. It is not necessary to schedule appraisals and job plan reviews to coincide with pay progression dates.
- 4.4 Appendix 1 contains the SAS pay progression review templates that should be used to support this process.
- 4.5 It is the responsibility of the individual doctor and manager to ensure the pay progression meeting is completed in a timely fashion to ensure that pay progression can be implemented in time for the doctors pay progression date.

5.0 Pay progression criteria

- 5.1 The expectation is that all SAS doctors will meet the required standards and will therefore be able to progress on their pay progression date. 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. The medical appraisal process should ensure that the required standards are understood, and additional support identified in good time.
- 5.2 The standard pay progression criteria is as follows:
 - Participated satisfactorily in the job planning process on a yearly basis, including:
 - Making every reasonable effort to meet the time and service commitments in their job plan and participated in the annual job plan review.
 - Meeting the personal objectives in the job plan, or where this is not achieved for reasons beyond the doctor's control, made every reasonable effort to do so.
 - Working towards any changes identified in the last job plan review as being necessary to support achievement of joint objectives.
 - Participated satisfactorily in the medical appraisal process on a yearly basis.
 - Demonstrated yearly completion of mandatory training, or where this is not achieved for reasons beyond the doctors' control, made every reasonable effort to do so
 - No disciplinary sanction live on the doctors' record.
 - No formal capability process in place.
- 5.3 In addition to the above **Specialist Doctors** will also need to demonstrate the following:
 - Undertaken anonymous colleague and patient multi-source feedback (MSF) exercises since appointment/ last progression and demonstrate learning from the results.
 - Performed a full audit cycle into a chosen aspect of their personal clinical practice and demonstrated any learning identified is being addressed. The audit

will be chosen by the doctor and must be agreed with the clinical director as part of the job planning process.

- Demonstrated ability to deliver learning to others by completion of either clinical or educational supervisor training and/or delivery of a minimum of one educational lecture/workshop relevant to area of practice to clinicians

6.0 Progression through the higher threshold between pay point MC75-09 and MC75-10 for Specialty Doctors

6.1 The criteria for passing through the higher threshold recognises the higher level of skills, experience and responsibility of those doctors working at that level. Doctors will pass through the higher threshold if they have met the criteria at a, b and c, as set out below.

- a Doctors have met the standard pay progression criteria.
- b Doctors should be able to demonstrate an increasing ability to take decisions and carry responsibility without direct supervision.
- c Doctors should also provide evidence to demonstrate their contributions to a wider role, for example, meaningful participation in, or contribution to any of the following relevant areas:

Management or leadership, teaching and training of others, innovation, audit, committee work, for example.

7.0 Deferral of Pay Progression

7.1 In circumstances where the doctor has not met the pay progression standards the pay progression will be delayed for a period of 1 year.

7.2 If a pay progression meeting is delayed due to organisational reasons beyond the doctors control the clinical/service manager will take account of these factors and if all the standards required for progression have been met, pay progression will still take place.

7.2 If a doctor is absent from work for reasons such as parental or sickness leave and pay progression is due, the principle of equal and fair treatment should be followed so that no detriment is 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.

Disputes

7.3 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

7.4 The doctor 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.

7.5 Where a doctor is employed by more than one NHS organisation, mediation and appeals will be undertaken by the organisation where the issue arises. The purposes of the referral will be to reach agreement if at all possible.

7.6 The process will be that:

- the doctor makes the referral in writing within two weeks (10 working days) of the disagreement arising;

- the doctor will set out the nature of the disagreement and their position or view on the matter, including any supporting evidence; this should be provided in writing within 15 working days of the referral being submitted;
- the process should be open and transparent, and any 7 submissions should be shared no less than five working days in advance of the mediation meeting with all involved parties;
- the clinical manager responsible for making the recommendation as to whether the criteria for pay progression have been met, will set out the organisation's position or view on the matter. This should be provided in writing within 15 working days of the referral being received;
- the Medical Director or appropriate other person will convene a meeting, normally within 20 working days of receipt of the referral, with the doctor and the responsible clinical manager to discuss the disagreement and to hear their views;
- if agreement is not reached at this meeting, then within 10 working days the Medical Director (appropriate other person) will decide the matter and shall notify the doctor and the clinical manager of that decision or recommendation in writing;
- if the doctor is not satisfied with the outcome, they may lodge a formal appeal as set out below.

