

Specialist and Specialty (SAS) 2021 Contract Pay Progression Guide

(Medical Workforce Service Guidance)

If you require a copy of this policy in an alternative format (for example large print, easy read) or would like any assistance in relation to the content of this policy, please contact the Diversity & Inclusion Officer on 01803 656705.

This is a controlled document. It should not be altered in any way without the express permission of the author or their representative. On receipt of a new version, please destroy all previous versions.

Date of Issue:	January 2024	Next Review Date:	January 2026
Version:	1	Last Review Date:	December 2023
Author:	Medical Workforce		
Directorate:	People Directorate		
Links or overlaps with other guidance/policies:			
2021 SAS Terms and Conditions of Service			

Amendment History

Issue	Date	Reason for Change	Authorised
1			

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Guidance Title (and number)		SAS 2021 Contract Pay Progression Guidance		Version and Date		V1 Jan 2024	
Author		Medical Workforce					
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.							
Who may be affected by this document?							
Patients/ Service Users <input type="checkbox"/>		Staff <input checked="" type="checkbox"/>		Other, please state... <input type="checkbox"/>			
Could the policy treat people from protected groups less favorably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>							
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Please provide details for each protected group where you have indicated 'Yes'.							
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion							
Is inclusive language ⁵ used throughout?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Are the services outlined in the policy fully accessible ⁶ ?						Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
Does the policy encourage individualised and person-centered care?						Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?						Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
EXTERNAL FACTORS							
Is the policy a result of national legislation which cannot be modified in any way?						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)							
Who was consulted when drafting this policy?							
Patients/ Service Users <input type="checkbox"/>		Trade Unions <input checked="" type="checkbox"/>		Protected Groups (including Trust Equality Groups) <input type="checkbox"/>			
Staff <input type="checkbox"/>		General Public <input type="checkbox"/>		Other, please state... <input type="checkbox"/>			
What were the recommendations/suggestions?							
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
ACTION PLAN: Please list all actions identified to address any impacts							
Action				Person responsible		Completion date	

Please contact the Equalities team for guidance: For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pdf.sdhct@nhs.net. This form should be published with the policy and a signed copy sent to your relevant organisation.

¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Contents

1. Introduction	5
2 Eligibility	5
3 Process for pay progression from 1st April 2023.....	5
4. Pay Progression Standards.....	6
5. Progression through the higher threshold between pay point MC75-09 and MC75-10 for Specialty Doctors.....	7
6. Deferral of Pay Progression.....	7
7. Pay Progression and interaction with periods of absence	7
8. Mediation and Appeals.....	7
Mediation.....	8
Appeal	8
Appeals Process	8
References	9
12. Appendix 1 – Specialty Doctor 2021 Pay Progression Review.....	10
13. Appendix 2 – Specialist Doctor 2021 Pay Progression Review.....	13

1. 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.

2 Eligibility

- 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.
- 2.2 The pay progression system and process forms part of the 2021 national terms and conditions of service.

3 Process for pay progression from 1st April 2023

- 3.1 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.
- 3.2 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.
- 3.3 This meeting will draw on the most recent medical appraisal and job plan review and consider the progression standards which are highlighted in Section 4 below. It is not necessary to schedule appraisals and job plan reviews to coincide with pay progression dates.
- 3.4 Appendix 1 and 2 contains the SAS pay progression review templates that should be used to support this process.
- 3.5 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.
- 3.6 To ensure that individuals are not disadvantaged should meetings be held after a pay progression date; the workforce information and payroll teams will put systems in place that will allow for automatic pay progression.

4. Pay Progression Standards

- 4.1 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.

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 the employing organisations 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.
- 4.2 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

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

5.1 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.

6. Deferral of Pay Progression

6.1 In circumstances where the doctor has not met the pay progression standards the manager should complete the electronic deferral of pay progression form available on ICON on the workforce information page.

6.2 It is recommended that the manager seek the advice of the medical workforce service prior to submitting this form.

7. Pay Progression and interaction with periods of absence

7.1 Please contact the medical workforce service sdhct.Medicalhr@nhs.net in situations where the doctor has been absent during their pay progression year for example due to maternity leave or long-term sickness.

8. Mediation and Appeals

8.1 A doctor has the right to mediation and appeal processes if they do not agree with the manager's decision that they have not met the criteria for annual incremental progression, or the criteria for progression through thresholds one and two.

- 8.2 In the first instance the doctor should put in writing to the Associate Medical Director the reasons that they disagree with the decision to defer pay progression.

