# Annex 1 - Pay progression review meeting record template

Name:

Role:

Clinical Manager name:

Date of pay progression review:

Date pay progression 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 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)

|  |
| --- |
| **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.