

# SOP34

## PAY PROGRESSION PROCEDURE FOR MEDICAL AND DENTAL CONSULTANTS

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### Appendix

[Appendix 1: Pay Progression for Medical and Dental Consultants Review Form](#)

[Appendix 2: Pay Progression for Medical and Dental Consultants Process Flow](#)

## 1.0 Procedure statement and purpose

Following formal negotiations between NHS Employers, British Medical Council (BMA) and the Department of Health, and Social Care (DHSC). Schedule 15, Pay Thresholds of the Consultant Terms and Conditions 2003 was amended in October 2024.

From 01 April 2025, the amended Schedule 15 of the Consultant Terms and Conditions of Service (TCS) will come into force and the new provisions are referred to in this procedure.

The procedure will provide simple guidance to consultants, Clinical Directors, and medical workforce support staff in implementing and embedding the salary progression criteria as outlined in Schedule 15 of the Consultant TCS.

This procedure applies to Consultants who are employed with the Trust on the Consultant Contract of employment (2003). This procedure does not apply to salaried General Practitioners.

## 2.0 Accountabilities

Individual/Team	Responsibilities
<b>Group Chief Executive</b>	Ultimately responsible for ensuring there is an effective system in place to support medical staff, Clinical Directors, and medical workforce support staff in the salary progression process. For the purpose of the guidance the Group Chief Executive will delegate authority and responsibility to the Chief Medical Officer.
<b>Chief Medical Officer</b>	Responsible for ensuring that the salary progression system is in place as a nominated deputy.
<b>Consultant</b>	To ensure that every reasonable effort is made to meet the salary progression criteria
<b>Clinical Director</b>	To ensure that salary progression meetings are arranged and the outcome communicated in line with the agreed timelines.
<b>ESR Team</b>	To ensure that a consultants salary progression outcome is processed in a timely manner.
<b>Job Plan, Appraisal and Revalidation Team</b>	To ensure accurate Job Plan and Appraisal records are kept in Allocate to support the salary progression review meetings.
<b>Medical Resourcing</b>	To support the Chief Medical Officer with salary progression approval and appeal process.

### 3.0 Procedure details

#### 3.1 Criteria for pay thresholds

The pay progression requirements are set out below:

- 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 setting 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 identified 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 these Terms and Conditions.
- Met the standards of conduct governing the relationship between private practice and NHS commitments set out in Schedule 9.
- Engage and participate in statutory and mandatory training or where this is not achieved for reasons beyond the doctors' control made every reasonable effort to do so.
- No disciplinary sanctions active on the doctor's records.
- No formal capability processes ongoing.

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

Progression cannot be withheld due to financial or other non-performance related issues. Withholding progression shall not be used to coerce a Consultant into agreeing a proposed job plan. Further information on job planning review [SOP12 Job Planning Procedure](#).

The absence of an agreed job plan owing to reasons beyond the Consultant's control, or an open job plan dispute process will not prevent pay progression.

Where the job plan has not been agreed, it is the onus of the Trust to work with the Consultant to agree a job plan as soon as is practicable. The job plan is agreed between the consultant and their Clinical Director as per the terms of Schedule 3 of the Consultant Terms and Conditions.

The Trust will ensure that all Consultants can utilise systems that detail their competency requirements for statutory and mandatory training.

Consultants should be given the appropriate time and resource to meet the pay progression criteria.

The Clinical Director will subsequently decide each year whether the Consultant has met the criteria.

Where one or more of the criteria are not achieved in any year, the Chief Medical Officer will have the discretion to decide where appropriate, for instance, because of personal illness, that the Consultant should nonetheless be regarded as having met the criteria for that year.

Consultants should not be penalised if objectives have not been met for reasons beyond their control. Clinical Directors and Consultants will be expected to identify problems (affecting the likelihood of meeting objectives) as they emerge, rather than wait until the pay progression meeting.

A Consultant has the right of appeal against a decision by the Chief Medical Officer that they have not met the criteria in respect of any given year. In the event of an appeal, it will be the responsibility of the Trust to show why this decision was taken. Details of the appeal arrangements are set out in an amended section of Schedule 4 of the TCS. Further details about the appeals process can be found later in this document

### **3.2 Process for awarding pay threshold**

When a consultant becomes eligible for a pay threshold by virtue of fulfilling the required number of years' service in Schedule 13 or Schedule 14 of the Consultant Terms and Conditions, they will receive that pay threshold provided that the Chief Medical Officer agrees that they have met the criteria above in each year that a pay progression threshold occurs or, in the case of a Consultant's first pay threshold, since the commencement of a contract subject to the Consultant terms and conditions.