Formal appeal

- 7.7 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.
- 7.8 An appeal shall be lodged by the doctor in writing to the Chief Executive as soon as possible, and in any event within 10 working days of receipt by the doctor of the decision.
- 7.9 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. The Chief Executive will, on receipt of a written appeal, convene an appeal panel to meet within six calendar weeks of receipt of the appeal.
- 7.10 The membership of the panel will be:
- a chair, being a Non-Executive Director/Independent member
 - a second panel member nominated by the appellant doctor, preferably from within the same grade at an equivalent or more senior level; and
 - an Executive Director or a nominated deputy from the appellant's Trust.
- 7.11 No member of the panel should have previously been involved in the dispute.
- 7.12 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 5 working days before the appeal hearing. The appeal panel will hear oral submissions on the day of the hearing. Following the provision of the written statements neither party shall introduce new (previously undisclosed) written information to the panel. The clinical manager will present their case first.
- 7.13 The doctor 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.
- 7.14 Where the doctor, the employer or the panel requires it, the appeals panel may hear expert advice on HR or matters specific to a speciality or to the subject of appeal. The doctor 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.

- 7.15 The decision of the panel will be binding on both the doctor and the organisation. The decision shall be recorded in writing and provided to both parties no later than 15 working days from the date of the appeal hearing.
- 7.16 The decision of the panel will be implemented in full as soon as is practicable and normally within 20 working days.

Capability processes

- 7.17 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.
- 7.18 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.

Appendix 1: Pay progression review meeting record template

Pay progression review

Name:

Role:

Clinical Manager name:

Date of pay progression review:

Date pay progression due:

Date of last appraisal:

Summary of pay progression review meeting

Doctor's summary

Manager's summary

Pay progression requirements	Yes	No
<p>[delete as appropriate]</p> <p>Specialty doctor standard pay progression:</p> <p>Participated satisfactorily in the job planning process on a yearly basis, including:</p> <ul style="list-style-type: none"> – making every reasonable effort to meet the time and service commitments in their job plan and participated in the annual job plan review – meeting the personal objectives in the job plan, or where this is not achieved for reasons beyond the doctor's control, made every reasonable effort to do so – working towards any changes identified in the last job plan review as being necessary to support achievement of joint objectives. <p>Participated satisfactorily in the medical appraisal process on a yearly basis in accordance with the General Medical Council's (GMC) requirements set out in 'Good Medical Practice', and the outcomes are in line with organisational standards and objectives.</p> <p>Demonstrated yearly completion of the employing organisations mandatory training, or where this is not achieved for reasons beyond the doctors' control, made every reasonable effort to do so.</p> <p>No live disciplinary sanction on the doctor's record.</p> <p>No formal capability process in place.</p> <p>Progression through a higher threshold (specialty doctors only):</p> <p>Doctors have met the standard pay progression criteria.</p> <p>Doctors should be able to demonstrate an increasing ability to take decisions and carry responsibility without direct supervision.</p> <p>Doctors should also provide evidence to demonstrate their contributions to a wider role, for example, meaningful participation in, or contribution to any of the following relevant areas:</p> <ul style="list-style-type: none"> • management or leadership • service development and modernisation • teaching and training (of others) • committee work • representative work • innovation • audit. 		

Specialist grade pay progression requirements:

Participated satisfactorily in the job planning process on a yearly basis, including:

- making every reasonable effort to meet the time and service commitments in their job plan and participated in the annual job plan review
- meeting the personal objectives in the job plan, or where this is not achieved for reasons beyond the doctor's control, made every reasonable effort to do so
- working towards any changes identified in the last job plan review as being necessary to support achievement of joint objectives.

Participated satisfactorily in the medical appraisal process on a yearly basis in accordance with the GMC's requirements set out in 'Good Medical Practice', and the outcomes are in line with organisational standards and objectives.

Undertaken anonymous colleague and patient multi-source feedback (MSF) exercises since appointment/last progression and demonstrate learning from the results. This learning will be considered as having been completed where the doctor has articulated learning points from the exercise and can demonstrate their delivery.

Performed a full audit cycle into a chosen aspect of their personal clinical practice and demonstrated any learning identified is being addressed. The audit will be chosen by the doctor and must be agreed with the clinical director as part of the job planning process.

Demonstrated ability to deliver learning to others by completion of either clinical or educational supervisor training and/or delivery of a minimum of one educational lecture/workshop relevant to area of practice to clinicians.

Demonstrated yearly completion of the employing organisation's mandatory training or where this is not achieved for reasons beyond the doctor's control, made every reasonable effort to do so.

No live disciplinary sanction on the doctor's record.

No formal capability process in place.

Assessment of standards Is pay progression approved or deferred	Approved? <input type="checkbox"/>	Deferred? <input type="checkbox"/>
Reasons for this decision		

Signed (clinical manager) _____ Date _____

Signed (SAS doctor) _____ Date _____

Action plan and timescales

Manager and doctor to agree an action plan and timescales if the employee does not meet the required standards.