Mediation

- 8.2 Mediation is a confidential and voluntary process which brings together people who are experiencing problems with a work-related relationship. As such no provision exists for a representative e.g. BMA rep/work colleague to attend the mediation meeting.
- 8.3 A meeting will be arranged and a Clinical Service Lead from another specialty (or another designated person) will take on the role of mediator. Both parties will have an individual one to one meeting with the mediator initially, so that their position or view is understood clearly. The parties will then be brought together for a face-to-face mediated meeting, the purpose of which will be to try to reach agreement.
- 8.4 If agreement is not reached at the meeting, the Mediator will take a decision or make a recommendation on the matter. The Mediator must inform the doctor and Clinical Service Lead/Operations Manager of the decision or recommendation in writing.
- 8.5 If the mediation fails to produce agreement and the doctor is dissatisfied with the decision or recommendation(s) the doctor may lodge a formal appeal. The appeal must be lodged in writing with the Deputy Medical Director within two weeks of receiving the Mediator's written outcome of the mediation process

Appeal

- 8.6 A formal appeal panel will be convened only where it has not been possible to resolve the disagreement using the mediation process.
- 8.7 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.
- 8.8 The appeal panel will comprise three members, reflecting a balance of interests as follows:
- ❖ A chair nominated by the Trust. Usually the Medical Director, Deputy or Associate Medical Director.
 - ❖ A panel member nominated by the individual doctor.
 - ❖ A third independent member from the Trust who is from outside the specialty. The Trust is responsible for arranging this third panel member.

Appeals Process

- 8.9 It will be confirmed in writing to the doctor and panel members the membership of the appeal panel and meeting date, and will invite the parties to submit their written statements of case.

- 8.10 The parties to the appeal will submit their written statement of case to the Medical Workforce Service who will submit it to the appeal panel and to the other party, to be received no later than one week before the appeal meeting. The appeal panel will hear verbal submissions on the day of the meeting.
- 8.11 The doctor may present their 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.
- 8.12 Management will then present its case explaining the position on the job plan.
- 8.13 Where the doctor, the Trust or the panel requires it, the appeals panel may hear additional expert advice on matters specific to a speciality. The doctor or Trust, as appropriate, shall be responsible for arranging the attendance of their expert witness. Unavailability of any such expert witness will not ordinarily be treated as sufficient reason (subject to the provisions in 8.14 below) for delaying or adjourning proceedings.
- 8.14 The Chair will have discretion to adjourn the meeting in order to call on expert advice where the panel requests such expert advice prior to making their decision, or for any reason in the Chair's opinion, would facilitate a full and fair hearing of the issues.
- 8.15 The Appeal Panel decision is final. The decision will be confirmed in writing within two weeks of the appeal having been heard.

References

- NHS Employers & BMA SAS Pay Progression Guidance

12. Appendix 1 – Specialty Doctor 2021 Pay Progression Review

Name of doctor:

Specialty:

Clinical Lead :

Date pay progression due:

**Pay progression review
date:**

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</p> <p>Participated satisfactorily in the medical appraisal process</p> <p>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.</p> <p>No disciplinary sanction live on the doctor’s record.</p> <p>No formal capability process in place.</p> <p>Progression through a higher threshold 2021 TCS only (MC75-09 TO MC75-10)</p> <p>Doctors have met the standard pay progression criteria above</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: It is expected that this evidence is contained within the yearly appraisal.</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 		

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.

Please ensure a copy of this form is placed on the doctor's personal file.

13. Appendix 2 – Specialist Doctor 2021 Pay Progression Review

Name of doctor:

Specialty:

Clinical Lead :

Date pay progression due:

**Pay progression review
date:**

Summary of pay progression review meeting

Doctor's summary
Manager's summary

Pay progression requirements	Yes	No
<p>Participated satisfactorily in the job planning process on a yearly basis</p> <p>Participated satisfactorily in the medical appraisal process – including delivering training or educational supervision, participation in Audit and undertaken an anonymous colleague feedback exercise where applicable.</p> <p>Demonstrated completion the Trust’s mandatory training or where this is not achieved for reasons beyond the doctor’s control, made every reasonable effort to do so.</p> <p>No disciplinary sanction live on the doctor’s record.</p> <p>No formal capability process in place.</p> <p>Undertaken anonymous colleague and patient multi-source feedback (MSF) exercises since appointment/ last progression and demonstrate learning from the results.</p> <p>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.</p> <p>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</p>		

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.

Please ensure a copy of this form is placed on the doctor’s personal file.