Where the Chief Medical Officer has decided in any one year that a consultant has not met the necessary criteria, the Trust will defer the award of the appropriate pay threshold for one year beyond the date on which they would otherwise have

received the threshold. Provided the Chief Medical Officer decides that a consultant has met the criteria in the intervening year, they will receive that pay threshold from that incremental date

#### **The process**

- The ESR team will be responsible for setting notifications in ESR to automatically notify consultants' and the Clinical Director six months before the consultant's next pay progression date.

- The Clinical Director will initiate a pay progression review meeting, no less than 3 months before pay progression is due, 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.
- Clinical Director to use the consultant pay progression review form in [appendix 1](#) to record the review meeting discussions.
- The completed consultation pay progression review form must then be signed by the Clinical Director and the consultant and emailed, by the Clinical Director, to the Medical Resourcing Team no later than one month prior to the pay progression date. This form will then be used to ensure movement to the next pay point.
- The Medical Resourcing Team will compile a monthly report of pay progression outcomes for the Chief Medical Officer to review.
- The Medical Resourcing Team will meet monthly with the Chief Medical Officer to review the submissions and obtain approval to process the payments.
- Following CMO approval, the Medical Resourcing Team will submit the approved pay progression to the ESR team who will take the necessary action within ESR to open the pay progression payment.
- If there is an outcome of either that the **Pay progression criteria have been met subject to the achievement of remedial action (Outcome2)** or **Pay progression criteria have not been met or remedial action has not been completed (Outcome 3)** the Medical Resourcing Team will be responsible for monitoring timescales and following up.

There will be no pay detriment incurred because of a delayed decision on pay progression.

### 3.2 Pay Progression outcome

There are three possible outcomes that can result from a pay progression review discussion:

#### Outcome 1 - **Pay progression is achieved/approved**

The consultant has met all the criteria or has not met one or more criteria due to reasons beyond the consultant's control.

**Outcome 2 - Pay progression has been achieved/approved, subject to the completion of remedial action.** The Consultant has not met one or more of the criteria and remedial action is agreed upon and can be achieved before the pay

progression date. All other criteria have been met or have not been met due to reasons beyond the Consultant's control. If the remedial action is completed, the consultant will progress at their pay progression date.

#### **Action following achieved/approved pay progression**

It will be the responsibility of the Clinical Director to inform the Medical Resourcing Team that the remedial action is complete, for the Medical Resourcing Team to advise the ESR Team to take the necessary action to open the pay point when the

criteria have been met.

### **Outcome 3 - Pay progression has not been achieved**

The consultant has not met one or more of the criteria and remedial action cannot be completed before the pay progression date.

In the event of pay progression not being met, the Clinical Director and the Consultant will agree an action plan, with timescales, to set out how the Consultant can meet the criteria. Another pay progression meeting should be arranged six months but no later than three months before the Consultant's next incremental date. If the Consultant has met all the criteria (or has not met criteria, but for reasons beyond their control), they will progress to the next pay point on the incremental date (i.e. one year after they were initially eligible for pay progression).

### **3.3 Appeal Process**

A Consultant has the right of appeal against a decision by the Chief Medical Officer that they have not met the criteria in respect of any given year. A Consultant should appeal in writing to the Medical Resourcing Team within two weeks of receiving the outcome. The Medical Resourcing Team will acknowledge receipt of the appeal and coordinate formal appeal panel, where possible the hearing will take place within 4 weeks (28 days).

The membership of the panel will be:

- Trust Chief Executive or nominated deputy (must not have been involved in original decision).
- a second panel member nominated by the appellant Consultant.
- a third member chosen from a list of individuals approved by NHS Employers and the BMA. If there is an objection raised by either the Consultant or the Trust to the first representative from the list, one alternative representative will be allocated.

No member of the panel should have previously been involved in the dispute.

If a consensus decision cannot be reached by all 3 voting members of the panel listed above, then a majority decision will be made.

The parties to the dispute will submit their written statements of case to the appeal panel and to the other party one week before the appeal hearing. The appeal panel will hear oral submissions on the day of the hearing. The Chief Medical Officer will present their case first explaining the reasons for deciding that the criteria for a pay threshold have not been met.

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.

Where the Consultant, the employer or the panel requires it, the appeals panel may hear expert advice on matters specific to a speciality.

It is expected that the appeal hearing will last no more than one day.

The appeal panel will make a recommendation on the matter in dispute in writing to the Trust Board, 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 Trust Board. The Trust Board will make the final decision and inform the parties in writing. The decision is final and there is no further right of appeal.

Where a pay progression 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.

#### **Appeal outcome options:**

- Appeal is upheld (panel deems the Consultant met the pay progression criteria). The Consultant will advance to the next pay threshold with the pay progression to be processed (back dated) to the date it was due.
- Appeal upheld with the pay progression to be processed within the 3- or 6-month timeframes, where remedial action was required **Pay progression criteria have been met subject to the achievement of remedial action (Outcome 2)**.
- Appeal not upheld (Chief Medical Officer's decision upheld). 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, no later than 12 months after they were first eligible for pay progression).

### **3.4 Moving employers - Leavers**

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.

The completed [Appendix 1 - pay progression review meeting form](#) will be sent to the new employer.

### **3.5 Absence from work**

If a doctor is absent from work for reasons such as parental leave or sickness absence when 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 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.

### 3.6 Capability processes

It is recognised that capability and disciplinary processes can have a significant impact on the health and wellbeing of doctors who are involved. Employers have a duty of care to do everything they can to ensure that such process are conducted in a timely manner and that there are no unnecessary delays.

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. The pay progression review meeting should take place six months but no later than three months prior to the consultant's next pay progression date. Such a review must include appropriate details of why pay progression was withheld and outline the reasons why the process has not been concluded.

### 3.7 Reporting of Consultant pay progression

The Trust will report on consultant pay progressions by exception to the Local Negotiating Committee (LNC) quarterly. This will include a verbal update to identify whether any pay progressions have been denied or delayed. Medical Resourcing will provide the LNC with an Annual Report number of denied or delayed pay progressions.

### 3.8 Anti-Fraud and Anti Bribery

All employees and workers must adhere to the Trust Anti Fraud and Anti Bribery Policy [GP\\_02\\_policy\\_printable\\_version.pdf \(xrwh.nhs.uk\)](https://www.xrwh.nhs.uk/gp_02_policy_printable_version.pdf); and guard against fraud, any suspicions of fraud/ bribery must be reported in line with the policy. Where an objective investigation has found evidence of fraud, bribery or corruptions; the range of available sanctions that may be pursued includes:

- criminal prosecution. The LCFS will work in partnership with NHSCFA, the police and/or the Crown Prosecution Service to bring a case to court. Outcomes can range from a criminal conviction to fines and imprisonment;
- civil action can be taken against those who commit fraud, bribery and corruption to recover money and/or assets which have been fraudulently obtained, including interest and costs. including action to freeze assets and recover losses;
- disciplinary action by the Trust where an employee is suspected of being involved in a fraudulent or illegal act; and warranted, staff may be reported to their professional body as a result of a successful investigation/ prosecution.



#### 4.0 Equipment required

There is no equipment required to support the implementation of the salary progression process.

#### 5.0 Training

Training and workshop for all consultants, Clinical Directors and medical workforce support staff will be provide ahead of the implementation date, 01 April 2025.

#### 6.0 Financial risk assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

#### 7.0 Equality Impact Assessment

An initial equality impact assessment has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

#### 8.0 Maintenance.

The Head of Resourcing is responsible for ensuring that the document is kept up to date.

#### 9.0 Communication and Training

Clinical Directors, Consultant and medical workforce support staff training and workshops to be delivered.

Training, workshops, and communications will be via staff communication emails, intranet, LNC, and other relevant groups.

## 10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
Salary progress denied or delayed	Deputy Head of Resourcing – Medical	ESR salary progression report to be shared with the LNC and Trust Board.	Verbally quarterly to LNC and annual report	LNC/Trust Board
Salary progression on appeal	Deputy Head of Resourcing – Medical	Salary progression appeal case report to be share with the LNC and Trust Board	Annually	LNC/Trust Board

## 11.0 References –

Updates to Consultant Contract: [Updates to the consultant 2003 contract | NHS Employers](#)

**Part A - Document Control**

Procedure/ Guidelines number and version  SOP34  Version 1.0	<b>Title of Procedure</b>  Pay Progression Procedure for Medical and Dental Consultants	<b>Status:</b>  Final		<b>Author:</b> Head of Resourcing  <b>For Trust-wide Procedures and Guidelines Chief Officer Sponsor:</b>  Chief Medical Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	June 2025	Head of Resourcing	This is new procedure
<b>Intended Recipients:</b> Local Negotiating Committee, Medical Workforce Group, Medical Advisory Committee				
<b>Consultation Group / Role Titles and Date:</b> Local Negotiating Committee – 13 June 2025				
<b>Name and date of group where reviewed</b>		Trust Policy Group – June 2025		
<b>Name and date of final approval committee (if trust-wide document)/ Directorate or other locally approved committee (if local document)</b>		Agreed with the Local Negotiation Committee - March and June 2025 Trust Policy Group – June 2025		
<b>Date of Procedure/Guidelines issue</b>		June 2025		
<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		June 2028 - Every 3 years or when national guidance changes		
<b>Training and Dissemination:</b>  The approved document will be saved via the Trust intranet and communicate via Trust communication platform.  Workshops and training session will be undertaken for all Consultants, Clinical Directors.  Ongoing consultant salary progression refresher training will be provided.				
<b>Publishing Requirements: Can this document be published on the Trust's public page:</b>  <b>Yes</b>				
<b>To be read in conjunction with:</b> Job Planning Policy, Appraisal and Revalidation Policy.				

<b>Initial Equality Impact Assessment: Completed N/A</b> <b>Full Equality Impact assessment (as required): NA</b>	
<b>Contact for Review</b>	Deputy Head of Resourcing
<b>Monitoring arrangements</b>	The salary progression process will be monitored monthly with the CMO. Salary progression approved, denied and appeals will form part of the monitoring process presented to LNC and Trust Board annually
<b>Document summary/key issues covered.</b>  <p>Following formal negotiations between NHS Employers, British Medical Council (BMA) and the Department of Health, and Social Care (DHSC). Schedule 15, Pay Thresholds of the consultant Terms and Conditions 2003 was amended in October 2024.</p> <p>From 01 April 2025, the amended Schedule 15 of the Consultant Terms and Conditions of Service (TCS) will come into force and the guidance is referred to in this Procedure.</p> <p>The process will provide simple guidance to consultants, Clinical Directors, and medical workforce support staff in implementing and embedding the salary progression criteria as outlined in Schedule 15 of the consultant TCS.</p>	
<b>Key words for intranet searching purposes</b>	Pay progression, pay step, Schedule 15, consultant contract

Pay Progression for Medical and Dental Consultants review meeting form.

Full Name:	
Role:	
Line Manager's Name:	
Date of pay progression review:	
Date pay progression due:	
Date of last appraisal:	

**Section 1 – Pay Progression Criteria Checklist**

	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 these 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 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)*

<b>Consultant’s reflection</b>
<b>Manager’s reflections</b>
<p><b>If the consultant did not meet the criteria due to reasons beyond the consultant’s control, please describe the circumstances.</b></p>

**Pay progression has been approved**

	Print Name	Signature	Date
Consultant			
Clinical Director			
Chief Medical Officer			

**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)

<b>Remedial action to be completed with timescales</b>
<b>Remedial action deadline</b> _____
<i>If remedial action has been completed by the required date (or could not be completed for reasons beyond the consultant's control), please complete outcome 3</i>
<b>Consultant's reflection</b>
<b>Manager's reflections</b>
<b>If the consultant did not meet the criteria due to reasons beyond the consultant's control, please describe the circumstances.</b>

**Pay progression has been approved**

	Print Name	Signature	Date
Consultant			
Clinical Director			
Chief Medical Officer			



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

Next incremental date \_\_\_\_\_

### Pay progression has been approved

	Print Name	Signature	Date
Consultant			
Clinical Director			
Chief Medical Officer			

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.

## SOP34 Appendix 2

### Pay Progression for Medical and Dental Consultants Process Flow

ESR Notifications sent to Consultant/SAS and Clinical Manager six months ahead of pay progression date.

Clinical Manager will schedule pay progression review meeting, at least 3 months before the pay progression date, providing six weeks' notice. This will be a review on whether the requirement for pay progression have been met.

**If requirements have been met and pay progression is achieved**, Clinical Manager will complete the Pay Progression Review Form, recording meeting discussions and outcome. To be signed by both Clinical Manager and Consultant/SAS

**If progression has been achieved, subject to remedial action** – criteria must be achieved before pay progression date, where Consultant/SAS will progress at their pay progression date.

**If progression has NOT been achieved, the Clinical Manager and Consultant/SAS will agree an action plan and timescales** on how they can meet the criteria. Another pay progression meeting to be arranged six months later, but no later than three months before the next incremental date. If the Consultant/SAS has met all criteria, they will progress to the next pay point on the next incremental date.

Clinical Manager to email completed review form to Resourcing Team no later than one month prior to the pay progression date.

Resourcing Team to submit completed pay progression report to the Chief Medical Officer for review and obtain approval.

Resourcing Team to send complete change form for named Consultant/SAS

The ESR team will take necessary action within ESR to open the pay progression payment.